

Site: Ellis Physical Therapy

Section Title	Last Update	Action
CCCE Sign Off	05/30/17 01:23 AM	
<b>CCCE Sign Off</b>		
<div><b>CCCE Sign Off:</b> Click the box below to indicate that you have reviewed all sections of your clinical site survey. <input type="checkbox"/> This survey has been reviewed.</div>		
Information For the Academic Program	05/30/17 01:23 AM	
<b>Information For the Academic Program</b>		
<b>Person Completing CSIF:</b> Jay T Ellis		
<b>E-mail address of person completing CSIF:</b> ellispt@gmail.com		
<b>Name of Clinical Center (Note: To correct the name of your site, as it appears in both CSIF Web and CPI Web, update it in this field).:</b> Ellis Physical Therapy		
<b>Street Address</b>		
<b>Address:</b> 3100 South Woodruff		
<b>City:</b> Idaho Falls		
<b>State:</b> ID		
<b>Postal Code:</b> 83404		
<b>Facility Phone</b>		
<b>Phone Number:</b> 208-523-8879		
<b>Ext:</b>		
<b>PT Department Phone</b>		
<b>Phone Number:</b> 208-523-8879		
<b>Ext:</b>		
<b>PT Department Fax</b>		
<b>Phone Number:</b> 208-523-0436		
<b>Clinical Center Web Address:</b> ellisphysicaltherapy.com		
<b>Director of Physical Therapy:</b> Jay T Ellis		
<b>Center Coordinator of Clinical Education (CCCE) / Contact Person:</b> Jay T Ellis		
<b>CCCE / Contact Person Phone:</b>		

208-523-8879

CCCE / Contact Person E-mail:

ellispt@gmail.com

**Section Sign Off:**

Click the box below to indicate you have reviewed and finished with this section of the survey.

☒ This section has been completed.

Information About the Corporate/Healthcare Systems Organization

05/30/17 01:23 AM

**Information About the Corporate/Healthcare Systems Organization**

If your facility is part of a larger corporation or has multiple sites or clinical centers, include the contact information for the corporate/healthcare system organization.

Corporate/Healthcare System Organization:

Contact Name:

Address

Address:

City:

State:

Postal Code:

Phone

Phone Number:

Ext:

Fax

Phone Number:

E-mail:

Affiliation Agreement Contract Fulfillment

Contact Person:

**Section Sign Off:**

Click the box below to indicate you have reviewed and finished with this section of the survey.

☒ This section has been completed.

Clinical Site Accreditation/Ownership

05/30/17 01:23 AM

**Clinical Site Accreditation/Ownership**

Which of the following best describes the ownership category for your clinical site? (check all that apply)

<input checked="" type="checkbox"/>	Corporate/Privately Owned	<input type="checkbox"/>	Government Agency	<input type="checkbox"/>	Hospital/Medical Center Owned
<input type="checkbox"/>	Nonprofit Agency	<input checked="" type="checkbox"/>	PT Owned	<input type="checkbox"/>	PT/PTA Owned
<input type="checkbox"/>	Physician/Physician Group Owned	<input type="checkbox"/>	Other		

**Section Sign Off:**

Click the box below to indicate you have reviewed and finished with this section of the survey.

☒ This section has been completed.

Clinical Site Primary Classification

05/30/17 01:23 AM

**Clinical Site Primary Classification**

Choose the category that best describes how your facility functions the majority (> 50%) of the time.

Private Practice

If appropriate, check ( ) up to four additional categories that describe the other clinical centers associated with your facility.

<input type="checkbox"/> Acute Care/ Inpatient Hospital Facility	<input type="checkbox"/> Ambulatory Care/ Outpatient	<input type="checkbox"/> ECF/ Nursing Home/ SNF
<input type="checkbox"/> Federal/ State/ County Health	<input type="checkbox"/> Home Health	<input type="checkbox"/> Industrial/ Occupational Health Facility
<input type="checkbox"/> Multiple Level Medical Center	<input checked="" type="checkbox"/> Private Practice	<input type="checkbox"/> Rehabilitation/ Sub-acute Rehabilitation
<input type="checkbox"/> School/ Preschool Program	<input checked="" type="checkbox"/> Wellness/ Prevention/ Fitness Program	<input type="checkbox"/> Other

Section Sign Off:

Click the box below to indicate you have reviewed and finished with this section of the survey.

