



Internship Agreement

HSEP 4550 Exercise Physiology Internship

Student Information:

Student's Name: _____

Telephone # (cell preferred): _____

Email Address: _____

Internship Site Information:

Name of Site: _____

Physical and/or _____

Mailing Address: _____

Site Supervisor's Name: _____

Position/Title: _____

Telephone #: _____

E-mail Address: _____

Website: _____

***If this is an internship site that has not had student-interns from the Exercise Physiology program at Valdosta State University before, attached to this document should be a typed-out outline listing the educational experiences that will be ensured at the internship site. This will be evaluated by the internship coordinator to determine if the experiences will be related to exercise physiologist scope of practice.**

****An internship contract is required and must be up-to-date. The internship site will be contacted if a contract needs to be created/updated and approved.**



Required Confirmations:

I, _____ (in print), agree to have _____
(the BSEP student) come complete their internship at _____.

I agree to the requirements by the Exercise physiology program at Valdosta State University (as indicated in the program's *Internship Handbook*) for supervision for this student. I additionally agree to honorably evaluate the learning/professional components for this internship experience for this student.

Signature of Internship Site Supervisor: _____

Date: _____

I, _____ (in print) acknowledge I have met all requirements for enrolling in internship and understand all conditions/requirements outlined in the *Internship Handbook* and from the information that has been provided to me.

Signature of Student-Intern: _____

Date: _____

Signature of Internship Coordinator: _____

Date: _____

Approved

Denied

*OFFICIAL APPROVAL of this internship agreement only will be given by the internship coordinator after deliberation with fellow faculty and program director if necessary.