

Internship: Preliminary Steps

OVERVIEW:

You are encouraged to use these guidelines as you prepare to secure an internship site. However, you are encouraged to consult with Dr. Quatrochi as often as you need to assist you in your selection.

RECOMMENDED PROCEDURE:

1. Purchase the HPS 4880 Internship Manual from the copy center at the Auraria Book Center. Note: they require 24 hours from the time you place your order for the preparation of your manual.
2. Arrange an appointment with Dr. Quatrochi to discuss your employment interests so that he can assist you in selecting a placement. Prior to the appointment, try to identify the particular niche, under the umbrella of Exercise Science, that is of greatest interest to you (i.e. personal training, cardiac rehabilitation, orthopedic rehabilitation/physical therapy, sports physiology, worksite wellness, community recreation, senior fitness/wellness, holistic health, community-based health promotion, etc...).
3. Consult as many resources as possible to identify potential internship agencies. Keep in mind that in order for an agency to be acceptable, there are certain criteria that must be met. These criteria are outlined in the internship manual. The following sources should be consulted to assist you in identifying an appropriate agency:
 - o speak to Dr. Quatrochi regarding potential agencies that will meet your needs
 - o look at the list of agencies (and the notebook of materials regarding the agencies) in Dr. Quatrochi's office. Please discuss your interest in an agency on the list with Dr. Q. He will give you some insight into the pros and cons of each placement.
 - o call or visit Ed Theisen at the MSCD cooperative education center (1045 9th Street Park, 556-3245) to examine his list of internships
 - o use the internet to identify potential agencies, especially if you are interested in an out of state, or international placement. Try these sites:
 - <http://www.nau.edu:80/hp/proj/rah/intern/intern.html>
 - <http://www.wellnessnwj.org/Intjun99.htm>
4. Once you have identified one or more (it is highly recommended that you identify several possible agencies) agencies, follow the instructions outlined in the internship manual in the section labeled "procuring a placement."
5. Notify Dr. Quatrochi of your decision regarding your proposed internship placement. Again, all placements must comply with the criteria outlined in the internship manual. Discuss any irregularities that may need special attention (starting prior to the beginning of the semester; anticipated difficulties with completion of the internship during the given semester, etc.

PRINTABLE INTERNSHIP MANUAL:

ADULT FITNESS/EXERCISE SCIENCE

INTERNSHIP MANUAL

HPS 4880

Department of Human Performance & Sport
Metropolitan State College of Denver
Dr. Joseph Quatrochi
Intern Supervisor

PURPOSE OF ADULT FITNESS AND EXERCISE SCIENCE INTERNSHIP

The central purpose of this Internship Program is to assist a student in making an effective transition from the college theoretical classroom to a real world setting. As such, the internship is considered to be the culminating experience of a student's academic career and is available only to students who have demonstrated adequate academic and/or practical preparation in the Adult Fitness/Exercise Science area of emphasis.

In addition, the HPSL Department considers the internship to not only validate the student's academic knowledge but also help the student develop a professional career orientation. Consequently, this course serves as both a culminating experience in a degree program and a starting point towards a lifelong vocation.

Finally, it is the desire of Metropolitan State College of Denver and the Department of Human Performance, Sport and Leisure Studies to provide health and fitness related businesses and agencies with professionals who are prepared to work in the Adult Fitness and Exercise Science field. With this in mind, the internship experience is an important "yardstick" which can be used to measure the adequacy of academic preparation in relation to job related needs. Consistent assessment of this measure should result in a better alignment between the college program and job requirements. As a result, the professional development of the MSCD student should better meet the requirements of the health and fitness community.

CRITERIA FOR INTERNSHIP APPLICATION

The internship experience is available to the student meeting the following eligibility requirements:

1. Declared major in Human Performance and Sport with emphasis area in Adult Fitness and Exercise Science;
2. Senior standing with 75% of the Adult Fitness and Exercise Science course requirements completed;
3. (Major) Grade point average of 2.75;
4. Current CPR and Advanced First Responder card prior to starting the internship;
5. Submission of CAPP report.

AGENCY REQUIREMENT CRITERIA

The selection of the agency used for student placement is critical to the success of the internship experience. Preliminary agency approval is the responsibility of the student. Final agency approval is the responsibility of the college supervisor and is dependent upon 1) the agency meeting the following criteria and 2) the college supervisor's approval of the experience as one which is in concert with the student's academic preparation and career goals.

1. The participating agency should provide meaningful experiences toward the student's professional development in the field.
2. The agency should follow accepted professional health and fitness practices with regards to maintenance of the facility, treatment of clientele and responsible assignment of employees (including the intern).
3. The agency should provide student assignments which allow for the assimilation of principles, facts, evaluative procedures and methods which have contemporary and future application in the profession.
4. The agency should allow for student assessment which is consistent with professional ethics and practices.
5. The agency should recognize the student as an integral part of the staff, and assume a responsible attitude toward student assignments and evaluation of student performance as required by the college.

6. The agency should have a specific need towards which the student can make a worthwhile contribution. This assignment of responsibility may fit into an existing program or be an extension into new activities to be offered by the agency.
7. The agency should not assume that the internship of a student should in any way replace the agency's responsibility in providing professionally trained staff to its constituents, but rather supplement the existing leadership personnel.
8. The agency must be willing to cooperate with the college supervisor.
9. The agency's primary intern supervisor should have adequate academic and job experience in the health and fitness field to provide appropriate direction, supervision and counseling to the intern.

TYPES OF ACCEPTABLE AGENCIES

The following types of agencies are examples of organizations that offer the student the best opportunities to experience working in the health and fitness field:

1. HOSPITALS, PRIVATE MEDICAL CARE OFFICES: i.e., Broncos Sports Medicine Clinics, Rose Medical Center, Hospital-based cardiac rehabilitation centers, Lutheran Rehabilitation Center;
2. BUSINESSES: i.e., Coors Wellness Center, HealthBreak Inc., Storage Tech Wellness Program; Silver Falls Wellness Center; Velocity Sports, Inc.;
3. ATHLETIC CLUBS: i.e., Denver Athletic Club, Athletic Club-Denver Place, Colorado Athletic Clubs (WellBridge, Inc);
4. RECREATIONAL CENTERS: i.e., YMCA, North Jeffco Recreation Program, Foothills Recreation Center, South Suburban Recreation District;
5. SCHOOLS: i.e., Strength & Conditioning Programs: CU Boulder, DU Strength & Conditioning Dept., Air Force Academy - Colorado Springs, Coors Fitness Center @ DU.

