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INTERNSHIP REQUIREMENTS & DETAILS

Basic requirements to be eligible for PE 8910 Internship in Exercise Science

1. Completed 90 credit hours.
2. Completed PE 4800 Practicum I.
3. An overall GPA of 2.5.
4. No grade below a C- in required courses.
5. Current Adult CPR certification.

Internship Details

1. Internships are a minimum of 10 weeks in duration (one semester).
2. A minimum of 150 hours must be accumulated during the semester (approximately 10 hours per week).
3. Internship sites must be approved by the School of Health and Kinesiology Internship Coordinator.
4. Internships may be completed during the spring, summer, or fall semesters for Exercise Science and Public Health majors. Recreation Administration students must complete their internship in the spring or summer semesters.
5. Internship class meets 3-4 times during the semester.
HOW TO RECEIVE A PERMISSION NUMBER

Before receiving a permission number for the internship class, the student must complete the following list and turn in all items to the School of Health and Kinesiology internship coordinator. Once the internship coordinator receives all items, the student will receive their permission number.

*Items 3-6 below must be completed by the following dates:*

Fall – July 21  
Spring – Before Holiday Break  
Summer – April 21

<table>
<thead>
<tr>
<th>Item</th>
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<tbody>
<tr>
<td>1. <strong>Complete Online Application for Internship</strong></td>
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<tr>
<td><em>Deadlines: Summer – February 15 • Fall – April 15 • Spring - October 15</em></td>
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<tr>
<td>2. <strong>Meet with the School of Health and Kinesiology Internship Coordinator</strong></td>
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<tr>
<td><em>If you haven’t met with the internship coordinator prior to the online application deadline, you will be contacted by the School of Health and Kinesiology to set up an appointment after you complete the online application.</em></td>
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<tr>
<td>3. <strong>Student Interview Form</strong></td>
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<td>4. <strong>Agency Interview Form</strong></td>
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<td>5. <strong>Intern-University Agreement</strong></td>
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<tr>
<td>6. <strong>Intern-Site Supervisor Agreement</strong></td>
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<tr>
<td>7. <strong>Update CPR</strong></td>
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<tr>
<td><em>Only applies to Exercise Science students &amp; must be updated if it expires before or during the semester the student does their internship.</em></td>
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HOW TO UPDATE CPR CERTIFICATIONS
Exercise Science Students Only

If a student’s CPR certification expires before or during the semester in which he/she is doing their internship, they must renew their certification and send their new card to the School of Health and Kinesiology internship coordinator. Below are a few options to choose from:

1. CPR Challenge with Injury Prevention & Care *(recommended)*

Through Injury Prevention and Care in the Wellness Center (HK room 108), you may challenge two months before or after the expiration date. You will take the test, perform the skills, and the cost is approximately $35.00 for Adult CPR, AED and First Aid.

2. Certifications will also be approved from the following organizations:
   - American Red Cross
   - National Safety Council
   - American Heart Association

**NOTE:** Online courses are not accepted. There must be a practical component to the certification.
WHERE TO BEGIN FINDING AN AGENCY/BUSINESS

It is required that students have 3 agency/business choices before completing the online application. Even if you know where you will be doing your internship before you complete the application, you still need to have 2 additional agency/business choices.

1. Review the list of Potential Internship Sites on the left-hand side of the School of Health and Kinesiology Undergraduate Internship website (*do not limit choices to this list*).

2. Students should check their UNO email for announcements from the School of Health and Kinesiology internship coordinator.

3. Students may call agencies/businesses they are interested in and ask if they are accepting interns.

4. Network
   a. Attend a career or health fair
   b. Speak with guest lecturers from agencies/businesses
   c. Job shadow

5. Students should meet with the School of Health and Kinesiology internship coordinator if they are unsure of where to begin their search.

CONSIDERATIONS WHEN SELECTING A SITE

1. What are your career goals?

2. What types of responsibilities will you have while at this site?

3. Will these responsibilities improve your work resume significantly or enhance your applications to graduate school, medical school, physical therapy school, etc.?

4. Will there be good employment opportunities after graduation?

5. Do you already work at this agency? If so, is an internship with the same agency truly going to introduce new skill sets and enhance your resume?
   *Completing an internship with the agency you work with must be discussed and approved by the internship coordinator.*
PREPARE FOR AN INTERVIEW

RESUME

Students should have a resume prepared and reviewed by UNO Academic & Career Development Center, located in EAB 115.

Students can call 402-554-3672 to make an appointment or walk-ins are welcome Tuesday, Wednesday, Thursday 1:00pm – 3:00pm during the fall and spring semesters.

DRESS FOR SUCCESS

Students should be well-groomed and dressed professionally. Look at what others in the organization are wearing and dress a step above that for an interview.

HAVE THE FOLLOWING QUESTIONS ANSWERED BEFORE THE INTERVIEW

1. Tell me about yourself.
2. What are your objectives or goals for this internship?
3. What do you know about our organization?
4. Where do you see yourself in five years?
5. What is your greatest strength? Weakness?
6. Tell me about your greatest accomplishment.
7. What motivates you?
8. What questions do you have for me?

SAMPLE QUESTIONS YOU MIGHT ASK THEM

1. What is the timeline for the hiring process?
2. Can you describe for me what a typical day might look like in this role?
3. Can you describe your training process?
4. Are there opportunities for a full-time position?

Source: University of Nebraska at Omaha Academic & Career Development Center
WHERE TO FIND THE ONLINE APPLICATION

The online application for HK internships can be found in the following places:

1. Via email announcement from the School of Health and Kinesiology internship coordinator.

2. On the HK Undergraduate Internship website on the left-hand side.

3. Under each individual major's website.
   Exercise Science

   Public Health

   Recreation Administration

SAMPLE OF ONLINE APPLICATION ON THE FOLLOWING PAGES
SAMPLE OF ONLINE APPLICATION
The application **MUST** be completed online. You may not turn in a hard copy. This is a sample to provide you with an idea of what to expect.
Acknowledgement of Understanding

School of Health & Kinesiology Internship Application

ACKNOWLEDGEMENT OF UNDERSTANDING

IMPORTANT: You do not have to secure your internship with the business/agency prior to filling out the application. The application is to help place you in your desired business/agency and to find the perfect fit for you related to your interests and field of study. If you have already secured your internship with a business/agency you are still required to complete the entire application.

Once you have submitted the application you will be contacted by the School of Health and Kinesiology Office Assistant via UNO email or phone within 10 business days to set up a meeting with the Internship Coordinator.

If you have any questions about the application process, please contact Sara Norgaas, Internship Coordinator, for the School of Health and Kinesiology at 402-554-2670 or snorgaas@unomaha.edu.

I acknowledge that I have read and understand the above information.

General Internship Questions

GENERAL INTERNSHIP QUESTIONS

When do you plan to do your internship? Please enter the year next to the semester you select. Example: 2017

- Summer
  
- Fall
  
- Spring
Did you attend one of the informational internship sessions hosted by the internship coordinator?

☐ Yes, I attended the February session.
☐ Yes, I attended the September session.
☐ No, I did not attend a session.

How did you find out about the informational internship session?

☐ Email
☐ Flyer
☐ From a friend or classmate
☐ Professor
☐ Advisor
☐ I did not know or hear about informational internship sessions.
☐ Other

Thank you for thinking ahead! But if you are planning to take your internship in the Spring 2018, you must wait to complete the application at a later date. Please check your UNO email frequently to receive notification from the internship coordinator as to when the application is open.

Personal Information

PERSONAL INFORMATION

Last Name


First Name


Gender Identification
Academic Information

Academic Information

College Status
- Undergraduate
- Graduate

Major or Concentration
- Exercise Science (Biomechanics included)
- Public Health
- Recreation Administration

Relevant Minors or Additional Majors

Overall GPA

Anticipated Graduation Date (month & year)

CPR & First Aid Expiration (MM/DD/YYYY)
Total semester credit hours you will take during your internship. Include 6.0 internship credit hours in your total.

Will you hold a part-time job during the internship?
- Yes
- No

PE4010 Internship in Exercise Science

Desired internship setting in Exercise Science (Biomechanics included) - You may select up to three settings.
- Biomechanics
- Cardiac Rehabilitation
- Exercise Physiology
- Fitness & Wellness Management
- Hospital
- Occupational Therapy
- Physical Therapy
- Research
- Senior Wellness
- Strength & Conditioning
- Worksite Wellness
- Other (please specify)

HED4990 Internship in Public Health

Desired internship setting in Public Health - You may select up to two settings.
- Federal Government (e.g., Center for Disease Control & Prevention, Department of Health & Human Services)
- Hospital
- Local or State Health Department
- Non-Profit Organization
- Research
Desired internship setting in Recreation Administration - You may select up to two settings.

