Exercise Physiology Program

HSEP 4550 Exercise Physiology Internship

Internship Handbook

Valdosta State University
College of Nursing and Health Sciences
1500 North Patterson Street
Valdosta, GA 31698
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Introduction

Purpose of the Internship

The purpose of the internship is to provide the student with practical hands-on experience in the field of clinical or applied exercise physiology including, but not limited to health assessment, implementation of exercise, wellness counseling, and health promotion. The student is required to work 40 hours per week for a minimum of 10 weeks, or 400 cumulative hours.

Student Eligibility

Prerequisites:
1. A grade of “C” or better in all course requirements for the Bachelor of Science in Exercise Physiology degree except HSEP 4550
2. Current AHA Basic Life Support for Health Care Providers CPR certification
3. Current professional liability insurance
4. Current American College of Sports Medicine (ACSM) student member
5. Background check and drug screen
6. Updated vaccination
7. Any other requirements specific to internship site

Site Eligibility

1. The internship site must reflect an area directly related to the field of clinical or applied exercise physiology.
2. The site supervisor must be hold a degree in exercise science or other applied health area in order to evaluate students’ performance.
3. See also “Site Responsibilities”
Valdosta State University Guidelines for Granting Academic Credit for Participation in Internship Programs

Students who take part in an internship program under any of the various internship courses offered at Valdosta State University derive benefits of a diverse nature from their participation. Some of the benefits inherent in an internship are of an academic nature, and even the nonacademic benefits of practical experience may well justify participation in an internship program. By awarding academic credit for enrollment in an internship program, VSU formally recognizes the academic benefits of the program. The University grants semester hours of academic credit to students involved in internships, the number of hours depending upon the specific departmental internship course in which the student enrolls. The guidelines that follow have the purpose of allowing maximum flexibility within any given internship program and, at the same time, of requiring the careful thought and work by the participants that will make their internship experience academically significant.

I. Acceptable Programs. In order to receive academic credit for an internship program, students must be enrolled in an established internship course offered by an academic department of Valdosta State University.

II. Supervision. All interns will be assigned a faculty supervisor from the academic department in whose internship course they enroll. Supervisors will accept direct responsibility for each intern under their supervision. Faculty supervisors will carefully work out in advance all individual internship programs according to these general guidelines and college or departmental guidelines and shall specify academic requirements. The actual work experience supervision will be by the project directors of the various internship programs.

III. Academic Credit
   a. Each department that desires to offer internship opportunities will establish an internship course, with the approval of departmental faculty, appropriate executive committee(s), and the Academic Committee, carrying credit of 3, 6, or 9 semester hours or variable credit up to 12 hours in increments of three hours.
   b. Internship courses not required as part of the major will be counted as elective credit.
   c. The number of credit hours to be granted for a particular internship experience will be determined in advance with the intern in keeping with the guidelines pertaining to credit hours as set forth below.
   d. Academic credit will be granted on a satisfactory/unsatisfactory basis.
IV. Guidelines for Granting Academic Credit

a. For academic credit of three semester hours, the internship will involve, at the minimum:
   i. Work in an area directly or indirectly related to the major field of study.
   ii. Ten (10) hours of service each week.
   iii. A daily log of activities.
   iv. A report on the internship experience, relating it to the major field of study. The report will be made after completion of the internship.

b. For academic credit of six semester hours, the internship program will involve, at the minimum:
   i. Work in an area directly or indirectly related to the major field of study.
   ii. Twenty (20) hours of service each week.
   iii. A daily log of activities.
   iv. A report on the internship experience, relating it to the major field of study. The report will be made after completion of the internship.
   v. A research paper in an area appropriate to the major and bearing on some aspect of the internship program.

c. For academic credit of nine semester hours or more, the internship program will involve, at the minimum:
   i. Work in an area directly related to the major field of study. The program should provide an opportunity for direct application of the knowledge gained in the classroom in the major field of study.
   ii. A daily log of activities.
   iii. Thirty (30) hours of service each week.
   iv. A report on the internship experience, relating it to the major field of study. The report will be made after completion of the program.
   v. A research paper or assessment in an area appropriate to the major and bearing on some aspect of the internship program.
   vi. Academic credit of 12 semester hours will be granted for 40 hours of approved service per week.

