**EXERCISE SCIENCE 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:** |  | | |
| **Exercise Assessment (A), Prescription (P) and Delivery (D) Hours (EAPD) Completed:** |  | **Other Hours Completed:** |  |
| **Date Commenced:** |  | **Date Completed:** |  |

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| **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 in exercise assessment, prescription and delivery for healthy clientele and strength and conditioning specific to athletic performance.* | |
| ***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 site.*** | |
| **Signature:** |  |
| **Date:** |  |

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|  | **EXERCISE SCIENCE PRACTICUM LOGBOOK** | | | |  |  |  |  |
| **DATE** | **No. EAPD HRS (please indicate A, P or D)** | **No. OTHER HRS** | **CLIENT/S DESCRIPTION** | **DESCRIPTION OF SERVICES** | | | | |
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