TTU KSM CLINICAL INTERNSHIP MANUAL

Texas Tech University (TTU)
Clinical Exercise Physiology Internship Program
Department of Kinesiology and Sport Management

Internship Web Page
http://www.depts.ttu.edu/ksm/grad/internships.php

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Students with Disabilities: **ADA Statement**

Any student who because of a disability may require special arrangements in order to meet course requirements should contact the instructor as soon as possible to make any necessary accommodations. Student should present appropriate verification from AccessTECH. No requirement exists that accommodations be made prior to completion of this approved university procedure. Students with disabilities are encouraged to use AccessTech which publishes a **Desk Reference for Faculty and Staff** that is very helpful. You may call the AccessTech Office at 742-2092 to request a copy.

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Clinical Internship Program

Introduction to the Internship Experience

This internship is designed to provide you with a wide range of field experiences in Clinical Exercise Physiology (CEP). As such you will be required to fulfill the obligations outlined in the following pages as well as perform the duties required by the site supervisor of the program in which you are working. In participating in an experience of this nature it is good to remember that you are not only representing the ***Department of Kinesiology and Sport Management*** (KSM) and Texas Tech University (TTU), but you are also representing yourself. Your success in this venture will depend upon the impressions you create and the abilities you display in performing assignments, possibly leading to long-term full-time employment.

Purpose of the Internship

Field placement shall provide students an opportunity to have practical experience in a setting that is providing established professional clinical exercise physiology services commensurate with the student's educational level, previous experience and professional goals. The field experience shall augment the formal classroom and related learning experiences. Field training shall be primarily an active learning experience for the student to develop practical skills in their chosen field of specialization. The field placement shall benefit the agency through secondary effects of continued, improved services and/or in development of new clinical exercise physiology services.

Goals of the Internship

- Field placement shall provide graduate students an opportunity to gain practical experience under qualified professional supervision, including periodic evaluation and feedback.
- Field placement shall provide an opportunity for the graduate student to augment or improve the present clinical exercise physiology program(s) under qualified professional supervision.
- Field placement shall provide an opportunity for graduate students to develop or initiate clinical exercise physiology services under qualified professional supervision (innovative programs, research, etc.).
- Field placement shall provide an opportunity for graduate students to have the academic field placement site supervisor and the site supervisor evaluate their skills and competencies.
- Field placement shall provide an opportunity for graduate students to establish realistic goals (based on evaluation of their experiences and performance) for their own professional development and means for obtaining goods.
- Field placement shall provide an opportunity to supplement and/or redirect classroom experience

Overview of the Procedures

- Prior to a student formally registering for KIN 5304 Clinical Internship, the student should contact his/her advisor and discuss the hours that are needed to fulfill your degree requirements (designated on your degree plan in consultation with your advisor). The first 3 hours of course credit <u>must</u> be done at one of the sites Texas Tech has made prior arrangements with for your training as listed on the syllabus. We have contracts with these sites. You must do your first 3 hours of internship at one of the cardiac rehabilitation facilities listed: (a) the University Medical Center, or (b) the Covenant Health Care Hospital System, (c) Brownfield Regional Medical Center. You can do your second 3 hours of internships at any of the structured sites or arrange an internship experience with a site in consultation with the Clinical Internship Director at TTU. Normally, you cannot repeat the <u>identical</u> structured rotation schedule for an additional 3 hours of credit. If you choose to enroll in 3 additional hours at the same setting, you may design your own internship objectives in consultation with your advisor or the internship program director, however, the goals <u>must</u> be different from your first 3 hours of credit. Forms are contained in this manual to help you with the organization of this task in Part III of this manual in the Table of Contents under the heading entitled 'Designing your own

Personal Internship Program'. Alternatively, you may complete a different structured rotation at another site. The decision as to where you participate in the internship experience for your second 3-hour block relies heavily upon your experiences and expected professional goals.

- It will be your responsibility to elicit an agreement from the internship site. Following this establishment of an agreement between the intern site and the student, the details of the internship are worked out between the sponsoring facility and the student. The site supervisor of the program in which you are working should be briefed as to the part he or she is to play in helping you complete your goals. An honest and frank discussion between you and your Site supervisor should be most rewarding. Please ask them to contact the director of the internship program at TTU if they have any questions.
- At the completion of your first 3 hours of internship, you will upload or turn in your internship hours to the director of the internship program with all of the appropriate forms filled out by your site supervisor and yourself, and required assignments completed. If you choose to enroll in 3 additional hours, which are not at a structured site, you must document how you have met your designed objectives.