☒ This section has been completed.

Clinical Site Location	05/30/17 01:23 AM
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Clinical Site Location

Which of the following best describes your clinical site's location

Suburban

Section Sign Off:

Click the box below to indicate you have reviewed and finished with this section of the survey.

☒ This section has been completed.

Affiliated PT and PTA Educational Programs	05/30/17 01:23 AM
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Affiliated PT and PTA Educational Programs

List all PT and PTA education programs with which you currently affiliate.

Program Name	City	State	PT / PTA	
Idaho State University	Pocatello	ID	PT	
Idaho State University - College of Technology	Pocatello	ID	PTA	
Provo College	Provo	UT	PTA	
University of Washington	Seattle	WA	PT	
University of Michigan - Flint	Flint	MI	PT	
University of Utah	Salt Lake City	UT	PT	
University of Mississippi at the Medical Center	Jackson	MS	PT	
University of Puget Sound	Tacoma	WA	PT	
Northern Arizona University	Flagstaff	AZ	PT	
Carrington College - Mesa	Mesa	AZ	PTA	
clarkston college		ND		
Midwestern University - Glendale Campus	Glendale	AZ	PT	

Select the program(s) your site is currently affiliated with:		If not found in the list, please enter the program information here:	
By A-Z:	Any	Program Name:	
By State:	Any	City:	
		State:	AB
		PT / PTA:	PT
<div>ACCE Demo University, +</div> <div>ACCE Demo University, +</div> <div>ACCE Demo University, +</div> <div>ACCE PTA Demo, +</div> <div>ASA College, FL +</div> <div>AT Still University of Health Sciences, AZ +</div> <div>Academy for Nursing and Health Occupations, FL +</div> <div>Adventist University of Health Sciences, FL +</div> <div>Alabama State University, AL +</div>		<div>Add</div> <div>Clear</div>	

Section Sign Off:

Click the box below to indicate you have reviewed and finished with this section of the survey.

☒ This section has been completed.

Information About the Clinical Teaching Faculty	10/04/17 10:32 AM
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## Information About the Clinical Teaching Faculty

Abbreviated Resume for Center Coordinators of Clinical Education - Please update as each new CCCE assumes this position.

Name:

Jay T. Ellis

Email Address / CPI2 Login:

ellispt@gmail.com

Present Position (Title, Name of Facility):

DPT, CSCS and Owner

No. of Years as the CCCE

14

No. of Years of Clinical Practice

39

No. of Years of Clinical Teaching

30

No. of Years Working at this Site

39

Check all that apply:

<input checked="" type="checkbox"/>	PT	<input type="checkbox"/>	PTA
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Licensing/Registration Status

Licensed/Registered

State of Licensure/Registration

ID

License/Registration Number:

pt231

Highest Earned Physical Therapy Degree

Doctor in Physical Therapy

Highest Earned Degree

Professional Doctor in Physical Therapy

APTA Credentialed CI

☒ Yes ☐ No

APTA Advanced Credentialed CI

☐ Yes ☒ No

Other CI Credentialing

☒ Yes ☐ No

Please explain:

n/a

ABPTS Certified Clinical Specialist (Check all that apply)

<input type="checkbox"/>	OCS	<input type="checkbox"/>	GCS
<input type="checkbox"/>	PCS	<input type="checkbox"/>	NCS
<input type="checkbox"/>	CCS	<input type="checkbox"/>	SCS
<input type="checkbox"/>	ECS	<input type="checkbox"/>	WCS

APTA Recognition of Advanced Proficiency for PTAs (Check all that apply)

<input type="checkbox"/>	Aquatic	<input type="checkbox"/>	Musculoskeletal
<input type="checkbox"/>	Cardiopulmonary	<input type="checkbox"/>	Neuromuscular
<input type="checkbox"/>	Geriatric	<input type="checkbox"/>	Pediatrics
<input type="checkbox"/>	Integumentary		