Undergraduate Catalog (2016-2017)
http://catalog.valdosta.edu/undergraduate/
Planning for Internship

Internship Informational Meetings

Internship meetings are mandatory to gather all pertinent information related to HSEP 4550 Exercise Physiology Internship. These meetings are held each month and you must attend at least ONE meeting during your 3rd Block semester. Meeting dates will be announced each semester. You must bring a copy of the Internship Handbook, paper, and writing utensils with you to the meeting.

Internship Preliminary Documents

You will be responsible for turning in ALL documents required by the assigned deadline prior to beginning your internship. These documents are due by midterm of the semester before you intern. For example, if you are interning summer 2015, your PD’s are due March 6th, 2015. Examples of such documents are provided in Appendix A.

Approved Internship Sites

You will be given a list of our approved internship sites and current contracts. It is highly recommended that you use one of the already approved sites. If you wish to intern outside of this list, you must contact Ms. Fretti before the Internship Informational meeting during 3rd Block. This process takes time and must be done at least two semesters before you intern. A list of the current contract can be found on the CONHS website http://www.valdosta.edu/colleges/nursing-and-health-sciences/exercise-physiology/current-students/internship1/

Registration

The student will register for one section of HSEP 4550 during the spring semester. No other course work within the Exercise Physiology program will allowed during the semester of internship. If students plan to take other courses (i.e. prerequisites for graduate school), those courses must be approved by Ms. Fretti or Dr. Carter prior to registration. *Make sure there are no holds on your record.
Requirements of Internship Participants

Student Responsibilities

1. To complete all the preliminary documents
2. To contact the facility in which you will be interning to determine your hours, what the site expects of you, and the proper attire.
3. To dress professionally at all times: neat, clean, and suitably dressed for your duties every day.
4. To be punctual, and inform your supervisor of any absence that is unavoidable or an emergency.
5. To act professionally at all times: be courteous, reliable, logical, well mannered, non-defensive, and willing to learn at any time.
6. To complete the required weekly journals, two educational sessions, evaluations, and the major project and submit them to Blazeview on time.
7. To strive to exceed performance expectations at all times,
8. To ask questions and learn as much as possible from this experience.

**Remember that you are not only giving a representation of YOUR knowledge, skills, and work ethic, but also, a representation of OUR program as a whole. Your actions throughout this internship could shape a relationship not only with you and the facility at which you will intern, but with this university and our program as well!**

Site Requirements

1. To complete the contractual agreement.
2. To train and supervise the intern throughout the duration of the internship.
3. To complete the student evaluation form upon completion of the internship.
4. To provide the intern an area in which they can complete the required educational sessions and major project.
ACSM Exam

Certified Exercise Physiologist (EP-C):

Requirements:

✓ Minimum of a Bachelor's Degree in Exercise Science, Exercise Physiology or Kinesiology. Candidates are eligible to take the exam in the last semester of their degree program.

✓ Adult CPR/AED Certification (with hands-on practical skills component).

Cost: ACSM Members $239, Non-members $299, Retest $155

http://certification.acsm.org/acsm-certified-exercise-physiologist

Certified Clinical Exercise Physiologist (CEP):

Requirements:

✓ Bachelor's Degree in Exercise Science, Exercise Physiology or Kinesiology (click here to see the details of an eligible program)

✓ Practical Experience in a clinical exercise program (click here to see details).