Student Intern Responsibilities

Responsibilities of the student to the agency/or institution providing the field experience shall include but not be limited to:

- Providing assigned CEP services in a professional manner.
- Relating to individuals with respect and dignity and adhering to their rights.
- Keeping the confidentiality of clients, supervisors, etc.
- Following existing program plans.
- Terminating relationship with clients/students at the end of the field placement experience in a caring, professional manner.
- Advising your supervisor about his/her duties to you as an intern. Specifically you must tell them which forms are to be completed by them in your internship manual.
- You must also give the site supervisor a stamped self-addressed envelope with your academic advisors name and address on it for your internship evaluation.

Termination of the Student

The cooperating agency will develop policies and procedures to which the student affiliate must comply. If the student continually violates any policy or procedure, the cooperating agency may terminate the student's affiliation at any time with subsequent loss of six hours of academic credit. Texas Tech University has certain expectations of the student enrolled in the affiliation program. If these expectations are not fulfilled, the student's affiliation with the cooperating agency may be terminated with subsequent loss of the three - six hours of academic credit. The expectations include:

- The student is expected to conform to the policies and procedures established by the cooperating agency or business.
- The student must maintain a 3.0 academic grade point average prior to entering the affiliation experience.
- The student must be in good standing with the TTU Graduate School.

Responsibility of the Facility to the Intern

- Act in the capacity of a supervisor responsible for teaching, guiding and evaluating the performance of the intern.
- Complete an evaluation of the student intern advising them of their strengths and weaknesses. This evaluation will be given to the intern who will turn this form into the Director of the internship program. You may be called concerning the verification of this report. See Part IV of this manual.
- Sign time sheets and verification of reports by student. See Part III and IV of this manual.

Part II
Structured Internship Settings

Objectives for the Cardiac and Pulmonary Rehabilitation Settings

- Become familiar with common emergency procedures in a cardiac rehabilitation program
- Develop effective exercise leadership skills
- Develop skills necessary to evaluate patients following various cardiopulmonary procedures
- Exercise patients in the coronary and pulmonary care unit
- Follow a cardiologist or pulmonary specialist around on one or more rounds
- Lead group exercise classes
- Learn how to monitor the telemetry unit
- Learn important and vital aspects of the administration of cardiac and pulmonary rehabilitation programs
- Learn the roles of the coronary and pulmonary care staff
- Learn to risk stratify patients, and provide information on risk factor modification
- Learn to the resources in the medical library
- Learn to work as a team member in the coronary and pulmonary care unit
- Monitor the telemetry unit
- Observe and participate in the Outpatient Exercise Maintenance program
- Participate in diagnostic stress tests
- Participate in functional stress test reports and exercise prescriptions
- Participate in Thallium Stress Tests
- Participate in Pulmonary Function Tests
- Participate in Diabetes Education Program
- Participate in mock code drills
- Participate in Pulmonary Rehabilitation Educational Settings
- Participate in several discharge planning sessions
- Provide education on risk factor reduction, coronary artery disease, pulmonary disease, nutrition and exercise to patients and family members
- Review ECG readings on a daily basis
- Review medical chart's daily
- Take blood pressures on patients
- Understand and demonstrate appropriate counseling and communication skills
- Understand the dietary guidelines and needs of coronary and pulmonary patients
- Understand the types of procedures and care that is provided in coronary and pulmonary care facilities
- View one or more cardiac catheterization procedures
- View one or more cardiac or pulmonary surgeries
- View one or more echocardiography and stress echocardiography tests
- Work closely with the cardiac and pulmonary rehabilitation staff
- Work on selected projects or assignments as per the request of the cardiac and pulmonary rehabilitation staff

Part III
Designing your Own Internship Experience

Internship Site _____
Site Director _____
Required Hours at this site _____

My Objectives for this Internship

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____

Howl I Will Accomplish My Objectives

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____

Part IV
Evaluation Forms
All interns must complete these forms

Internship Placement Site and Final Project Statement

Student Name _____

Home or Cell phone _____

Internship Site _____

Internship Rotation (Please check the appropriate box and fill in the information if needed)

☐ This is my first internship experience

☐ This is my second internship experience; my first internship was completed at _____

