

University of Central Arkansas Exercise Science Program

INTERNSHIP APPLICATION

Complete and Return pages 1-4 by August 30th for Spring Internship

and January 30th for Fall Internship!

Name: _____ Date Submitted: _____
 (Last) (First) (Middle)

Student ID#: _____ Advisor: _____

Phone Number: _____ Cell Number: _____ Do you receive text messages? Yes No

Preferred E-mail Address: _____ UCA Cub E-mail Address: _____

On the following pages, please list your first three selections for your internship:

1st Choice Internship Site:

Name of Facility: _____

Address of Facility: _____

Name of Contact Person: _____ Email Address of Contact Person: _____

Phone Number for Contact Person: _____ Fax Number for Contact Person: _____

Facility Website URL: _____

Is this facility included on the list of UCA’s Pre-Approved Internship Sites? Yes No*

****If NO, please see requirements below for the process of getting an internship site approved on the following page***

2nd Choice Internship Site:

Name of Facility: _____

Address of Facility: _____

Name of Contact Person: _____ Email Address of Contact Person: _____

Phone Number for Contact Person: _____ Fax Number for Contact Person: _____

Facility Website URL: _____

Is this facility included on the list of UCA’s Pre-Approved Internship Sites? Yes No*

****If NO, please see requirements below for the process of getting an internship site approved on the following page***

3rd Choice Internship Site:

Name of Facility: _____

Address of Facility: _____

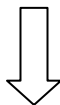
Name of Contact Person: _____ Email Address of Contact Person: _____

Phone Number for Contact Person: _____ Fax Number for Contact Person: _____

Facility Website URL: _____

Is this facility included on the list of UCA’s Pre-Approved Internship Sites? Yes No*

****If NO, please see requirements below for the process of getting an internship site approved on the following page***



BELOW - Indicate your GRADE for your coursework at UCA and for any TRANSFER coursework completed:

**UNIVERSITY OF CENTRAL ARKANSAS
BACHELOR OF SCIENCE IN KINESIOLOGY (Exercise Science) CHECK SHEET**

NAME _____ ID NUMBER _____ ADVISOR _____

DATE ENTERED UCA _____ TRANSFER FROM (COLLEGE/DEPARTMENT) _____

General Education 47 Hours

- _____ Transitional Courses: UNIV 1300/1301/1340/1100
(Must take first semester if individual ACT scores in English, Reading and Math are below 19)
- _____ Mathematics (3 hrs) 1390/1392/1395/1491/1580/1591^
- _____ Health Studies (3 hrs) H ED 1320 or KPED 1320^*
- _____ Oral Communications (3 hrs) SPCH 1300^

American History and Government (3 hrs)

- _____ HIST 2301 or 2302 or _____ PSCI 1330

Humanities (3 hrs)

- _____ ENGL 1350/55/2370/80/90 _____ WLAN 2315/25
- _____ PHIL 1301or 2305/25/60 _____ HONC 1310 or HONC 2310
- _____ FREN/GERM/SPAN 2320 _____ FYFS 1301 or RELG 1330

Behavioral and Social Sciences (6 hrs)

- _____ PSYC 1300 required^ _____ PSCI 1300/30 or 2300
- _____ SOC 1300 or ANTH 1302 _____ ECON 1310 or ECON 2310
- _____ HONC 1320 or HONC 2310 _____ GEOG 1300/05

Fine Arts (3 hrs)

- _____ ART 2300 - Art Appreciation
- _____ FILM 2300 – Film Appreciation
- _____ MUS 2300 - Music Appreciation
- _____ THEA 2300 - Theatre Appreciation
- _____ HONC 2320 - Honors Core IV

Natural Sciences (8 hrs)

- _____ BIOL 1400 or 1440 (4 hrs min. required)^
- _____ PHYS 1400 or PHYS 1405/10 or 1441^ or CHEM 1400/1402/1450^ (4 hours min required)

Writing (6 hrs)

- _____ WRTG 1310^ + or HONC 1310^+ and _____ WRTG 1320^+ or HONC 1320^+
- Note: English 1310 & 1320 must be taken during first two semesters of enrollment

World Cultural Traditions (9 hrs)

- _____ HIST 1310 or 1320 (3 hrs. min. required)
- _____ ENGL 2305 or 2306 (3 hrs. min. required)
- _____ PHIL 1330 or FYFS 1310 or RELG 1320 or LING 2350 or HONC 2310 or HIST 1310 or HIST 1320 or ENGL 1330, 2305 or 2306 (3 hrs. minimum required)