✓ Minimum of 400 Hours if a graduate of a CAAHEP Accredited program (through the CoAES)

✓ Basic Life Support Provider or CPR for the Professional Rescuer certification (with hands-on practical skills component)

Cost: ACSM Members $239, Non-members $299, Retest $155

http://certification.acsm.org/acsm-certified-clinical-exercise-physiologist
ACSM Exam

How to Sign Up

1. Go to www.acsm.org
2. Click on the “Join ACSM” Tab and select membership options and benefits
3. Select “OPTION 2”
4. On the next page select “Student Applications for New Members Only”
5. Complete Steps 1-3 using all of your information and there will be a $10 fee
6. Once you have paid make sure you print out the receipt page, this will have your ACSM ID number, which you will need in order to register for the exam.
7. Return to the ACSM homepage and select the “Certification” tab, then select “ACSM Certification”
8. On the next page select the Yellow “Get Certified” box
9. On the next page select which exam you wish to take (CES or HFS). Make sure you meet all the requirements!
10. On the next page select “Register For Your Exam!”
11. On the next page select the “Create an Account” option in the yellow box on the right side of the page. This account is for Pearson VUE, which is a test taking organization. *This is not the same account as ACSM.
12. Fill in all of the information. You will need your ACSM ID number to complete this step.
13. Once you have created an account log-on and select which test you wish to take, the location, and the time.
14. Once you have finished choosing your test date and location it will bring you to the payment page. After you pay for the test make sure you print out the receipt.
ACSM Exam

Study Materials

EP-C:

CEP:
- Dr. Carter’s “Typed Out” notes on ECGs

**Exercise Physiology Program – Blazerview Shell will provide access to ACSM PowerPoint presentations and materials to prepare students for the exam.**
Forms

A. Preliminary Documents

1. Drug Screen (LabCorp results)

URINE CHAIN OF CUSTODY FORM

A. Employer/Name, Address, Phone, Fax, I.D. No.: PRECHECK/VSU-EXERCISE
B. MRNo Name, Address, Phone, Fax:

I.D. No.: 2000 E 7C JESTED, STE 600
HOUSTON, TX 77008
Phone: (713)600-0000

C. Donor CN: 259799999
D. Reason for Test: OTHER

E. Collection Site Address:

COLLECTOR
VALDOSTA, GA

Collector No. (227)242-2088
Collector Fax No. (227)242-2601

F. Donor Identification Verified By: PHOTO ID

STEP 2: TO BE COMPLETED BY COLLECTOR

FLUSH speciﬁm temperature within 4 minutes, is temperature between 90 & 100°F YESSpecimen Collection? NO Collection Observed? NO

STEP 3: TO BE COMPLETED BY COLLECTOR AND DONOR

Collector afﬁxes bottle seal(s) to container(s). Collector seals container(s). Donor initials seal(s)

G. Day/Time Phone: (779)600-1821
Evening Phone: (779)600-1821
Date of Birth (Mo/Day/Year): 01/24/1994

H. TEST(S) REQUESTED BY EMPLOYER: 95838.0001

I authorize the collection of this specimen for the purpose of a drug screen. I acknowledge that the specimen container(s) was/were sealed with tamper-proof seal(s) in my presence; and that the information provided on this form and on the label(s) affixed to the specimen container(s) is correct. I authorize the laboratory to release the results of the test to the company identiﬁed on this form or its designated agents.

Signed ____________________________

Signature of Donor

STEP 5: CHAIN OF CUSTODY-INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identiﬁed on this form was collected, labeled, sealed, and released to the Deliver Service noted in accordance with applicable requirements.

X __________________________

Signature of Collector

Collection Time: 01:39 PM EST

Collection Date: 01/24/2014

SPECIMEN BOTTLE(S) RELEASED TO:

Specimen Bottle(s) Released To:

L:

Month Day Year

Received at Lab:

Primary Specimen Bottle Seal Intact

[ ] Yes

[ ] No, enter remark below
2. ACSM Student Membership email

From: ACSM Membership Information
Subject: Welcome to the American College of Sports Medicine!
Date: January 14, 2014 at 11:57 PM

If this e-mail does not display properly, please view our online version. To ensure future delivery of ACSM Membership information, please add membership@acsm.org to your address book.

AMERICAN COLLEGE
of SPORTS MEDICINE,
WWW.ACSM.ORG

Dear

Thank you for joining the American College of Sports Medicine’s Alliance of Health and Fitness Professionals. Your ACSM ID number is and you have full access to member benefits for one year.

