

The University of Texas at Tyler
College of Nursing & Health Sciences
Department of Health & Kinesiology
M.S. Degree, Clinical Exercise Physiology
HECC 5391 & 5392—Practicums & HECC 5397—Internship

PRACTICUM & INTERNSHIP CONTRACT

The purpose of a Practicum/Internship is to provide the student with a supervised experience in an exercise science setting.

This form constitutes an agreement between the student, the Practicum or Internship site, and the University to pursue the above purpose through the goals and objectives herein defined.

Name:

Current Address:

City, State, Zip:

Email:

Telephone: Home: _____ Work: _____ Mobile: _____

1. The Practicum/Internship site at which I will perform the experience is:

Practicum/Internship Site:

Address:

Telephone: _____

Site Supervisor/Title:

2. The Practicum goals and objectives which will guide my Practicum/Internship experience and which have been agreed upon by the Practicum/Internship Site Supervisor, Faculty Practicum/Internship Advisor, and by myself are as follows:

By signing below, all parties involved agree to meet their responsibilities as outlined in the current course as posted in Blackboard for HECC 5391 and HECC 5392, Practicums or HECC 5397, Internship.

Student signature: _____ Date: _____

Practicum/Internship Site Supervisor signature:

_____ Date: _____

Faculty Advisor signature:

_____ Date: _____

University of Texas at Tyler

Department of Health and Kinesiology

CONFIDENTIALITY POLICY

It is the policy of the Department of Health and Kinesiology that all students must sign a statement regarding the confidentiality of patients and clients. This policy is for the protection of the patients; in signing this form the student states that (s)he will not disclose any names or information regarding any patients or clients to peers, friends, or relatives.

I agree to protect the confidentiality of the patients and clients in all situations.

Student Signature

Date