WHAT TO LOOK FOR: PLACEMENT SELECTION

Your job assignments at the selected agency will ultimately determine the value of the internship to your educational experience. It is the intent of this internship to not only utilize your educational background but to provide you with an opportunity to be "employed" as a professional in the adult fitness/exercise science field. As such, this placement should typically be equivalent to a full-time position with the agency and include a sampling of the variety of responsibilities an employee would be expected to fulfill. Realizing that dealing with the "public" as a representative of the agency may not be feasible, the opportunity to interact with clientele in a supervised environment is desirable.

Finally, the internship experience should be rich, varied, and meaningful in terms of challenging your leadership capacities in an environment you wish to pursue after graduation. Consequently, the following concerns should be addressed before a placement recommendation is made to your college supervisor:

1. Will this agency allow me to work in direct contact with agency program assignments for a minimum of 450 hours within a 16-week semester?
2. Does this agency provide job assignments that are compatible with my educational background and professional strengths?
3. Does the agency service a clientele that I am interested in working with after graduation?
4. Does this agency have a job responsibility need that I can not only help to fulfill but apply my skill and promote my professional development?
5. Does the agency present an administrative structure that would allow for adequate supervision and direction of my work?
6. Does the agency have employer policies and procedures (i.e., transportation, sick leave, work rotation schedules) that I can accept and adequately meet? (NOTE: personal liability, Workman's Compensation or other employee benefits are at the discretion of the placement agency. If the agency insures the intern with Workman's Compensation, the agency is entitled to recover the cost of the insurance from the educational institution via H.B. 1340).

PROCURING A PLACEMENT

Although agencies will differ as to the formal procedure to follow in order to secure an internship placement, the following is suggested as a process to guide you when seeking an intern position:

1. Identify in general the type of environment, population and job skills you require for the internship. This should be done in consultation with the college intern supervisor.
2. Select potential agencies whose programs are compatible with your internship requirements and are reasonable sites for your available transportation.
3. Visit each site to:
 - a. learn more about the program available
 - b. find out their intern placement process
 - c. identify the administrator responsible for intern selection
4. Select the agency most desirable to you and pursue a placement:
 - a. Confer with your college intern supervisor regarding this selection for approval to proceed with the placement
 - b. Request an interview with the agency administrator and have the following ready for the meeting:
 1. Resume (refer to sample in appendix)
 2. Unofficial college transcripts
 3. References (preferably from people related to the health and fitness field or educators)
 4. Background information about MSCD, the School of Professional Studies, and the HPSL Department
 5. The HPSL Department statement regarding the purpose of the internship (refer to beginning of this booklet)
 6. An outline of the type of job responsibilities you are seeking (to be developed in consultation with your college intern advisor)
5. If the results of this meeting indicate that the agency would be a good match, your college intern supervisor should be informed so that he/she can make contact with the agency supervisor to verify placement requirements can be met.
6. Prepare a learning contract (refer to appendix) to be signed by the agency supervisor, your college intern supervisor and yourself which will outline how you will satisfactorily complete this internship. This must include a list of goals to accomplish during the internship and the methods you will employ to meet these goals. This contract will be presented at the first meeting of the agency supervisor, the college intern supervisor and yourself.

EVALUATION OF THE INTERNSHIP

The internship is a 10 credit hour course. As such, it is required by the college to receive an academic evaluation. This evaluation is restricted to either a S* (satisfactory) or U (unsatisfactory). This determination is made based upon the following criteria:

1. Successful completion of the intern's learning contract as determined jointly by the agency supervisor and the college intern supervisor.
2. Successful completion of 450 contact hours working with the agency's programs as verified by submission of weekly logs (refer to sample in appendix).
3. Agency evaluation of the internship as indicated by completion of the student performance evaluation (refer to sample in appendix) and a written performance evaluation.
4. College supervisor evaluation determined by:
 - a. Observation of intern at work site
 - b. Consultation with agency supervisor
 - c. Intern exit interview (i.e., final interview with intern)

Responsibility for assigning and recording with internship grade lies with the college HPSL intern supervisor. *Please note: the "Satisfactory" grade notation requires a "B" or better performance for all work completed.

RESPONSIBILITIES FOR AGENCY SUPERVISOR

It is suggested that the intern be assigned and report to one supervisor of the agency who will coordinate the overall training of the intern. The agency supervisor may wish to be the intern's immediate supervisor or just responsible for appointing a staff member as the intern's immediate supervisor.

The role and function of the site supervisor or designee in relation to the internship placement is as follows:

1. Serve as the agency's staff representative in working with the Adult Fitness and Exercise Science Internship Supervisor concerning the internship experience including: formulation of the contract and evaluation criteria.
2. Provide educational experiences through job responsibilities that broaden the intern's knowledge, skills or expertise.
3. Involve the intern in his/her own appraisal and goals for improvement.
4. Provide supervisory conferences and evaluation sessions on a regularly scheduled basis and as needed.
5. If appropriate orient student to community (geographic area) in which the field training is being provided. Utilize students in community coordination, planning and professional-lay organization meetings that pertain to the position.
6. If appropriate, involve students in in-service education programs relating to other units of the department or agency in addition to primary responsibilities.
7. Supervise student in the writing and development of paper transmittals, i.e., progress notes, weekly evaluation forms, activity evaluation and assessments, resource utilization, records and reports.
8. Provide the student with
 1. budget and finance procedures relating to the department;
 2. information on other programs and services;
 3. budget preparation;
 4. new program planning and development;
 5. receipt and disbursement procedures;
 6. fees and charges policies;
 7. participant procedures;
 8. emergency procedures;
 9. workshops and orientation sessions as required for the internship.
9. Encourage student involvement pertaining to professional organizations.
10. Review and verify the weekly internship reports as well as complete the student performance evaluation at the mid-point and end of the internship. In addition, submit an evaluation letter to the college intern supervisor at the completion of the internship. (NOTE: these materials must be submitted immediately at the end of the internship, as grades must be recorded within five days of the end of the semester.)

RESPONSIBILITIES OF THE ADULT FITNESS AND EXERCISE SCIENCE INTERN SUPERVISOR

The role and function of the college intern supervisor in relation to the internship placement is as follows:

1. Provide for preliminary screening and assessments of student's eligibility for internship placement.
2. Advise students regarding agencies appropriate for internship placement. Criteria for agency selection include the student's internship goals and objectives, the agency's program of services, qualification of site supervisor, and identification of agency availability.

