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 <u>yes</u> no Number of hours required
Personal Information:
First Name Last Name
Phone Number Email Address
Education Information:
College/University Major/Track
Expected Graduation/ Classification <u>undergraduate graduate</u>
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
DESCRIBE 1 WEARIESS 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

Revised: 6/8/15