

**STUDENT'S APPLICATION
KINE 515 INTERNSHIP
Department of Kinesiology
Louisiana Tech University
Summer/Fall - May 5, Winter - Nov 5, Spring - Feb 5**

I. Personal Data

Date: _____ Date of Birth: _____ GPA: _____

Name: _____ Social Security No: _____

Present Address: _____

Present Phone: _____ Work Phone: _____

Summer Address: (if different): _____

Permanent Address: (if different): _____

Parent's Phone: _____ Significant Other Phone: _____

Fitness & Wellness Concentration: (Check One) _____ Health Concentration _____ Clinical Concentration _____

ATTENTION GRADUATE: 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. ((f 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 220-240 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? _____

1. List the preferred site where you would like to do your internship:

(1). _____

(2). _____

2. List the contact person and phone number where you plan to do your internship:

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

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

5. Anticipated date of graduation: _____

III. CERTIFICATIONS/PROFESSIONAL ORGANIZATIONS/LICENSURE

____ CPR & First Aid (ARC) ★ 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 Leader (ACSM)

____ Advanced Personal Trainer (ACSM)

____ Health/Fitness Instructor (ACSM)

____ Athletic Trainer (NATA)

____ Water Safety Instructor

____ Health/Fitness Director (ACSM)

____ Lifeguard

____ Health/Fitness Director (ACSM)

____ Personal Trainer (ACSM)

____ Exercise Specialist (ACSM)

____ Exercise Test Technologist (ACSM)

____ Other: (please list): _____

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

____ LAKINERD

____ CLGNA

____ 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
- ____ Physicians Assistant
- ____ Other: _____
- ____ Other: _____

VI. INVENTORY OF SKILLS

- 1. Fitness Assessments
 - _____ height/weight
 - _____ resting pulse
 - _____ exercising pulse
 - _____ blood pressure
 - _____ exercising blood pressure
 - _____ BMI
 - _____ waist-to-hip ratio
 - _____ skin-fold body composition (4 site)
 - _____ skin-fold body composition (7 site)
 - _____ YMCA step test
 - _____ Queens step test
 - _____ Harvard step test
 - _____ 1.5 mile run test
 - _____ Ahstrand-Rhyming bicycle test
 - _____ Bahlke test

- 2. Leadership Skills
 - _____ FIT practicum
 - _____ Worksite wellness practicum
 - _____ Research practicum
 - _____ Communication with clients and coworkers
 - _____ Program design
 - _____ Senior aerobics practicum (water _____, land _____)
 - _____ Aerobics practicum (dance _____, running _____, swimming _____)
 - _____ Weight training practicum (resistance _____, powerlifting _____)
 - _____ Positive attitude
 - _____ Safe and unsafe exercises
 - _____ Ethics and liability issues
 - _____ Safety issues and risk assessment
 - _____ Program evaluation
 - _____ First aid and injury care
 - _____ Exercise Psychology
 - _____ Equipment operation and maintenance

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

- 1. What are your strengths? _____

- 2. What areas do you need to work on before your internship experience? _____

- 3. What areas do you wish to develop during your internship experience? _____

- 4. What type of project would you like to develop during your internship? _____

