**Internship Mission**
To provide students the opportunity for a professional, directly supervised, hands-on and/or observational experience in an environment which enables them to display, apply, and practice previously learned classroom and laboratory knowledge and skills. Observational experiences are appropriate in settings, such as medical service or therapy clinics, where limits are placed on student participation.

**Internship Timeline**
You must **read this entire manual** and return required paperwork to the Kinesiology Internship Coordinator **prior to the start of your internship**. You may not seek credit for already completed or current experiences where work has been performed without prior approval. Internship enrollment **must be concurrent** with the experience.

### Undergraduate Internship Course Offerings

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
<th>Grade</th>
<th>Student Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPH-C497</td>
<td>Internship in Sport Communication</td>
<td>3 cr.</td>
<td>S/F</td>
<td>Open to <strong>Sport Communication</strong> majors.</td>
</tr>
<tr>
<td>SPH-M495</td>
<td>Practicum in Sport Studies</td>
<td>3 cr.</td>
<td>S/F</td>
<td>Open to <strong>Sport Communication</strong> majors in good academic standing (semester and overall GPA of 2.0 or higher) and/or admitted <strong>Sport Marketing and Management</strong> majors with junior status, 12 credits completed in core, and overall GPA of 2.3 and/or declared <strong>Sport Marketing Minors</strong>.</td>
</tr>
<tr>
<td>SPH-K497</td>
<td>Internship in Exercise Science</td>
<td>1-3 cr. for Exercise Science/ 3 cr. for Fitness Specialist</td>
<td>S/F</td>
<td><strong>Exercise Science</strong> majors in good academic standing (semester and overall GPA of 2.0 or higher) and/or <strong>Fitness Specialist</strong> majors with senior status, 31 credit completed in core, and overall GPA of 2.3 <strong>Fitness Specialists must enroll in 3 credit hours and complete 200 hours during their internship experience</strong></td>
</tr>
<tr>
<td>SPH-M497</td>
<td>Internship in Sport Management</td>
<td>3-6cr.</td>
<td>S/F</td>
<td>Admitted <strong>Sport Marketing and Management</strong> majors only with senior status, 24 credits completed in core, and overall GPA of 2.5.</td>
</tr>
<tr>
<td>SPH-K496</td>
<td>Laboratory Assisting or Field Experience in Kinesiology</td>
<td>1-3 cr.</td>
<td>S/F</td>
<td>Open to any major in good academic standing (semester and overall GPA of 2.0 or higher). Requires specific approval. A good option for students not yet admitted to IUSPH. <strong>Will not count toward required internship in IUSPH majors.</strong></td>
</tr>
</tbody>
</table>

### Graduate Internship Course Offerings

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
<th>Grade</th>
<th>Student Eligibility</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPH-M687</td>
<td>Internship in Sport Management</td>
<td>2-5 cr.</td>
<td>S/F</td>
<td>Requires a graduate GPA of 3.0 or higher.</td>
<td>Off-campus professional field experience in agency situation under qualified supervision.</td>
</tr>
<tr>
<td>SPH-K697</td>
<td>Internship in Kinesiology</td>
<td>2-8 cr.</td>
<td>S/F</td>
<td>Requires a graduate GPA of 3.0 or higher.</td>
<td>Off-campus professional field experience in agency situation under qualified supervision.</td>
</tr>
</tbody>
</table>
The Internship Process Step-by-Step

BEFORE THE INTERNSHIP BEGINS...

☐ Step 1: Schedule a meeting with your academic advisor to determine your academic eligibility and to discuss course sequencing and course credits for the internship. If you do not meet academic eligibility requirements for the internship of interest, develop a plan with your advisor to meet the required guidelines.

☐ Step 2: Explore internship sites based on your career goals. You can locate sites independently or with the help of the School of Public Health Career Services Coordinator.