Kinesiology Requirements 52 hours (41 UD)

_____	Condition Act/Wt Train	1125^ *1135^ *
_____	Workshop: Group Exercise	4271^*
_____	Exercise Leadership	4271^*
_____	Fitness Senior Population	4371^*
_____	Workshop: Certification	4271^*
_____	Principles of KPE	2300^*
_____	Motor Development	2340^*
_____	Anatomical Kinesiology	2381^*
_____	Curriculum	3316^*
_____	Care & Prevent Ex & Sport Injuries	3331^*
_____	Workshop Fitness Special Pops	4371^*
_____	Mechanical Kinesiology	3382^*
_____	Fitness Assessment & Prescription	4230^*
_____	Exercise Physiology	4300^*
_____	Methods and Materials	4310^*
_____	Meas & Eval Human Performance	4320^*
_____	Administration	4351^*
_____	Sport In American Society	4395^*
_____	Workshop: Internship	4371^*

KPED RELATED REQUIREMENT (3 UD hrs)

The related requirement to support professional interest must be approved by the major advisor and must be at the 3000 or 4000 level _____

SPECIAL DEGREE REQUIREMENTS

The BS degree requires completion of one year in math (excluding UNIV1340) or a laboratory science (i.e., 2 courses in Biology or 2 courses in Chemistry or 2 courses in Physics). General education courses cannot be used to satisfy the additional year of math or science.

MINOR REQUIREMENTS (18 hrs)

- _____ NUTR 1300 Nutrition in the Life Cycle (required)
- _____ NUTR 3370 Advanced Nutrition (required)
- _____ NUTR 4315 Sports Nutrition (required)
- _____ FACS _____ or _____ NUTR _____ (elective)
- _____ FACS _____ or _____ NUTR _____ (elective)
- _____ FACS _____ or _____ NUTR _____ (elective)

CERTIFICATIONS:

CPR/First Aid _____
Professional Certification _____

*****Once you have completed the BS in Kinesiology (purple) Checksheet (making sure to NOTE "Courses in Progress" & LIST GRADES for each course), READ AND COMPLETE THE SECTION BELOW*****

Student's Name: _____

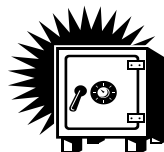
UCA ID #: _____ Advisor: _____

I, _____ (student's name), have reviewed all of my coursework at UCA and find that I am in good standing for graduation in the _____ (semester) of _____ (year).

The only course(s) I have left to complete are (list course number/name and semester plan to complete):



SUBMIT THE FIRST 3 PAGES OF THE APPLICATION –



KEEP THE REMAINING 7 PAGES IN A  SAFE PLACE

FOR FUTURE REFERENCE!!!

APPROVED INTERNSHIP SITES:**CLINICAL**

Heart Care Clinic of Arkansas
 9600 Lile Drive, Suite 330
 Little Rock, AR 72205
 Site Supervisor:
 Email:
 Phone: (501) 221-7272
 Fax:

Conway Regional Health Systems
 Cardiac Rehab
 2302 College
 Conway, AR 72032
 Site Supervisor : Jimmie Burnette
 Email : jburnette@conwayregional.org
 Phone : (501) 450-2492
 Fax :

St. Vincent Infirmary Medical Center
 Cardiac & Pulmonary Rehab
 Two St. Vincent Circle
 Little Rock, AR 72205-5499
 Site Supervisor:
 Email:
 Phone : (501) 552-2558
 Fax:

Baptist Health Medical Center – Little Rock
 9601 I-630, Exit 7
 Little Rock, AR 72205
 Site Supervisor: Glen Lusby
 Email:
 Phone: (501) 202-1878
 Fax:

North Arkansas Medical Center (2012)
 620 North Main
 Harrison, AR 72601
 Site Supervisor: Josh Bundy
 Email: Josh.bundy@narmc.com
 Phone: (870) 414-4545
 Fax:

Intermountain Healthcare (2013)
 (IHC Health Services, Inc.)
 ADDRESS
 Salt Lake City, UT
 Site Supervisor:
 Email:
 Phone:
 Fax:

