



STUDENT'S APPLICATION for KINE 4153 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 4153 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 Major (Check One) Exercise & Health Promotion Kinesiology & Health Sciences

Anticipated Graduation Date: _____ Advisor: _____

ATTENTION GRADUATING SENIORS: If you are graduating the quarter you are participating in your internship, you will sign up for graduation on Workday with the Registrar's Office. (If you do not sign up for graduation, you will not be allowed to walk at graduation.) This internship requires a minimum of 90 clock hours of practical experience in an approved program.

II. APPLICATION INFORMATION

Which quarter do you plan to do your internship? _____

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 & Credentials: _____

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 that apply, list the date of renewal, and include a copy of your certificate/license on Canvas.

_____ 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?