For my final project I am:

First Internship Experience

☐ Completing the chapter questions found in Blackboard (menu on left) from the ACSM Guidelines Book and the metabolic calculations assigned to the first rotation interns

☐ Completing the metabolic calculations assigned to the first rotation interns found in Blackboard (menu on left) and taking an ACSM Webinar (receipt will be uploaded in Blackboard)

Second Internship Experience

☐ Taking the 100-question exam given by Dr. McComb from the ACSM Guidelines book and the metabolic calculations on dead day of that semester enrolled at 10:00 am. I am aware that I must come to her office, room 111 to take the exam. I am also aware that I must pass the exam with a score of 70% in order to receive a P in internship. If I do not pass, I will receive an Incomplete and must take the exam on dead day of the following semester to have my I changed to a P. Again I must make 70% on the exam to pass.

☐ Taking the ACSM Clinical Exercise Physiology Exam. Receipt of registration from ACSM must be uploaded in Blackboard. You do not have to pass this exam in order to receive a P in internship. You can register for the exam and take it during the break between semesters so that you have more time to study. I am also aware that if I do pass this will serve as my final comprehensive exam in the Clinical Exercise Physiology track for the Masters in Kinesiology

Student Activity Release Form

I, , understand and agree that university-related activities of Texas Tech University involve certain known risks, including but not limited to, transportation accidents, personal injuries, and loss or destruction of my property. I understand and agree that Texas Tech University cannot be expected to control all of said risks. In consideration of the benefits I will receive through my participation in the activities of Texas Tech University, I hereby expressly and knowingly **RELEASE TEXAS TECH UNIVERSITY, ITS OFFICERS, AGENTS, VOLUNTEERS, AND EMPLOYEES FROM ANY AND ALL CLAIMS AND CAUSES OF ACTION I MAY HAVE FOR PROPERTY DAMAGE, PERSONAL INJURY OR DEATH SUSTAINED BY ME ARISING OUT OF ANY TRAVEL OR ACTIVITY CONDUCTED BY, OR UNDER THE AUSPICES OF TEXAS TECH UNIVERSITY, WHETHER CAUSED BY MY OWN NEGLIGENCE OR THE NEGLIGENCE OF TEXAS TECH UNIVERSITY, ITS OFFICERS, AGENTS, VOLUNTEERS, OR EMPLOYEES.**
I hereby give my consent for any medical treatment that may be required during my participation with the understanding that the cost of any such treatment will be my responsibility.
Further, I voluntarily and knowingly agree to HOLD HARMLESS, PROTECT, AND INDEMNIFY Texas Tech University, its officers, agents, volunteers, and employees, against and from any and all claims, demands, or causes of action for property damage, personal injury or death, including defense costs and attorney's fees, arising out of my participation in the activities of Texas Tech University, REGARDLESS OF WHETHER SUCH DAMAGES, INJURY OR DEATH ARE CAUSED BY MY OWN NEGLIGENCE, OR BY THE NEGLIGENCE OF TEXAS TECH UNIVERSITY, ITS OFFICERS, AGENTS, VOLUNTEERS, OR EMPLOYEES.
Texas Tech University shall notify me promptly in writing of any claim or action brought against it in connection with my participation in these activities. Upon such notification, I, or my representative, shall promptly take over and defend any such claim or action.

I HAVE READ AND UNDERSTOOD THIS DOCUMENT, AND MY SIGNATURE EVIDENCES MY INTENT TO BE BOUND BY ITS TERMS.

SIGNATURE: **DATE:**

_____ _____

(PARTICIPANT)

Verification of Acceptance by the Internship Site

I certify that _____

(intern) has been accepted as an intern by _____ (name of firm)

and will be allowed to work at least _____hours in _____weeks

between _____ and _____(dates)

We have agreed that_____ will be able to complete a total of _____hours during

this time period.

_____ _____
Site Supervisor's Signature Firm

_____ _____
Address Telephone

_____
Date

Please complete this form. It is the responsibility of the student intern to turn this form into the Clinical Internship Director at TTU with your signature in Blackboard.

Logged Internship Time Sheet

Please log your hours daily in these blocks. You must also keep a record of the activities that you perform in order to fill out your objective log sheet. Make duplicate copies as needed. Alternately, you can use the time sheet provided by the site. Logged hours must equal at least 250 hours for 3 hours credit.