3. Provide the agency supervisor with a curriculum syllabus related to the student's major program of study and encourage critique related to its improvement.
4. Finalize the internship placement between the intern, agency supervisor and Metropolitan State College of Denver.
5. Provide intern supervision through agreed visits with the agency supervisor. A minimum of five visits and/or phone contacts are anticipated.
6. Facilitate communication between the agency and the intern in order to expedite fulfillment of the intern contract and maintain a good working environment.
7. Provide a final grade evaluation for the intern and submit a grade for the coursework completed.
8. Maintain a resource index of approved agency placements for student reference and program review.
9. Provide the HPSL Department Chair a report on the participating students, involved agencies and grades awarded as well as any suggestions to improve the internship as it relates to the Adult Fitness and Exercise Science emphasis area.

SAFETY PROCEDURES AND VACCINATIONS

Many agencies require that students working with employees, clients or in potentially infectious disease areas be trained in preventing disease transmission through blood-borne pathogens. The American Red Cross has developed training programs for individuals in the workplace that comply with the Federal Occupational Safety and Health Administration (OSHA) standards. If your agency requires you to have training in the OSHA standards, call the Mile High Chapter of the American Red Cross (303-722-7474) to determine when their training programs are being held. This training should be completed BEFORE you begin your internship experience.

Other immunizations/tests that are becoming more routinely required by agencies include:

Tetanus Shot
Updated MMR (hard measles/rubella for those born after 1956)
Hepatitis B Vaccination (see statement in internship packet)
Tuberculosis Test

It is imperative that you check with your agency to determine which, if any, of these vaccinations/tests are required BEFORE you begin your internship. The HPSL Department encourages each intern to keep all his/her vaccinations current.

INFORMATION STATEMENT OF HEPATITIS B

The following information is provided for you to make a decision whether or not you wish to begin Hepatitis B vaccinations. Some agencies require that you are immunized. Others recommend the immunization but do not require it. Check with your selected agency regarding its regulations. Regardless of the agency's guidelines, however, the Hepatitis B vaccination should be a serious consideration if you feel that during your internship/field experience you will run the risk of exposure to this infectious disease. Once you have read the following material, if you choose NOT to have the vaccination, please sign the Hepatitis B Declination Statement and return it to your college supervisor. If you choose to have the vaccination, notify your college supervisor so he/she can make the necessary arrangements with the Student Health Center.

WHAT IS HEPATITIS B?

Hepatitis B is an infection of the liver caused by the hepatitis B virus (HBV). In the United States about 300,000 persons, mostly young adults, are infected with hepatitis B each year. About one-fourth will develop jaundice, and more than 10,000 will need to be hospitalized. About 250 people die each year from severe acute hepatitis B. Between 6 and 10 of every 100 young adults who catch hepatitis B become chronic carriers (have HBV in their blood for 6 or more months) and may be able to spread the

infection to others for a long period of time. About one-fourth of these carriers go on to develop chronic active hepatitis. Chronic active hepatitis often causes cirrhosis of the liver (liver destruction) and death due to liver failure. In addition, HBV carriers are much more likely than others to get cancer of the liver. An estimated 4,000 persons die from hepatitis B-related cirrhosis each year in the United States.

Initial symptoms of hepatitis include a loss of appetite, a vague feeling of oncoming illness, extreme tiredness, nausea, vomiting, stomach pain, dark urine, and jaundice. Skin rashes and joint pain can also occur.

Hepatitis B is classified as a sexually transmitted disease but can be transmitted through various forms of contact which include but are not exclusive to the following: sexual contact, blood exchange, needle sharing, ear piercing, tattooing and medical procedures.

The risk of catching hepatitis B is higher in certain groups of people because of their occupation, lifestyle, or environment. Because of the risks of serious problems associated with hepatitis B infection, a vaccination to help prevent infections is recommended for these groups.

WHO IS AT A HIGH RISK FOR EXPOSURE TO HEPATITIS B?

1. Persons who handle blood, blood products or body fluids. In particular, health care and public safety workers who are exposed to blood or blood products or who may get accidental needle sticks.
2. Clients and staff of institutions for the developmentally disabled. The special behavioral and medical problems of these persons make this a high-risk setting. Risk in institutions is related to contact with blood and also with bites and contact with skin lesions and other body fluids that contain HBV. This includes clients and staff of group and foster homes where a carrier is known to be present.
3. Other settings where deinstitutionalized developmentally disabled individuals may behave aggressively or have special medical problems that may expose workers to their blood or body secretions. Teachers and aides have been shown to be at significant risk in these settings.
4. Those working with special populations from areas with high rates of hepatitis B. These include Alaskan natives, native Pacific islanders, immigrants and refugees from eastern Asia and sub-Saharan Africa, and their U.S. born children.

Other population groups that tend to run a higher risk of the disease are: homosexually active men, hemodialysis patients, users of unlawful injectable drugs, recipients of blood products such as blood clotting agents, adoptees from countries with high rates of HBV, inmates of long-term correctional facilities, and heterosexuals who have histories of sexual activity with multiple sexual partners in the past six months.

FACTS ABOUT THE HEPATITIS B VACCINE

The vaccination process for hepatitis B requires three injections. After the first shot is given, a second follows in one month with a third injection, five months after the second. After the three doses, the hepatitis B vaccine is 85-95% effective in preventing hepatitis B. This protection lasts approximately 7 years.

The most common side effect from the vaccination is soreness at the site of the injections. As with any drug or vaccine, there is a rare possibility that allergic or more serious reactions or even death could occur. No deaths, however, have been reported in persons who have received this vaccine. Giving hepatitis B vaccine to persons who are already immune or to carriers will not increase risk of side effects.

No information is available about the safety of the vaccine for unborn babies; however, because the vaccine contains only particles that do not cause hepatitis B infections, there should not be a risk. In

contrast, if a pregnant woman gets a hepatitis B infection, this may cause severe disease in the mother and chronic infection in the newborn baby.

HOW DO I OBTAIN THE HEPATITIS B VACCINE?

The Hepatitis B vaccine is available upon request at the Student Health Center on campus. Because the vaccine is not stocked on a regular basis, there is a two-week wait to obtain the serum. Cost of the three injection series is relatively high and averages \$150. You should check with your insurance company to determine if any of this cost will be paid for by your medical insurance policy.