You should receive your ACSM ID card shortly, and your online journal access should begin within 1-2 business days. Access the journal and other online member benefits by logging into your personal account on the ACSM Web Site. Once you are logged in, you can select what you want to access from the red LOGIN box.

As part of the ACSM Alliance, you’ll receive:

- An electronic subscription to ACSM’s Health & Fitness Journal®
- Subscription to ACSM’s weekly newsletter, Sports Medicine Bulletin
- Access to and inclusion in the ACSM Online Directory
- Discounted registration to ACSM’s Health & Fitness Summit & Exposition
- Discounts on ACSM Certification Exams and ACSM self-tests
- Access to liability insurance
- Discounts on consumer products (rental car, computers, etc.)
- Discounts on ACSM CECs at www.onlinelearning.acsm.org

Your student membership renewal rate will be $25 for your 2nd-6th year provided you meet the student requirements.

We are glad you have chosen to affiliate with the more than 20,000 ACSM members dedicated to advancing the fields of sports medicine and exercise science. If we can be of service, please contact us by e-mail at membership@acsm.org or by phone at 317-937-9200 ext. 309.

Member Discount Code - earning your CECs through the online education platform from ACSM? Remember to use the discount code MEM12 when purchasing in order to receive your member
3. Professional Liability Insurance

![Hays ALLIED HEALTH logo]

CONFIRMATION OF INSURANCE

January 26, 2010

Policy Number: 1402A 1000084
Policy Description: American College of Sports Medicine (ACSM)
Insurer Carrier: Lloyd's of London
Deductible: $2,000,000 (100,000)
Effective Date: February 1, 2010
Expiration Date: February 28, 2011

Dear [Name],

This is confirmation that the above coverage, in the limits described, has been bound in accordance with your request. The premium for this coverage was $[amount] and has been accepted. If you have any questions or concerns about this insurance placement, please do not hesitate to contact through the Group Insurance Service Center at 1-866-850-5183, M – F from 8:30am to 5pm CST.

The coverage represented by this confirmation is subject to the terms, conditions, and limitations of the policies in current use by the insurer named above.

This confirmation may be cancelled by the named insured by written notice to the Hays Affinity Solutions office when cancellation will be effective, while Lloyd's of London may only cancel this coverage by notice to the insured in accordance with the policy conditions. This confirmation is valid until replaced by the actual policy.

Sincerely,

[Name]
Hays ALLIED HEALTH

1025 7th Avenue, 30th Floor
New York, NY 10001

[Date]
01/28/2014

3060 Still Rd.
Cumming, GA 30041

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Hays ALLIED HEALTH
Professional Liability for Allied Health Providers

AMERICAN COLLEGE OF SPORTS MEDICINE
Professional / General Liability Insurance Program

RE: ACSM Professional / General Liability Insurance Premium Quotation
Quote Number: 042I40060333

Dear [Name],

Thank you for considering our Insurance Program, available exclusively to ACSM members. We have reviewed your application and are pleased to offer you the following premium quotation:

<table>
<thead>
<tr>
<th>Limits of Liability (per claim/annual aggregate)</th>
<th>Deductible (per claim)</th>
<th>Annual Premium (including surplus lines taxes and fees)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,000,000/$2,000,000</td>
<td>$0.00</td>
<td></td>
</tr>
</tbody>
</table>

COVERAGE PROVIDED THROUGH LLOYDS OF LONDON's non-admitted carrier

Desired Effective Date
02/01/2014

Terms & Conditions:
• Coverage written on a claims made basis policy
• Includes a prior acts date that is equal to the inception date of the policy
• Includes Terrorism coverage at no additional cost
• Includes General Liability coverage at no additional cost, a combined policy form will be issued
• Surplus Line taxes are based on program risk purchasing group state rates
• This quote is valid for 30 days from the originating email

If you have any questions or concerns, please contact the Group Insurance Service Center at acsm@hji.com or 1-866-820-5183. M – F from 8:30am to 5pm CST.

