

## **KINESIOLOGY PRACTICUM DESCRIPTION**

**Practicum Position Title:** Exercise Physiologist Assistant

**Industry/Company Description:** [Copeman Healthcare Canada](#)

**Location:** Suite 301, 906 16<sup>th</sup> Ave SW, Calgary, AB

**Terms Available:** Fall or Winter

**Specified Schedule:** Within 8:00am - 5:00 pm, Monday to Friday

**Number of Positions:** 1

### **Project Duties/Responsibilities:**

*Copeman Healthcare* specializes in preventive healthcare by taking a proactive approach to health, as opposed to a reactive approach. They offer world-class screenings and disease prevention programs, combined with the general care of physicians and other medical professionals to provide individuals, families and corporations with a complete healthcare service.

**Under strict supervision**, the practicum student will:

- Assist in the development of exercise programs for patients. This will involve learning about specific conditions and designing individualized programs such as rehabilitative exercise programs, athletic programs and general health and wellness programs.
- Assist in the preparation of exercise stress testing and shadow stress tests to increase knowledge of cardiac health.
- Help to determine and implement an appropriate and personalized plan for each patient that will support their individualized medical needs and goals related to exercise and physical activity.
- Assist kinesiology team with yearly comprehensive fitness assessments.
- Review patient's history and administer testing under supervision of kinesiologist.
- Complete charting notes following each appointment.
- Support kinesiologists with their day to day responsibilities such as patient follow-ups, charting and filing.

### **Required Student Qualifications:**

- Completion of KNES 373 (Exercise Physiology)
- CPR with AED certification (current within one year)
- Standard First Aid certification (current within three years)

### **Assets:**

- KNES 375 (Tests and Measurements in Kinesiology) considered an asset
- KNES 479 (Advanced Fitness Appraisal and Exercise Prescription) considered an asset
- CSEP-CPT certification an asset

**On-Site Supervisor:** Laura Anifowose, CEP, [lanifowose@copemanhealthcare.com](mailto:lanifowose@copemanhealthcare.com)

# Kinesiology Practicum Application

## Placement: [Copeman Healthcare Canada](#)

Students must have 60 units completed to qualify for a practicum, including 30 units of KNES  
Students may participate in up to three practicums, with no more than two at the same location

Submit required docs together to  
[knespracticum@ucalgary.ca](mailto:knespracticum@ucalgary.ca)

- Completed Practicum Application
- Confidentiality Agreement

Submit to Copeman Healthcare

- CPR w/ AED Cert.
- First Aid Cert.

### INSTRUCTIONS

1. Contact the on-site supervisor to arrange an interview.
2. Bring a copy of this application with the completed student portion to your interview to be completed by the On-Site Supervisor.
3. Submit application and required documentation (if applicable) to [knespracticum@ucalgary.ca](mailto:knespracticum@ucalgary.ca); our office will email your @ucalgary address within 5 business days with next steps for you and your On-Site Supervisor.

### STUDENT PORTION – COMPLETE PRIOR TO INTERVIEW

#### Practicum Term

Fall \_\_\_\_\_ (year)                       Winter \_\_\_\_\_ (year)                       Spring \_\_\_\_\_ (year)

#### Student Information

Name: \_\_\_\_\_ UCID: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_ @ucalgary.ca

Student Practicum Expectations: Why have you chosen this practicum placement? (1-2 sentences)

#### Code of Conduct

Students are responsible for compliance with the [University of Calgary's Code of Conduct](#).

- Yes    No   I have read and understood the University of Calgary's Code of Conduct.  
 Yes    No   Do you have a pre-existing relationship(s) with person(s) or group(s) associated with this practicum placement?  
If yes, please briefly explain the nature of the relationship:

#### I agree that:

- No salary or payment will be received based upon my participation in a Kinesiology practicum placement
- I will meet the expectations of the practicum placement for which I am applying
- I will be punctual throughout my practicum placement and will adequately notify the On-Site Supervisor about any absence(s).
- I will complete 60-72 hours within the dates of the term.

Start Date (first day of lectures)                      End Date (last day of lectures)

\_\_\_\_\_

I agree with the above-mentioned terms and conditions.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### ON-SITE SUPERVISOR PORTION

Name: Laura Anifowose                      Organization: Copeman Healthcare Canada

Phone: \_\_\_\_\_                      Email: [lanifowose@copemanhealthcare.com](mailto:lanifowose@copemanhealthcare.com)

#### As the On-Site Supervisor, I agree that:

- No salary or compensation will be given to the practicum student
- I will provide sufficient hours, supervision, and guidance during this practicum placement
- I will complete a mid-point and final evaluation for the practicum student.

I agree with the above-mentioned terms and conditions.

On-Site Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **CONFIDENTIALITY AGREEMENT**

Practicum students must complete the signed confidentiality agreement and submit it (along with the practicum application form) to [knespracticum@ucalgary.ca](mailto:knespracticum@ucalgary.ca) or to KNB 137.

THIS AGREEMENT is made as of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

BETWEEN:

\_\_\_\_\_

(hereinafter called the "**Agency**")

AND:

\_\_\_\_\_

(hereinafter called the "**Student**")

**Whereas:**

It is the Student's legal and ethical responsibility to protect the privacy, confidentiality and security of all records, proprietary information and other confidential information relating to the Agency, including business, employment and medical information relating to patients, members, employees and health care providers. ("Confidential Information").

**And whereas:**

The Agency has adopted policies and procedures regarding Confidential Information including its policies and procedures for complying with the *Freedom of Information and Protection of Privacy Act* and the *Health Information Act* ("Policies and Procedures").

**In witness hereof, the parties agree as follows:**

1. The Agency agrees to disclose and the Student agrees to receive Confidential Information in furtherance of participating in his/her practicum with the Agency, as set out in the Practicum Agreement.
2. The Agency agrees to advise, instruct and guide the Student as to the Policies and Procedures.
3. Upon receipt of the information set out in paragraph 2 herein, the Student agrees to use his/her best efforts to comply with the Policies and Procedures and to protect the Confidential Information, or any part thereof, and prevent it from being disclosed to any person contrary to the Policies and Procedures.

IN WITNESS WHEREOF, the parties have duly executed this Agreement effective as of the day and year first written above.

**Agency**

**Student**

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date \_\_\_\_\_

Date: \_\_\_\_\_