

**FORM 1: PRACTICUM APPLICATION CHECK LIST**

The following materials must be submitted to the FP Track Practicum Coordinator BEFORE beginning your practicum hours. Any hours accrued at a practicum site will not be approved without these completed materials and you run the risk of being dropped from the course.

- \_\_\_\_\_ 1. **Written documentation (copy, front & back) of current CPR (Form 3).**
- \_\_\_\_\_ 2. **Written documentation(copy) of current professional liability insurance (basic coverage must be \$2,000,000/\$4,000,000). (Form 4)**
- \_\_\_\_\_ 3. Completed Student Information Sheet (Form 2).
- \_\_\_\_\_ 4. ORIGINAL COPY of the signed & completed Practicum Assignment Sheet. (Form 5)
- \_\_\_\_\_ 5. Completed List of Specific Objectives. (Form 6)
- \_\_\_\_\_ 6. ORIGINAL COPY of the signed, completed Practicum Agreement. (Form 7)
- \_\_\_\_\_ 7. OTHER relevant training certificates (Form 8).

STUDENT NAME: \_\_\_\_\_  
(Please type or print clearly)

STUDENT SIGNATURE: \_\_\_\_\_

Registration Approved?      YES                  NO      DATE: \_\_\_\_\_

FP TRACK PRACTICUM COORDINATOR NAME (printed) and signature:

\_\_\_\_\_

COMMENTS:

**FORM 2: STUDENT INFORMATION**

*University of North Carolina at Chapel Hill, Dept. Exercise and Sport Science  
Fitness Professional Tract*

Directions: Complete this form, attach it to a brief resume, and submit to the director of the Practicum site. Make 2 copies – retain one for your files and submit the other one to the FP Track Practicum Coordinator. Please type or print legibly.

DATE: \_\_\_\_\_

TO: \_\_\_\_\_ (Practicum Site supervisor)

FROM: \_\_\_\_\_ (Student Name)

CURRENT ADDRESS (one which you pick up mail regularly):

\_\_\_\_\_

HOME (CAMPUS) PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**INTEREST AREAS**

\_\_\_\_\_ Athlete \_\_\_\_\_ Healthy \_\_\_\_\_ Higher Risk \_\_\_\_\_ Diseased and / or Injured

**AGE GROUP:** \_\_\_\_\_ Children \_\_\_\_\_ Teen \_\_\_\_\_ Adult \_\_\_\_\_ Elderly

**Specific Program Interests:**

\_\_\_\_ Evaluations \_\_\_\_\_ Exercise Class Leadership \_\_\_\_\_ Personal Training  
\_\_\_\_ Recreation \_\_\_\_\_ Wellness/Lectures etc. \_\_\_\_\_ Therapeutic Rehab \_\_\_\_\_ Sports  
\_\_\_\_ Research \_\_\_\_\_ Other: \_\_\_\_\_

**STUDENT BACKGROUND: PLEASE ATTACH RESUME**

The resume should be a succinct (non-narrative), outline: 1-2 pages; Include contact info, primary objective or goal, current overall GPA, Major GPA, intramural and extramural activities, experiences/jobs, honors, relevant coursework and certifications, plus a reference list with contact info. Be sure to get approval from reference source before listing him or her (*make sure they really know you and will give a good rec.*).

## **FORM 3: CPR CERTIFICATION**

**CPR certification can be obtained via EXSS 188 or through the local chapter of either the American Heart Association or the American Red Cross.**

### **Your Local American Heart Association**

#### **Eastern North Carolina**

3131 RDU Center Drive

Suite 100

Morrisville, NC 27560

phone: (919) 463-8300

fax: (919) 463-8392

<http://www.americanheart.org/presenter.jhtml?identifier=1200215&division=MAA007>

#### **Your Red Cross Chapter**

### **Orange County Chapter**

**Address:** American Red Cross

Orange County Chapter

101 Ephesus Church Road

Chapel Hill, NC 27517

**E-mail:** [occhapnc@intrex.net](mailto:occhapnc@intrex.net)

**Phone:** 919-942-4862

**Fax:** 919-942-0761

**PLEASE PHOTO COPY BOTH THE FRONT AND BACK OF YOUR**

**CURRENT CPR CARD AND ATTACH ONTO THIS FORM.**

**STUDENT NAME:** \_\_\_\_\_

**FORM 4: PROFESSIONAL LIABILITY INFORMATION**

If you belong to a professional organization that offers student liability insurance in the amount required, and you can afford their rates, purchase thru them. Otherwise, go to the following website and select the liability insurance coverage best suited to your practicum duties; most likely the category will be “Fitness Trainer”. Remember, you must select the \$2 million/ \$4 million coverage amount (costs around \$40-50/yr): <http://www.npginc.com>