- Campus Recreation
- City Department of Parks & Recreation
- Commercial Recreation & Field
- Health & Fitness Clubs
- National Parks & Forests
- Non-Profit Organizations
- Other (please specify) ______________

Business/Agency Preference for Internship or Practicum

Please list in order of preference the business/agency you would like to do your internship with. You are required to provide at least 3 businesses/agencies even if you have an internship lined up. Please complete each field the best you can. You can find a list of potential internship sites by clicking here.

#1 Preference - Business/Agency Name
______________________________

Street Address
______________________________

PO Box/Suite
______________________________

City
State

Zip Code

First Name & Last Name of On-Site Supervisor

Phone

Email

Interaction with Agency

☐ I work at this agency and would like to complete my internship with them (this is typically not allowed and must be discussed & approved by the internship coordinator).

☐ I have already accepted an internship with this agency.

☐ I have contacted the agency to see if they accept interns and they do.

☐ I have an interview scheduled with this agency (please include date of interview).

☐ I have not contacted this agency to see if they accept interns.

☐ Other (please specify)
Interaction with Agency

☐ I work at this agency and would like to complete my internship with them (this is typically not allowed and must be discussed & approved by the internship coordinator).

☐ I have already accepted an internship with this agency.

☐ I have an interview scheduled with this agency (please include date of interview).

☐ I have not contacted this agency to see if they accept interns.

☐ Other (please specify) _______________________________

#3 Preference - Business/Agency Name

__________________________________________________________

Street Address

__________________________________________________________

PO Box/Suite

__________________________________________________________

City

__________________________________________________________

State

__________________________________________________________
Zip Code

First Name & Last Name of On-Site Supervisor

Phone

Email

Interaction with Agency

☐ I work at this agency and would like to complete my internship with them (this is typically not allowed and must be discussed & approved by the internship coordinator).

☐ I have already accepted an internship with this agency.

☐ I have an interview scheduled with this agency (please include date of interview).

☐ I have not contacted the agency to see if they accept interns.

☐ Other (please specify) ________________________________

Achievements & Activities

The next two pages will provide the internship coordinator with an idea of your achievements, activities, goals, and experiences. This information will be used if the internship coordinator needs to contact businesses/agencies on your behalf. Please be as thorough as possible.

Achievements & Activities
Scholastic Recognition

Community Activities

Interests & Hobbies

Goals & Experiences

Describe any experience that will help you in this internship or practicum.
Indicate your goals for this internship or practicum.

Indicate your career goals.

List any languages you read, speak, or write fluently.

Accommodations Understanding

Accommodations Understanding

Appropriate accommodations are provided for students who are registered with the Accessibility Services Center and make their requests sufficiently in advance. For more information, contact Accessibility Services Center (MBSC 126, Phone: 554-2872, unodisability@unomaha.edu) or visit unomaha.edu/disability.

I acknowledge that I have read and understand the above statement.
STUDENT PACKET

*These items should be completed by the student and returned to HK 207.*
STUDENT RESPONSIBILITIES

To the Agency/Business:

1. To conform to the rules and regulations of the Agency/Business.
2. To complete assignments and responsibilities as outlined in the Intern-Agency Agreement.
3. Undergraduate students will provide a minimum of 300 hours of service and graduate students 150 hours of service within a given semester in the area of fitness development, health promotion, or recreation administration. Exceptions must be approved by the Internship Coordinator.

