Prospective Internship Site Profile Department of Health Education & Behavior

Location:	Gainesville		FL	Date:	11/06/2024
	City		State		
Agency:	UF Health Fitne	ss and Well	ness Center		
Contact:	Clarence T. McC	Gehee, III (T	Traye)		
Address:	1300 SW 13th St	reet	Gaines	ville	FL/32608
	Street / PO Box		City		State / Zip
Phone: <u>33</u>	52-733-0834		Fax: 352	-733-0861	
Email:	cgehc@shands.ufl	.edu	Website:	itness/ufhe	ealth.org
What semes	sters is your agency availab	ole to accept inte	rns?		
✓ Fall (August – December) ✓ Spring			January – April)	✓ S	Summer (May – August)
week.	y be asked to work Saturd ace available to interns?	ays on a rotating ✓ Yes	By basis or in the e	•	niss time during the e space/front desk area
Is a comput	er available to interns?	✓ Yes	☐ No	4 computers Comments	throughout the facility
Does your a	ngency offer paid or non-pa	aid internships?	✓ Non-paid	Paid ((amount):
List other be	enefits your agency offers	interns (i.e. hous	ing, health insurar	nce, travel reim	bursement, etc.)
Well-round in the field.	ded experience working wi !.	ith fitness profes	sionals from diffe	erent backgrou	nds and years of work
List require	d purchases for interning v	vith your agency	(i.e. parking pass.	uniform, etc.)	

N/A

List the required skills or previous experience necessary for interning with your agency.

Interns must be seniors and in the last semester of a degree program (Health Education and Behavior; Applied Physiology and Kinesiology). Experience working in a fitness facility or environment is helpful, but not required.

Special Requirements (i.e. special application, proof of health insurance, immunization, etc.) *Please note: All interns are required to purchase professional liability coverage for \$1,000,000.*

Completion of the above, as well as all UF Health additional requirements (see UF Health Internships on HEB internships webpage.

List a description of duties your agency expects to be fulfilled by interns. Please include additional literature if desired.

Health Education Duties (comprise 85% of an interns hours, minimally):

- -Provide fitness instruction for all clients, mMedical Fitness in particular. (Areas I, VIII)
- -Provide fitness assessments and orientation to new members. (Areas I, VIII)
- -Give tours of the the facility and be able to describe what and how to use the equipment. (Area VIII)
- -Responsible for Monthly Newsletter that is sent to all members. (Areas I, VI, VIII)
- -Assemble new member charts, enter health data for each appointment, and file charts daily. (Areas IV, VII, VIII)
- -Special project outside of the monthly newsletter, as determined by the clinical coordinator. (Areas I, II, III, VIII)
- -Assist with VO2 max testing, lactate threshold testing, and set up of computrainer equipment. (Areas I, VIII)

NON-Health Education Duties (comprise no more than 15% of an interns hours):

- -Maintain Cleanliness of the facility.
- -Communicate membership options to prospective new clients.
- -Answer phones in a professional manner.

List any important information about your agency.

Typical Day for Interns at our Facility: Intern arrives at the assigned shift and based upon shift worked will either perform basic opening duties if beginning at 5:30 a.m. or closing duties if working until close at 9:00 p.m. These duties are assigned by a staff Exercise Specialist. The intern is responsible for pulling the charts for each medical fitness member upon their arrival at the facility and filing them away upon completion of their workout. The intern is also responsible for making sure that they, (Clients), are checked in on the computer. Throughout the day each intern will work with various clients and staff exercise specialists to provide appropriate exercise routines for individuals in the Medical Fitness program. During slow periods the interns will perform basic cleaning duties, (ie. wiping down equipment, folding towels, or other duties as assigned). Interns are also expected to greet each member of the facility upon arrival and to be able to discuss all membership options to prospective new members and to orient new members to the facility if requested.

Would you like to be added to the l	Department's list of approved sites for f	uture interns?	✓ Yes	☐ No
FOR OFFICE USE ONLY:	CONTRACT ON FILE:			
Approval of Intern Coordinator:		Date: _		

Approval Expiration Date: