**Internship Coordinator’s Notes**

*Liability Link Sent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Liability Completed by Std \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Override Completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site Doc Reminder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emailed Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Placement Chart Updated\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Field Placement Report Sent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Registered \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Internship Coordinator’s Notes**

*Liability (circle one)* Site UI  *UI Liability Form Completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Minor Training & Docs Sent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MTComplete & to Student Services \_\_\_\_\_\_\_\_\_\_\_\_\_ BGC ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Site Doc Reminder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Override Completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emailed Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Placement Chart Updated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Field Placement Report Sent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Registered \_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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| --- | --- | --- |
| **Internship Coordinator:**Dr. Emma Grindley | **Email:** *egrindle@uidaho.edu***Phone:** 208-885-2181 | **Address:**Department of Movement SciencesPhysical Education Building, Room 101875 Perimeter Drive MS2401Moscow, ID 83844-2401 |
| **Website:** <http://www.uidaho.edu/ed/mvsc/academics/esh/practicum-internship> |

**EXERCISE, SPORT, & HEALTH SCIENCES PEP 498 Internship Agreement/Contract**

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| --- |
| **Student and Course Information** |
| **Student Name** |  |
| **Student ID#** |  |
| **Student Email** |  |
| **Student Phone** |  |
| **Student Address** |  |
| **Do you pay in state or out of state tuition?** |  |
| **Semester & Dates at Site**(eg., Spring 2032, Jan 19- May 5) | *Note: You cannot do hours at outside of course dates* |
| **Site & Supervisor Information** |
| **Name & Type of Internship Site**(e.g., Rocko Gym – fitness & PT) |  |
| **Site Address** |  |
| **Site Supervisor ‘s Name, Credentials/ Experience** |  |
| **Supervisor’s Email & Phone** |  |
| **Details of Proposed ESHS Internship Experience**  |
| **Circle one**  | **6 credits 240 hours 9 credits 360 hours** |
| **Explain how your site will provide you with the hours within the semester dates** (e.g., 9-5 M-F = 40hrs per wk. Jan 20- March 30). |  |
| **Please include, or attach, a detailed internship/job description***(Include 3-5 tasks that you will be assigned, % time on each task etc)* |  |
| **How will you apply your academic course knowledge and skills and overall educational experience?** |  |
| **How will this experience allow you to meet your internship and career goals?** |  |
| **Describe the type of supervision you will receive.** *(e.g., 80% direct supervision, weekly meetings, daily discussions).* |  |

**Supervisor Questions**

*- The following is to be read and responded to by the Site Supervisor*

|  |  |
| --- | --- |
| *Internship is a 6 or 9-credit experience in an Exercise, Sport, or Health Sciences. This capstone experience requires students to be fully immersed in the setting, or site, for 240 or 360 hours during one semester (or some part of those hours if they are splitting their experience between 2 sites).* * ***Please write the of hours that the student will complete with you in the box to the right.***
 |  |
| *While we plan for internship to follow all of the ESHS coursework there are some cases where the student request to complete internship with, or prior to, a course(s).* * **Has the student shared what classes they plan to take with and or post internship (if any)?**
* **Has the student discussed with you any concerns that you or they have with them taking internship without having all courses completed prior?**
* **Has the student discussed with you a plan for scheduling, in advance, time off around exams if needed?**
 | **Yes No NA** **Yes No NA****Yes No NA** |
| *During the internship students will apply knowledge and skills that they have learned throughout their program of study, as well as develop hands-on experiences that will help them to develop professionally to achieve career and/or educational goals.* * **Has the student discussed their goals and objectives for internship with you?**
* **Can you provide an experience that allows the student to progress from basic observation to more hands-on-learning\* and possible leadership opportunities? \*** *note we know that many medical professions do not allow for hands-on work with patients*
 | **Yes No****Yes No** |
| *Supervision will be provided by the site and the UI course instructor.**The site supervisor is asked to provide direct and indirect supervision, and to complete student evaluations as well as review the student’s goals and objectives. The student will provide the appropriate documentation to you in a timely manner.** **Has the intern discussed the type of supervision and mentorship that UI and they require for success? Is the supervision and mentorship possible?**
 | **Yes No** |
| *The student will share the Welcome Packet and the Syllabus with the site supervisor. These documents will explain the student’s academic responsibilities, describe the types of supervision that the site and UI will provide, and detail what to do about any issues that may arise.** **Has the student provided you these documents?**
 | **Yes No** |
| *Students must have liability insurance coverage during the internship. If your site does not provide it then the student can be covered under a UI policy for the duration of the course.* * **Does your agency provide liability insurance coverage for UI internship students?**
 | **Yes No** |
| *Documentation such as transcripts, certifications, immunization records, and/or background checks will be obtained and provided by the student directly to your site if it is required as a part of your application or orientation process. This allows each site to obtain the most up to date information that the site wishes to review before a placement begins.* * ***What documentation does your site require? Please specify.***
 |  |
| *Documentation such as a current syllabus, certificate of professional liability insurance, or an Affiliation Agreement can be provided by UI to your site once our initial paperwork has been processed (aka this agreement).* * **Does your agency require any of these documents? If yes, please specify.**
 | **Yes No** |
| **Site Supervisor’s Signature:** Comments or questions:  | **Date** |
| **Student Questions**  *- The following is to be read and responded to by the Student* |
| *I understand that the internship will be 240 or 360 hours during the course dates listed above. No hours can be worked outside of the semester’s academic dates.*  | **Yes No** |
| *I understand that the internship is an academic course with required assignments that I must complete. I must access the course via Canvas and follow the syllabus posted. I understand that a grade is earned based on these assignments (A-F).* | **Yes No** |
|  *I understand that I must take initiative to learn, ask questions, and get hands-on experience where applicable. In addition, I must talk to my site and/or UI supervisors to resolve issues prior to the end of the placement.* | **Yes No** |
| *I understand that I must complete all hours of internship to pass the course. Failure to earn all the hours will result in an F. If I am requested to leave my site(s) due to unprofessional behavior this will also warrant an F in the course.* | **Yes No** |
| *I understand that if I am taking internship with, or prior to, a course(s) it is my responsibility to share that with the site, discuss any concerns with them about not having completed the courses prior, and to work with the site and course instructors to ensure successful completion of all courses that I am enrolled in.* | **Yes No**  |
| *I understand that documentation such as transcripts, certifications, immunization records, and/or background checks may be required and will be obtained by me and provided directly to the site as part of their required application or orientation process. This allows each site to obtain the most up to date information that the site wishes to review before a placement begins. I understand that failure to provide the required documentation, or to meet the requirements of the site, can result in the termination of this agreement and the internship.*  | **Yes No** |
| *I understand that I must abide by the facility’s and profession’s policies and procedures to ensure safety, confidentially, and the best health and wellness practices for all. This includes ensuring that patient confidentially is maintained when I journal.*  | **Yes No** |
| **Student’s Signature:** | **Date** |

Signatures on this document confirm that this is the working agreement for this internship and that all of the statements on the document are understood by the student and the supervisor.

EG. 11.22