☐ Step 3: Prepare a resume and cover letter for your chosen internship site(s). If you need help preparing your resume and cover letter, schedule an appointment with the School of Public Health Career Services Coordinator. Apply for internships. Some sites may request a letter from the school verifying your eligibility to receive internship credit. Please contact the Kinesiology Internship Coordinator if this is needed.

☐ Step 4: Once you have been accepted for an internship, complete and submit the REQUIRED FORMS: SEE BACK OF THIS MANUAL FOR THE FORMS.

☐ Step 5: Submit the completed and signed forms to the Kinesiology Internship Coordinator for review and approval.

☐ Step 6: Once approved, the Kinesiology Internship Coordinator will process your forms for authorization to register on ONESTART. It is your responsibility to register using ONESTART. You will not be able to register until the internship forms have been approved. Internship credits are charged at the usual and customary tuition rate. The semester of registration must be concurrent with the internship experience. Your internship supervisor will be mailed a letter from the Kinesiology Internship Coordinator confirming enrollment for academic credit and describing the requirements of the internship.

☐ Step 7: You may now begin your internship hours. Students must complete a minimum of 50 hours of participation for each academic credit hour of enrollment, i.e. 3 cr. = Minimum of 150 hours of experience. *Participation hours required for some majors may exceed the minimum. Please consult your advisor regarding required hours for credit for your particular degree program.

**Once you begin an internship with a site, the expectation is that you will complete that internship. Failure to complete an internship will result in an incomplete or loss of credit.

DURING THE INTERNSHIP...

☐ Step 8: Keep a daily log of your internship hours and experiences. Have your supervisor sign-off on your hours on a regular basis (e.g. weekly). A sample log sheet is provided in this packet. This can be included at the front of your portfolio/journal (see description below).

☐ Step 9: Create a portfolio/journal during your internship, documenting your significant projects, accomplishments, or observations. The contents of the portfolio/journal may vary by academic major and experience type. In some cases, such as clinical observation settings, the portfolio will consist mainly of journal entries and personal reflection rather than work samples. In the case of journal entries, it is recommended you create brief daily notes and end each week by writing a paragraph summary of your weekly activities. In other cases, such as business-based settings, the portfolio will contain more work samples, such as flyers or planning sheets.

Purpose: To allow the student to create an archive of their internship experience. This professional piece would be something that you could take to a job interview or use to reflect back on your observational experience prior to an interview. The portfolio represents your work as a student intern.
Examples of items to include in personal internship portfolio/journal:

• copies of internship papers
• copies of final evaluations
• intern job description
• photos of events, programs, etc. if appropriate for the setting
• copies of department guides, programs, flyers, manuals, memos etc.
• copies of documents that you developed for the agency (flyers, memos, presentations, brochures, press releases, forms)
• weekly/daily journal notes and reflections (charting your progress), daily task lists, observations
• lesson plans, budgets, set up plans, database procedures

Bring the daily log and the portfolio/journal to your exit interview with the Kinesiology Career Services Coordinator.

** If any issues or concerns should arise during the internship experience, the student is encouraged to contact the Kinesiology Internship Coordinator right away. The Coordinator is also the point of contact for any internship supervisor who is having concerns or issues regarding a current student intern.

AS THE INTERNSHIP CONCLUDES...

☐ Step 12: You and your supervisor will complete the online final evaluations to document your experience. This should be done when you are nearing completion of your internship hours. The final evaluations can be found at: http://www.publichealth.indiana.edu/departments/kinesiology/career/index.shtml

☐ Step 13: Schedule and complete an exit interview with the Kinesiology Internship Coordinator.

☐ Step 14: Bring your hour log and portfolio/journal to the exit interview. If you are doing your internship outside of the Bloomington area, you may be permitted to complete a phone interview or write a completion paper. Please contact the Kinesiology Internship Coordinator to arrange this.