Week-----

Day	Date	Time In	Time Out	Total Hours
M				
T				
W				
Th				
F				
S				
Su				

Weekly Total

Week-----

Day	Date	Time In	Time Out	Total Hours
M				
T				
W				
Th				
F				
S				
Su				

Weekly Total

Week-----

Day	Date	Time In	Time Out	Total Hours
M				
T				
W				
Th				
F				
S				
Su				

Weekly Total

Week-----

Day	Date	Time In	Time Out	Total Hours
M				
T				
W				
Th				
F				
S				
Su				

Weekly Total

Cumulative Total

Internship Time Sheet

Week-----

Day	Date	Time In	Time Out	Total Hours
M				
T				
W				
Th				
F				
S				
Su				

Weekly Total

Week-----

Day	Date	Time In	Time Out	Total Hours
M				
T				
W				
Th				
F				
S				
Su				

Weekly Total

Week-----

Day	Date	Time In	Time Out	Total Hours
M				
T				
W				
Th				
F				
S				
Su				

Weekly Total

Week-----

Day	Date	Time In	Time Out	Total Hours
M				
T				
W				
Th				
F				
S				
Su				

Weekly Total

Cumulative Total

Week-----

Day	Date	Time In	Time Out	Total Hours
M				
T				
W				
Th				
F				
S				
Su				

Weekly Total

Week-----

Day	Date	Time In	Time Out	Total Hours
M				
T				
W				
Th				
F				
S				
Su				

Weekly Total

Week-----

Day	Date	Time In	Time Out	Total Hours
M				
T				
W				
Th				
F				
S				
Su				

Weekly Total

Week-----

Day	Date	Time In	Time Out	Total Hours
M				
T				
W				
Th				
F				
S				
Su				

Weekly Total

Cumulative Total

Week-----

Day	Date	Time In	Time Out	Total Hours
M				
T				
W				
Th				
F				
S				
Su				

Weekly Total

Week-----

Day	Date	Time In	Time Out	Total Hours
M				
T				
W				
Th				
F				
S				
Su				

Weekly Total

Week-----

Day	Date	Time In	Time Out	Total Hours
M				
T				
W				
Th				
F				
S				
Su				

Weekly Total

Week-----

Day	Date	Time In	Time Out	Total Hours
M				
T				
W				
Th				
F				
S				
Su				

Weekly Total

Cumulative Total

Cardiac and Pulmonary Rehabilitation Objective Log Sheet

Directions: Use this page to record hours spent at specific tasks. This is your responsibility to estimate the hours spent at each task. Again this is only a rough estimation. You may not meet all of these competencies during your internship experience. You can use this to help plan the skills that you would like to accomplish in your internship experience. When you have completed your internship for the rotation have your supervisor sign his or her name at the bottom of this form. This signature signifies that you have successfully obtained the expected competencies required for these skills after completing this internship program. If you have any questions please call the Clinical Internship Director at 806-834-6306.

		Estimated Time Spent on Tasks
1.	Develop skills necessary to evaluate patients following various cardiopulmonary procedures. Comments:	_____
2.	Understand the types of procedures and care that are provided in coronary and pulmonary care facilities. Comments:	_____
3.	Provide education on risk factor reduction, disease prevention, nutrition, and exercise to patients and family members. Comments:	_____
4.	Learn to work as a team member in a care unit. Comments:	_____
5.	View one or more cardiac or pulmonary surgeries. Comments	_____
6.	Review ECG readings on a daily basis. Comments:	_____
7.	Understand and demonstrate appropriate counseling and communication skills. Comments:	_____
8.	Learn to risk stratify patients, and provide information on risk factor modification. Comments:	_____
9.	Review medical chart's daily Comments:	_____
10.	Follow a physician/fellow around on one or more rounds. Comments:	_____
11.	Exercise patients in the rehabilitation unit. Comments:	_____
12.	Work on selected projects or assignments as per the request of the rehabilitation staff Comments:	_____
13.	Participate in several patient initial evaluations. Comments:	_____
14.	Participate in several discharge planning sessions. Comments:	_____
15.	Attend an Advanced Cardiac Life Support Class (if needed) Comments:	_____
16.	Participate in diagnostic stress testing. Comments:	_____
17.	Participate in functional stress testing and exercise prescriptions. Comments:	_____

