***NORTHWEST MISSOURI STATE UNIVERSITY***

***DEPARTMENT OF HPERD***

***MARYVILLE, MISSOURI 64468***

*FAX 660-562-1483*

**Dr. Terry Long –Field Experience Supervisor –** [**tlong@nwmissouri.edu**](mailto:tlong@nwmissouri.edu) **or 816-294-1176**

Dr. Janet Reusser Dr. Loren Butler

209 Martindale Hall 108 Martindale Hall

660-562-1589 660-562-1066

[Reusser@nwmissouri.edu](mailto:Reusser@nwmissouri.edu) [lbutler@nwmissouri.edu](mailto:lbutler@nwmissouri.edu)

Dr. Matt Symonds Mr. Matt Johnson

208 Martindale Hall 203 Martindale Hall

660-562- 660-562-1938

[msymonds@nwmissouri.edu](mailto:msymonds@nwmissouri.edu) Johnson@nwmissouri.edu

HEALTH SCIENCES FIELD EXPERIENCE AGREEMENT - (Please Type or Print)

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street, Dormitory, or Apartment)

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street Name and Number) (Area Code & #)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(City, State, & Zip Code)

919: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Credit Hours: 3-6 hours

Field Experience is designed to provide the student with practical on-the-job work experience that will assist the student in further identifying the career path they hope to follow. The Field Experience component of our curriculum is viewed as a pre-internship. All applicants for Field Experience must meet the following minimum academic requirements: completion of the SCIENCE FOUNDATION CORE in M.S. Health Sciences (22-632 Exercise Physiology, 22-532 Exercise Prescription and Testing & Cardiac Analysis or 22-682 Advanced Athletic Training, 22-555 Intervention and Behavior Change Strategies and 22-529 Theory & Fundamentals Strength and Conditioning/Personal Training. It should be understood that Field Experience students have further academic work and that this is not the culminating event of their academic preparation.

This agreement indicates approval by Northwest Missouri State University for the above student to complete his/her Field Experience requirement with your agency. Field Experience involves a minimum of 200 work hours (3 hours)– 600 work hours (6 hours) (10 weeks) in a health, wellness services job setting. Students will receive **three** hours or **six hours** of academic credit for their Field Experience. Field Experience students will work under the joint supervision of the health, wellness professional at the agency and an assigned health and physical education faculty member from the University.

The University allows remuneration for Field Experience, but the Agency is under no obligation to provide remuneration. In those situations where Agency practice / policy allow remuneration for Field Experience students, the actual amount and form of remuneration will be agreed upon prior to the start of the Field Experience.

\_\_\_\_\_ Remuneration will be provided for agency Field Experience students. Please provide a written explanation of the remuneration agreement.

\_\_\_\_\_ Remuneration will not be provided for agency Field Experience students. The Field Experience student will be responsible for all expenses incurred.

This agreement is effective from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This agreement may be terminated, after the first 30 days, by the Agency or the University upon written notice of the other party. Termination must be approved by the properly authorized representatives of the Agency and the University.

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

(Student’s Signature)

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

(University Coordinator’s Signature)

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

(Agency Supervisor’s Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Agency Supervisor - Please Print / Type) (Area Code + Number)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Agency Name - Please Print / Type) (Area Code + Number)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street Address) (City) (State) (Zip Code)

(E-Mail Address of Agency Supervisor)

THIS FORM MUST BE ON FILE WITH THE UNIVERSITY PRIOR TO THE END OF THE SCHOOL TERM PRECEDING THE START OF A FIELD EXPERIENCE