HEPATITIS B VACCINE DECLINATION*

Student Name _____

Internship/Field Experience Placement _____

I understand that due to my internship/field experience placement, I may be exposed to blood or other potentially infectious materials that increase my risk of acquiring hepatitis B. I have read the HPSL Department's informational statement on hepatitis B and understand the seriousness of the disease and how it is transmitted. I have also been given the information as to how I can obtain the series of three injections required for immunization against this disease. However, I decline the hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B.

Student Signature _____ Date _____

HPSL Faculty Supervisor _____ Date _____

*If you have already had the vaccinations, please complete the section below.

I _____ (Print Name) have been vaccinated for Hepatitis C on _____ (Date)

Student Signature _____

WORK RELATED INJURY OR ILLNESS PROCEDURES

The following are the procedures you must follow for a work related injury or illness. Failure to follow these procedures may cause a financial burden on you. Your medical insurance will not cover work related injuries during your internship. After reading the following information, please sign the last page and return it to your college intern supervisor. This needs to be done BEFORE you begin your internship experience.

In addition, if your internship is completed at an agency outside of Colorado, you may not be covered by Worker's Compensation through the state of Colorado. Coverage should be reviewed with the MSCD Benefits Office (303-556-5029). Also, if the internship is a paid position, Worker's Compensation should be supplied by the agency.

TO: Employees of MSCD

FROM: Human Resources

SUBJECT: Work-Related Injury or Illness

Attached are the procedures you must follow for a work-related injury or illness. We hope that you will not find it necessary to utilize this benefit. However, if the need arises, you must follow the attached procedures very carefully. Failure to do so may cause a financial burden on you. Your medical insurance might not cover work-related injuries.

Please sign and return the last page (EMPLOYEE NOTIFICATION OF WORKER'S COMPENSATION PROCEDURES) and return the last page to the:

Human Resources Office at Campus Box 47 indicating your knowledge of and agreement to adhere to MSCD's Work-Related Injury or Illness procedures.

Thank you.

WORKER'S COMPENSATION PROCEDURES

(Work Related Injury or Illness)

1. General Guidelines
 - A. These guidelines may be used to treat most emergencies.
 - B. Immediate attention is to be given to the immediate medical needs of an injured person.
 - C. In the case of major trauma or "life or limb threatening" accidents, an ambulance is to be called for transportation to the nearest emergency room.
 - D. If there is any doubt about safety, it is strongly advised that a non-medical person refrain from moving an injured person.
2. General Procedures
 - A. Except in the case of a serious or life-threatening emergency, an injured employee will be treated by one of the three MSCD designated providers: (locations & phone numbers are attached)
 - B. Concentra Medical Center, (the location nearest to Auraria Campus is 1860 Larimer, Suite 100, 303-296-2273. See Page 4 for more locations.)
 - C. ? HealthONE (the location nearest to Auraria Campus is 1730 Blake St., Suite 200, 303-292-6989. See Page 4 for more locations.)
 - D. ? Midtown Occupational Health Services (2005 Franklin Street Midtown Center 1, Suite 150 – OR St. Joseph's Hospital Emergency Room, for emergency injuries outside Midtown's business hours Monday – Friday, 7:00 am - 6:00 pm)
 - A. A. Failure to comply may cause you to risk liability for all medical expenses. Once a selection has been made, do not change providers. It is recommended that the employee's supervisor or the
 - B. Human Resources office call the facility chosen to authorize treatment before sending the patient. The hours of operation of the above facilities are generally 8:00 a.m. - 5:00 p.m., Monday through Friday. Medical evaluation, testing or consultation will be conducted. It is possible that the designated provider will refer the patient for additional medical services. Parking is available at each facility.
 - C. Employees will immediately report all work-related injuries or illnesses to their supervisors or designees and to the MSCD Human Resources Office (556-3120) within 48 hours. Prompt reporting will expedite claims processing and prevent future penalties. The supervisor of the injured employee is required by State regulations to obtain and submit the "First Report of Injury." This form will be submitted to the Human Resources Office, Campus Box 47, or Fax # 303-556-5151, within two calendar days after injury. It is recommended that all supervisors assign a designee to complete and sign this injury form in their absence.
 - D. Following examination by the physician, the patient will be given copies of the Worker's Compensation "Physician's Initial Report," or attending

physician's report. The original should be kept in the supervisor's files. A copy will be retained by the employee for medical instructions and return appointments as applicable. The Human Resources Office will receive a copy from the physician's office.

- E. The attending physician's report will indicate when the employee is able to return to work. The employee must show this form to the supervisor, and will return to work when the physician indicates so on this form.
 - F. Supervisors should be notified immediately if the employee continues to experience problems or concerns as a result of the injury. All concerns are significant and should be referred to the employee's supervisor, the designated medical provider, and to the Human Resources Office.
 - G. MSCD's Worker's Compensation insurance company (CCIA) is responsible for payment of medical expenses if an injury or illness is determined to be work related and the proper procedures have been followed. If an employee's claim is denied, the employee must seek reimbursement from their own insurance carrier and face responsibility of payment if the claim is denied at that point.
3. After Hours Procedures
- A. The employee is responsible for informing the supervisor and the nearest Human Resources Office when treatment was received after hours.
 - B. Leave time taken during work hours by administrators and classified employees must be reported as IOJ (Injury on Job) leave and will be deducted from sick leave until exhausted, then annual leave, and then leave without pay when all leave has been exhausted. The Human Resources Office for possible partial reimbursement.
 - C.
 - D. See appendix for a list of providers

EMPLOYEE NOTIFICATION OF WORKER'S COMPENSATION PROCEDURES*

I, (print your name), have been notified by my employer/supervisor of the Worker's Compensation Procedures. In the event I am involved in a work related injury or illness, I understand that MSCD has designated Concentra Medical Center and HealthONE as the approved medical providers for all work related injuries or illnesses. I understand that if I do not receive medical care for work related injuries or illnesses from the designated clinic or an approved 24-hour after care facility, or any specialists to which they refer me, EXCEPT IN THE CASE OF A SERIOUS EMERGENCY, I could be financially responsible for payment of that care.

I have received the above referenced procedures and have been informed that authorization is required from my employer before I seek medical care for non-emergency, work related injuries or illnesses.

