**James Madison University**

**Department of Kinesiology**

**Exercise Science Practicum/Internship**

 **Agency Acceptance Form**

**Section 1: This section is to be completed by the JMU Exercise Science student before asking for site supervisor’s signature:**

Student name: Ryann Bennett

Date: 08/19/24

Student’s JMU email address: bennetre@dukes.jmu.edu

Semester: Fall/Spring/Summer  *(indicate one)* Year: 2025

Dates of Practicum/Internship. Starting: 08/21/24 Complete: 12/06/2024

In which course do you intend to enroll?

\_\_\_\_\_ KIN 381: Practicum - 90 hours required
 \_\_x\_\_ KIN 481: 4-credit Internship - 160 hours required

\_\_\_\_\_ KIN 481: 8-credit Internship - 320 hours required

\_\_\_\_\_ KIN 481: 12-credit Internship - 480 hours required

*\*If KIN 481, please indicate the semester in which KIN 381 was completed:* \_\_Spring 2024\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of agency: Sentara RMH Medical Center

Site supervisor’s name: April Eavers

Site supervisor’s position: Cardiac, Pulmonary and Vascular Rehabilitation Team Coordinator

Agency address: 2010 Health Campus drive, Harrisonburg, VA 22801

Site supervisor’s phone number: 540-421-8020

Site supervisor’s email: adeavers@sentara.com

Student’s initials here: I understand that site changes are not allowed. This is my final decision on site selection \_\_\_RB\_\_\_\_\_

**Section 2: This section is signed by the site supervisor (or site signatory) after Section 1 is complete.**

Site supervisor’s signature: 

Site supervisor’s printed or typed name: April Eavers,RN

Date: 8/20/2024

This form should be returned to:

Jana Walters

Department of Kinesiology

261 Bluestone Drive, MSC 2302

Harrisonburg, VA 22807

540-568-3949 (voice)

540-568-3338 (fax)

walterjr@jmu.edu