**Other credentials:**

n/a

**Summary of College and University Education**

(Start with most current)

<p><b>Institution:</b></p> <p>Rocky Mountain University</p> <p><b>Period of Study</b></p> <p>(If the user is currently enrolled, please type in the word 'CURRENT' into the box labeled 'To'.)</p> <p>From <input type="text" value="May 2003"/> &amp;mdash; To <input type="text" value="May 2006"/></p> <p><b>Major:</b></p> <p>Physical Therapy</p> <p><b>Degree:</b></p> <p>Doctorate</p>
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**Summary of Primary Employment**

(For current and previous four positions since graduation from college; start with most current)

<p><b>Employer:</b></p> <p>Ellis Physical Therapy</p> <p><b>Position:</b></p> <p>Physical Therapist, owner</p> <p><b>Period of Employment</b></p> <p>(If the user is currently employed, please type in the word 'CURRENT' into the box labeled 'To'.)</p> <p>From <input type="text" value="December 2011"/> &amp;mdash; To <input type="text" value="Current"/></p>
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**Continuing Professional Preparation Related Directly to Clinical Teaching Responsibilities**

(for example, academic for credit courses [dates and titles], continuing education [courses and instructors], research, clinical practice/expertise, etc. in the last three (3) years)

<p><b>Course:</b></p> <p>n/a</p> <p><b>Provider/Location:</b></p> <p>n/a</p> <p><b>Date</b></p> <p><input type="text" value="n/a"/></p>
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**Section Sign Off:**

Click the box below to indicate you have reviewed and finished with this section of the survey.

☒ This section has been completed.

Clinical Instructor Information

10/04/17 10:32 AM

**Clinical Instructor Information**

Provide the following information on all PTs or PTAs employed at your clinical site who are CIs.

CI Name Followed By Credentials

CI Username

Actions

Andrus, Angela D	andrusfam@cableone.net
Ellis, Jay T	ellispt@gmail.com
Jensen, Morgan	morgan.deist@yahoo.com
Jones, Tonya E	tonyaellisjones@hotmail.com

**Add New CI**    Displaying all 4 Clinical instructor

#### Section Sign Off:

Click the box below to indicate you have reviewed and finished with this section of the survey.

☒ This section has been completed.

#### Clinical Instructors

10/04/17 10:32 AM

#### Clinical Instructors

What criteria do you use to select clinical instructors? (Check all that apply)

<input type="checkbox"/> APTA Clinical Instructor Credentialing	<input type="checkbox"/> Career ladder opportunity	<input type="checkbox"/> Certification/ training course
<input checked="" type="checkbox"/> Clinical competence	<input type="checkbox"/> Delegated in position description	<input type="checkbox"/> Demonstrated strength in clinical teaching
<input type="checkbox"/> No criteria	<input type="checkbox"/> Other (not APTA) clinical instructor credentialing	<input type="checkbox"/> Therapist initiative/volunteer
<input checked="" type="checkbox"/> Years of experience	<input type="checkbox"/> Other	

How are clinical instructors trained? (Check all that apply)

<input type="checkbox"/> 1:1 individual training (CCCE:CI)	<input type="checkbox"/> APTA Clinical Instructor Education and Credentialing Program	<input type="checkbox"/> Academic for-credit coursework
<input type="checkbox"/> Clinical center inservices	<input checked="" type="checkbox"/> Continuing education by academic program	<input type="checkbox"/> Continuing education by consortia
<input type="checkbox"/> No training	<input type="checkbox"/> Other (not APTA) clinical instructor credentialing program	<input type="checkbox"/> Professional continuing education (e.g., chapter, CEU course)
<input type="checkbox"/> Other		

#### Section Sign Off:

Click the box below to indicate you have reviewed and finished with this section of the survey.

☒ This section has been completed.

#### Information About the Physical Therapy Service

02/03/16 10:43 AM

#### Information About the Physical Therapy Service

Number of Inpatient Beds For clinical sites with inpatient care, please provide the number of beds available in each of the subcategories listed below: (If this does not apply to your facility, please skip and move to the next table.)

