



**UNIVERSITY OF  
CALGARY**

**FACULTY OF KINESIOLOGY**

Undergraduate Practicum Office  
KNB 137 | 2500 University Drive NW  
Calgary | AB | Canada T2N 1N4  
[knespracticum@ucalgary.ca](mailto:knespracticum@ucalgary.ca)

## **KINESIOLOGY PRACTICUM DESCRIPTION**

**Practicum Position Title: Research Assistant – Fitness Testing Administrator**

**Agency/Company: UCalgary, Faculty of Kinesiology**

**Locations:** Human Performance Lab, Faculty of Kinesiology

**Terms Available: Winter**

**Number of Positions: 2-3**

**Specified Schedule: Minimum weekly attendance. Testing will include weekend days.**

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

The aim of this practicum is to develop a reliable and valid self-report tool for measuring health-related fitness that can be used in epidemiological studies involving adult populations. The practicum position will have the opportunity to engage in multiple aspects of this novel research project.

Main responsibilities for the practicum student will include:

- Aiding in logistics of booking participants for fitness testing.
- Administration of the CSEP-PATH fitness assessment battery including: the modified Canadian Aerobic Fitness Test, hand-grip dynamometry, sit-and-reach-testing, stadiometer and body composition measurements.
- Additional opportunities include development of personalized health reports and development and drafting of a scientific manuscript for publication..

### **Required Student Qualifications:**

- CSEP Certified Personal Trainer (CPT) or Clinical Exercise Physiologist (CSEP-CEP).

### **Assets:**

- Familiarity with running fitness tests.

**On-Site Supervisor:** Dr. Patricia Doyle-Baker

**Email:** [pdoyleba@ucalgary.ca](mailto:pdoyleba@ucalgary.ca)

All interested applicants should email their resume to [pdoyleba@ucalgary.ca](mailto:pdoyleba@ucalgary.ca).

# Kinesiology Practicum Application

## Placement: Research Assistant – Fitness Testing Administrator

Students must have 60 units completed to qualify for a practicum, including 30 units of KNES  
Students may participate in up to three practicums.

Submit together to

[knespracticum@ucalgary.ca](mailto:knespracticum@ucalgary.ca):

Completed Practicum Application

Confidentiality Agreement

### 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:** Dr. Patricia Doyle-Baker

**Organization:** University of Calgary

**Phone:**

**Email:** [pdoyleba@ucalgary.ca](mailto:pdoyleba@ucalgary.ca)

#### 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 and the agency must complete the signed confidentiality agreement and submit it (along with the practicum application form) to [knespracticum@ucalgary.ca](mailto: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: \_\_\_\_\_

2500 University Drive N.W., Calgary, Alberta, Canada T2N 1N4

ucalgary.ca /knes