**EXERCISE PHYSIOLOGY PRACTICUM**

**Practicum Supervisor Form and Logbook**

Note: A separate form must be completed for every placement/work site and supervisor.

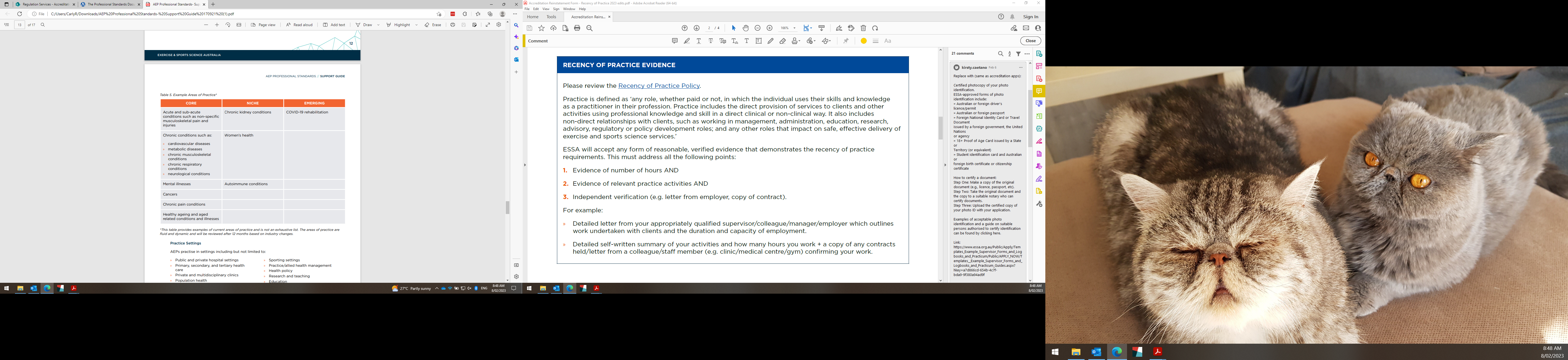
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| --- | --- | --- | --- |
| **Name of Student/Applicant:** |  | | |
| **Name of Placement/Work Site:** |  | | |
| **Total Hours at Placement/Work Site:** |  | **Core Hours Completed:** |  |
| **Niche Hours Completed:** |  | **Emerging Hours Completed:** |  |
| **Date Commenced:** |  | **Date Completed:** |  |

|  |  |
| --- | --- |
| **Supervisor Declaration and Signature:**  *(To be signed within one month of completing placement)* | |
| **Name:** |  |
| **Relevant Qualification (Year of Completion):** | *For example, Bachelor of Exercise Science (2015), Master of Clinical EP (2020)* |
| **If you are not an ESSA accredited health professional, please provide a summary of experience relevant to the activities you have supervised:** | |
| *For example, 4 years of experience as a Biokineticist, completing exercise assessment, prescription and delivering exercise interventions to individuals with chronic conditions (musculoskeletal, cardiovascular, metabolic, neurological conditions) and disability.* | |
| ***I have read the information contained within this Supervisor Form and Logbook and certify that this is a true and accurate reflection of the student’s/applicant’s engagement at this placement/work site.*** | |
| **Signature:** |  |
| **Date:** |  |

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|  | **EXERCISE PHYSIOLOGY PRACTICUM LOGBOOK** | | |  |  |  |  |
| **DATE** | **No. HRS please indicate core (C), niche (N) or emerging (E)** | **CLIENT/S DESCRIPTION** | **DESCRIPTION OF SERVICES** | | | | |
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**Appendix:**

Example Areas of Practice\*



\*This table provides examples of current areas of practice and is not an exhaustive list. The areas of practice are fluid and dynamic and will be reviewed after 12 months based on industry changes.