



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.

| St. Augustine Rehabilitation Specialists (STARS) |
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| Q6. Organization Location(s) - Include Addresses Of All Locations To Be Included As Part Of This Approval |
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| SOUTH CLINIC 105 MARINER HEALTH WAY, SUITE 213 ST. AUGUSTINE, FL 32086 (904) 217-4259 ISLAND CLINIC 4320 A1A SOUTH, SUITE 7 ST |
| AUGUSTINE, FL 32080 (904) 679-3449 CENTRAL CLINIC 65 STRONGWAY CT ST. AUGUSTINE, FL 32086 (904) 679-3204 PARKINSON'S HEALTH |
| CENTER REHAB, WELLNESS AND SUPPORT GROUP 4320 A1A SOUTH, SUITE 3 ST. AUGUSTINE, FL 32080 (904) 679-3449 |
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| Q7. Name of Individual Who Will Receive Applications From Students |
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| Melanie Lomaglio |
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| Q8. Email Address of Individual Who Will Receive Applications From Students |
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| Imelanie.neuroPT@gmail.com |
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| Q9. Phone Number of Individual Who Will Receive Applications From Students |
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| 904-679-3449 |
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| Q10. URL of Website For Organization |
| Q70. OILE of Website For Organization |
| https://sternacheb.eve/ |
| https://starsrehab.org/ |
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| Q11. Name of Individual Who Will Supervise Students Directly During Internship and Complete Evaluations |
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| Melanie Lomaglio |
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Q5. Organization Name

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

| L. L. : DTO " | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--|
| Imelanie.neuroPT@gmail.com | | |
| Q13. Phone number of Individual Who Will Supervise Students Directly During Internship and Complete Evaluations | | |
| 904-679-3449 | | |
| 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 This means that site supervisors of undergraduate interns must hold at least graduate interns must hold at least a master's degree. Based on this policy, your organization willing to accept applications? Check all that apply | st a bachelor's degree and those of | |
| ✓ Undergraduate Students ✓ Graduate Students | | |
| Q16. How many interns is your organization willing and able to support per | semester? | |
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| Q17. Describe the normal working hours anticipated for an intern at your or likelihood and circumstances surrounding any evening or weekend time cor | | |
| 8-6 PM M-F with intermittent opportunities to participate in weekend or nights for Parkinson's sup | port groups or fundraising events. | |
| Q18. Does your organization offer non-paid or paid internships? | | |
| Non-paidPaid (amount) | | |

| Q21. List other benefits your organization offers interns (i.e. housing, health insurance, travel reimbursement, etc.) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| None |
| Q22. List required purchases for interning with your organization (i.e. parking pass, uniform, I.D. Badge, etc.) |
| Professional dress |
| Q23. List required skills or previous experience necessary for interning with your organization |
| Interest in Physical Therapy and ability to participate in helping people with Parkinson's Disease participate in exercise programs. Good people skills. |
| 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) |
| First Aid/CPR |
| Q25. Provide a bulleted list of duties/responsibilities your organization expects to be fulfilled by interns: |
| Assist in patient management in exercise programs for patients with Parkinson's Disease Help to maintain a safe gym/clinic environment including cleaning duties and assisting with laundry |
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Q26. Please describe a typical day for the intern:

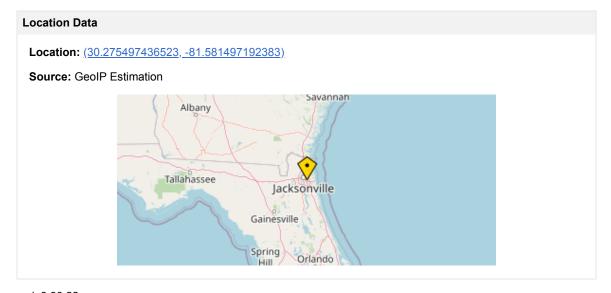
| Arrive prior to start of supervising PT's patient care Help to prepare envious Shadow orthopedic patient care and supervise exercise instructions. | vironment for patient care Assist with patient care and between patient cleaning on/learn from PT |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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| Q28. Interns must be evaluated on at least 6 of the follo check 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 I homeostasis at various levels of an organism (i.e., cells, tissues, organs, systems). | 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. |
| 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 appr | oval form from you (if applicable) |
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| Q29. Would you like to be added to the Department's lis | st of approved sites for future interns? |
| YesNo | |
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| Q32. Have you reviewed the APK Internship Policies and | nd Procedures Manual? |
| YesNo | |
| Q30. Signature of Individual Who Will Be Receiving Inte | ernship Applications |

Q3



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





Approved: 3.30.22

Blain Harrison

Blain Harrison - APK Internship Coordinator