



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 [APK Internship Policies and Procedures](#) Document to gain a better understanding of the expectations of students and site supervisors during the experience.

Q5. Organization Name

FIT Therapy

Q6. Organization Location(s) - Include Addresses Of All Locations To Be Included As Part Of This Approval

7401 Miami Lakes Drive Miami Lakes, Fl. 33014

Q7. Name of Individual Who Will Receive Applications From Students

Heberto

Q8. Email Address of Individual Who Will Receive Applications From Students

herby@fitptot.com

Q9. Phone Number of Individual Who Will Receive Applications From Students

786-500-7868

Q10. URL of Website For Organization

WWW.FITPTOT.COM

Q11. Name of Individual Who Will Supervise Students Directly During Internship and Complete Evaluations

Heberto Galicia

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

Q13. Phone number of Individual Who Will Supervise Students Directly During Internship and Complete Evaluations

786-417-5517

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

- Undergraduate Students
- Graduate Students

Q16. How many interns is your organization willing and able to support per semester?

1

Q17. Describe the normal working hours anticipated for an intern at your organization. Please indicate likelihood and circumstances surrounding any evening or weekend time commitments.

Q18. Does your organization offer non-paid or paid internships?

Non-paid

Paid (amount)

Q21. List other benefits your organization offers interns (i.e. housing, health insurance, travel reimbursement, etc.)

NA

Q22. List required purchases for interning with your organization (i.e. parking pass, uniform, I.D. Badge, etc.)

Khakis and Polo

Q23. List required skills or previous experience necessary for interning with your organization

No experience required, good interpersonal skills, positive attitude and willingness to learn.

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)

CPR/ First-aid, Liability Insurance OSHA training, HIPPA training, Pre-internship orientation.

Q25. Provide a bulleted list of duties/responsibilities your organization expects to be fulfilled by interns:

-General upkeep of clinic -treatment of pts and collection of subjective and objective data. -manual and visual cues for proper exercise technique and corrective feedback when compensatory patterns observed. -Patient education including handouts -Patient and staff education via project.

Q26. Please describe a typical day for the intern:

Student should arrive 15 minutes prior to scheduled start time. Will assess clinic and prepare clinic with housekeeping for day (pt will be oriented on expectations upon arrival). Student will be provided with schedule and plan of care including Evaluation and will discuss treatment strategy with PT. Pt expected to follow 1 pt/ hour initially and progress to 2 pts/ hour. Pt will collect subjective, objective data including manual muscle test, goniometric, and anthropometric data with supervision by PT. Student will also provide visual and manual cues for correct exercises technique/ compensatory patterns. Student will also apply appropriate modalities per condition.

Q28. Interns must be evaluated on at least 6 of the following 9 Student Learning Outcomes (SLO's). Please check each SLO that applies to the duties/responsibilities provided to interns at your organization.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Integrate principles and methods of math, social sciences, and arts and humanities to applied physiology and kinesiology, health, wellness, and/or fitness environments. | <input checked="" type="checkbox"/> Select and utilize the appropriate scientific principles when assessing the health and fitness of an individual and prescribing physical activity based on those assessments. |
| <input checked="" type="checkbox"/> Identify and relate the nomenclature, structures, and locations of components of human anatomy to health, disease, and physical activity. | <input type="checkbox"/> 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. |
| <input type="checkbox"/> Identify, examine, and explain physiological mechanisms of homeostasis at various levels of an organism (i.e., cells, tissues, organs, systems). | <input checked="" type="checkbox"/> Collect, compare, and interpret qualitative or quantitative data in an applied physiology and kinesiology context. |
| <input checked="" type="checkbox"/> Investigate and explain the effects of physical activity on psychological health as well as the perspectives used to enhance adherence to healthier lifestyles. | <input checked="" type="checkbox"/> 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. |
| <input checked="" type="checkbox"/> Identify 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 approval form from you (if applicable)

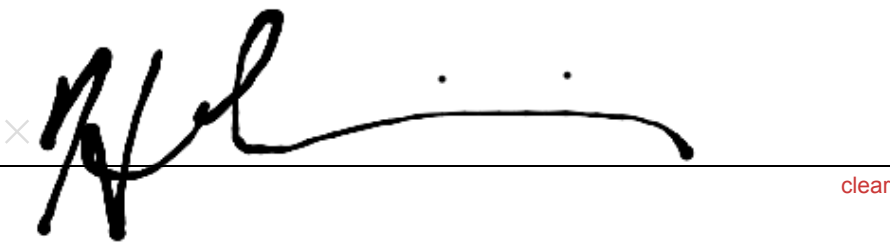
Q29. Would you like to be added to the Department's list of approved sites for future interns?

- Yes
 No

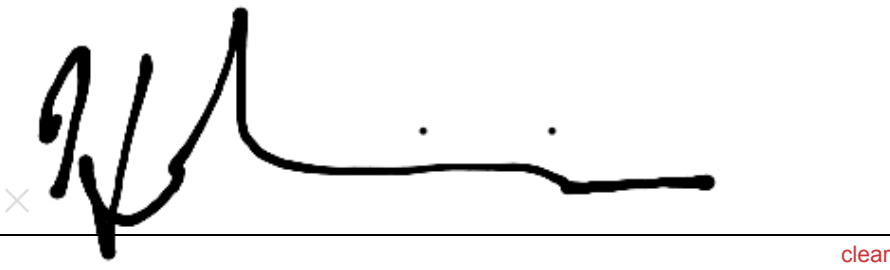
Q32. Have you reviewed the APK Internship [Policies and Procedures Manual](#)?

- Yes
 No

Q30. Signature of Individual Who Will Be Receiving Internship Applications

✕  clear


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

✕  clear

Location Data

Location: ([25.909194946289](#), [-80.392700195312](#))

Source: GeoIP Estimation



Approved: 12.2.19



Blain Harrison - APK Internship Coordinator