



Q1.
APPLIED PHYSIOLOGY AND KINESIOLOGY (APK)
INTERNSHIP SITE APPROVAL FORM

Q2.

The **Department of Applied Physiology and Kinesiology** (APK) at the University of Florida would like to thank you in advance for taking the time to complete the approval process and your willingness to provide valuable internship opportunities to our students. The Department of APK requires that all undergraduates complete a 12-credit internship experience and graduate students complete a 5-credit internship experience during their final semester. The experience requires a minimum of 520 clock hours for undergraduates and 600 clock hours for graduate students, or 35-40 hours a week for 15 weeks, for the Fall and Spring semesters or 40-45 hours a week for 13 weeks, for the Summer semester. Ideally, interns become exposed to the tasks that will be required of them as professionals in the field, as well as receive opportunities to develop their skills and areas of interest within their specialization. The specializations within the department are:

Exercise Physiology (Undergraduate): Prepares students interested in pursuing a career in one of the health professions or graduate study in exercise science. The curriculum provides a strong basic science background and requires additional course work in the biological aspects of exercise. For intern hours in this specialization, students are expected to complete hours in a biomedical research setting related to exercise and/or sport.

Fitness/Wellness (Undergraduate): prepares students to function as an exercise technician, exercise specialist, and/or wellness instructor in hospital, corporate, private, or governmental agencies. The curriculum emphasizes practical aspects of fitness and wellness.

Human Performance (Graduate): The Human Performance concentration is a non-thesis program leading to a Master of Science degree in Applied Physiology and Kinesiology. Its purpose is to train students for careers where they can promote scientifically based exercise, wellness, and psychological factors to enhance health, athletic development and/or movement performance. Furthermore, students will be trained to be an integral part of the health care team that administers, assesses, and develops programs for clinical populations.

Please review the <u>APK Internship Policies and Procedures</u> Document to gain a better understanding of the expectations of students and site supervisors during the experience.

| Q5. Organization Name |
|---|
| University of Florida Department of Obstetrics and Gynecology |
| Q6. Organization Location(s) - Include Addresses Of All Locations To Be Included As Part Of This Approval |
| |
| 1600 SW Archer Road MC301C Gainesville, FL 32610 |
| Q7. Name of Individual Who Will Receive Applications From Students |
| David McLean |
| Q8. Email Address of Individual Who Will Receive Applications From Students |
| mcleand@ufl.edu |
| Q9. Phone Number of Individual Who Will Receive Applications From Students |
| 352-273-7670 |
| Q10. URL of Website For Organization |
| http://obgyn.ufl.edu |
| Q11. Name of Individual Who Will Supervise Students Directly During Internship and Complete Evaluations |
| David McLean |

Q12. Email Address of Individual Who Will Supervise Students Directly During Internship and Complete Evaluations

| m | ncleand@ufl.edu | | |
|--|---|---|--|
| | 3. Phone number of Individual Who Will Supervise Stu Iluations | dents Directly During Internship and Complete | |
| 38 | 52-273-7670 | | |
| Q14. What Semester(s) Is Your Organization Available To Accept Interns? (select all that apply) | | | |
| ✓ | Fall (August - December) | | |
| ✓ | Spring (January - April | | |
| ✓ | Summer (May - August) | | |
| Q15. APK Internship Policy requires that a site supervisor hold one degree higher than the student intern. This means that site supervisors of undergraduate interns must hold at least a bachelor's degree and those of graduate interns must hold at least a master's degree. Based on this policy, for which category of students is your organization willing to accept applications? Check all that apply | | | |
| you | i organization willing to accept applications: Check a | т шат арріу | |
| • | | ☑ Graduate Students | |
| • | | ✓ Graduate Students | |
| Q16 | Undergraduate Students | Graduate Students ble to support per semester? n intern at your organization. Please indicate | |
| Q16 | Undergraduate Students 6. How many interns is your organization willing and a 7. Describe the normal working hours anticipated for a | Graduate Students ble to support per semester? n intern at your organization. Please indicate | |
| Q16 Q17 likel | Oundergraduate Students 6. How many interns is your organization willing and a graduate students 7. Describe the normal working hours anticipated for a lihood and circumstances surrounding any evening or | Graduate Students ble to support per semester? n intern at your organization. Please indicate weekend time commitments. | |
| Q16 Q17 likel | Undergraduate Students 6. How many interns is your organization willing and a 7. Describe the normal working hours anticipated for a lihood and circumstances surrounding any evening or 100 am to 5:00pm | Graduate Students ble to support per semester? n intern at your organization. Please indicate weekend time commitments. | |

