

**AGREEMENT FOR INTERNSHIP**

**Form 1**

The University of Monroe recognizes the importance and value of clinical experiences as they relate to the educational programs in the Kinesiology department.

I/We \_\_\_\_\_ do agree to co-sponsor  
(facility)

\_\_\_\_\_ in a Clinical Educational  
(student)

Program that will acquaint him/her extensively with the facility's operation of \_\_\_\_\_ and to provide as extensive an on-the-job experience in this operation as possible.

The following are mutually agreeable by all parties:

(a) All parties to abide by the signed agreement between the University of Louisiana at Monroe Department of Kinesiology and \_\_\_\_\_  
(facility)

(b) The student will also prepare a written report detailing the day-to-day job experience as they relate to his/her career goals and his/her curriculum. The report will be due to his/her University Supervisor on or before \_\_\_\_\_.  
**(See course syllabus for specific course requirements)**  
(date)

(c) The term of this agreement will extend from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(month) (day) (year)

to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ which will include a minimum of \_\_\_\_\_  
(month) (day) (year) (hours)

contact hours.

Date: \_\_\_\_\_

Facility: \_\_\_\_\_

Kinesiology  
Department: \_\_\_\_\_

Student: \_\_\_\_\_

## INTERNSHIP SITE CONTACT INFORMATION

### Student Information:

Student's name: \_\_\_\_\_

ID #: \_\_\_\_\_

Degree Program: \_\_\_\_\_

KINS Faculty Supervisor: \_\_\_\_\_

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**Signature of KINS Faculty Supervisor**

### Internship Site Information:

Name of Site: \_\_\_\_\_

Address: \_\_\_\_\_

\*Telephone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

\*E-mail Address: \_\_\_\_\_

### Requirements of Internship Site:

Does the site require a current Hepatitis B vaccination? **YES** **NO**

Does the site require a proof of or vaccination against chicken pox? **YES** **NO**

Does the site require a criminal background check? **YES** **NO**

*If you answered yes, what specific policies are linked to such a requirement (i.e., does any positive result prevent the student from being assigned there, are there specific types of criminal activity that would prevent the student from being assigned to your site, etc?) If such policies exist, please send a photocopy of the policy along with your response.*



**TO:** Students Enrolled in KINS \_\_\_\_ 5095 \_\_\_\_\_

**FROM:** Dr. Lovett, KINS Dept. Head, Dusty Mardis, Internship Coordinator, Department of Kinesiology

**SUBJECT: Insurance Coverage**

The Office of Risk Management, Division of Administration for the State of Louisiana, has notified The University of Louisiana at Monroe that the general liability policy which currently covers universities, colleges and schools does not extend coverage to injuries sustained by students engaged in field based practicum as part of their educational requirements or to students while interning as part of their educational requirements without receiving remuneration from any business or institution to which they are assigned.

Any injury which you might cause to a third party will continue to be covered; however, there will be no coverage for you yourself if you are personally injured.

Before you can begin the practicum or internship, you will be required to complete the form at the bottom of this page. If you are not currently covered through your own personal health insurance policy, you may wish to consider an insurance plan offered through the university:

<http://www.bollingercolleges.com/ulm/> and/or a liability policy through various professional organizations (APEL, LAHPERD, ACSM, etc.).

After reading the above information concerning insurance coverage, I'm informing The University of Louisiana at Monroe that: (Please check one of the statements below and provide the requested information.)

I have my own personal insurance policy.

Policy # \_\_\_\_\_ Company \_\_\_\_\_

I have coverage under my parents' or spouse's insurance policy.

Policy # \_\_\_\_\_ Company \_\_\_\_\_

I have coverage under the ULM Student Health Insurance Plan.

I'm aware of the risk stated above and choose to purchase no insurance coverage.

Name \_\_\_\_\_ ID# \_\_\_\_\_

(Please Print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*INCLUDE COPY OF INSURANCE CARD\*\***

**MANDATORY HEPATITIS B VACCINATION DECLINATION FORM**

I understand that due to my occupational exposure to blood or other potentially infectious material. I may be at risk of acquiring Hepatitis B virus (HBV) infections. I understand that I must either provide evidence of immunization (3 injection series) or sign this waiver releasing The University of Louisiana at Monroe and clinical agencies from any responsibility should I contract Hepatitis B. I release The University of Louisiana at Monroe or any agency in which I attend internship experiences of any responsibility for any consequences of this decision.

Name \_\_\_\_\_ ID# \_\_\_\_\_

(Please Print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

**University of Louisiana at Monroe**  
**Dept of Kinesiology**  
**Physical Examination Form**

Student's Name: \_\_\_\_\_

SKIN	
EYES	
VISION	
EARS	
HEARING	
NOSE/THROAT	
NECK	
CHEST	
HEART	
ABDOMEN	
HERNIA	
EXTREMITIES	
	BP: _____      Temp: _____      Heart Rate: _____
COMMENTS	

I hereby certify that I have reviewed this patient's information. I have examined this patient and have found them to be free of communicable diseases and in general good health. I have reviewed their records and find them current on all required immunizations.

Health care Professional's (doctor; nurse) name: \_\_\_\_\_

Health care Professional's (doctor; nurse) signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*INCLUDE A COPY OF YOUR CPR CARD\*\***

### **CPR Certification**

Online resource for CPR training:

<http://icpri.com/> (NEW!!)

<http://www.onlineaha.org/index.cfm?fuseaction=main.coursecatalog>

**\*\*INCLUDE A COPY OF YOUR LIABILITY INSURANCE\*\***

### **(Liability Insurance Options)**

1. **APEL-** [apeleeducators.org](http://apeleeducators.org) (click on the “Join APEL” tab at top and sign up for student insurance) \$20 for 1 year million dollar insurance policy to cover you. YES...it is required !!!!!!!!!!!
2. **LAHPERD**
3. **IF YOU ARE AN ACSM MEMBER:** Discount insurance is available to current ACSM members and ACSM Certified Professionals. Forrest T Jones, INC. is the insurance company that represents ACSM. They do not share rate information with ACSM. Thus, you will need to contact them directly. When calling, please identify yourself as an ACSM member or an ACSM certified professional (whichever applicable). You may reach Forrest T Jones at 1-866-820-5183.