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: ______________________    _________   __________________
       (Last)                     (First)    (Middle)

Date Submitted: __________________

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:

<table>
<thead>
<tr>
<th>1st Choice Internship Site:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility: ______________</td>
</tr>
<tr>
<td>Address of Facility: ______________</td>
</tr>
<tr>
<td>Name of Contact Person: ______________</td>
</tr>
<tr>
<td>Phone Number for Contact Person: ______________</td>
</tr>
<tr>
<td>Facility Website URL: ______________</td>
</tr>
<tr>
<td>Is this facility included on the list of UCA’s Pre-Approved Internship Sites? _____ Yes _____ No*</td>
</tr>
<tr>
<td>*If NO, please see requirements below for the process of getting an internship site approved on the following page</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2nd Choice Internship Site:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility: ______________</td>
</tr>
<tr>
<td>Address of Facility: ______________</td>
</tr>
<tr>
<td>Name of Contact Person: ______________</td>
</tr>
<tr>
<td>Phone Number for Contact Person: ______________</td>
</tr>
<tr>
<td>Facility Website URL: ______________</td>
</tr>
<tr>
<td>Is this facility included on the list of UCA’s Pre-Approved Internship Sites? _____ Yes _____ No*</td>
</tr>
<tr>
<td>*If NO, please see requirements below for the process of getting an internship site approved on the following page</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3rd Choice Internship Site:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility: ______________</td>
</tr>
<tr>
<td>Address of Facility: ______________</td>
</tr>
<tr>
<td>Name of Contact Person: ______________</td>
</tr>
<tr>
<td>Phone Number for Contact Person: ______________</td>
</tr>
<tr>
<td>Facility Website URL: ______________</td>
</tr>
<tr>
<td>Is this facility included on the list of UCA’s Pre-Approved Internship Sites? _____ Yes _____ No*</td>
</tr>
<tr>
<td>*If NO, please see requirements below for the process of getting an internship site approved on the following page</td>
</tr>
</tbody>
</table>
**BACHELOR OF SCIENCE IN KINESIOLOGY (Exercise Science) CHECK SHEET**

**NAME _______________________________   ID NUMBER _________________   ADVISOR ____________________**

**DATE ENTERED UCA ________________   TRANSFER FROM (COLLEGE/DEPARTMENT) __________________**

<table>
<thead>
<tr>
<th><strong>General Education 47 Hours</strong></th>
<th><strong>Kinesiology Requirements 52 hours (41 UD)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Must take first semester if individual ACT scores in English, Reading and Math are below 19)</td>
<td></td>
</tr>
<tr>
<td>1390/1392/1395/1491/1580/1591^</td>
<td>Condition Act/Wt Train 1125^ *1135^ *</td>
</tr>
<tr>
<td>H ED 1320 or KPED 1320^*</td>
<td>Workshop: Group Exercise 4271^*</td>
</tr>
<tr>
<td>SPCH 1300^*</td>
<td>Exercise Leadership 4271^*</td>
</tr>
<tr>
<td>1125^<em>1135^</em></td>
<td>Fitness Senior Population 4371^*</td>
</tr>
<tr>
<td>Principles of KPE 2300^*</td>
<td>Workshop: Certification 4271^*</td>
</tr>
<tr>
<td>Motor Development 2340^*</td>
<td></td>
</tr>
<tr>
<td>Anatomical Kinesiology 2381^*</td>
<td></td>
</tr>
<tr>
<td>Curriculum 3316^*</td>
<td></td>
</tr>
<tr>
<td>Care &amp; Prevent Ex &amp; Sport Injuries 3331^*</td>
<td></td>
</tr>
<tr>
<td>Workshop Fitness Special Pops 3317^*</td>
<td></td>
</tr>
<tr>
<td>Mechanical Kinesiology 3382^*</td>
<td></td>
</tr>
<tr>
<td>Fitness Assessment &amp; Prescription 4230^*</td>
<td></td>
</tr>
<tr>
<td>Exercise Physiology 4300^*</td>
<td></td>
</tr>
<tr>
<td>Methods and Materials 4310^*</td>
<td></td>
</tr>
<tr>
<td>Meas &amp; Eval Human Performance 4320^*</td>
<td></td>
</tr>
<tr>
<td>Administration 4351^*</td>
<td></td>
</tr>
<tr>
<td>Sport In American Society 4395^*</td>
<td></td>
</tr>
<tr>
<td>Workshop: Internship 4371^*</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>American History and Government (3 hrs)</strong></th>
<th><strong>KPED RELATED REQUIREMENT (3 UD hrs)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>HIST 2301 or 2302 or PSCI 1330</td>
<td>The related requirement to support professional interest must be approved by the major advisor and must be at the 3000 or 4000 level _________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Humanities (3 hrs)</strong></th>
<th><strong>SPECIAL DEGREE REQUIREMENTS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGL 1350/55/2370/80/90</td>
<td>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.</td>
</tr>
<tr>
<td>PHIL 1301or 2305/25/60</td>
<td></td>
</tr>
<tr>
<td>HONC 1310 or HONC 2310</td>
<td></td>
</tr>
<tr>
<td>FYFS 1301 or RELG 1330</td>
<td></td>
</tr>
<tr>
<td>WLAN 2315/25</td>
<td></td>
</tr>
<tr>
<td>HONC 1310 or HONC 2310</td>
<td></td>
</tr>
<tr>
<td>FREN/GERM/SPAN 2320</td>
<td></td>
</tr>
<tr>
<td>FYFS 1301 or RELG 1330</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Behavioral and Social Sciences (6 hrs)</strong></th>
<th><strong>CERTIFICATIONS:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>PSY 1300 required^</td>
<td>CPR/First Aid</td>
</tr>
<tr>
<td>PSCI 1330 or 30 or 2300</td>
<td>Professional Certification</td>
</tr>
<tr>
<td>HIST 1310 or 1320</td>
<td></td>
</tr>
<tr>
<td>ECON 1310 or ECON 2310</td>
<td></td>
</tr>
<tr>
<td>HIST 1320 or HONC 2310</td>
<td></td>
</tr>
<tr>
<td>GEOG 1300/05</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th><strong>Fine Arts (3 hrs)</strong></th>
<th><strong>MINOR REQUIREMENTS (18 hrs)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>ART 2300 - Art Appreciation</td>
<td>NUTR 1300 Nutrition in the Life Cycle (required)</td>
</tr>
<tr>
<td>FILM 2300 – Film Appreciation</td>
<td>NUTR 3370 Advanced Nutrition (required)</td>
</tr>
<tr>
<td>MUS 2300 - Music Appreciation</td>
<td>NUTR 4315 Sports Nutrition (required)</td>
</tr>
<tr>
<td>THEA 2300 - Theatre Appreciation</td>
<td>FACS or NUTR (elective)</td>
</tr>
<tr>
<td>HONC 2320 - Honors Core IV</td>
<td>FACS or NUTR (elective)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Natural Sciences (8 hrs)</strong></th>
<th><strong>CERTIFICATIONS:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>BIOL 1400 or 1440 (4 hrs min. required)^</td>
<td>CPR/First Aid</td>
</tr>
<tr>
<td>PHYS 1400 or PHYS 1405/10 or 1441^ or CHEM 1400/1402/1450^ (4 hours min required)</td>
<td>Professional Certification</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Writing (6 hrs)</strong></th>
<th><strong>MINOR REQUIREMENTS (18 hrs)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>WRTG 1310^+ or HONC 1310^+ and WRTG 1320^+ or HONC 1320^+</td>
<td>NUTR 1300 Nutrition in the Life Cycle (required)</td>
</tr>
<tr>
<td>Note: English 1310 &amp; 1320 must be taken during first two semesters of enrollment</td>
<td>NUTR 3370 Advanced Nutrition (required)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>World Cultural Traditions (9 hrs)</strong></th>
<th><strong>CERTIFICATIONS:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>HIST 1310 or 1320 (3 hrs. min. required)</td>
<td>CPR/First Aid</td>
</tr>
<tr>
<td>ENGL 2305 or 2306 (3 hrs. min. required)</td>
<td>Professional Certification</td>
</tr>
<tr>
<td>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)</td>
<td></td>
</tr>
</tbody>
</table>
***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):