18. Monitor patients during rehabilitation classes. _____
Comments:
19. Take blood pressures on patients on a regular basis. _____
Comments:
20. Observe and participate in the Outpatient Exercise Maintenance program _____
Comments:
21. Participate in Pulmonary Function Tests. _____
Comments:
22. Participate in or attend educational sessions. _____
Comments:
23. Develop effective exercise leadership skills. _____
Comments:
24. View one or more echocardiography and stress echocardiography tests _____
Comments:
25. Participate in mock code drills. _____
Comments:
26. Become familiar with common emergency procedures in a rehabilitation program. _____
Comments:
27. Learn important and vital aspects of the administration of rehabilitation programs. _____
Comments:
28. Participate in Thallium Stress Tests _____
Comments:
29. Understand the dietary guidelines and needs of patients _____
Comments:
30. Other _____
Comments:
31. Other _____
Comments:
32. Other _____
Comments:
33. Other _____
Comments:
34. Other _____
Comments:
35. Other _____
Comments:
36. Other _____
Comments:

Signature of Intern _____ Date: _____

Signature of Site Supervisor: _____ Date: _____

Objective Log Sheet for Designing Your Own Internship Experience

Directions: Fill out your time sheet daily. Use this page to record hours spent at specific tasks. This is your responsibility to estimate the hours spent at each task. Again this is only a rough estimation. When you have completed 250 hours for the rotation have your supervisor sign his or her name at the bottom of this form. This signature signifies that you have successfully obtained the expected competencies required for these skills after completing this internship program. If you have any questions please call the Graduate Internship Director at 806-834-6306.

Accomplished Objectives (Student lists)	Estimated hours
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature of intern _____ Date: _____

Signature of Site Supervisor: _____ Date: _____

Note: You do not have to fill out this form out if you are using the specified objectives for cardiac and pulmonary rehabilitation

This form must be completed by the intern's supervisor at the completion of his duties as an intern.

Verification of Completed Hours by Site Supervisor for the
Master of Science in Kinesiology for the track Clinical Exercise Physiology at
Texas Tech University

Intern's Name (Print) _____
Supervisor's Name (Print)_____
Facility _____
I certify that _____ has successfully completed
the designated internship under my supervision from the period beginning
_____, 19 _____ and ending _____, 19_____,
for a total of_____ hours.

Additional Comments:

Signature_____ Phone (_____)_____

Please complete this form. It is the responsibility of the student intern to turn in this form with your signature to the Director of the Clinical Internship Program at TTU in Blackboard

Intern Evaluation by Site Supervisor

Please rate the intern's performance on a scale of 1 to 5 with 1 being poor and 5 being excellent, 6 being not applicable. Please return this form in the addressed and stamped envelope provided by the intern. Please make sure the address is as follows: name of the Director of the CEP Internship Program_____ _____(please put name here), Texas Tech University, Mail Stop 43011, Lubbock, TX 79409, Phone #806- 834-6306.

1. Was intern punctual?
   1 2 3 4 5

2. Was intern appropriately attired?
   1 2 3 4 5

3. Did intern use expected knowledge in assessing fitness level of members?
   1 2 3 4 5

4. Did intern use expected knowledge in prescribing fitness program for members?
   1 2 3 4 5

5. Did intern use sound judgment in management and decision making?
   1 2 3 4 5

6. Did intern establish good working rapport with the following?

   A. Members
      1 2 3 4 5

   B. Co-workers
      1 2 3 4 5

   C. Supervisors
      1 2 3 4 5

7. Was intern capable of following instructions?
   1 2 3 4 5

8. Was intern capable of accepting constructive criticism?
   1 2 3 4 5

9. Was intern's prior knowledge sufficient for required job skills?
   1 2 3 4 5

10. Would you feel confident in hiring this intern for a full time position or in providing a positive recommendation for future employment?
    YES _____ NO _____

COMMENTS:

Thank you once again for your time, not only during this internship, but also for completing this survey. We understand your very busy schedule, and do appreciate your input into the improvement of the Clinical Exercise Physiology program at TTU.

Internship Evaluation by Student

Intern's Name _____

Intern Site _____

Please check the appropriate response for each question.