Baxter Regional Medical Center
 624 Hospital Drive
 Mountain Home, AR 72653
 Site Supervisor: Cindy Hawthorne
 Email:
 Phone: (870) 508-1567
 Fax:

Trinity Mother Frances Hospitals & Clinics (2010)
 Cardiac Rehabilitation Department
 1327 Troup Highway
 Tyler, Texas 75701
 Site Supervisor : Linda Mosley, RN, BSN
 Email:
 Phone : (903) 531-4832
 Fax :

Baptist Health and Medical Center - North Little Rock
 Health Management Cardiac Rehabilitation
 3333 Springhill Drive
 North Little Rock, AR 72117-2922
 Site Supervisor: Glen Lusby
 Email:
 Phone: (501) 202-3704
 Fax:

White River Medical Center Cardiac Rehab (2012)
 1710 Harrison Street
 Batesville, AR 72501
 Site Supervisor: Jennifer Coleman
 Email: jcoleman@wrmc.com
 Phone: (870) 262-6168
 Fax:

HipKnee Arkansas Foundation (2013)
 1701 Aldersgate Road, Suite 3
 Little Rock, AR 72205
 Site Supervisor: Cara Petrus
 Email: cpetrus@hipkneearkansas.com
 Phone: (501) 246-4439
 Fax:

STRENGTH & CONDITIONING / PHYSICAL THERAPY / SPORTS REHABILITATION

Arkansas Sports Performance Center
 4215 S Shackleford Rd
 Little Rock, AR 72204
 Site Supervisor: BJ Maack, ATC, CSCS
 Email: bjmaack@arsportsperformance.com
 Phone: (501) 539-FAST (3278)
 Fax:

Parisi Speed School
 575 Club Lane
 Conway, AR 72034
 Site Supervisor: Tyson Kymes, PT, CSCS
 Email: tkymes@conwaycorp.net
 Phone : (501) 329-5161
 Fax : (501) 329-5158

Athletic Evolution
 78B Olympia Avenue
 Woburn, MA 01801
 Site Supervisor: Alex O'Keefe
 Email:
 Phone: (781) 935-7701
 Fax: (781) 935-7703

The University of Southern Mississippi
 Strength and Conditioning Department
 118 College Drive #1017
 Hattiesburg, MS 39406
 Site Supervisor: Scott Bennett
 Email :
 Phone : (601) 266-5741
 Fax :

Innovative Spine Rehab
 9101 Kanis Road, Suite 410
 Little Rock, AR 72205
 Site Supervisor: Darby Brighton
 Email: darbybl@yahoo.com
 Phone: (501) 221-6009
 Fax:

University of Central Arkansas
 Strength & Conditioning
 201 Donaghey Avenue
 Conway, AR 72035
 Site Supervisor: Henry Briscoe
 Email : hbriscoe@uca.edu
 Phone : (501) 450-5825
 Fax :

D1 Sports Training and Therapy
 10 Viewpointe Cove
 Little Rock, AR 72223
 Site Supervisor:
 Email :
 Phone :
 Fax :

University of Alabama (2012)
 Strength and Conditioning Department
 801 University Boulevard
 Tuscaloosa, AL 35487
 Site Supervisor : Rocky Colburn
 Email :
 Phone : (205) 348-7106
 Fax :

California Polytechnic State University (2012)
 Cal Poly Athletics
 One Grand Avenue
 San Luis Obispo, CA 92407-0388
 Site Supervisor : David Wood
 Email : dwood@calpoly.edu
 Phone : (805) 756-5288
 Fax :

CATZ Austin Sport Performance (2012)
 12611 Hymeadow Road
 Austin, TX 78729
 Site Supervisor : Brad Kassell
 Email :
 Phone : (512) 345-5547
 Fax :

Driven Performance Training (2012)
 515 Congress Avenue, Suite N
 Austin, TX 78701
 Site Supervisor: Andy Twellman
 Email:
 Phone: (512) 450-5051
 Fax:

CORPORATE

Arkansas Children’s Hospital
 Health and Wellness Center
 1621 W. Tenth Street
 Little Rock, AR 72202
 Site Supervisor: Christine Ferguson
 Email: FergusonCS@archildrens.org
 Phone: (501) 364-3656
 Fax:

Baptist Health Rehabilitation Institute
 9601 I-630, Exit 7
 Little Rock, AR 72205
 Site Supervisor: John Bishop
 Email:
 Phone: (501) 202-7628
 Fax:

