

KINESIOLOGY PRACTICUM DESCRIPTION

Practicum Position Title: Kinesiologist Assistant

Agency/Company: [WELL Health Technologies: INLIV](#)

Location: Suite 207, 1111 Olympic Way SE, Calgary, AB

Terms Available: Fall, Winter, or Spring

Number of Positions: 1

Specified Schedule: TBD according to Organization and Practicum Student's schedule (5-6 hours / week in Fall & Winter Terms and 10-12 hours / week in Spring Term).

Project Duties/Responsibilities:

INLIV works closely with individuals and corporations to deliver premium corporate, executive and personal health services. Their full circle health care includes medical doctors, physiotherapists, dieticians, and exercise physiologists.

Under strict supervision, the practicum student will:

- Assist exercise physiologist with exercise testing including flexibility, pulmonary function, posture analysis, muscular strength and endurance, body composition, and submax VO₂ testing.
- Assist exercise physiologist with VO₂ max testing, as well as internal tiered aerobic and anaerobic testing; interpret results and assist in debrief and design of training program.
- Observe and assist physiotherapists and kinesiologists
- Observe and assist exercise physiologist with the design and implementation of exercise prescription. These programs are based on individual measured analysis of physiological performance for selected clientele.

Required Student Qualifications:

- Completion of KNES 373 (Exercise Physiology)

Assets:

- First Aid & CPR Certification
- Experience in a fitness facility or clinical setting.

On-Site Supervisor: Matthew Pacholko, CSEP-CEP, pacholkom@inliv.com

Kinesiology Practicum Application

Placement: Well Health Tech: INLIV

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 together to
knespracticum@ucalgary.ca:
 Completed Practicum Application
 Confidentiality Agreement

INSTRUCTIONS

- Contact the on-site supervisor to arrange an interview.
- Bring a copy of this application with the completed student portion to your interview to be completed by the On-Site Supervisor.
- Submit application and required documentation (if applicable) to 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		
<input type="checkbox"/> Fall _____ (year)	<input type="checkbox"/> Winter _____ (year)	<input type="checkbox"/> 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 .		
<input type="checkbox"/> Yes <input type="checkbox"/> No	I have read and understood the University of Calgary's Code of Conduct.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a pre-existing relationship(s) with person(s) (work, volunteer or personal) associated with this practicum placement? If yes, please briefly explain the nature of the relationship:	
I agree that:		
<ul style="list-style-type: none">No salary or payment will be received based upon my participation in a Kinesiology practicum placementI will meet the expectations of the practicum placement for which I am applyingI 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)	
_____	_____	
<input type="checkbox"/> I agree with the above-mentioned terms and conditions.		
Student's Signature:	Date:	

ON-SITE SUPERVISOR PORTION

Name: Matthew Pacholko	Organization: INLIV
Phone:	Email: pacholkom@inliv.com
As the On-Site Supervisor, I agree that:	
<ul style="list-style-type: none">No salary or compensation will be given to the practicum studentI will provide sufficient hours (60-72 hours) <u>within</u> the term dates above, and spread evenly throughout the term (approx.. 5-6 hrs/wk in Fall and Winter / 10-12 hrs/wk in Spring)I will complete a mid-point and final evaluation for the practicum studentI will provide sufficient supervision, and guidance during this practicum placementI will send any changes / updates to knespracticum@ucalgary.ca for approval / updating	
<input type="checkbox"/> I agree with the above-mentioned terms and conditions.	
On-Site Supervisor's Signature:	Date:

CONFIDENTIALITY AGREEMENT

Practicum students and the agency must complete the signed confidentiality agreement and submit it (along with the practicum application form) to knespracticum@ucalgary.ca.

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: _____