| Q21. List other benefits your organization offers interns (i.e. housing, health insurance, travel reimbursement, etc.) |
|--|
| No monetary benefits Experience of working in a clinical department and being a member of the research team assisting with the faculty doing research |
| Q22. List required purchases for interning with your organization (i.e. parking pass, uniform, I.D. Badge, etc.) |
| Parking |
| Q23. List required skills or previous experience necessary for interning with your organization |
| Basic computer skills use of email, word and Excel Ambitious, Clinically oriented and team mentality. |
| Q24. List any special credentials or documents required to intern with your organization (i.e. CPR/First Aid, Liability Insurance, Personal Training Certification, OSHA training, HIPPA training, Pre-Internship orientation, background check) |
| HIPPA training |
| Q25. Provide a bulleted list of duties/responsibilities your organization expects to be fulfilled by interns: |
| Interns will be assisting faculty in data gathering so will review clinical records to extract info and enter into a database |
| |

Q26. Please describe a typical day for the intern:

| Expected to work when they can based on individual schedules. Hours not on hours worked. | can be structured to suit individual, the expectation is based on finishing a |
|--|---|
| Q28. Interns must be evaluated on at least 6 of the follocheck each SLO that applies to the duties/responsibilities | |
| Integrate principles and methods of math, social sciences, and arts ✓ and humanities to applied physiology and kinesiology, health, wellness, and/or fitness environments. | Select and utilize the appropriate scientific principles when assessing the health and fitness of an individual and prescribing physical activity based on those assessments. |
| Identify and relate the nomenclature, structures, and locations of components of human anatomy to health, disease, and physical activity. | Solve applied physiology and kinesiology problems from personal, scholarly, and professional perspectives using fundamental concepts of health and exercise, scientific inquiry, and analytical, critical, and creative thinking. |
| Identify, examine, and explain physiological mechanisms of Identify, examined the Identi | Collect, compare, and interpret qualitative or quantitative data in an applied physiology and kinesiology context. |
| Investigate and explain the effects of physical activity on psychological health as well as the perspectives used to enhance adherence to healthier lifestyles. | Effectively employ written, oral, visual, and electronic communication techniques to foster inquiry, collaboration, and engagement among applied physiology and kinesiology peers and professionals as well as with patients, clients, and/or subjects. |
| ldentify and explain the acute and chronic anatomical and physiological adaptations to exercise, training, and physical activity. | |
| Q33. Name of APK student that requested the site appre | oval form from you (if applicable) |
| | |
| | |
| Q29. Would you like to be added to the Department's lis | st of approved sites for future interns? |
| YesNo | |
| | |
| Q32. Have you reviewed the APK Internship Policies and | nd Procedures Manual? |
| Yes | |
| ○ No | |
| O20 Signature of Individual Who Will Be Begiving Into | arnshin Applications |

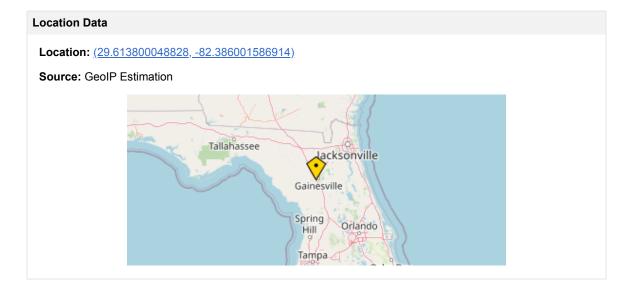
task

Q30. Signature of Individual Who Will Be Receiving Internship Applications



Q31. Signature of Individual Who Will Be Supervising And Evaluating Students During The Internship





Approved: 10.15.20

Blain Harrison

Blain Harrison - APK Internship Coordinator