University of Arkansas for Medical Sciences
 Get Healthy UAMS
 4301 W. Markham, #838
 Little Rock, AR 72205
 Site Supervisor: Russell Hill
 Email: russell@uams.edu
 Phone: (501) 526-7650
 Fax:

National Aeronautics and Space Administration (NASA)
 Kennedy Space Center Fitness Center
 IHA-010
 Kennedy Space Center, FL 32899
 Site Supervisor: Erik Johnson
 Email:
 Phone: (321) 867-3414
 Fax:

COMMERCIAL

Conway Regional Health and Fitness Facility
 700 Salem Road
 Conway, AR 72034
 Site Supervisor: Mallory Lefler
 Email:
 Phone: (501) 450-9292
 Fax:

Ozark Community Center
 1530 W. Jackson Street
 Ozark, MO 65721
 Site Supervisor: Julie Johnson
 Email:
 Phone: (417) 581-7002
 Fax:

Fuse Wellness Center
 1400 SE Walton Blvd
 Bentonville, AR 72712
 Site Supervisor: Dr. Mike Trexler
 Email: Mtrex825@aol.com
 Phone: (479) 845-8000
 Fax:

Saint Mary’s Wellness Fitness Center
 3808 W. Main Street
 Russellville, AR 72801
 Site Supervisor: Jill Roberts
 Email:
 Phone: (479) 968-7979
 Fax:

Little Rock Athletic Club
 P.O. Box 17090
 Little Rock, AR 72222-7090
 Site Supervisor: Paul Fajer
 Email : paulfajer@gmail.com
 Phone : (501) 225-3600
 Fax :

The Bradley Center for Wellness
 P.O. Box 2514
 Dalton, GA 30722
 Site Supervisor: Thomas Morrison
 Email:
 Phone: (706) 278-9355
 Fax:

North Little Rock Athletic Club
 3804 McCain Park Dr.
 North Little Rock, AR 72116
 Site Supervisor: Bryan Broderick
 Email: bryanbroderick@nlrac.com
 Phone: (501) 812-5555
 Fax:

Hilton Head Health Institute (2012)
 14 Valencia Road
 Hilton Head Island, SC 29928
 Site Supervisor: Adam Martin
 Email:
 Phone: (843) 785-3286
 Fax:

Orlando’s Personal Fitness
 17200 Chenal Parkway
 Little Rock, AR 72223
 Site Supervisor: Orlando Thomas
 Email:
 Phone: (501) 821-6151
 Fax:

COMMUNITY

****Facilities That Work with Adaptive Physical Activity***

Bess Chisum Stephens YWCA
 1200 S. Cleveland
 Little Rock, AR 72204
 Site Supervisor: Kimalee Marple
 Email:
 Phone: (501) 664-4268
 Fax:

Kostopulus Dream Foundation*
 4180 Emigration Canyon
 Salt Lake City, UT 84108
 Site Supervisor: Jared Allsop
 Email:
 Phone: (801) 582-0700 ext. 100
 Fax:

University of Central Arkansas
 HPER Fitness Center
 201 S. Donaghey Ave., Rm. 103
 Conway, AR 72035
 Site Supervisor: Ary Servedio
 Email:
 Phone: (501) 450-5091
 Fax: (501) 450-5703

OTHER **Facilities That Work with Adaptive Physical Activity*

Little Rock Airforce Base
 314 MDOS/SGGZ
 1090 Arnold Drive
 Little Rock AFB, AR 72099
 Office Phone: (646) 290-8730
 Site Supervisor: Jeffery Vaughn
 Email: jeffrey.vaughn@littlerock.af.mil
 Phone: (501) 987-7288 or 8873
 Fax: (501) 987-7477

Jacksonville Community Center
 5 Municipal Drive
 Jacksonville, AR 72076-4272
 Site Supervisor: Josh Mays
 Email:
 Phone: (501) 982-2613
 Fax:

Miami Dade Parks and Recreation* (2010)
 ADDRESS
 ADDRESS
 Site Supervisor: Lisa Frankel
 Email: Phone: Fax:

SPORTS MARKETING |
 | Trans Insight Corporation (2013) |
 | 1133 Broadway, Suite 1605 |
 | New York, NY 10010 |
 | Site Supervisor: Tomoya Suzuki |
 | Email: tomoyasuzuki@transinsight.jp |
 | Mobile Phone: (917) 617-9514 |
 | Fax: (646) 290-8750 |
Website: <http://www.transinsight.jp/english>