1. Do you think that the number of hours you spent at the internship site was sufficient, please explain your answer?

   YES _____ NO _____

   COMMENTS:

2. Were you able to apply the knowledge that you had previously learned in related course work in your internship?

   YES _____ NO _____

   COMMENTS:

3. Were you able to approach your supervisor with questions relating to your work situation?

   YES _____ NO _____

   COMMENTS:

4. Would you recommend this internship site to another student?

   YES _____ NO _____

   COMMENTS:

5. Do you feel an internship experience is an important part of your master's program?

   YES _____ NO _____

   COMMENTS:

6. Will this experience help you in securing future employment?

   YES _____ NO _____

   COMMENTS:

7. Was this a learning experience for you?

   YES _____ NO _____

   COMMENTS:

8. Do you have any additional comments relating to your internship experience? If so, please comment in the space provided below.

   Strengths:

   Weaknesses:

9. Recommendations for improvement?

Part V- Projects

PROJECT ASSIGNMENTS *You are required to do Project 1 to receive credit for your first 3 hours of internship experience. You are required to do project 2 to receive your second 3 hours of internship credit. These projects must be uploaded into Blackboard or turned in to the administrative assistants in KSM unless noted otherwise.*

PROJECT 1 (mandatory for 1st 3 hours of internship credit).
SUPPORTING TEXT:
REQUIRED TEXTBOOKS:

- American College of Sport Medicine. (2018). *ACSM's guidelines for exercise testing and prescription* (10th ed.). Baltimore, MA: Wolters Kluwer Health\ Lippincott: Williams and Wilkins. ISBN-13: 978-1-4963-3906-5

OBJECTIVE:
The purpose of this assignment is to help you study and pass the ACSM Clinical Exercise Physiology (CEP) Examination. There are two parts, Part I and Part II. There are 2 options to Part II.

ASSIGNMENT FOR PROJECT I (mandatory for interns completing first 3-hour block):

PART 1: THE ACSM CERTIFIED CLINICAL EXERCISE PHYSIOLOGIST (CEP) JOB TASK ANALYSIS can be found on-line at http://certification.acsm.org/files/file/acsm-certified-clinical-exercise-physiologist-exam-content-outline.pdf
The job task analysis (JTA) is intended to serve as a blueprint of the job of an ACSM Certified Clinical Exercise Physiologist. As you prepare for the exam, it is important to remember that all examination questions are based on this outline. There are five different domains that the questions for the certification examination will be chosen from. The percentage of questions from each domain are also listed.

- Your assignment is to download the CEP JTA and keep it as you study for the certification exam. Please keep this JTA in mind as you answer the questions for Part II of this project. It is important to use this as a study tool for the CEP examination.
- The information is listed in this manner:
    - Domain I-V;
    - the Associated Job Task A., B., etc.;
    - Knowledge of;
    - Skill in;

PART II:

OPTION 1:
ANSWER CHAPTER QUESTIONS FROM THE GUIDELINES BOOK. THE QUESTIONS CAN BE FOUND IN BLACKBOARD.
In Blackboard, there are questions from each chapter of the ACSM Guidelines book plus metabolic equations to accompany Chapter 7. Your task is to write the answer to the question. You must also state the page number where you found the answer. All answers can be found in the ACSM Guidelines text. For the metabolic equations, you must show all calculations in your own handwriting, not just answers. When you have finished this task, upload your scanned document in Blackboard. You can also take a picture of work and upload the picture. If you prefer, you can turn this assignment into the front desk since it will be a long document. Answers must be hand written and the hand writing must match your signature. Please sign the document.

OPTION 2:
Choose 3 CEP webinars ($45.00 each) or take the CEP webinar series ($240.00). You must show proof of attendance or registration for the webinars. See list of webinars at:

http://certification.acsm.org/certified-clinical-exercise-physiologist-webinar
Please upload proof of attendance or registration for the webinar in Blackboard. You must also complete the metabolic calculations for first rotation interns. These calculations can be found in Blackboard on the menu on the left. These calculations must be uploaded in Blackboard.

