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	enter Coordinator of Clinical Education (CCCE) / Contact Person:		

207-998-5493					
CCCE / Contact Person E-mail:					
paul@rbpt.com					
Section Sign Off:					
Click the box below to indicate you have reviewed and finished w	ith this	section of the survey.			
✓ This section has been completed.					
Information About the Corporate/Healthcare Systems Organ	nizatio	n		03/08/18 11:58 AM	
Information About the Corporate/Healthcare Sys	tems	Organization			
If your facility is part of a larger corporation or has multi	iple si	es or clinical centers, include the contact informati	on for	the corporate/healthcare system orga	nization.
Corporate/Healthcare System Organization:					
Bader Physical Therapy					
Contact Name:					
Paul Fecteau					
Address					
Address:					
1399 Maine St					
City:					
Poland					
State:					
Maine					
Postal Code:					
04274					
Phone					
Phone Number:					
207-998-5493					
Ext:					
Fax					
Phone Number:					
207-998-5562					
E-mail:					
paul@rbpt.com					
Affiliation Agreement Contract Fulfillment					
Contact Person:					
PaulFecteau					
Section Sign Off:					
Click the box below to indicate you have reviewed and finished w	ith this	section of the survey.			
This section has been completed.					
Clinical Site Accreditation/Ownership				03/08/18 11:58 AM	
Clinical Site Accreditation/Ownership					
Which of the following best describes the ownership category	ry for	your clinical site? (check all that apply)			
Corporate/Privately Owned		Government Agency		Hospital/Medical Center Owned	
Nonprofit Agency		PT Owned		PT/PTA Owned	
Physician/Physician Group Owned		Other			
	*!				

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				03/08/18 11:58 AM	
				03/00/1011.30/101	
linical Site Primary Classification hoose the category that best describes how your facility fur	nctions the majority ((> 50%) of the time.			
Private Practice					
appropriate, check () up to four additional categories that	describe the other cl	linical centers associated with yo	ur facility.		
Acute Care/Inpatient Hospital Facility	Ambulatory Ca			ECF/Nursing Home/SNF	
Federal/State/County Health	Home Health			Industrial/Occupational Health Facilit	tv
				Rehabilitation/Sub-acute Rehabilitation	
Multiple Level Medical Center)11
School/Preschool Program	Wellness/Preve	ention/Fitness Program		Other	
Section Sign Off: Click the box below to indicate you have reviewed and finished wi This section has been completed.	ith this section of the sur	rvey.			
linical Site Location				03/08/18 11:58 AM	
Click the box below to indicate you have reviewed and finished wi This section has been completed.					
filiated PT and PTA Educational Programs					
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ffiliated PT and PTA Educational Programs	urrently affiliate.			03/08/1811:58AM	
	surrently affiliate.	City	State	03/08/18 11:58 AM PT / PTA	
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ormation About the Clinical Teaching Faculty		03/08/18 12:06 PM
formation About the Clinical Teaching Faculty		
breviated Resume for Center Coordinators of Clinical Education - Please u	indate as each ne	w CCCE assumes this position.
	putte us cuen ne	
Name:		
Paul D. Fecteau		
2mail Address / CP12 Login: 2aul@rbpt.com		
Present Position (Title, Name of Facility):		
No. of Years as the CCCE		
lo. of Years of Clinical Practice		
22 💌		
lo. of Years of Clinical Teaching		
11		
o. of Years Working at this Site		
11		
_		
heck all that apply:	PTA	
PT PT	PTA	
State of Licensure/Registration ME Image: Comparison of the second s		
Highest Earned Physical Therapy Degree Bachelor in Physical Therapy 💌 Highest Earned Degree		
Bachelors degree		
APTA Credentialed CI		
• Yes O No		
APTA Advanced Credentialed CI		
O Yes O No		
Other CI Credentialing		
Yes 🖸 No		
BPTS Certified Clinical Specialist (Check all that apply)		
ocs		GCS
PCS		NCS
CCS		SCS
ECS		WCS
PTA Recognition of Advanced Proficiency for PTAs (Check all that apply)		
		Musculoskeletal
Aquatic Cardiopulmonary		Neuromuscular
Su diopathiona y		