To the University:

2. To submit an Intern-Agency Agreement after consulting with the Agency/Business Supervisor before the first week of service. The agreement must detail the responsibilities of the student and Agency/Business.
3. To submit an Intern-University Agreement.
4. To submit an Intern Assignment and Class Schedule Form.
5. To submit, thereafter, to the University Supervisor the Weekly Activity Reports and Reflections.
6. To submit the Preliminary Evaluation, Self-Evaluation and Evaluation of Student during mid-session and the last week of service.
7. To submit the Student Evaluation of Internship Site during the final week of service.
8. To submit the Student Evaluation of Site Supervisor during the final week of service.
9. To represent the School of SHK, as a University student in adherence to the current Student Code of Ethics and Appeal Procedures.
10. To complete assignments and responsibilities as outlined in the Intern-University Agreement.
INTERN-UNIVERSITY AGREEMENT

Intern’s Name __________________________________________________________

University Supervisor __________________________________________________

Worksite Supervisor ____________________________________________________

The intern will:

1. Complete 300 hours as an undergraduate student or 150 hours as a graduate student at their approved internship site over the course of the semester.

2. Submit all materials on time and typed.

3. Submit a “Weekly Report” and “Reflection” each week using the guidelines provided on blackboard.

4. Submit the “Internship Assignment & Schedule” at the end of the first week of the internship.

5. Submit the “Preliminary Evaluation” at the end of the third or fourth week of the internship.

6. Give the “Agency Mid-Session Evaluation of Student” to the Agency/Business Supervisor at least one week prior to the Mid-Session conference.

7. Review the “Mid-Session Evaluation of Student” with the Agency/Business Supervisor and University Supervisor during the Mid-Session conferences with each supervisor.

8. Give the “Agency Final Evaluation of Student” to the Agency/Business Supervisor at least one week prior to the final conference.

9. Review the “Agency Final Evaluation of Student” with the Agency/Business Supervisor and University Supervisor during the final week of the internship.

10. Present “Student Evaluation of Internship and Site Supervisor” to the University Supervisor at a prearranged meeting during the final week of the internship.

11. Adhere to all policies, regulations, procedures, and assignment dates as explained in the Internship Manual and other material supplied by The University Supervisor.

NOTE: Failure to meet the aforementioned agreement items will affect the final grade.
**The University Supervisor will:**

1. Represent the University in all official arrangements with cooperating Agencies/Businesses and confer with all Worksite Supervisors.

2. Supervise arrangements for and give final approval of all internship assignments.

3. Maintain open communication with the intern and Agency/Business.

4. Set time and day for all conferences with the intern.

5. Make at least one on-site visit during the semester to observe the intern.

6. Carefully review and evaluate “Mid-Session Student Evaluation,” “Agency Final Evaluation of Student”, “Weekly Activity Reports”, and any additional information presented and determine the final grade for the intern.

I HEREBY ACKNOWLEDGE THAT THE ITEMS EXPLAINED IN THIS AGREEMENT CONSTITUTE THE FORMAL BASIS FOR AN EDUCATIONAL EXPERIENCE BETWEEN THE STUDENT AND UNIVERSITY SUPERVISOR. THE GRADE RECEIVED IN THE COURSE WILL BE BASED ON THE AFOREMENTIONED ITEMS.

Intern’s Printed Name  __________________________________________________

Intern’s Signature  __________________________________________ Date ___/___/___
<table>
<thead>
<tr>
<th><strong>STUDENT INTERVIEW RESULT</strong></th>
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<table>
<thead>
<tr>
<th><strong>Name of Student</strong></th>
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<tbody>
<tr>
<td>First</td>
<td>Last</td>
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<table>
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<tr>
<th><strong>Date of Interview</strong></th>
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<table>
<thead>
<tr>
<th><strong>Name of Interviewer</strong></th>
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<td>First</td>
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<table>
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<tr>
<th><strong>Position Title</strong></th>
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<table>
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<tr>
<th><strong>Agency/Business</strong></th>
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<table>
<thead>
<tr>
<th><strong>Street Address</strong></th>
<th>Suite</th>
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<table>
<thead>
<tr>
<th><strong>City</strong></th>
<th><strong>State</strong></th>
<th><strong>Zip Code</strong></th>
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<table>
<thead>
<tr>
<th><strong>Phone Number</strong></th>
<th><strong>Email Address</strong></th>
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</table>

I had an interview with the Business/Agency listed above.

- [ ] I want to be considered for an internship or practicum at this site.
- [x] I do not want to be considered for an internship or practicum at this site.

If you do not want to be considered for placement at this site, please state your reasons.

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Student Signature ___________________ Date __________

Please email or fax the completed form to:

Sara Norgelas, MS
Internship Coordinator with the School of Health and Kinesiology
University of Nebraska at Omaha
snorgelas@unomaha.edu
Phone: 402-554-2670
Fax: 402-554-3693
AGENCY PACKET

These items must be completed by the agency and returned to HK 207 via email, fax, or drop off. This should be given to the interviewer or the student’s worksite supervisor.
AGENCY/BUSINESS RESPONSIBILITIES

To the University:

1. To receive approval from the Internship Coordinator as an appropriate worksite.
2. To cooperate in the exchange of information on the Intern.
3. To meet with the University Supervisor at least once to discuss the student's progress.
4. To provide the University Supervisor with a formal evaluation of the student's performance post 3rd or 4th week, mid-session and one week prior to the final conference.
5. To provide the University Supervisor with an informal evaluation of the student's performance (if necessary) between the mid-session and final formal evaluations.
6. To discuss curriculum offerings as related to the student's weaknesses and suggest changes.
7. To notify the University Supervisor in the event of a serious problem with the Intern.

To the Student:

1. To confer with the student to determine responsibilities during the experience and to present an overview of the Agency's/ Business's purposes, policies, administration, program and plant.
2. To inform the student of all rules and regulations to which he or she must conform.
3. To schedule periodic conferences (e.g., weekly or biweekly) to aid the student and give him or her an idea of his or her progress.
4. To keep continuous records of the student's work and progress.
5. To develop a working agreement with the Intern (Intern-Agency Agreement) which clearly delineates his or her role and responsibilities in the Agency/Business (to be developed in the first week of the Internship and placed in writing with copies to the student and University).
6. To review and evaluate Weekly Activity Reports and discuss them with the Intern Student when necessary.
7. To complete the Preliminary Student Performance Evaluation (to be signed by the Agency/Business Supervisor and then forwarded to the University Supervisor).
8. To complete the Mid-Session Student Performance Assessment, discuss it with the Intern, (this form must be signed by the Agency/Business Supervisor and the intern) and then forward it to the University Supervisor.
9. To complete the Final Student Performance Appraisal, discuss it with the intern (this form must be signed by the Agency/Business Supervisor and the intern, and then forward it to the University Supervisor).
INTERN-WORKSITE SUPERVISOR AGREEMENT

Intern’s Name ________________________________________________________________

University Supervisor _____________________________________________________

Worksite Supervisor ______________________________________________________

The Worksite Supervisor will:

1. Review and sign weekly reports.
2. Complete the “Preliminary Student Evaluation”.
3. Complete the “Agency Mid-Session Evaluation of Student”.
4. Complete the mid-session conference with the intern and University Supervisor.
5. Complete the “Agency Final Evaluation of Student”.
6. Complete the final conference with the intern.
7. Cooperate with the University Supervisor.

The Intern will:

8. Provide 300 hours of service beginning on the first day of classes for the given semester and ending on the last day of classes for the given semester.
9. Strive to become familiar and understand the total operation of the Agency/Business.
10. Specifically be responsible for the terms, dates, activities, projects, and duties, etc. explained below: (you may use an additional page if necessary)

This is an agreement of understanding and not a legal binding document. We agree to work together toward its satisfactory completion for the mutual benefit of all concerned.

Worksite Supervisor Signature ______________________________ Date ____/____/____

Intern’s Signature _________________________________________ Date ____/____/____
AGENCY/BUSINESS INTERVIEW RESULT

Name of Student __________________________________________
  First             Last

Date of Interview ________________

Name of Interviewer ________________________________________
  First             Last

Position Title _____________________________________________

Agency/Business __________________________________________

Street Address ___________________________ Suite ___________

City ___________________________ State ___________ Zip Code ___________

Phone Number ___________________________ Email Address ___________

An interview has been completed with the above student.

☐ I will accept the above student for an internship.
☐ I will not accept the above student for an internship.

If you will not accept the above student for an internship, please state your reasons.
________________________________________
________________________________________
________________________________________

Interviewer Signature ___________________________ Date ___________

Please email or fax the completed form to:

Sara Norgelas, MS
Internship Coordinator with the School of Health and Kinesiology
University of Nebraska at Omaha
snorgelas@unomaha.edu
Phone: 402-554-2670
Fax: 402-554-3693