Signature Date

*Submit to Human Resources after signature.

LIABILITY INSURANCE

The HPSL Department highly recommends all young professionals beginning their internship experience purchase individual liability insurance. While the college does provide liability coverage, during the internship, individual insurance can supplement this coverage. A variety of sources exist that provide liability insurance at a reasonable cost including the American College of Sports Medicine and the National Strength and Conditioning Association. Please ask your HPSL intern supervisor for information regarding obtaining this coverage.

APPENDIX - ADULT FITNESS AND EXERCISE SCIENCE INTERNSHIP EVALUATION AND SUMMARY FORMS

Worker's Comp – list of providers

Internship Course Syllabus

Internship Application

Internship Course Checklist

Example of Resume

Personal Strengths and Weaknesses

Internship Learning Contract

Sample Internship Learning Contract

Internship Start/Finish Dates

Proposed Internship Assignment Schedule

Intern Weekly Report Form

Internship Progress Report

Performance Evaluation

Student Evaluation of Internship Experience

Student Survey Instrument (Assessment)

Agency Supervisor Survey (Assessment)

Additional Guidelines

Internship Hardship Form (Optional)

Worker's comp providers: Clinics open Monday through Friday (Note: hours of operation vary)

CONCENTRA HEALTH ONE

10355 East Iliff Ave.
Aurora, CO 80231
Hours: 7:30 – 5:30, Mon - Fri
Phone: (303) 755-4955 Fax: (303) 755-4956

3350 Peoria Street
Aurora, CO 80010
Hours: 7:00 - 6:00, Mon – Fri
Phone: (303) 340-3053 Fax: (303) 340-3862

3434 47th St., Suite 100
Boulder, CO 80301
Hours: 8:00 – 5:00, Mon – Fri
Phone: (303) 541-9090 Fax: (303) 541-9393

770 Simms St., Suite 100
Golden, CO 80401
Hours: 8:00 - 5:00, Mon – Fri
Phone: (303) 239-6060 Fax: (303) 239-6046

420 E. 58th Street, Suite 111
Denver, CO 80216
Hours: 7:00 - 6:00, Mon – Fri
Phone: (303) 292-2273 Fax: (303) 296-4138

6750 Stapleton Dr. South
Denver, CO 80216
Hours: 7:00 - 10:00, Mon – Fri
Phone: (303) 355-2389 Fax: (303) 321-6268

1860 Larimer St., Suite 100
Denver, CO 80202
Hours: 8:00 - 5:30, Mon – Fri
Phone: (303) 296-2273 Fax: (303) 296-8330

1380 S. Santa Fe Drive
Denver, CO 80223
Hours: 7:00 - 6:00, Mon – Fri
Phone: (303) 777-2777 Fax: (303) 871-0218

2135 S. Cherry St., Suite 100
Denver, CO 80222
Hours: 7:30 - 5:00, Mon – Fri
Phone: (303) 782-5050 Fax: (303) 782-0550

500 E. 84th Ave., Suite B-14
Thornton, CO 80229
Hours: 7:30 - 6:00, Mon - Fri
Phone: (303) 287-7070 Fax: (303) 287-7373

830 Potomac Circle, #100
Aurora, CO 80011
Phone: (303) 584-5000 Fax:(303) 343-8135

1730 Blake St. #200
Denver, CO 80202
Phone: (303) 292-6989 Fax: (303) 292-6455

120 Bryant St.
Denver, CO 80219
Phone: (303) 936-9700 Fax: (303) 936-9686

2425 S. Colorado Blvd., #100
Denver, CO 80222
Phone: (303) 691-9445 Fax: (303) 692-8908

4704 Harlan St., #100
Denver, Co 80212
Phone: (303) 477-7875 Fax: (303) 477-7917

5700 Lincoln Way
Denver, CO 80216
Phone: (303) 292-0034 Fax: (303) 292-0097

5855 Stapleton Dr. North, #A-130
Denver, CO 80216
Phone: (303) 377-0545 Fax: (303) 316-8478

125 East Hampden Ave.
Englewood, CO 80110
Phone: (303) 788-9292 Fax: (303) 788-9260

198 Union Blvd. #104
Lakewood, CO 80228
Phone: (303) 985-1811 Fax: (303) 985-3917

5044 W. 92nd Ave.
Westminster, CO 80030
Phone: (303) 650-0445 Fax: (303) 426-0304

MIDTOWN OCCUPATIONAL HEALTH SERVICES

2420 West 26th Avenue
Building D, Suite 200 ; Denver, CO
80211 Phone: (303) 831-9393
Hours: 7:00am - 6:00pm, Mon - Fri

METRO STATE STUDENT HEALTH CENTER

Plaza Building Room 150, CB 20
Denver, CO 80217-3362 ; Phone: (303) 556-2525

EMERGENCY AND WEEKEND CARE HOSPITALS

Medical Center of Aurora
North Campus
700 Potomac Street
Aurora, CO 80011
(303) 363-7200

Medical Center of Aurora -South Campus
1501 South Potomac
Aurora, Co 80012
(303) 695-2600

Presbyterian/St. Luke's Medical Center
1719 East 19th Avenue
Denver, CO 80218
(303) 839-6000

Rose Medical Center
4567 East 9th Avenue
Denver, CO 80220
(303) 320-2121

Swedish Medical Center
501 East Hampden Ave.
Englewood, CO 80110
(303) 788-5000

Medical Plaza – Centennial
14200 East Arapahoe Road
Englewood, CO 80112
(303) 699-3000

North Suburban Medical Center
9191 Grant Street
Thornton, CO 80229
(303) 451-7800

Porter Adventist Hospital
2525 S. Downing
Denver, Co 80210
(303) 778-5666

Saint Anthony Central
4231 W. 16th Ave.
Denver, CO 80204
(303) 629-3721

Saint Anthony North
2551 W. 84th Ave.
Denver, CO 80030
(303) 426-2020

Littleton Adventist Hospital
7700 S. Broadway
Littleton, CO 80122
(303) 730-5800

Avista Adventist Hospital
100 Health Park Dr.
Louisville, CO 80027
(303) 673-1111

