

College of Lake County

Dear HWP/PED/MAS Students, Alumni, Faculty, and Staff,

We are pleased to announce that we are now accepting applications for the **HWP Residency Program**.

The HWP Residency Program allows students who graduate from one of our programs and meet other specific criteria the opportunity to apply for a semester-long residency through the Center for Health and Wellness Promotion. If selected, you will have a full-semester with the college's support to build your professional practice in Wellness Coaching, Massage Therapy, Personal Training, Strength and Conditioning, or Exercise Testing and Prescription.

The college will promote your services, collect a fee, and return 75% of the money to you. As you near the semester's end (your Residency may be extended up to one full academic year, pending dialogue and mutual agreement between you and CLC), we will help you develop an exit plan, whereby you may choose to invite your new-found clients to continue with you through a location of your choice. We expect some of you will use this opportunity to start your own business, and others will encourage prospective employers to give you serious consideration for potential employment (imagine applying for a job and referencing the fact that you will be bringing paying clients with you!). Regardless, this is the college's way to help you create your ideal professional opportunity, which can be very challenging in the current economy.

For more information please refer to the HWP Residency Program Application.

All application materials must be turned in (submitted to The Center for Health and Wellness Promotion at Southlake campus, Attention: Lisa Aguilar) **during finals week of the prior semester**.

If you have any questions, please feel free to contact us anytime.

Dr. Francis Ardito

Department Chair and Professor,
Health and Wellness Promotion
Division of Biological and Health Sciences,
College of Lake County
847.543.2479
www.clcillinois.edu/wellness

Lisa Aguilar

Wellness Labs Coordinator
Division of Biological and Health Sciences,
College of Lake County
847.543.6541
www.clcillinois.edu/wellness

College of Lake County

The HWP Residency Program

Program Eligibility Requirements and Guidelines

1. Graduation from at least one of the following programs with a cumulative grade point average of 2.75 or higher:
 - AAS in HWP
 - Certificate in Massage Therapy
 - Certificate in Wellness Coaching
 - Certificate in Personal Training
2. Proof of professional liability insurance with CLC listed as additionally insured. Must consist of a policy of no less than \$1,000,000.00 per incident and \$3,000,000.00 annual aggregate (**by or before the start of your Residency**).
3. Current certification and/or licensure as follows (**by or before the start of your Residency**):

Residency:	Required Credentials (by or before the start of your Residency):
Massage Therapy	Illinois License and CPR
Wellness Coaching	ASEP Coaching Principles, NWI-CWP, OR Wellcoaches-CWC, and CPR
Personal Training	Any one certification from ACSM, NSCA, or NASM and CPR
Strength and Conditioning	Any one certification from ACSM, NSCA, or NASM and CPR
Exercise Testing and RX	ACSM, NSCA, or NASM certification and CPR

4. Not currently employed in a related field more than 20 hours per week.
5. Willingness to invest at least ten hours per week to the promotion and administration of services.
6. A completed HWP Residency application.

Application Submission Dates

Residency Term	Application Submission Dates
Applying for a Spring Residency	By finals week of prior semester (see website for dates).
Applying for a Summer Residency	By finals week of prior semester (see website for dates).
Applying for a Fall Residency	By finals week of prior semester (see website for dates).

Please send/drop off completed application and all required attachments to:

College of Lake County
Attn: Lisa Aguilar
Center for Health and Wellness Promotion
1120 South Milwaukee Avenue
Vernon Hills, Illinois 60061

College of Lake County

The HWP Residency Program Application

Residency Term (Check One): Spring of 20____ Summer of 20____ Fall of 20____

Name: _____
Last First

Date: _____ CLC Student ID: _____

Best Phone #: _____ Best Email: _____

Programs Completed (indicate semester and year for all that apply):

_____ AAS in HWP _____ Certificate in Wellness Coaching
_____ Certificate in Massage Therapy _____ Certificate in Personal Training

Cumulative Grade Point Average: _____

Residency of Choice (indicate your first choice with a "1" and your second choice with a "2" if applicable):

_____ Massage Therapist
_____ Wellness Coach _____ Strength and Conditioning Specialist
_____ Personal Trainer _____ Exercise Test Technologist

Schedule Availability (write in all specific times available for each of the following):

_____ Monday mornings	_____ Monday Afternoons	_____ Monday Evenings
_____ Tuesday mornings	_____ Tuesday Afternoons	_____ Tuesday Evenings
_____ Wednesday mornings	_____ Wednesday Afternoons	_____ Wednesday Evenings
_____ Thursday mornings	_____ Thursday Afternoons	_____ Thursday Evenings
_____ Friday mornings	_____ Friday Afternoons	_____ Friday Evenings
_____ Saturday mornings	_____ Saturday Afternoons	_____ Saturday Evenings

List any dates/schedule conflicts that you are unavailable for the applicable semester:

In the space provided, please state why you believe you should be considered for Residency:

Large empty rectangular box for writing a response.

Do not write below this line – For Office Use Only!

- _____ cpr _____
- _____ cert's/lic's _____
- _____ certificate of insurance _____
- _____ diplomas _____
