



# **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 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

<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 throughout the semester and you must attend at least ONE meeting during your 2<sup>nd</sup> 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 6<sup>th</sup>, 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 the internship coordinator before the Internship Informational meeting during 2<sup>nd</sup> 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/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 the internship coordinator 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 \$279, Non-members \$349, Retest \$175**

<https://www.acsm.org/get-stay-certified/get-certified/health-fitness-certifications/exercise-physiologist>

### Suggested Study Materials

#### EP-C:

- ACSM (2013). ACSM's Certification Review. 4<sup>th</sup> Edition. Lippincott Williams and Wilkins. Baltimore, MD. (HFS Section and Practice Test)
- ACSM. (2018). Guidelines for Exercise Testing and Prescription. 10<sup>th</sup> edition. Wolters Kluwer. Philadelphia, PA.
- ACSM. (2018). ACSM's Resources for the Exercise Physiologist. 2<sup>nd</sup> edition. Wolters Kluwer. Philadelphia, PA.

## ACSM Exam

### How to Sign Up

1. Go to [www.acsm.org](http://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.

# Forms

## A. Preliminary Documents

### 1. Drug Screen (LabCorp results)

		<b>URINE CHAIN OF CUSTODY FORM</b>		<b>COPY 3 – DONOR (green)</b> <small>590 P Revised 1/2008</small>	
<small>Laboratory Corporation of America Holdings          1904 Alexander Dr., Research Triangle Park, NC 27709          69 First Ave., Raritan, NJ 08869</small>		<small>7207 North Gessner, Houston, TX 77040          1120 Main St., Southaven, MS 38671</small>		 <b>0691103114</b>	
<b>STEP 1: TO BE COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE</b>					
<b>A. Employer Name, Address, Phone, Fax, I.D.No.:</b> PRECHECK/VSU-EXERCISE BG AND DS 2500 E TC JESTER, STE 600 HOUSTON, TX 77008 Phone: (0 ) - Fax: (000)000-0000		<b>B. MRO Name, Address, Phone, Fax:</b> EMRO 7500 WEST 110TH ST STE 400A DR. STEPHEN KRACHT OVERLAND PARK, KS 66210 Phone: (800)964-6233 Fax: (804)346-5050		 <b>487982</b>	
<b>C. Donor SSN:</b> 259779990 <b>D. Reason for Test:</b> OTHER					
<b>E. Collection Site Address.:</b> 2601 BEMISS RD STE Q VALDOSTA, GA 31602		<b>Collector Phone No.</b> (229)242-3388 <b>Collector Fax No.</b> (229)242-2601			
<b>F. Donor Identification Verified By:</b> PHOTO ID					
<b>STEP 2: TO BE COMPLETED BY COLLECTOR</b> Read specimen temperature within 4 minutes. Is temperature between 90 & 100 F? YES Split Specimen Collection? NO Collection Observed? NO					
<b>REMARKS:</b>					
<b>STEP 3: TO BE COMPLETED BY COLLECTOR AND DONOR</b> Collector affixes bottle seal(s) to container(s). Collector dates seal(s). Donor initials seal(s)					
<b>STEP 4: TO BE COMPLETED BY COLLECTOR AND DONOR</b> <b>G. Daytime Phone:</b> (770)656-3622 <b>Evening Phone:</b> (770)656-3622 <b>Date of Birth (Mo/Day/Yr):</b>					
<b>H. TEST(S) REQUESTED BY EMPLOYER:</b> 951828.0001					

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 identifier on this form or its designated agents.

Name (First MI Last) \_\_\_\_\_ Signature of Donor \_\_\_\_\_ Initial \_\_\_\_\_ 01/24/2014  
 Month Day Year

**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 Delivery Service noted in accordance with applicable requirements.

<input checked="" type="checkbox"/>  Signature of Collector <b>Sabrina Williams</b> <small>Collector's Name (First Last)</small>	<b>Collection Time:</b> 01:39 PM EST  <b>Collection Date:</b> 01/24/2014	<b>SPECIMEN BOTTLE(S) RELEASED TO:</b> <b>LabCorp Courier</b> <small>Name of Delivery Service Transferring Specimen to Lab</small>
<b>RECEIVED AT LAB:</b> <input checked="" type="checkbox"/> _____ Signature of Accessioner <small>(Print) Accessioner's Name (First, MI, Last)</small>	<b>Primary Specimen Bottle Seal Intact</b> <input type="checkbox"/> Yes <input type="checkbox"/> No, enter remark below	<b>SPECIMEN BOTTLE(S) RELEASED TO:</b>

## 2. ACSM Student Membership email

From: ACSM Membership <membership@acsm.org>  
Subject: Welcome to the American College of Sports Medicine!  
Date: January 14, 2014 at 11:57 PM  
To:

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](mailto: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 to 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](http://www.onlinelearning-acsm.org)

Your student membership renewal rate will be \$20 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](mailto:membership@acsm.org) or by phone at 317-637-9200 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**  
Professional Liability for Allied Health Providers



**AMERICAN COLLEGE  
of SPORTS MEDICINE**  
Member Insurance Program

#### **CONFIRMATION OF INSURANCE**

January 28, 2014

Dear \_\_\_\_\_,

\_\_\_\_\_

Policy Number:	1402AM001249
Policy Description:	American College of Sports Medicine (ACSM)
Insurance Carrier:	Lloyds of London
Basic E & O Limit:	\$1,000,000/3,000,000
Effective Date:	February 01, 2014
Expiration Date:	February 01, 2015
Deductible:	\$0.00