Acute care:

Psychiatric center:

Intensive care:

Rehabilitation center:

Step down:

Subacute/transitional care unit:

Extended care:

Other specialty centers:

Total Number of Beds:

0

#### Section Sign Off:

Click the box below to indicate you have reviewed and finished with this section of the survey.

☒ This section has been completed.

**Number of Patients/Clients**

Estimate the average number of patient/client visits per day:

Inpatient	Outpatient
Individual PT:	12
Student PT:	Individual PT:
Individual PTA:	12
Student PTA:	Individual PTA:
PT/PTA Team:	6
0	Student PTA:
Total patient/client visits per day:	PT/PTA Team:
	30
	Total patient/client visits per day:

**Section Sign Off:**

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☒ This section has been completed.

**Patient/Client Lifespan and Continuum of Care**

Indicate the frequency of time typically spent with patients/clients in each of the categories:

**Patient Lifespan****0-12 years**

1% - 25% ▼

**13-21 years**

1% - 25% ▼

**22-65 years**

26% - 50% ▼

**Over 65 years**

1% - 25% ▼

**Continuum of Care****Critical care, ICU, acute**

0% ▼

**SNF/ECF/sub-acute**

0% ▼

**Rehabilitation**

0% ▼

**Ambulatory/outpatient**

76% - 100% ▼

**Home health/hospice**

0% ▼

**Wellness/fitness/industry**

0% ▼

**Section Sign Off:**

Click the box below to indicate you have reviewed and finished with this section of the survey.

☒ This section has been completed.

Patient/Client Diagnoses

02/03/16 10:43 AM

**Patient/Client Diagnoses**

Indicate the frequency of time typically spent with patients/ clients in each of the categories:

**Musculoskeletal**

51% - 75% ▼

Which Musculoskeletal sub-categories are available to the student:

<input checked="" type="checkbox"/>	Acute injury	<input checked="" type="checkbox"/>	Amputation	<input checked="" type="checkbox"/>	Arthritis
<input checked="" type="checkbox"/>	Bone disease/ dysfunction	<input checked="" type="checkbox"/>	Connective tissue disease/ dysfunction	<input checked="" type="checkbox"/>	Muscle disease/ dysfunction
<input checked="" type="checkbox"/>	Musculoskeletal degenerative disease	<input checked="" type="checkbox"/>	Orthopedic surgery	<input type="checkbox"/>	Other

**Neuro-muscular**

1% - 25% ▼

Which Neuro-muscular sub-categories are available to the student:

<input checked="" type="checkbox"/>	Brain injury	<input checked="" type="checkbox"/>	Cerebral vascular accident	<input checked="" type="checkbox"/>	Chronic pain
<input checked="" type="checkbox"/>	Congenital/ developmental	<input checked="" type="checkbox"/>	Neuromuscular degenerative disease	<input checked="" type="checkbox"/>	Peripheral nerve injury
<input checked="" type="checkbox"/>	Spinal cord injury	<input checked="" type="checkbox"/>	Vestibular disorder	<input type="checkbox"/>	Other

**Cardiovascular-pulmonary**

1% - 25% ▼

Which Cardiovascular-pulmonary sub-categories are available to the student:

<input checked="" type="checkbox"/>	Cardiac dysfunction/ disease	<input checked="" type="checkbox"/>	Fitness	<input type="checkbox"/>	Lymphedema
<input checked="" type="checkbox"/>	Peripheral vascular dysfunction/ disease	<input checked="" type="checkbox"/>	Pulmonary dysfunction/ disease	<input type="checkbox"/>	Other

**Integumentary**

1% - 25% ▼

Which Integumentary sub-categories are available to the student:

<input type="checkbox"/>	Burns	<input type="checkbox"/>	Open wounds	<input checked="" type="checkbox"/>	Scar formation
<input type="checkbox"/>	Other				

Other (May cross a number of diagnostic groups)

1% - 25% ▼

Which other sub-categories are available to the student:

<input checked="" type="checkbox"/>	Cognitive impairment	<input checked="" type="checkbox"/>	General medical conditions	<input type="checkbox"/>	General surgery
<input type="checkbox"/>	Oncologic conditions	<input type="checkbox"/>	Organ transplant	<input checked="" type="checkbox"/>	Wellness/ Prevention
<input type="checkbox"/>	Other				

**Section Sign Off:**

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☒ This section has been completed.