STUDENT NAME: \_\_\_\_\_

**B. PROFESSIONAL LIABILITY INSURANCE**

NAME OF INSUREE: \_\_\_\_\_

INSURANCE POLICY NUMBER: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

INSURANCE COMPANY NAME AND ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE ATTACH A COPY OF THE INSURANCE FORM - the page(s) that has/have your date of acceptance, insurance number, coverage amount etc.**

**YOU CANNOT BEGIN YOUR PRACTICUM WITHOUT PERSONAL (STUDENT) PROFESSIONAL LIABILITY INSURANCE COVERAGE.**

**ANY TIME YOU PUT IN PRIOR TO BEING COVERED BY INSURANCE WILL NOT COUNT TOWARDS YOUR HOURS.**



**FORM 6: LIST OF SPECIFIC OBJECTIVES**

**Directions:** The Student and Site supervisor should meet to discuss the student's goals relative to the site's capabilities to provide said experience or training. The student then completes this form (type or print clearly) and returns the signed original to the FP Track Practicum Coordinator two weeks prior to starting the Practicum. A copy should be provided to the Site supervisor and the student should retain one for his/her files.

Note: You should have a minimum of 3 goals to achieve by the end of your Practicum.

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Site supervisor Signature & Date: \_\_\_\_\_

Student Signature & Date: \_\_\_\_\_

FP Practicum Coordinator Signature & Date: \_\_\_\_\_

**FORM 7: PRACTICUM AGREEMENT**

To be given to your Practicum Site Supervisor and returned signed to the FP Track Director PRIOR to beginning your practicum experience.

**1. The Department of Exercise and Sport Science Agrees:**

- a. To recommend only suitable students to the Practicum Site;
- b. To keep staff at the Practicum Site informed regarding EXSS program requirements and policies;
- c. To support the Practicum Site Management as it relates to conveying Practicum Site expectations to prospective students; and
- d. To assume responsibility for the academic preparation and evaluation of students.

**2. The Practicum Site \_\_\_\_\_ Agrees:**

- a. To provide a practical (job-like) experience at the Practicum Site, as described under the section identified as “Objectives” to student(s);
- b. To keep the University Faculty Practicum Director informed concerning the student’s progress;
- c. To allow on-site review(s) by the University FP Track Coordinator; and
- d. To support academic and professional growth of those individuals responsible for supervision of the student(s).

3. The EXSS Department and the Practicum Site agree that no student will be discriminated against for any reason; that there will be on-going communications between both parties, and that either party can remove (or ask to have removed) a student from participation in the Practicum Site Program if either party determines that the student is or may be unsuitable for continued Program participation.

4. Professional liability insurance will be purchased by the student. Neither the University nor the Agency is required to provide liability insurance or assume responsibility for acts of negligence resulting from poor judgment, incompetence, or both, on the part of any student.

5. This agreement will remain in effect only for the duration of the student’s Practicum Period beginning \_\_\_\_\_ and ending \_\_\_\_\_.

**UNC Student (Please Print):** \_\_\_\_\_

\_\_\_\_\_  
**Student Signature** **Date**

**Practicum Site Supervisor (Please Print):** \_\_\_\_\_

\_\_\_\_\_  
**Practicum Site Supervisor Signature** **Date**

**UNC Practicum Faculty (Please Print):** \_\_\_\_\_

\_\_\_\_\_  
**UNC Faculty Signature** **Date**

**FORM 8: HPPA, NIH, OSHA, IRB Health Care and Human  
Research Training Certificates**

**These certificates are required if you are placed in a hospital-run  
wellness/rehab facility, medical facility of any sort, and research  
facilities. You cannot begin your practicum in any of these sites  
without first completing the necessary certification programs.**

**Please attach all relevant current certificates.**