STOP

SUBMIT THE FIRST 3 PAGES OF THE APPLICATION –

KEEP THE REMAINING 7 PAGES IN A SAFE PLACE FOR FUTURE REFERENCE!!!
**APPROVED INTERNSHIP SITES:**

### CLINICAL

<table>
<thead>
<tr>
<th>Heart Care Clinic of Arkansas</th>
<th>Baxter Regional Medical Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>9600 Lile Drive, Suite 330</td>
<td>624 Hospital Drive</td>
</tr>
<tr>
<td>Little Rock, AR 72205</td>
<td>Mountain Home, AR 72653</td>
</tr>
<tr>
<td>Site Supervisor:</td>
<td>Site Supervisor: Cindy Hawthorne</td>
</tr>
<tr>
<td>Email:</td>
<td>Email:</td>
</tr>
<tr>
<td>Phone: (501) 221-7272</td>
<td>Phone: (870) 508-1567</td>
</tr>
<tr>
<td>Fax:</td>
<td>Fax:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Conway Regional Health Systems</th>
<th>Trinity Mother Frances Hospitals &amp; Clinics (2010)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac Rehab</td>
<td>Cardiac Rehabilitation Department</td>
</tr>
<tr>
<td>2302 College</td>
<td>1327 Troup Highway</td>
</tr>
<tr>
<td>Conway, AR 72032</td>
<td>Tyler, Texas 75701</td>
</tr>
<tr>
<td>Site Supervisor: Jimmie Burnette</td>
<td>Site Supervisor: Linda Mosley, RN, BSN</td>
</tr>
<tr>
<td>Email: <a href="mailto:jburnette@conwayregional.org">jburnette@conwayregional.org</a></td>
<td>Email:</td>
</tr>
<tr>
<td>Phone: (501) 450-2492</td>
<td>Phone: (903) 531-4832</td>
</tr>
<tr>
<td>Fax:</td>
<td>Fax:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>St. Vincent Infirmary Medical Center</th>
<th>Baptist Health and Medical Center - North Little Rock</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac &amp; Pulmonary Rehab</td>
<td>Health Management Cardiac Rehabilitation</td>
</tr>
<tr>
<td>Two St. Vincent Circle</td>
<td>3333 Springhill Drive</td>
</tr>
<tr>
<td>Little Rock, AR 72205-5499</td>
<td>North Little Rock, AR 72117-2922</td>
</tr>
<tr>
<td>Site Supervisor:</td>
<td>Site Supervisor: Glen Lusby</td>
</tr>
<tr>
<td>Email:</td>
<td>Email:</td>
</tr>
<tr>
<td>Phone: (501) 552-2558</td>
<td>Phone: (501) 202-3704</td>
</tr>
<tr>
<td>Fax:</td>
<td>Fax:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Baptist Health Medical Center – Little Rock</th>
<th>White River Medical Center Cardiac Rehab (2012)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9601 I-630, Exit 7</td>
<td>1710 Harrison Street</td>
</tr>
<tr>
<td>Little Rock, AR 72205</td>
<td>Batesville, AR 72501</td>
</tr>
<tr>
<td>Site Supervisor: Glen Lusby</td>
<td>Site Supervisor: Jennifer Coleman</td>
</tr>
<tr>
<td>Email:</td>
<td>Email: <a href="mailto:jcoleman@wrmc.com">jcoleman@wrmc.com</a></td>
</tr>
<tr>
<td>Phone: (501) 202-1878</td>
<td>Phone: (870) 262-6168</td>
</tr>
<tr>
<td>Fax:</td>
<td>Fax:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>620 North Main</td>
<td>1701 Aldersgate Road, Suite 3</td>
</tr>
<tr>
<td>Harrison, AR 72601</td>
<td>Little Rock, AR 72205</td>
</tr>
<tr>
<td>Site Supervisor: Josh Bundy</td>
<td>Site Supervisor: Cara Petrus</td>
</tr>
<tr>
<td>Email: <a href="mailto:Josh.bundy@narmc.com">Josh.bundy@narmc.com</a></td>
<td>Email: <a href="mailto:cpetrus@hipkneeearkansas.com">cpetrus@hipkneeearkansas.com</a></td>
</tr>
<tr>
<td>Phone: (870) 414-4545</td>
<td>Phone: (501) 246-4439</td>
</tr>
<tr>
<td>Fax:</td>
<td>Fax:</td>
</tr>
</tbody>
</table>

| Intermountain Healthcare (2013) | | |
| (IHC Health Services, Inc.) | ADDRESS | |
| Salt Lake City, UT | | |
| Site Supervisor: | | |
| Email: | | |
| Phone: | | |
| Fax: | | |
Arkansas Sports Performance Center
4215 S Shackleford Rd
Little Rock, AR 72204
Site Supervisor: BJ Maack, ATC, CSCS
Email: bimaack@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
Phone: (781) 935-7701
Fax: (781) 935-7703

University of Alabama (2012)
Strength and Conditioning Department
801 University Boulevard
Tuscaloosa, AL 35487
Site Supervisor: Rocky Colburn
Email: dwood@calpoly.edu
Phone: (805) 756-5288
Fax:

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:

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

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

- Trans Insight Corporation (2013)  
  1090 Arnold Drive  
  Little Rock AFB, AR 72099  
  Site Supervisor: Jeffery Vaughn  
  Email: jeffrey.vaughn@littlerock.af.mil  
  Phone: (501) 987-7288 or 8873  
  Fax: (501) 987-7477

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

**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:
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 GRADIES 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") check sheet
- 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