KIN 459: INTERN INFORMATION SHEET

Name ______________________ Email: ______________________ Date: __________

Do you have any experience working in a fitness center, training room, rehabilitative clinic, hospital, etc.? Circle YES or NO. If yes, please describe.

Are you currently certified in CPR? YES NO
If yes, what organization certified you ______________________
What is the expiration date of the certification ______________________

Do you have any other relevant certifications (ex. CPR-Instructor, First Aid, or those offered through ACSM, ACE or similar organizations)? If so, please list.

Do you have any physical limitations restricting the activities you can do as an exercise leader? If so, please describe.

Beside the classes, place a 1, 2, 3, 4, 5, or 6 indicating the order of preference of the exercise classes with which you wish to work. Also, note your preference regarding completing this internship during the first or second half of the semester and any absolute scheduling conflicts (such as conflicts with other classes).

On-campus internship (in Exercise Clinic)
Exercise Classes: 6:00 - 7:00 a.m. MWF _____ Semester: First half _____ (1 or 2) begins September 2nd
7:00 - 8:00 a.m. MWF _____ Second half _____ (1 or 2) begins October 21st
8:00 - 9:00 a.m. MWF _____
9:00 - 10:00 a.m. MWF _____
12N - 1:00 p.m. MWF _____
5:30 - 6:30 p.m. MWR _____

Do you have any scheduling conflicts with any of these exercise class times? _____ Yes _____ No

For any conflicts, identify what they are. If there are conflicts with other courses, indicate what the courses are. Do NOT leave this section blank and be specific:

What do you plan to do upon graduation? What are your career goals? What do you wish to derive from this experience?