Geriat	tric	Pediatrics
Integu	umentary	
Other credentials:	S:	
6		
(Start with mos	college and University Education	
(Start with mos	st current)	
Institution:		
Period of Stud	dy	
(If the user is	s currently enrolled, please type in the word 'CURRENT' into the box labele	ed 'To'.)
From	— To	
Major:		
Degree:		
Summary of Pr	rimary Employment	
(For current an	nd previous four positions since graduation from college; start with m	lost current)
Employer:	171	
Bader Physica Resition:	агтнетару	
Position: Clinical Mana	ager	
Period of Emp		
	s currently employed, please type in the word 'CURRENT' into the box lab	eled 'To'.)
From 1/1/08	08 — To 3/8/18	
Employer:		
Position:		
Dente de Green	-1	
Period of Emp		
	s currently employed, please type in the word 'CURRENT' into the box lab	eled To.)
From	— To	
Continuing Pro	ofessional Preparation Related Directly to Clinical Teaching Responsibili	ties
-		ourses and instructors], research, clinical practice/expertise, etc. in the last three
(3) years)		
Course:		
Vestibular Sys	rstem	
Provider/Locat		
Portland ME		
Date		
1-7-15		
Course:		
Provider/Locat	tion:	
Date		
Course:		
Provider/Locat	tion:	

Date		
Course:		
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Course:		
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Date		
Course:		
Provider/Location:		
Date		
Course:		
Provider/Location:		
Date		
Name:		
Email Address / CPI2 Login:		
Present Position (Title, Name of Facility):		
No. of Years as the CCCE		
Please choose:		
No. of Years of Clinical Practice		
Please choose:		
No. of Years of Clinical Teaching		
Please choose: 💌		
No. of Years Working at this Site Please choose:		
Check all that apply:		
PT PT	РТА	
Licensing/Registration Status		
Please choose:		
State of Licensure/Registration		
Please choose: 💌		
License/Registration Number:		

Highest Earned Physical Therapy Degree		
Please choose:		
Highest Earned Degree		
Please choose:		
APTA Credentialed CI		
O Yes O No		
APTA Advanced Credentialed CI		
O Yes O No		
Other CI Credentialing		
O Yes O No		
ADDTS Contified Clinical Cancelabot (Check all that own b)		
ABPTS Certified Clinical Specialist (Check all that apply)		
		GCS
PCS		NCS
		SCS
ECS		WCS
APTA Recognition of Advanced Proficiency for PTAs (Check all that apply)		
Aquatic		Musculoskeletal
Cardiopulmonary		Neuromuscular
Geriatric		Pediatrics
Integumentary		
Other credentials:		
Summary of College and University Education		
(Start with most current)		
Institution:		
Period of Study		
(If the user is currently enrolled, please type in the word 'CURRENT' into the box labo	eled 'To'.)	
From — To		
Major:		
Degree:		
Summary of Primary Employment		
(For current and previous four positions since graduation from college; start with	most curr	ent)
Employer:		
Position:		
Period of Employment	1 1 1 100	
(If the user is currently employed, please type in the word 'CURRENT' into the box la	beled 'To'.	J
From — To		
Continuing Professional Preparation Palated Directly to Clinical Teaching Person of the	ilities	
Continuing Professional Preparation Related Directly to Clinical Teaching Responsibil (for example, academic for credit courses [dates and titles], continuing education		nd instructors), research, clinical practice/expertise, etc. in the last three
(3) years)	0 th 000 th	
Course:		
Provider/Location:		
Date		