* An administrative fee of $40.00 is included in the Annual Premium. This amount is non-refundable by the insurer. Forrest T. Jones Company, Inc. assumes this administrative fee for procuring this coverage through our Lloyd's Underwriter Hays Affinity Solutions. This fee may or may not be applicable to your state’s surplus lines taxes.
4. Vaccinations

### Immunization History

<table>
<thead>
<tr>
<th>Vaccination History</th>
<th>Date</th>
<th>On Site</th>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td>09/09/2000</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>04/23/1999</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>02/01/1993</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Intradermal TB (PPD)</td>
<td>03/04/2014</td>
<td>Y</td>
<td>Other, 1 ml; Intradermal; Intradermal Left Forearm</td>
</tr>
<tr>
<td>MMR</td>
<td>04/23/1999</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>MMR</td>
<td>09/16/1992</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Td (Tetanus, Diphtheria)</td>
<td>06/01/2004</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td>05/01/1996</td>
<td>N</td>
<td></td>
</tr>
</tbody>
</table>

### Titer Results

- None

### Incidences of Disease

- None

### Tuberculosis History

<table>
<thead>
<tr>
<th>Name</th>
<th>Test Date</th>
<th>Result Date</th>
<th>Note</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPD</td>
<td>02/04/2014</td>
<td>02/06/2014</td>
<td></td>
<td>Negative (0 mm)</td>
</tr>
</tbody>
</table>

### Exemptions

- None
5. CPR Certification Card
6. Physical Examination

VALIDATION OF PHYSICAL EXAMINATION

Date: __/23/14

I certify that I am a licensed physician or nurse practitioner and I have performed a health history and a physical examination on __________________________, a BSN nursing student at Valdosta State University College of Nursing.

The above name individual has received updated immunizations, has been screened for communicable and infectious diseases. I certify there are no physical limitations that would hinder this person’s ability to perform the required nursing tasks identified on the reverse side of this form. Specific health information will be provided as needed to clinical agencies with which the student is affiliating, contingent upon written permission from this individual.

[Signature]
Name of the Examiner

[Signature]
Credentials

[Signature]
Address of Practice
B. Student Checklist

HSEP 4550 Exercise Physiology Internship

Student Name: ____________________________

Semester of Internship: _____________________

Complete Student Agreement: ________________

Preliminary Documents:

Criminal Background (PreCheck) ________________

Drug Screen (LabCorp) ________________

ACSM Student Membership ________________

Professional Liability Insurance ________________

Updated Vaccinations ________________

CPR Card (copy) ________________ Exp. _______

Health Insurance Waiver ________________

Physical Examination ________________

Graduation Application (accepted) ________________

When you have completed all requirements on checklist, turn in your packet with documents in this order and checklist on top NO LATER than the assigned deadline.

IMPORTANT: Should any student miss the deadline to complete and turn in any preliminary requirements, he/she will have to wait until the following semester to intern.
C. Student Agreement

HSEP 4550 Exercise Physiology Internship

Instructions: The student must complete and return by deadline date for consideration of the EP internship.

<table>
<thead>
<tr>
<th>Personal Information</th>
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</thead>
<tbody>
<tr>
<td>Student Name:</td>
<td>Student ID:</td>
</tr>
<tr>
<td>Permanent Address:</td>
<td>Local Phone:</td>
</tr>
<tr>
<td></td>
<td>VSU Email:</td>
</tr>
</tbody>
</table>

Other Contact Information:

<table>
<thead>
<tr>
<th>Academic Information</th>
<th></th>
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<tbody>
<tr>
<td>Faculty Advisor:</td>
<td>Internship Term (Semester/Year):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Site Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Site Name:</td>
<td>Description of Internship Site:</td>
</tr>
<tr>
<td>Site Address:</td>
<td></td>
</tr>
<tr>
<td>Name and Title of Supervisor:</td>
<td></td>
</tr>
<tr>
<td>Supervisor Phone Number:</td>
<td></td>
</tr>
<tr>
<td>Supervisor Email:</td>
<td></td>
</tr>
</tbody>
</table>

Student Signature: ___________________________ Date: __________

For Office Use Only:

Approved: ___________________________ Not Approved: ___________________________ Date: __________