

UMC Cardiac & Pulmonary Rehab Internships

Internship Application

Today's Date: _____

Internship Information: Semester interested: (circle) Spring / Summer / Fall Year _____

I am receiving college credit for this internship yes no Number of hours required _____

Personal Information:

First Name _____ Last Name _____

Phone Number _____ Email Address _____

Education Information:

College/University _____ Major/Track _____

Expected Graduation _____ / _____ Classification undergraduate graduate

I am a graduate student enrolled in the Clinical Exercise Physiology Track. Yes No

Relevant Courses _____

Experience & Goals Information:

List any experience in cardiac rehab/physical medicine/healthcare setting etc. _____

List any certifications held or interested in(CPR, ACSM etc.) _____

Explain why you are interested in this field and what you hope to gain from the internship

Describe 2 strengths you have

Describe 1 weakness you have

Where do you want your career to be in 5 or 10 years _____

Submit form (attach resume if desired) **by fax, mail or in person at:**

UMC Cardiac & Pulmonary Rehab
3502 9th Street, Suite 410
Lubbock, Texas 79415

Fax: (806) 775-8951
Phone: (806) 775-8950

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