Dear \_\_\_\_\_

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 \_\_\_\_\_ Your payment has been accepted. If you have Questions or concerns about this insurance placement, please do not hesitate to contact through the Group Insurance Service Center at [acsm@fj.com](mailto:acsm@fj.com) or 1-866-820-5183, 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 Solution stating when cancellation will be effective, while Lloyds 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,

Christine So  
**Hays ALLIED HEALTH**  
Professional Liability for Allied Health Providers  
1025 Thomas Jefferson Street, NW Suite #25  
Washington, DC 20007



**Hays ALLIED HEALTH**  
Professional Liability for Allied Health Providers



**AMERICAN COLLEGE  
of SPORTS MEDICINE**  
Member Insurance Program

01/28/2014

3060 Still Rd.  
Cumming, GA 30041

**AMERICAN COLLEGE OF SPORTS MEDICINE**  
Professional / General Liability Insurance Program

RE: ACSM Professional / General Liability Insurance Premium Quotation  
Quote Number :1401AM001835

Dear

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:

Step 1 - Coverage Options		
Limits of Liability (per claim/annual aggregate)	Deductible (per claim)	Annual Premium (including surplus lines taxes and fees)
\$ 1,000,000/3,000,000	\$ 0.00	

*COVERAGE PROVIDED THROUGH LLOYDS OF LONDON-a 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 Lines 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@ftj.com](mailto:acsm@ftj.com) or 1-866-820-5183, M - F from 8.30am to 5pm CST.**

[Click Here to Submit](#)

\* An administrative fee of \$40.00 is included in the Annual Premium. This amount is not required by the insurer, Forrest T.Joned Company, inc. applies 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

Valdosta State University Student  
Health Center

**Patient Information**

Name:  
Address:  
  
DOB:  
ID: 870

**Vaccination History**

Name	Date	On Site	Additional Information
Hepatitis B	09/08/2000	N	
Hepatitis B	04/23/1999	N	
Hepatitis B	02/01/1993	N	
Intradermal TB (PPD)	02/04/2014	Y	Other; 1 ml; Intradermal; Intradermal Left Forearm
MMR	04/23/1999	N	
MMR	09/16/1992	N	
Td (Tetanus, Diphtheria)	05/01/2004	N	
Varicella	05/01/1996	N	

**Titer Results**

None

**Incidences of Disease**

None

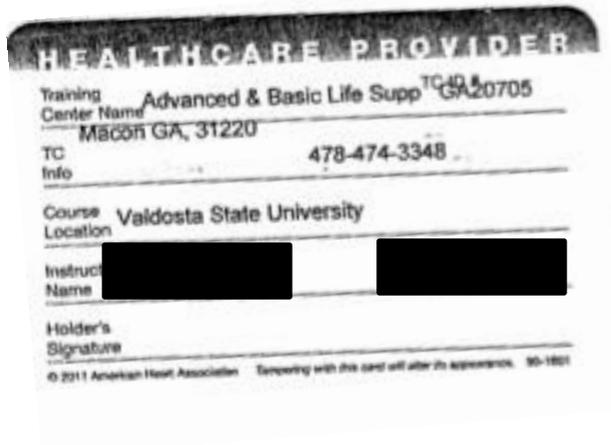
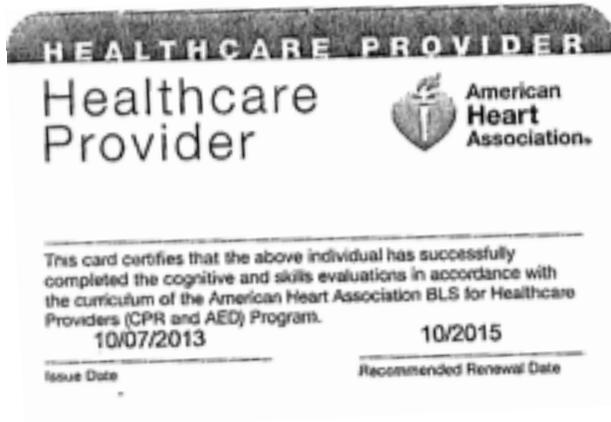
**Tuberculosis History**

Name	Test Date	Result Date	Note:	Result
PPD	02/04/2014	02/06/2014		Negative (0 mm)

**Exemptions**

None

5. CPR Certification Card



## 6. Physical Examination

### VALIDATION OF PHYSICAL EXAMINATION

Date: 1/23/14

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.

*Debbie Reagen* *CPNP-BC*  
Name of the Examiner

Credentials

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.

<b>Personal Information</b>	
Student Name:	Student ID:
Permanent Address:	Local Phone:
	VSU Email:
Other Contact Information:	
<b>Academic Information</b>	
Faculty Advisor:	Internship Term (Semester/Year):
<b>Site Information</b>	
Site Name:	Description of Internship Site:
Site Address:	
Name and Title of Supervisor:	
Supervisor Phone Number:	
Supervisor Email:	

Student Signature:

Date:

**For Office Use Only:**

Approved:

Not Approved:

Date: