Lebanon Valley College

Exercise Science - Internship Checklist

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| **Assignment** | **Required By** | **Due Date** | **Completed By**  |
| Resume/Cover Letter | LVC  | For Site Contact | Intern |
| Internship Registration Form | LVC | **After site confirmation** | **Dr. Gazsi** |
| LVC Confidentiality Agreement | LVC | Prior to Internship Start  | Intern |
| EXSC Student Data Sheet | LVC  | Prior to Internship Start | Intern |
| Proof of Health Insurance (front & back) | LVC  | Prior to Internship Start | Intern |
| Medical History (physical exam form) | If requested by Site  | Prior to Internship Start | Intern |
| Drug Test | If requested by Site | Prior to Internship Start | Intern |
| Proof of Flu Shot | If requested by Site | Prior to Internship Start | Intern |
| TB Test 1 | If requested by Site | Prior to Internship Start | Intern |
| TB Test 2 | If requested by Site | Prior to Internship Start | Intern |
| CPR Certificate with Expiration Date | LVC  | Prior to Internship Start | Intern |
| HIPPA/OSHA Train/quizzes | LVC  | Prior to Internship Start | Intern |
| PATCH -PA Criminal History | If requested by Site | Prior to Internship Start | Intern |
| Criminal Background Check | If requested by Site | Prior to Internship Start | Intern |
| Child Abuse Clearance | If requested by Site | Prior to Internship Start | Intern |

Students are responsible for sending their Practicum site copies of all required forms. Note a site may require forms that LVC requires.

**Release of Academic and/or Practicum Performance to Practicum sites**

To ensure safe, quality patient/client care, and to address all educational needs of the student, I grant permission to the Exercise Science Department of Lebanon Valley College and the Faculty Practicum Supervisor, to release to the Practicum Supervisor to which I am assigned any information regarding my past academic or Practicum performance on a need to know basis only.

Student Signature Date

Print name