

MEMORANDUM

To: Clinical Exercise Science Concentration Applicant

From: Department of Exercise and Sport Science
Bachelor of Science in Exercise Science Program
University of Central Arkansas

Subject: Required Observation Experience

The Department of Exercise and Sport Science at the University of Central Arkansas requires an observation experience for all Bachelor of Science students in the Clinical Exercise Science concentration. This experience must be at least 10 hours in duration and may be completed in any cardiac rehabilitation/clinical setting under the supervision of a certified cardiac rehabilitation professional. All 10 hours of observation must be performed at the same cardiac rehabilitation/clinical facility. It is the responsibility of the applicant, you, to make arrangements for this experience and to provide the observation evaluation form to the facility supervisor. It is recommended that you complete observation hours by December 15th so that all application materials are received *before* the application deadline. Observation hours must be completed within one year preceding your application to the Clinical Exercise Science concentration.

Guidelines are provided below:

1. The applicant will make arrangements to observe at a cardiac rehabilitation/clinical facility and to complete a minimum of 10 hours. The applicant and the facility supervisor are to agree upon the scheduling of the 10 hours. The facility supervisors *are not obligated* to provide observation opportunities.
2. Applicants will not be allowed to use work site as observation hours, nor can they observe under a family member or friend.
3. The applicant will give the memorandum and the evaluation form on the first day (if multiple days are used to complete the observation hours).
4. The facility supervisor will complete the evaluation form and mail the form directly to the Department of Exercise and Sport Science at the University of Central Arkansas.
5. The evaluation form **must be received prior to the application deadline.**

Applicant's Name: _____

Start Date of Observation: _____

End Date of Observation: _____

In requesting the completion of this evaluation form which will be used in the admission selection process for the Bachelor of Science in Exercise Science - Clinical Exercise Science concentration at the University of Central Arkansas, I waive my right of access to this document.

Applicant Signature

Cardiac Rehabilitation Profession: _____

Facility and Address: _____

Phone: _____

Number of Completed Observation Hours: _____

Instructions: Please circle the number closest to the best description of the student.

Attendance	1	2	3	4	5
	Arrived late.				Arrive on time and came prepared.
Personal Appearance	1	2	3	4	5
	Too casual or overly dressed, too revealing, sloppy.				Complies with professional attire.
Communication Skills	1	2	3	4	5
	Poor.				Excellent.
Motivation	1	2	3	4	5
	Unmotivated, disinterested.				Displayed sincerity, passion, and desire to learn.
Attitude towards Staff/Patients	1	2	3	4	5
	Rude, careless, inappropriate.				Pleasant, appropriate, professional.

Additional Comments:

I verify that I have observed this student and that I am a certified cardiac rehabilitation professional.

Signature of Facility Supervisor/Professional

Date

Please send the completed form to:

University of Central Arkansas
Department of Exercise and Sport Science
201 Donaghey Avenue
Farris Center 120
Conway, AR 72035