Staffing

02/03/16 10:43 AM

**Staffing**

	Full-time Budgeted	Part-time Budgeted	Current Staffing
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PTs	3	0	0
PTAs	2	0	0
Aides/Techs	1	0	0
Other:	0	0	0

#### Section Sign Off:

Click the box below to indicate you have reviewed and finished with this section of the survey.

☒ This section has been completed.

Information About the Clinical Education Experience

10/04/17 10:24 AM

#### Information About the Clinical Education Experience

Special Programs/Activities/Learning Opportunities

Please check all special programs/activities/learning opportunities available to students.

<input type="checkbox"/> Administration	<input checked="" type="checkbox"/> Aquatic Therapy	<input checked="" type="checkbox"/> Athletic Venue Coverage
<input type="checkbox"/> Back School	<input type="checkbox"/> Biomechanics Lab	<input type="checkbox"/> Cardiac Rehabilitation
<input type="checkbox"/> Community/Re-entry Activities	<input type="checkbox"/> Critical Care/Intensive Care	<input type="checkbox"/> Departmental Administration
<input type="checkbox"/> Early Intervention	<input type="checkbox"/> Employee Intervention	<input type="checkbox"/> Employee Wellness Program
<input type="checkbox"/> Group Programs/Classes	<input type="checkbox"/> Home Health Program	<input type="checkbox"/> Industrial/Ergonomic PT
<input checked="" type="checkbox"/> Inservice Training/Lectures	<input type="checkbox"/> Neonatal Care	<input type="checkbox"/> Nursing Home/ ECF/SNF
<input type="checkbox"/> Orthotic/Prosthetic Fabrication	<input type="checkbox"/> Pain Management Program	<input type="checkbox"/> Pediatric - Classroom Consultation Emphasis
<input type="checkbox"/> Pediatric - Cognitive Impairment Emphasis	<input type="checkbox"/> Pediatric - Developmental Program Emphasis	<input type="checkbox"/> Pediatric - General
<input type="checkbox"/> Pediatric - Musculoskeletal Emphasis	<input type="checkbox"/> Pediatric - Neurological Emphasis	<input checked="" type="checkbox"/> Prevention/Wellness
<input type="checkbox"/> Pulmonary Rehabilitation	<input type="checkbox"/> Quality Assurance/ CQI/TQM	<input type="checkbox"/> Radiology
<input type="checkbox"/> Research Experience	<input checked="" type="checkbox"/> Screening/Prevention	<input checked="" type="checkbox"/> Sports Physical Therapy
<input type="checkbox"/> Surgery (observation)	<input checked="" type="checkbox"/> Team Meetings/Rounds	<input type="checkbox"/> Vestibular Rehabilitation
<input type="checkbox"/> Women's Health/OB-GYN	<input checked="" type="checkbox"/> Work Hardening/Conditioning	<input type="checkbox"/> Wound Care
<input type="checkbox"/> Other		

Specialty Clinics

Please check all specialty clinics available as student learning experiences.

<input checked="" type="checkbox"/> Arthritis	<input checked="" type="checkbox"/> Balance	<input type="checkbox"/> Developmental
<input type="checkbox"/> Feeding clinic	<input type="checkbox"/> Hand clinic	<input type="checkbox"/> Hemophilia clinic
<input type="checkbox"/> Industry	<input type="checkbox"/> Neurology clinic	<input checked="" type="checkbox"/> Orthopedic clinic
<input checked="" type="checkbox"/> Pain clinic	<input type="checkbox"/> Preparticipation sports	<input type="checkbox"/> Prosthetic/orthotic clinic
<input checked="" type="checkbox"/> Scoliosis	<input type="checkbox"/> Screening clinics	<input checked="" type="checkbox"/> Seating/mobility clinic
<input checked="" type="checkbox"/> Sports medicine clinic	<input checked="" type="checkbox"/> Wellness	<input checked="" type="checkbox"/> Women's health
<input type="checkbox"/> Other		

Health and Educational Providers at the Clinical Site

Please check all health care and educational providers at your clinical site students typically observe and/or with whom they interact.

