



STUDENT'S APPLICATION for KINE 415 INTERNSHIP

Department of Kinesiology
Louisiana Tech University

Due Dates: Summer – Feb 1st Friday, Fall - May 1st Friday, Winter - Oct 1st Friday, Spring - Dec 1st Friday
KINE 415 is registered for during your senior year with permission from the Internship Coordinator.

Date: _____

GPA: _____

Name: _____

Student ID #: _____

Present Address:

Present Phone: _____

Work Phone: _____

Email: _____

Summer Address: (if different): _____

Permanent Address: (if different): _____

Parent's Phone: _____ Other: _____

Kinesiology Concentration: (Check One) _____ Health Promotion _____ Clinical _____

Anticipated Graduation Date: _____

ATTENTION GRADUATING SENIORS: If you are graduating the quarter you are participating in your internship, you will need to sign up for graduation in the Registrar's Office. (If you do not sign up for graduation in the Registrar's Office, you will not be allowed to walk at graduation.) This internship requires a minimum of 180 clock hours in practical experiences in an approved program with department approved supervisor.

II. APPLICATION INFORMATION

Which quarter do you plan to do your internship? _____ How many hours? ____ (3) or (6)
See curriculum for hours needed.

List the site where you would like to do your internship. Include supervisor's name, mailing address, phone number, and email address:

Facility: _____ Supervisor's Name: _____

Mailing Address: _____ Phone: _____

Email Address: _____

List the courses you have left to take in your curriculum: _____

If you plan to take courses during your internship, please list them: _____

III. CERTIFICATIONS/PROFESSIONAL ORGANIZATIONS/LICENSURE

____ CPR ★Required

Please check those which apply, list the date of renewal, and include a copy of your certificate/license.

____ Aerobics Instructor

____ Strength Specialist (NSCA)

____ Health/Fitness Director (ACSM)

____ Exercise Specialist (ACSM)

____ Advanced Personal Trainer (ACSM)

____ Athletic Trainer (NATA)

____ Health/Fitness Instructor (ACSM)

____ Water Safety Instructor

____ Lifeguard

____ Personal Trainer (ACSM)

____ Exercise Test Technologist (ACSM)

____ Other: (please list): _____

IV. INDICATE WHERE YOU PLAN TO GET YOUR PROFESSIONAL LIABILITY INSURANCE. YOU WILL NEED TO PROVIDE A COPY OF THIS WITH YOUR APPLICATION.

____ LAHPERD

____ HPSO

____ NSCA

____ ACSM

____ OTHER (please list): _____

V. CHECK THE AREA OF INTEREST BELOW UNDER YOUR PROGRAM AREA FOCUS:

Fitness/Wellness Management
Health/Fitness Focus

- Fitness Leader
- Program Director
- Health Club Manager
- Personal Trainer
- Athletic Trainer
- Intramurals Coordinator
- Recreation Director
- Health Promotion
- Worksite/Corporate Programs
- Community Programs
- Gerontology Specialist
- Sports Law
- Sport Administration
- Strength Coach
- Sports Law
- Sports Administration
- Other: _____

Fitness/Wellness Management
Clinical Focus

- Exercise Physiologist
- Cardiac Rehabilitation
- Occupational Therapy
- Physical Therapy
- Physical Therapy Assistant
- Physician's Assistant
- Other: _____

VI. INVENTORY OF SKILLS

1. Fitness Assessments

- height/weight
- skin-fold body composition (7 site)
- resting pulse
- exercising pulse
- blood pressure
- exercising blood pressure
- BMI
- waist-to-hip ratio
- skin-fold body composition (4 site)
- Harvard step test
- Queens step test
- YMCA step test
- 1.5 mile run test
- Astrand bicycle test
- Balke Stress Test

2. Leadership Skills

- Adult Fitness practicum (water ___ or gym ___)
- Positive attitude
- Worksite wellness practicum
- Safe and unsafe exercises
- Research practicum
- Ethics and liability issues
- Communication with clients and coworkers
- Safety issues and risk assessment
- Program design

- _____ Program evaluation
- _____ First aid and injury care
- _____ Aerobics practicum (dance _____, running _____, swimming _____)
- _____ Exercise Psychology
- _____ Weight training practicum (resistance _____, powerlifting _____)
- _____ Equipment operation and maintenance

3. Content areas:

- _____ Medical terminology
- _____ Sports nutrition
- _____ Pharmacology
- _____ Weight control
- _____ Programs for apparently healthy population
- _____ Stress management
- _____ Programs for “at risk” populations
- _____ Behavior change
- _____ Programs for “known disease” populations
- _____ First aid
- _____ Programs for senior adults
- _____ Facilities operation and management
- _____ Programs for disabled populations
- _____ Other: _____

4. Current or previous work (voluntary/paid) in your field.

5. Technical and computer skills you possess and word processing (name of program), data processing, programming, graphics, CAD, client tracking software, etc.

VII. SELF-EVALUATION

What are your strengths?

What areas do you need to work on before your internship?

What skills do you wish to develop during your internship?