Click	ion Sign Off: the box below to indicate you have reviewed and finished w his section has been completed.	ith this	section of the survey.		
Clinica	l Instructor Information				03/08/18 12:06 PM
Clinic	al Instructor Information				
Provi	de the following information on all PTs or PTAs er	nploye	ed at your clinical site who are CIs.		
CII	Name Followed By Credentials	CI	Username		Actions
Bea	ucage PT, Jill S	jill	@rbpt.com		
Ros	s, Matt J	ma	att@rbpt.com		
Wie	mer PT, Rainie	rai	nie@rbpt.com		
Sect	dd New C1 Displaying all 3 Clinical instructor ion Sign Off: the box below to indicate you have reviewed and finished w	ith this	section of the survey.		
	his section has been completed.				03/08/18 12:06 PM
What c	al Instructors riteria do you use to select clinical instructors? (Check	_		_	
	APTA Clinical Instructor Credentialing Clinical competence		Career ladder opportunity Delegated in position description		Certification/training course Demonstrated strength in clinical teaching
	No criteria		Other (not APTA) clinical instructor credentialing		Therapist initiative/volunteer
	Years of experience		Other		
How a	re clinical instructors trained? (Check all that apply)				
	1:1 individual training (CCCE:CI)	V	APTA Clinical Instructor Education and Credentialing Program		Academic for-credit coursework
	Clinical center inservices		Continuing education by academic program		Continuing education by consortia
	No training		Other (not APTA) clinical instructor credentialing program		Professional continuing education (e.g., chapter, CEU course)
	Other				
Click	ion Sign Off: the box below to indicate you have reviewed and finished w his section has been completed.	ith this	section of the survey.		
Inform	ation About the Physical Therapy Service				03/08/18 12:12 PM
Numb to you Acute c	r facility, please skip and move to the next table.)	t care,	please provide the number of beds available in eac	h of th	e subcategories listed below: (If this does not apply
0 Psychi a 0	tric center:				

Intensive care:	
0	
Rehabilitation center:	
0	
Step down:	
0	
Subacute/transitional care unit:	
0	
Extended care:	
0	
Other specialty centers:	
0	
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	03/08/18 12:12 PM
Normhan - CD-Marte (Cliante	
Number of Patients/Clients	
Estimate the average number of patient/client visits per day:	
Inpatient	Outpatient
Individual PT:	14
	Individual PT:
Student PT:	10 Student PT:
Individual PTA:	12 Individual PTA:
Student PTA:	Student PTA:
PT/PTA Team:	PT/PTA Team:
0	36
Total patient/client visits per day:	Total patient/dient visits per day:
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 Lifespan and Continuum of Care	03/08/18 12:12 PM
Patient/Client Lifespan and Continuum of Care	
Indicate the frequency of time typically spent with patients/clients in each of the cate	jones:
Patient Lifespan	
0-12 years	
1%-25%	
13-21 years	
1%-25%	
22 65 veete	
22-65 years	
1%-25%	

1%-2	5 years 25% 💽				
Cont	inuum of Care				
	l care, ICU, acute				
0%					
SNF/E	CF/sub-acute				
0%					
Rehat	ilitation				
	latory/outpatient e choose:				
Home	health/hospice				
Wellne	ess/fitness/industry				
170 1					
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l Patien	t/Client Diagnoses				03/08/18 12:12 PM
Patie	nt/Client Diagnoses				
Indica	te the frequency of time typically spent with patier	nts/clie	ents in each of the categories:		
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	loskeletal				
	loskeletal				
Muscu 76% -	100%				
Muscu 76% - Which	100%	-			Arthritis
Muscu 76% · Which	100%		t: Amputation Connective tissue disease/ dysfunction		Arthritis Muscle disease/dysfunction
Muscu 76% - Which	100% Musculoskeletal sub-categories are available to the sub-cate	-	Amputation		
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	Burns			Open wounds			Scar formation
	Other						
	(May cross a number of diagnostic group	s)					
Fieas							
Which	other sub-categories are available to the	student:					
	Cognitive impairment			General medical conditions			General surgery
	Oncologic conditions			Organ transplant			Wellness/Prevention
	Other						
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Staffin	ıg						03/08/18 12:12 PM
Staffi	ng						
		Full-time Bu	dgeted		Part-time Budgeted		Current Staffing
PTs		2			1		3
PTAs		1			1		1
Aides	/Techs						
Other:							
depen	ds on the clini						
Sect	tion Sign Off:						
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Inform	nation About the Clinical Education Expe	ience					03/08/18 12:16 PM
Infor	mation About the Clinical Educati	on Experie	nce				
Specia	al Programs/Activities/Learning Oppor	tunities					
Please	check all special programs/activities/lea	rning opport	unities	available to students.			
	Administration			Aquatic Therapy		⊽	Athletic Venue Coverage
	Back School			Biomechanics Lab			Cardiac Rehabilitation
	Community/Re-entry Activities			Critical Care/Intensive Care			Departmental Administration
	Early Intervention			Employee Intervention			Employee Wellness Program
	Group Programs/Classes			Home Health Program			Industrial/Ergonomic PT
	Inservice Training/Lectures			Neonatal Care			Nursing Home/ECF/SNF
	Orthotic/Prosthetic Fabrication			Pain Management Program			Pediatric - Classroom Consultation Emphasis
	Pediatric - Cognitive Impairment Emphasis			Pediatric - Developmental P	rogram Emphasis		Pediatric - General
	Pediatric - Musculoskeletal Emphasis			Pediatric - Neurological Em		☑	Prevention/Wellness
	Pulmonary Rehabilitation			Quality Assurance/CQI/TQ!	M		Radiology
	Research Experience			Screening/Prevention			Sports Physical Therapy
	Surgery (observation)			Team Meetings/Rounds			Vestibular Rehabilitation
	Women's Health/OB-GYN			Work Hardening/Condition	ling		Wound Care
	Other						
	alty Clinics						