<input type="checkbox"/> Administrators	<input type="checkbox"/> Alternative therapies	<input type="checkbox"/> Athletic trainers
<input type="checkbox"/> Audiologists	<input type="checkbox"/> Dietitians	<input type="checkbox"/> Enterostomal / wound specialists
<input type="checkbox"/> Exercise physiologists	<input checked="" type="checkbox"/> Fitness professionals	<input type="checkbox"/> Health information technologists
<input checked="" type="checkbox"/> Massage therapists	<input type="checkbox"/> Nurses	<input type="checkbox"/> Occupational therapists
<input type="checkbox"/> Physician assistants	<input type="checkbox"/> Physicians	<input type="checkbox"/> Podiatrists
<input type="checkbox"/> Prosthetists / orthotists	<input type="checkbox"/> Psychologists	<input type="checkbox"/> Respiratory therapists
<input type="checkbox"/> Social workers	<input type="checkbox"/> Special education teachers	<input type="checkbox"/> Speech/language pathologists
Students from other disciplines	Students from other physical therapy education programs	Therapeutic recreation therapists

<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Vocational rehabilitation counselors	<input type="checkbox"/>	Other		

### Section Sign Off:

Click the box below to indicate you have reviewed and finished with this section of the survey.

☒ This section has been completed.

Availability of the Clinical Education Experience

10/04/17 10:24 AM

### Availability of the Clinical Education Experience

Indicate educational levels at which you accept PT and PTA students for clinical experiences (Check all that apply).

#### Physical Therapist First Experience:

<input checked="" type="checkbox"/>	Full days	<input type="checkbox"/>	Half days	<input type="checkbox"/>	Other
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#### Physical Therapist Intermediate Experiences:

<input checked="" type="checkbox"/>	Full days	<input type="checkbox"/>	Half days	<input type="checkbox"/>	Other
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#### Physical Therapist

<input checked="" type="checkbox"/>	Final Experience	<input type="checkbox"/>	Internship (6 months or longer)	<input type="checkbox"/>	Specialty experience
<input type="checkbox"/>	Other				

#### Physical Therapist Assistant First Experience:

<input checked="" type="checkbox"/>	Full days	<input type="checkbox"/>	Half days	<input type="checkbox"/>	Other
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#### Physical Therapist Assistant Intermediate Experiences:

<input checked="" type="checkbox"/>	Full days	<input type="checkbox"/>	Half days	<input type="checkbox"/>	Other
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#### Physical Therapist Assistant

<input checked="" type="checkbox"/>	Final Experience	<input type="checkbox"/>	Other		
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PT

Indicate which months you will accept students for any single full-time (36 hrs/wk) clinical experience.

<input checked="" type="checkbox"/>	January	<input checked="" type="checkbox"/>	February	<input checked="" type="checkbox"/>	March
<input checked="" type="checkbox"/>	April	<input checked="" type="checkbox"/>	May	<input checked="" type="checkbox"/>	June
<input checked="" type="checkbox"/>	July	<input checked="" type="checkbox"/>	August	<input checked="" type="checkbox"/>	September
<input checked="" type="checkbox"/>	October	<input checked="" type="checkbox"/>	November	<input checked="" type="checkbox"/>	December

Indicate which months you will accept students for any one part-time (< 36 hrs/wk) clinical experience.

<input type="checkbox"/>	January	<input type="checkbox"/>	February	<input type="checkbox"/>	March
<input type="checkbox"/>	April	<input type="checkbox"/>	May	<input type="checkbox"/>	June
<input type="checkbox"/>	July	<input type="checkbox"/>	August	<input type="checkbox"/>	September
<input type="checkbox"/>	October	<input type="checkbox"/>	November	<input type="checkbox"/>	December

PTA

Indicate which months you will accept students for any single full-time (36 hrs/wk) clinical experience.