Clayton County Parks and Recreation
 Carl Rhodenizer Recreation Center
 3499 Rex Road
 Rex, GA 30273
 Site Supervisor: Kobo Simpson
 Email:
 Phone: (770) 472-8042
 Fax:

THIS APPLICATION (pages 1-3) and the FOLLOWING DOCUMENTATION
must be submitted to Internship Coordinator by August 30th for spring internship
or January 30th for fall internship:

- **COMPLETED APPLICATION** (*pages 1-3 of this packet!*)
- **Copies of COVER LETTER & RESUME’** template to be personalized and distributed to supervisors at potential internship sites
 - *Please contact Career Services in Bernard Hall 311 at (501) 450-3134 (or email ldavis@uca.edu) to set up a resume’ review prior to submitting your cover letter and resume’ to potential internship sites*
- **COMPLETED “BS in Kinesiology” (purple) CHECKSHEET**
 - *Indicate GRADES EARNED for all coursework completed (including transfer coursework), and note courses currently “in progress”*
- **Proof of CURRENT CPR CERTIFICATION**
- **COPY of Fitness Certification Exam SCORE SHEETS**
 - *This must include a break-down of your scores for each portion of the exam*
 - *Submit a copy for EACH TIME YOU TOOK THE EXAM!!! (successful or otherwise)*
 - *Must indicate “PASS” or “FAIL” for proof of certification*

IMPORTANT DEADLINES:

Submit by August 30th for spring internship and January 30th for fall internship:

- Application (pages 1-3 of this packet) *-including completed (“purple”) checksheet*
- Cover Letter & Resume’ (*final draft to be sent to potential internship sites—NOT your first draft!!!*)
- Copy of current CPR Certification card (*DO NOT rely on your advisor for this*)
- Copy/Copies of Fitness Certification Exam Score(s) – *Must indicate scores for each section of the exam and “PASS” or “FAIL”*

Submit by September 20th for spring internship and February 20th for fall internship:

- Reports/Information for new (unapproved) internship sites (*in order to secure a contract with UCA*)

Submit by December 15th for spring internship and July 15th for fall internship:

- Internship Agreement signed by the site supervisor
- Certification documents
 - Copy of current CPR Certification card
 - Copy/Copies of Fitness Certification Exam Score(s) – Must indicate “PASS” or “FAIL”
 - You must submit two copies of all exam scores regardless of pass or fail.

Process for Getting Internship Sites Approved by UCA:

STEP 1: Obtain Resume’s from staff members at the facility—

- Resume’ of the Site Supervisor
- Resume’ from TWO ADDITIONAL STAFF MEMBERS who will be directly working with you during the internship

STEP 2: Compile a report on the facility

- Include in this report:
 - The facility’s mission statement
 - The size of the facility
 - Programs offered at the facility

STEP 3: Obtain an OUTLINE of the facility’s CURRENT INTERNSHIP PROGRAM (*if applicable*)

- If the facility does not currently have an official internship program, please indicate that on your report of the facility in STEP 2.

The above information must be submitted to Mrs. Martinez by FRIDAY, MARCH 14, 2014.

**If the above information is NOT submitted by FRIDAY, MARCH 14, 2014, you will be required to choose an internship site that is currently on the UCA pre-approved list.*

*Please allow extra time to collect the necessary documentation and to allow the Internship Coordinator to review the documentation.

Department of Kinesiology and Physical Education
University of Central Arkansas
INTERNSHIP AGREEMENT

I, _____, agree to accept an internship
 (UCA student intern)

position at _____ under the direction of
 (Facility name)

_____. The length of the internship will be a minimum of
 (Facility Site Supervisor)

fourteen (14) weeks and a maximum of sixteen (16) weeks, beginning the first week of class of the internship semester and ending the week of final exams during that same semester. The total number of hours completed will be a minimum of 168 for students enrolled in Internship I (a minimum of 252 total hours are required for students enrolled in both Internship I and II).

“During the internship, I will take full responsibility for meeting my university requirements and completing all assignments. I will abide by all policies and guidelines established by the university and the internship site. I will maintain a mature, professional attitude and conduct while performing my duties and completing my assignments.”

UCA Student Intern

 Date

Facility Site Supervisor
 (CCIE) Center Coordinator of Internship Education

 Date