## UMC Cardiac & Palmonary Rehab Internships

## **Internship Application**

Today's Date:	
Internship Information: Semester interested: (circle) Spring / Summer / Fall Year   I am receiving college credit for this internshipyes no Number of hours required	
First Name Last	: Name
Phone Number Email Address	
Education Information:	
College/University	Major/Track
Expected Graduation//	Classification <u>undergraduate</u> graduate
I am a graduate student enrolled in the Clinical Exe	rcise Physiology Track. Yes No
Relevant Courses	
Experience & Goals Information:	
List any experience in cardiac rehab/physical medic	cine/healthcare setting etc
List any certifications held or interested in(CPR, AC	SM etc.)
Explain why you are interested in this field and what	at you hope to gain from the internship
Describe 2 strengths you have	
Describe 1 weakness you have	
Where do you want your career to be in 5 or 10 years	ars
Submit form (attach resume if desired) by fax, mail or in	-
UMC Cardiac & Pulmonary Rehab 3502 9 <sup>th</sup> Street, Suite 410	Fax: (806) 775-8951 Phone: (806) 775-8950
Lubbock, Texas 79415	