<input checked="" type="checkbox"/>	January	<input checked="" type="checkbox"/>	February	<input checked="" type="checkbox"/>	March
<input checked="" type="checkbox"/>	April	<input checked="" type="checkbox"/>	May	<input checked="" type="checkbox"/>	June
<input checked="" type="checkbox"/>	July	<input checked="" type="checkbox"/>	August	<input checked="" type="checkbox"/>	September
<input checked="" type="checkbox"/>	October	<input checked="" type="checkbox"/>	November	<input checked="" type="checkbox"/>	December

Indicate which months you will accept students for any one part-time (< 36 hrs/wk) clinical experience.

<input type="checkbox"/>	January	<input type="checkbox"/>	February	<input type="checkbox"/>	March
--------------------------	---------	--------------------------	----------	--------------------------	-------

<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June
<input type="checkbox"/> July	<input type="checkbox"/> August	<input type="checkbox"/> September
<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December

Average number of PT students affiliating per year.:

4

Average number of PTA students affiliating per year.:

2

Is your clinical site willing to offer reasonable accommodations for students under ADA?

☒ Yes ☐ No

Please explain:

It depends upon the student's needs. We will assist and help make their time successful.

What is the procedure for managing students whose performance is below expectations or unsafe?:

Council with the student early on rather than late. Council with the Clinical Adviser early on rather than late. Work out a common program and performance agreement with the student, adviser, and CCI

Explain what provisions are made for students if the clinical instructor is ill or away from the clinical site.<br/>(Answer if the clinical center employs only one PT or PTA.):

#### Section Sign Off:

Click the box below to indicate you have reviewed and finished with this section of the survey.

☒ This section has been completed.

Clinical Site's Learning Objectives and Assessment

10/04/17 10:24 AM

#### Clinical Site's Learning Objectives and Assessment

Does your clinical site provide written clinical education objectives to students?

☒ Yes ☐ No

Are all professional staff members who provide physical therapy services acquainted with the clinical site's learning objectives?

☒ Yes ☐ No

When do the CCCE and/or CI typically discuss the clinical site's learning objectives with students? (Check all that apply)

<input checked="" type="checkbox"/> At end of clinical experience	<input checked="" type="checkbox"/> At mid-clinical experience	<input checked="" type="checkbox"/> Beginning of the clinical experience
<input checked="" type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Other

Indicate which of the following methods are typically utilized to inform students about their clinical performance? (Check all that apply)

<input type="checkbox"/> As per student request in addition to formal and ongoing written & oral feedback	<input checked="" type="checkbox"/> Ongoing feedback throughout the clinical	<input type="checkbox"/> Student self-assessment throughout the clinical
<input type="checkbox"/> Written and oral mid-evaluation	<input checked="" type="checkbox"/> Written and oral summative final evaluation	<input type="checkbox"/> Other

#### Section Sign Off:

Click the box below to indicate you have reviewed and finished with this section of the survey.

☒ This section has been completed.

Student Requirements

10/04/17 10:28 AM

#### Student Requirements

Do students need to contact the clinical site for specific work hours related to the clinical experience?

☒ Yes ☐ No

Please explain:

Hours may vary based on the day and patient case load.

Do students receive the same official holidays as staff?

☒ Yes ☐ No

Please explain:

Does your clinical site require a student interview?

☐ Yes ☒ No

Please explain:

Indicate the time the student should report to the clinical site on the first day of the experience.

8:00 AM ▼

Is a Mantoux TB test (PPD) required?

a) one step

☒ Yes ☐ No

b) two step

☒ Yes ☐ No

Is a Rubella Titer Test or immunization required?

☐ Yes ☒ No

Please explain:

Are any other health tests/immunizations required prior to the clinical experience? If yes, please specify:

☐ Yes ☒ No

How is this information communicated to the clinic? Provide fax number if required.:

How current are student physical exam records required to be?:

Are any other health tests or immunizations required on-site? If yes, please specify:

☐ Yes ☒ No

Is the student required to provide proof of any other training prior to orientation at your facility? If yes, please list.