METROPOLITAN STATE COLLEGE OF DENVER

Department of Human Performance, Sport and Leisure Studies

ADULT FITNESS AND EXERCISE SCIENCE INTERNSHIP APPLICATION

Please TYPE

Internship Agency _____ Agency Phone # () _____

Agency Supervisor Mr./Ms./Dr. _____ Supervisor E-mail _____

Full Legal Name _____ Male ___ Female ___

Permanent Mailing Address _____

City/State/Zip Code _____

Phone # Home () _____ Cell () _____ E-mail Address _____

MSCD Student ID # 900- _____ Birth Date _____

Internship Semester and Year _____ Fall _____ Spring _____ Summer 20 _____

Cumulative G.P.A. _____ G.P.A. in Major _____ Submission of CAPP Report _____

Graduation Date _____ Fall _____ Spring _____ Summer 20 _____

Other College Degrees _____

CPR/Advanced First Responder Card Expiration Date: _____ Other Certifications _____

Work History: Previous Employment in the Adult Fitness and Exercise Science Area

DATE AGENCY RESPONSIBILITIES

Please list and explain any disabilities which might affect your placement:

ADULT FITNESS AND EXERCISE SCIENCE INTERNSHIP COURSE CHECKLIST:

COURSE IN-PROGRESS GRADE

HES 2040 Introduction to Nutrition _____

HPS 1640 Physical Fitness Techniques & Prog. _____

HPS 1623 Prevention and Care of Athletic Injuries _____

HPS 3300 Anatomical Kinesiology _____

HPS 3340 Physiology of Exercise _____

HPS 3780 Fitness Prog for Special Pops _____

HPS 4200 Community Fitness Testing _____

HPS 4660 Legal Liability _____

HPS 4680 Adv Exercise Assessment Techniques _____

HPS 4840 Comparative Fitness Programs _____

HPS 4880 Internship for Adult Fitness _____

HSL 1020 S/M Weight Training _____

HSL 1440 S/M Stress Management _____

- Or -

HPS 2890 Personal Training: Concepts & Apps _____

LES 3070 Health and Movement Problems in Aging Adult _____

PSY 2410 Social Psychology _____

In order to apply for an internship position, a student must have a senior standing at Metropolitan State College of Denver and have declared Human Performance and Sport with an emphasis in Adult Fitness and Exercise Science as his/her major as well as submission of CAPP report. In addition, 75% of the coursework for the major must be completed before the internship can begin. This coursework must be completed with a minimal major GPA in all HPS and other courses listed in the AFES major of 2.75 and no grade below a "C" in the student's major/minor coursework. Appeals for exceptions of the above requirements must be made in writing to the Intern Supervisor and approved by the Department Chair of HPSL.

ADULT FITNESS AND EXERCISE SCIENCE RESUME SAMPLE

Name:

Address:

Phone Number:

Career Objective: (should parallel the job/internship position you are applying for)

Education:

High School:

College: (include degree, emphasis area, anticipated date of graduation, any honors awarded)

College Activities: (include those that are related or unrelated to field of study)

Work Experience: (put the most current first, include dates of employment; month and year is fine, include related and unrelated to career objective)

Professional Organizations:

CAHPERD, AAHPERD, ACSM, ACSM, NSCA, ACE, NASM

Certifications: CPR, WSI, IDEA, NSCA, ACSM, YMCA, NASM

Instructional/Work Competencies: Weight Training

Aerobics: Dance, Aqua

Racquetball

Tennis

Submaximal Stress Testing

Maximal Stress Testing

METROPOLITAN STATE COLLEGE OF DENVER
Department of Human Performance, Sport & Leisure Studies
Adult Fitness and Exercise Science

IDENTIFICATION OF PERSONAL STRENGTHS AND WEAKNESSES**

Student Name _____

STRENGTHS:

- 1.
- 2.
- 3.
- 4.

WEAKNESSES:

- 1.
- 2.
- 3.
- 4.

* note: only submit to HPS Supervisor if you need help selecting a placement

METROPOLITAN STATE COLLEGE OF DENVER
Department of Human Performance, Sport & Leisure Studies
Adult Fitness and Exercise Science

INTERNSHIP LEARNING CONTRACT (Please Type!)

Student Name _____

Learning Objectives: Upon completion of the internship, I will be able to:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Learning Methods

The stated objectives will be achieved by:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Student _____ Date _____

College Supervisor _____ Date _____

Agency Supervisor _____ Date _____

SAMPLE INTERNSHIP LEARNING CONTRACT

Learning Objectives

Upon completion of the internship, I will be able to:

1. Detect an abnormal heart rhythm during an EKG
2. Understand the pathology of heart disease processes
3. Identify the frequency of arrhythmia due to internal and external factors (i.e., lack of sleep, forgetting medications, emotions)
4. Identify risk factors of heart disease
5. Understand what the patient will experience as a result of his/her heart disease. (Bypass patient's inability to do arm exercises right after surgery, etc.)
6. Assist in progressing patients from a Phase II program to a Phase III program
7. Demonstrate knowledge of relevant medications and their effects on patients using them
8. Advise patients on their nutrition and diet
9. Advise patients on their home exercise programs
10. Obtain critical information about the patients physiological causes of their heart disease
11. Demonstrate to my selected patients the physiological causes of their heart disease
12. Demonstrate an enhanced knowledge of exercise and its importance to the heart disease patient

Learning Methods

The stated objectives will be achieved by:

1. Reading literature on heart rhythms, observing rhythm strips during treadmill tests and exercise classes, and by discussing abnormal rhythm strips with the rehabilitation personnel.
2. Discussing individual cases with the rehabilitation personnel, talking to the patients in the program, and by reading literature on the different heart diseases.
3. Listening to the questioning process that the rehabilitation personnel uses to find out the cause of the patient's arrhythmia, conversing with the patients and discussing the possible causes of their arrhythmia.
4. Reading literature, attending the classes offered by the program, and by conversing with the rehabilitation personnel.
5. Questioning the patients about what they have encountered since their incident with heart disease and by talking to the rehabilitation personnel about the precautions that need to be taken after a person has experienced heart disease.
6. Observing how the rehabilitation staff progresses patients from a Phase II to a Phase III program and then assist and follow the progress of a few selected patients from a Phase II to a Phase III program.
7. Reading literature on medications that are commonly used by heart disease patients, and by discussing the common effects of these medications with the rehabilitation nurses.
8. Reviewing the patients' "walk" sheets and discussing the changes I would make with the rehabilitation staff and by monitoring the patients' progress in class.
9. Reviewing the diet sheets completed by the patients and suggesting changes that would assist them in losing weight, lowering their cholesterol and assist them in lowering their blood pressure. In addition, I will attend nutrition classes and read related literature.
10. Listening and using the questioning process used by the rehabilitation staff to obtain information from the patient.
11. Conducting research on the selected patients I have chosen to follow, reviewing their cases with the rehabilitation staff.
12. Teaching the warm-up and cool-down exercises, assisting in teaching the graduate exercise class, and attending the exercise class.