Internship Process Summary

☐ Secure an internship
☐ Fill out and submit the required forms (pages 8-10) to the Kinesiology Internship Coordinator
☐ Maintain an hour log that your internship supervisor signs off on regularly
☐ Compile a journal/portfolio throughout your internship experience
☐ Fill out your final evaluation and remind your supervisor to fill out their final evaluation at the end of the internship experience
☐ Schedule an exit interview appointment with the Kinesiology Internship Coordinator to wrap up your internship experience. Bring your hour log and your journal/portfolio to your exit interview appointment

Completing the Expectations/Goals and Objectives Form

The goals and objectives of the internship are decided upon by the site supervisor and student and reviewed by the Kinesiology Internship Coordinator to ensure they are in keeping with the student’s academic and professional goals. The objectives may range from observation to hands-on experience as appropriate for the setting. A guide is given below indicating typical internship objectives. You will outline objectives or attach a description for your internship as part of the Expectations/Goals and Objectives Form (one of the required forms to be turned into the Kinesiology Internship Coordinator prior to the start of any internship).
SAMPLE TASKS/RESPONSIBILITIES MAY INCLUDE BUT ARE NOT LIMITED TO:

I. PHYSICAL THERAPY/CLINICAL OBSERVATION SITES:
   • Observation/shadowing of therapists, doctors, physician assistants or other medical providers during treatment and evaluation
   • Greeting and escorting patients in the rehab area/medical office
   • Set-up and take-down of equipment
   • Observation and assistance to therapists in monitoring patient exercises
   • General clerical and filing
   • Cleaning and maintenance of the rehab area

II. FITNESS FACILITIES:
   • Observation/shadowing of fitness professionals
   • Completion of any necessary training/orientation period
   • Performing fitness assessments
   • Supervising the exercise floor
   • Prescribing exercises to clients under the guidance of a fitness professional
   • Leading group exercise classes
   • General clerical and filing
   • Cleaning and maintenance of the fitness facility and equipment
   • Completion of any special projects, incentive programs, marketing, etc.
   • Learning about business practices, marketing, inventory, membership policies

III. SPORT MARKETING AND MANAGEMENT SETTINGS:
   • Assisting with daily operations in the front office or at the venue
   • Sitting in on planning meetings
   • Developing marketing pieces and/or creating presentations
   • Providing customer service to patrons
   • Learning about sport sponsorship
   • Working game days and executing on-field promotions
   • Administrative tasks such as calls, filing, database management
   • Assisting with event planning and community relations

IV. SPORT COMMUNICATION SETTNGS:
   • Shadowing broadcasters, producers, and writers
   • Editing film
   • Logging highlights/film
   • Learning to produce or edit
   • Putting together marketing pieces and writing press releases
   • Assisting customers and providing community interaction
   • Working game days and executing on-field promotions
   • Administrative tasks such as calls, filing, database management
   • Assisting with event planning and community relations
<table>
<thead>
<tr>
<th>Date</th>
<th>Description of Daily Activities</th>
<th>Internship Hours</th>
<th>Supervisor's Initials</th>
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<tbody>
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Required Forms

The following forms must be completed prior to the start of any internship. Submit these forms to the Kinesiology Internship Coordinator.

1. Internship/Field Experience/Practicum Authorization Form
2. Internship Expectations/Goals and Objectives Form
3. Assumption of Risk and Release from Liability Form
Internship/Field Experience/Practicum Authorization Form
School of Public Health - Bloomington

COURSE NUMBER: SPH-___________________________                         Date: _____________________________

STUDENT INFORMATION
Student Full Name (First, Middle, Last) ______________________________________________________    UID Number __________________________
E-mail Address ___________________________________Major _______________________________  Phone Number _______________________________

INTERNSHIP INFORMATION
Brief description of experience (may attach)
_____________________________________________________________________________________________________________________________ 
____________________________________________________________________________________________________________     ______________________________________
_____________________________________________________________________________________________________________________________ 
____________________________________________________________________________________________________________     ______________________________________
Start Date: _______________ End Date: ______________ Total Hours to be Completed ___________ # Weeks of internship: ___________

INTERNSHIP SITE & SUPERVISOR INFORMATION
Company Name: ____________________________________________________          Web Address (if avail.) ______________________________________
Site Supervisor’s Name: ___________________________________________         Title: ____________________________________________________________
Site Supervisor’s Email: ___________________________________________         Phone:__________________________________________________________
Postal Address: ___________________________________________________            Fax: _________________________________________ 

Student Signature: __________________________________________________________________________________________________ilder:

ENROLLMENT INFORMATION (to be completed by department)
Course prefix and number: _____________________    Section number: _____________  # of credit hours enrolling:________
Semester of enrollment: ____________________________________________________________________________  □ ON  □ OFF campus
Admitted to School of Public Health?     Yes     No      If not, when is admission expected? ____________
Completed all required prerequisite courses? Yes ______   No ________  Overall GPA: ______
Signature
University Internship Coordinator: ______________________________________________________________

Date Approved: ______________________________________________________________

Please return completed form to University Internship Coordinator for review and approval. It will then be submitted
to the Dean’s Office for authorization to register. Once approved, the student must register for the class.

*Forms must be submitted prior to the start date of the internship. Any work done prior to course approval will not count
for academic credit.
Internship Expectations/Goals and Objectives Form
School of Public Health – Bloomington, Department of Kinesiology

COURSE NUMBER: SPH-_______

TO THE STUDENT: Please read through the list of expectations and responsibilities below before signing and dating at the bottom of this form.

- Complete required hours for number of academic credits enrolled and maintain a log of hours completed.
- Perform intern work responsibilities in a professional manner, participate in all agency training and study sessions, attend any/all staff events and functions as deemed necessary by the internship supervisor.
- Abide by all policies, rules, regulations and guidelines of the agency while participating in your internship.
- Participate/assistobserve in a variety of program areas as appropriate for your internship.
- Be prompt, responsible, respectful, and self-motivated during all internship-related activities or work experiences.
- Possess and display positive human relations and communication skills with staff, clientele, and peers.
- Maintain a mature and professional relationship with clients, staff, and peers.
- Behave as a positive role model for the field and in representation of Indiana University’s School of Public Health-Bloomington.
- Dress according to agency protocol and maintain personal hygiene practices at all times. If there is no standard protocol for dress, the student must dress appropriately as a professional to suit the work environment.
- NOTE: If you receive a below average evaluation from your supervisor or you do not complete the required number of hours, you will receive an incomplete and will need to meet with the Kinesiology Career Services Coordinator immediately to develop a plan for removing the incomplete grade.
- Some internship sites require a length of internship exceeding the minimum number of hours per academic credit. Once you begin an internship with a site, the expectation is that you will complete the site’s entire internship program. Failure to do so will result in an incomplete or loss of credit.

TO THE SUPERVISOR AT INTERNSHIP SITE: Please read through the list of expectations and responsibilities below before signing and dating at the bottom of this form.

- Inform student of the format of your internship program and discuss/agree upon goals/objectives of the internship.
- Keep on file copies of student’s certifications (such as first aid, CPR) if required by your site.
- Provide intern with a written description of their role and positional standing within your organizational structure.
- Supervise the intern during hours and provide both positive and constructive feedback as part of the learning process.
- Maintain open communication with the Dept. of Kinesiology Career Services Coordinator.
- Complete final evaluations of student performance using our online evaluation form
- Track student’s hours and initial log sheet on a regular basis.
- Provide exposure to a variety of settings and opportunities as appropriate for the internship.

BOTH STUDENT AND INTERNSHIP SUPERVISOR: Please identify 3-5 goals and objectives, specific to the agency, which the student will engage in during the internship experience (See sample objectives on pg.5). You may attach a printed internship description, a letter on agency letterhead, or you may outline the goals and objectives in the space below:

____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________

We have read the Expectations above and have outlined above (or attached) the Goals and Objectives for the internship.

