KINESIOLOGY PRACTICUM DESCRIPTION

Practicum Position Title: Performance and Reconditioning Assistant
Agency/Company: Acumen Health Tech Inc.
https://acumensportsandshoulder.com/acumen-health-tech/
Location: 5126 126 Ave SE Unit 206, Calgary, AB
Schedule: hours may be scheduled between: 9am-4pm; 5pm-8pm Monday - Friday
Terms Available: Fall, Winter, or Spring
Number of Positions: 2

Organization Description:
Acumen Health Tech is a team of Strength and Conditioning Coaches, Athletic Therapists, and Private Orthopedic Sports Surgeons. We have created an all-encompassing sports medicine practice that can facilitate an individual or team's entire care from performance, mobility assessments, strength assessments, injury diagnosis, and recovery.

Project Duties/Responsibilities:
As a performance & reconditioning assistant, you will be working with our certified athletic therapists and strength & conditioning coaches to provide support as they work with various patients in regards to:
- Creating home exercise programs
- Scribing during evaluations & rehabilitation sessions
- Help with coaching teams & athletes during their performance session
- Helping type protocols, create exercise databases
- Performance supervision

Required Student Qualifications:
- KNES 260
- Police check (Vulnerable Sector included)
- CPR and first aid

Assets:
- Completion of, or concurrently enrolled in KNES 372 and/or KNES 375 with KNES 441/443/445

On-Site Supervisor:

Contact (if different than on-site supervisor): Brian Oudyk brianoudyk@acumenclinic.com
Kinesiology Practicum Application

Placement: Acumen Health Tech Inc.

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

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; 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: Brian Oudyk

Phone: Email: brianoudyk@acumenclinic.com

As the On-Site Supervisor, I agree that:

• No salary or compensation will be given to the practicum student
• I will provide sufficient hours (60-72 hours) within 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 student
• I will provide sufficient supervision, and guidance during this practicum placement
• I will send any changes / updates to knespracticum@ucalgary.ca for approval / updating
• ☐ 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

Signed: ___________________________  Signed: ___________________________

Print Name: ________________________  Print Name: ________________________

Title: _______________________________  Date ___________________________

Student

Agency

2500 University Drive N.W., Calgary, Alberta, Canada  T2N 1N4  ucalgary.ca/knes

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