Student: _____ Date: _____

College Supervisor: _____ Date: _____

Agency Supervisor: _____ Date: _____

ADULT FITNESS AND EXERCISE SCIENCE INTERNSHIP START/FINISH DATES

_____ will officially begin working at
(Student Intern Name)

_____, _____
(Internship Agency) (Address)

on _____ for the purpose of completing an HPSL Internship in Adult Fitness and
(Date)

Exercise Science to be registered for and receive college credit during the _____
semester, 20____. This internship is expected to be completed during the month of
_____, 20____.

Agency Supervisor Name and Title (please print)

Agency Supervisor Signature

Agency Phone Number

Verification Signature
HPSL Internship Supervisor

PROPOSED INTERNSHIP ASSIGNMENT SCHEDULE

The placement determination for any intern is made with the approval of the Internship Supervisor and based on both the student's educational objectives and the agency's goals and programs of service. Please identify as accurately as possible the functions and responsibilities that the internship would include:

DAY TIME ACTIVITY HOURS

Monday

AM _____

PM _____

Tuesday

AM _____

PM _____

Wednesday

AM _____

PM _____

Thursday

AM _____

PM _____

Friday

AM _____

PM _____

Saturday

AM _____

PM _____

Sunday

AM _____

PM _____

TOTAL HOURS/WEEK * _____

* Completion of the internship includes a minimum of 450 contact hours at the agency.

METROPOLITAN STATE COLLEGE OF DENVER
Department of Human Performance, Sport & Leisure Studies

Adult Fitness and Exercise Science Weekly Intern Report

Student: _____ Agency: _____

Agency Supervisor: _____ Work Phone: _____

Duration: _____ to _____ Report Number: _____

DAY: _____

HOURS:

MONDAY: _____

TUESDAY: _____

WEDNESDAY: _____

THURSDAY: _____

FRIDAY: _____

SATURDAY: _____

SUNDAY: _____

Weekly Hours: _____ / Cumulative Total: _____

Intern's Supervisor _____ Date: _____

Supervisor's Signature _____ Date: _____

Supervisor's Comments:

METROPOLITAN STATE COLLEGE OF DENVER
Department of Human Performance, Sport & Leisure Studies

Adult Fitness and Exercise Science Internship Progress Report*

*to be completed by college internship supervisor

Student: _____ Agency: _____

Agency Supervisor: _____ Work Phone: _____

METROPOLITAN STATE COLLEGE OF DENVER
Department of Human Performance, Sport & Leisure Studies
Adult Fitness and Exercise Science Intern Performance Evaluation

Student: _____ Agency: _____

Performance information is communicated to an intern by a supervisor for two basic purposes: 1) to motivate and 2) to identify the intern's strengths and potential weaknesses. Please evaluate the intern on the listed factors using the rating scale provided.

- 1 – Poor
- 2 – Fair
- 3 – Good
- 4 – Excellent
- 5 – Outstanding

- 1. Attendance 1 2 3 4 5
- 2. Punctuality 1 2 3 4 5
- 3. Appearance 1 2 3 4 5
- 4. Use of Judgment 1 2 3 4 5
- 5. Cooperation 1 2 3 4 5
- 6. Organization 1 2 3 4 5
- 7. Follows Instructions 1 2 3 4 5
- 8. Quality of Work 1 2 3 4 5
- 9. Tact and Courtesy 1 2 3 4 5
- 10. Use of Time 1 2 3 4 5
- 11. Ability to Communicate (Verbally) 1 2 3 4 5
- 12. Ability to Communicate (Written) 1 2 3 4 5
- 13. Basic Skill Knowledge 1 2 3 4 5
- 14. Reliability 1 2 3 4 5
- 15. Receptive to Criticism/Suggestions 1 2 3 4 5
- 16. Acceptance of Responsibility 1 2 3 4 5
- 17. Potential for Future Employment 1 2 3 4 5
- 18. In this Professional Field 1 2 3 4 5

Agency Supervisor Signature: _____ Work Phone: _____

Date: _____ midterm - final evaluation (circle one) Recommended Grade: _____

METROPOLITAN STATE COLLEGE OF DENVER
Department of Human Performance, Sport & Leisure Studies
Adult Fitness and Exercise Science

Student Evaluation of Internship Experience

The Adult Fitness and Exercise Science program desires to continually upgrade its internship experience. As the consumer of this learning opportunity, you are in the best position to give this feedback. Please be as honest and specific about each item as possible. Your grade will be determined before this evaluation is read and discussed. Complete on a separate page when appropriate. Thank you!

INTERNSHIP PREPARATION:

Which experiences/classes have been most helpful in preparing you for the internship experience?

Which experiences/classes have been unnecessary in preparing you for the internship experience?

If you could make a curriculum change in the Adult Fitness and Exercise Science course of study, what would it be?

Is there any equipment or skills which you needed to be familiar with during your internship that you did not experience during your course of study at MSCD?

Did you feel "ready" for your internship? If not, what were your deficiencies?

AGENCY SUPERVISION:

Please rate your supervisor/experience using the following value system:

- 4 – Consistently exceeded what was expected
- 3 – Frequently exceeded what was expected
- 2 – Consistently met expectations
- 1 – Occasionally failed to meet expectations
- 0 – Consistently failed to meet expectations
- NA – Not Applicable

To what extent did your agency supervisor:

- _____ introduce you to the staff and facility
- _____ help to define your responsibilities/experiences while at the agency
- _____ give constructive support and criticism effectively
- _____ listen and inquire about your needs/concerns during the internship
- _____ demonstrate a professional attitude
- _____ provide consistent feedback regarding your performance
- _____ give sound rationale and theory for chosen treatment procedures

_____ communicate ideas clearly and concisely

_____ provide a "non-threatening" atmosphere which you found enjoyable and easy to learn in

_____ receive constructive support and criticism effectively

_____ provide for a final evaluative meeting

COLLEGE SUPERVISOR:

To what extent did this person:

_____ provide direction and support for agency selection

_____ act as a facilitator to develop your contracted goals during the internship

_____ help to explain/elucidate to the agency and the intern the purpose/format of the internship

_____ provide direction and support during the internship period

_____ provide consistent feedback during the internship regarding performance

SUMMARY:

What do you see as the strengths of this internship program?