PROJECT 2 (mandatory for second hours of internship credit).
SUPPORTING TEXT:
REQUIRED TEXTBOOKS:

- American College of Sport Medicine. (2018). *ACSM's guidelines for exercise testing and prescription* (10th ed.). Baltimore, MA: Wolters Kluwer Health\ Lippincott: Williams and Wilkins. ISBN-13: 978-1-4963-3906-5

RECOMMENDED - ESPECIALLY IF TAKING THE ACSM CLINICAL EXERCISE PHYSIOLOGY EXAMINATION (LISTED IN ORDER OF IMPORTANCE BASED ON THE KSA's FOR THE CERTIFIED CEP AS LISTED IN THE ACSM CERTIFICATION REVIEW):

- American College of Sports Medicine. (2018). ACSM's Certification Review (5th ed.). Baltimore, MA: Wolters Kluwer Health\Lippincott: Williams and Wilkins. ISBN: 978-1-4963-3877-8
- American College of Sports Medicine. (2017). ACSM's Resources for the Exercise Physiologist. Baltimore, MA: Wolters Kluwer Health\Lippincott: Williams and Wilkins. ISBN: 9781496322869
- American College of Sports Medicine. (2013). ACSM's resource manual for guidelines for exercise testing and prescription, (7th ed.). Baltimore, MA: Wolters Kluwer Health\Lippincott: Williams and Wilkins. ISBN: 9781609139568

See http://certification.acsm.org/acsm-certified-clinical-exercise-physiologist#materials for study resources

OBJECTIVE:
The purpose of this assignment is to help prepare you for the ACSM Clinical Exercise Physiology Exam (CEP) Certification Examination. There are 2 Parts to this project. Part II has 2 options.
PART 1: In Blackboard, there are metabolic questions for you to solve. You can work in groups; in fact, I think it is better to work in groups. Please upload your answers in Blackboard in the assignment tab. This can be done anytime during the semester but must be done by the last day of the semester. I will make the answers available during finals week. These metabolic calculations must be uploaded in Blackboard.
PART II:
OPTION 1: Take a 100 Q exam in Blackboard under the supervision of Dr. McComb. This exam will be from the guidelines book, the metabolic calculations, and pharmacology hand-outs in Blackboard. This examination will be given at the end of the semester on dead day at 10:00 am. The exam will be taken in room 113 or 114 in Blackboard. You must make 70% on the test to pass. If you do not pass the exam, you will receive a CR in internship until you pass the exam. The exam will be given on dead day of the following semester at 10:00 am. When you pass the exam, your grade will be changes from an Incomplete to a P

OPTION 2: Take the ACSM Certified Clinical Exercise Physiology Examination. Please refer to the ACSM JTA from your first 3-hour internship. The percentage of questions from each domain will be as listed in the JTA. You do not have to pass the exam to pass internship. If you do think you are ready for the exam during the busy semester and want to take during the break between semesters, you can register for the exam, pay your fees and upload the receipt in Blackboard. See http://certification.acsm.org/schedule-your-exam to register for the exam

Please upload your test results in Blackboard when you take the exam. For more information about the exam go to: http://certification.acsm.org/acsm-certified-clinical-exercise-physiologist. This test is taken at the nearest Pearson VUE testing center.

The good part about choosing this option is that if you pass the exam, you can use this examination for your final comprehensive evaluation for the Masters in Kinesiology for the track Clinical Exercise Physiology as long as it is taken during the third or fourth semester of your studies. If you do not pass the exam the first time, you can retake it for comps. What is important is that you pass the CEP exam before the date that you have to register for comps during your last semester. Having this certification will make you more marketable in a competitive job market. If you do not pass it the first time, use this experience as your study guide and study the areas where you did poorly and retake it. There are some ACSM restrictions for retaking the exam. Please see their website.

We also have study tools for the CEP certification on the internship web site *http://www.depts.ttu.edu/ksm/grad/acsm_exam.php and the comp page http://www.depts.ttu.edu/ksm/grad/comp_exam.php. Please utilize these tools for success. If you do not pass it the first time, retake it. To be a champion you have to jump a lot of hurdles.*

To register go to: **http://certification.acsm.org/schedule-your-examReady to Schedule Your Exam?**

At ACSM, we want to make sure that you are well prepared and ready to join our team! We also want to make sure that you can take your exam and a time and location convenient to you. That's why we partner with Pearson VUE, an organization that administers more than 5,000 computer-based testing centers throughout the world.

Before visiting the Pearson VUE site, you should:

- Select your certification.
- Review that certification's Exam Content Outline (found on each certification page).
- Outline your study plan to ensure you've given yourself enough time to prepare (study materials for each exam can also be found on the certification page).

Once you have the items in place, you are ready to go! New visitors will have to make an account with **Pearson VUE** before scheduling. If you have any questions, you can contact us at: **800-486-5643**. For questions directly related to your exam scheduling, please call Pearson VUE at **888-883-2276**.