Internship Begin Date__________________  Internship End Date_______________________ Hours per week(approximate)_______________________

Intern signature:____________________________________________________________________________________________________ Date:___________________

Supervisor signature: _______________________________________________________________________________________________ Date: _________________

Please return completed form to:
**Prior to Start Date**    Bob Kessler, Indiana University, Department of Kinesiology  
1025 E. 7th Street, Rm. 296-C, Bloomington, IN 47405 
Phone: (812) 855-4232       Fax: (812)856-0469   E-Mail: rkessler@indiana.edu
Assumption of Risk and Release from Liability Form
School of Public Health – Bloomington, Department of Kinesiology

COURSE NUMBER: SPH- ____________

This Assumption of Risk and Release from Liability (“Release”) pertains to activities related to an internship undertaken by the Student (identified below) for academic credit through Course: ____________________ (“Internship”). Participation in this Internship may involve activities which may pose the risk of physical or other harm to the Student, including but not limited to, risks arising from travel by automobile or other means to an off-campus internship site(s). The selection of the particular internship, including the host organization, the host organization’s site location, and the internship activities contemplated, is entirely at the discretion of the Student. I, __________________________________________ (“Student”), have enrolled in an Internship in which I will be interning with ________________________________________________________, located in ______________________________. I hereby state the following:

1. I understand that I am responsible for providing my own transportation to and from the Internship site(s) and any additional off-campus sites at which Internship related activities will take place. I further understand that certain risks are inherent in travel and I fully accept those risks. These risks may include, but are not limited to, such things as traffic accidents and any resulting personal injury (including death) or property damage suffered by myself or a third party, traffic tickets, penalties, flat tires, driver error (including my own), adverse weather conditions, and other physical, mental and emotional injury.

2. I understand that there are certain inherent risks posed by this Internship and inherent to the particular services and activities contemplated by my Internship, including, but are not limited to, risk of bodily harm (including death) damage or theft of personal property, and other mental, physical or emotional injury. I further understand that there are risks that are neither known nor reasonably foreseeable and I fully accept those risks.

3. I have read the Internship Manual and will abide by the terms and conditions therein; I will also familiarize myself with and abide by any rules and regulations of the host organization and the Memorandum of Understanding I’ve entered into with the host organization. I fully understand the above risks and the scope of activities contemplated by the Internship, and I agree to assume the risks of my participation in the Internship, including the risk of catastrophic injury or death.

4. I understand that the Indiana University does not provide insurance to cover medical expenses for injuries that may be sustained by me or for damage to my personal property or third parties, nor does it provide travel or vehicle insurance of any type that would cover injury to or death of myself or any third party or damage to the property of myself or any third party. I understand that Indiana University strongly recommends that I carry my own health, medical and property insurance for purposes of potential loss related to my participation in this Internship.

5. I fully understand that all Indiana University policies and regulations, including those embodied in the Internship Manual and in the Code of Student Rights, Responsibilities, and Conduct, are in effect and apply to my behavior for the entire duration of the Internship and that any violations of these policies or regulations may result in sanctions.

6. I fully understand the scope of risks outlined above and I release and fully discharge Indiana University, and its trustees, officers, employees, and agents, from all claims, damages, costs or liabilities of any kind whatsoever in connection with my participation in the Internship, for or on account of any injury, illness or death, or for or on account of any loss or damage to any property, sustained by myself or any third party.

Participant Signature: ______________________________________________________________   Date: ___________________

If Participant in under 18 years of age, then his/her parent or guardian must also sign below:

Parent/Guardian Signature: __________________________________________ Date: __________

Printed Name: ________________________________________________________

Please return completed form to:
**Prior to Start Date**
Bob Kessler, Indiana University, Department of Kinesiology
1025 E. 7th Street, Rm. 296-C, Bloomington, IN 47405
Phone@812)855-4232   Fax: (812)856-0469   E-Mail: rkessler@indiana.edu