What changes would you make in this internship program?

Under what conditions/purposes would you recommend this agency for another internship placement?

Intern Name and Signature

Agency Name _____

HUMAN PERFORMANCE, SPORT AND LEISURE STUDIES DEPARTMENT

Emphasis: Adult Fitness and Exercise Science

STUDENT SURVEY

The faculty of the HPSL Department asks your cooperation in the evaluation of the HPSL program. One method of evaluating the effectiveness of a program is to determine the extent to which the program has prepared its graduates. This questionnaire gives you the opportunity to express anonymously your views of the HPSL Program.

Please indicate the extent to which you believe the HPSL program helped you achieve the program goals. Circle the number which best describes how the program assisted you to achieve the program goals. Your alternatives are as follows:

1 – Definitely did not assist me

2 – Helped me somewhat

- 3 – Helped me moderately
- 4 – Helped me considerably
- 5 – Helped me to excel
- 6 – Not able to judge

Program Goals

1. Knowledge of basic exercise physiology 1 2 3 4 5 6
2. Knowledge of basic functional anatomy and kinesiology 1 2 3 4 5 6
3. Knowledge of concepts in the prevention, recognition, and management of injury associated with physical activity participation and exercise testing 1 2 3 4 5 6
4. Knowledge of exercise testing and prescription for normal and special populations 1 2 3 4 5 6
5. Knowledge of exercise leadership 1 2 3 4 5 6
6. Knowledge of basic concerns/responses to wellness and health maintenance 1 2 3 4 5 6
7. Knowledge of administration and organization of fitness programming 1 2 3 4 5 6
8. Knowledge of liability and safety issues related to exercise testing and evaluation 1 2 3 4 5 6

HUMAN PERFORMANCE, SPORT AND LEISURE STUDIES DEPARTMENT

Emphasis: Adult Fitness and Exercise Science

AGENCY SUPERVISOR SURVEY

The Department of Human Performance, Sport and Leisure Studies (HPSL) at MSCD asks your cooperation in evaluating the HPSL program. One method of evaluating the effectiveness of a program is to determine the extent to which the program has prepared its graduates.

Please indicate the extent to which you believe the HPSL program helped you achieve the program goals. Circle the number which best describes how the program assisted you to achieve the program goals. Your alternatives are as follows:

- 1 – Significantly Below Desired Level
- 2 – Below Desired Level
- 3 – Desired Level
- 4 – Above Desired Level
- 5 – Significantly Above Desired Level
- 6 – Not Able To Judge

Program Goals

1. Knowledge of basic exercise physiology 1 2 3 4 5 6
2. Knowledge of basic functional anatomy and kinesiology 1 2 3 4 5 6
3. Knowledge of concepts in the prevention, recognition, and management of injury associated with physical activity participation and exercise testing 1 2 3 4 5 6
4. Knowledge of exercise testing and prescription for normal and special populations 1 2 3 4 5 6
5. Knowledge of exercise leadership 1 2 3 4 5 6
6. Knowledge of basic concerns/responses to wellness and health maintenance 1 2 3 4 5 6

7. Knowledge of administration and organization of fitness 1 2 3 4 5 6 programming
8. Knowledge of liability and safety issues related to exercise 1 2 3 4 5 6 testing and evaluation

HPSL DEPARTMENT INTERNSHIP/FIELD EXPERIENCE/PRACTICUM HARDSHIP FORM

This is to certify that _____ will be permitted to
 _____ (Student)
 initiate/extend his/her internship to meet the requirements for _____, during
 _____ (Course #)
 _____. I understand that this date falls either before the
 _____ (Dates)
 official beginning and/or after the official ending of the semester. However, to accommodate the needs
 of the student and the internship/field experience/practicum agency, the HPSL department will permit
 the student to accumulate internship hours on the date(s) specified above.

Internship Agency: _____

Internship Phone Number: _____

Student Signature _____ Date _____

Internship Agency Supervisor Signature _____ Date _____

Internship Agency Supervisor Title _____

HPSL Intern Supervisor Signature _____ Date _____

HPSL Department Chair Signature _____ Date _____

Adult Fitness and Exercise Science Internship Additional Guidelines

1. Provide your agency supervisor with a copy of the internship manual.
2. Turn in the following forms (from the internship packet) to Dr. Q. by ___/___/0__.

page _11_ HEPATITIS B DECLINATION FORM
 page _15_ WORKER'S COMP POLICIES/PROCEDURES
 page _20_ INTERNSHIP APPLICATION
 page _21_ INTERNSHIP COURSE CHECKLIST
 page _28/38 NTERNSHIP START/FINISH DATES (OR INTERNSHIP HARDSHIP FORM – IF APPLICABLE)
 page _31_ PROGRESS NOTES (FILL IN TOP ONLY!)

3. Complete the internship learning contract (learning objectives and learning activities), with the assistance of your agency supervisor, during the first two weeks of your internship.
4. Complete the proposed internship assignment schedule during the first week of your internship and forward it to Dr. Quatrochi.
5. Briefly describe your daily experiences on the weekly internship report form and turn those in to Dr. Quatrochi every other week.
6. Dr. Quatrochi will be calling you and your agency supervisor during the first 2 weeks of your internship and approximately every 2 – 3 weeks thereafter.

7. Every attempt will be made to arrange for at least one visit to your site during your internship.
8. Be sure to remind your agency supervisor to complete the AF&ES Intern Performance Evaluation form (page 32) after 225 hours have been completed, and again at the end of your internship. (Yes, you should make an extra copy before he/she conducts the evaluation after 225 hours.)
9. In order to earn a grade for the internship, you must fill out 2 surveys in the appendix of the internship manual: A.) the Student Evaluation of Internship Experience form (page 33, and B.) the Student Survey (page 36). In addition, your agency supervisor must complete the Agency Supervisor Survey (page 37) along with the Intern Performance Evaluation form (see #8 above.)

Contact Information: Joseph Quatrochi, Ph.D., Professor
MSCD, Campus Box 25, P. O. Box 173362
Denver, CO 80217-3362
303-556-2898 office (303-556-8301 Fax)
quatrocj@mscd.edu