☐ Yes ☒ No

Indicate which of the following are required by your facility prior to the clinical education experience:

<input type="checkbox"/>	Child clearance	<input type="checkbox"/>	Criminal background check	<input type="checkbox"/>	Drug screening
<input type="checkbox"/>	HIPAA education	<input type="checkbox"/>	OSHA education	<input type="checkbox"/>	Proof of student health clearance
<input type="checkbox"/>	Other				

Is a criminal background check required (e.g., Criminal Offender Record Information)? If yes, please indicate which background check is required and time frame.

☐ Yes ☒ No

Is a child abuse clearance required?

☐ Yes ☒ No

Please explain:

Is the student responsible for the cost of required clearances?

☐ Yes ☒ No

Please explain:

Is the student required to submit to a drug test? If yes, please describe parameters.

☐ Yes ☒ No

Is medical testing available on-site for students?

☐ Yes ☒ No

Please explain:

Other requirements: (On-site orientation, sign an ethics statement, sign a confidentiality statement.):

If an individual is responsible for Compliance items, please fill out the Compliance contact information below:

Compliance Contact Person Name:

Compliance Contact Person Phone Number

Phone Number:

Ext:

Compliance Contact Person Email:

#### Section Sign Off:

Click the box below to indicate you have reviewed and finished with this section of the survey.

☒ This section has been completed.

Special Information

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## Special Information

Do you require a case study or inservice from all students (part-time and full-time)?

☒ Yes ☐ No

Please explain:

In-service

Do you require any additional written or verbal work from the student (e.g., article critiques, journal review, patient/client education handout/brochure)?

☐ Yes ☒ No

Please explain:

Does your site have a written policy for missed days due to illness, emergency situations, other? If yes, please summarize.

☐ Yes ☒ No

Will the student have access to the Internet at the clinical site?

☒ Yes ☐ No

Please explain:

Students will need to bring their own laptop to use for documentation. Documentation is completed on WebPT, an internet website.

Is there a facility/student dress code?

☒ Yes ☐ No

Is emergency health care available for students?

☒ Yes ☐ No

Please explain:

Is the student responsible for emergency health care costs?

☒ Yes ☐ No

Please explain:

Is other non-emergency medical care available to students?

☒ Yes ☐ No

Please explain:

Is the student required to have proof of health insurance?

☐ Yes ☒ No

Please explain:

Is the student required to provide proof of OSHA training?

☐ Yes ☒ No

Please explain:

Is the student required to provide proof of HIPAA training?

☐ Yes ☒ No

Please explain:

Is the student required to attest to an understanding of the benefits and risks of Hepatitis-B immunization?

☐ Yes ☒ No

Please explain:

Is the student required to be CPR certified? (Please note if a specific course is required).

☐ Yes ☒ No

Can the student receive CPR certification while on-site?

☐ Yes ☒ No

Please explain:

Is the student required to be certified in First Aid?

☐ Yes ☒ No

Please explain:

Can the student receive First Aid certification on-site?

☐ Yes ☒ No

Please explain:

### Section Sign Off:

Click the box below to indicate you have reviewed and finished with this section of the survey.

☒ This section has been completed.

#### Student Schedule

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#### Student Schedule

Indicate which of the following best describes the typical student work schedule:

Standard 8 hour day

**Describe the schedule(s) the student is expected to follow during the clinical experience:**

The student will follow the same 40 hour work week as the CI. Operating hours are Mon & Wed from 7 am to 7:00 pm; Tuesday & Thursday 8 am to 6:30 pm; Friday 7 am to 6:30 pm. Therapists rotate early morning and late evenings as well as day off to accommodate a 40 hour work week. Tue

**Is physical therapy provided on the weekends?**

☐ Yes ☒ No

#### Section Sign Off:

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☒ This section has been completed.

"Key fields have been marked with an asterisks. Please see the CSIF Web Help Manual for more details about Key Fields"