lease	check all specialty clinics available as student learnin	g expe	riences.		
	Arthritis		Balance		Developmental
_	Feeding clinic		Hand clinic		Hemophilia clinic
	Industry		Neurology clinic		Orthopedic clinic
	Pain clinic		Preparticipation sports		Prosthetic/orthotic clinic
	Scoliosis		Screening clinics		Seating/mobility clinic
	Sports medicine clinic		Wellness		Women's health
-	Other				
r 1.1					
ealth	and Educational Providers at the Clinical Site				
lease	check all health care and educational providers at yo	ur clini	ical site students typically observe and/or with whom	they in	teract.
	Administrators		Alternative therapies		Athletic trainers
	Audiologists		Dietitians		Enterostomal / wound specialists
	Exercise physiologists		Fitness professionals		Health information technologists
7	Massage therapists		Nurses		Occupational therapists
-	Physician assistants		Physicians		Podiatrists
	Prosthetists / orthotists		Psychologists		Respiratory therapists
	Social workers		Special education teachers		Speech/language pathologists
	Students from other disciplines		Students from other physical therapy education programs		Therapeutic recreation therapists
	Vocational rehabilitation counselors		Other		
	the box below to indicate you have reviewed and finished w	vith this	section of the survey.		
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7	January								
			February		March				
	April		May		June				
7	July		August		September				
7	October		November		December				
ıdica	te which months you will accept students for any on	e part-t	ime (< 36 hrs/wk) clinical experience.						
7	January		February		March				
- -	April	T.	May		June				
7	July		August		September				
- -	October		November		December				
•									
ΤA									
ndica	te which months you will accept students for any sir	gle full-	time (36 hrs/wk) clinical experience.						
V	January		February		March				
7	April		Мау		June				
V	July	V	August		September				
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	te which months you will accept students for any on	-	-		March				
	January April		February		March June				
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マ マ	July October	되	August November	V	September December				
	e number of PT students affiliating per year.:								
verag	e number of PTA students affiliating per year.:								
)									
Is your clinical site willing to offer reasonable accommodations for students under ADA?									
s you	i chincai site whiling to offer reasonable accommodal	© Yes © No							
• Ye	es O No								
• Ye Please	es O No explain:								
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	As per student request in addition to formal and ongoing written & oral feedback	V	Ongoing feedback throughout the clinical		Student self-assessment throughout the clinical				
	Written and oral mid-evaluation	V	Written and oral summative final evaluation		Other				
	Section Sign Off: Click the box below to indicate you have reviewed and finished with this section of the survey.								
	Click the box below to mark as you have reviewed and missied with this section of the survey. It his section has been completed.								
	Student Requirements 03/08/18 12:19 PM								
	Student Requirements								
Do students need to contact the clinical site for specific work hours related to the clinical experience? • Yes • • No									
Ves V No Please explain:									
	idents receive the same official holidays as staff?								
• Ye Please	es O No e explain:								
Does your clinical site require a student interview?									
C Ye Please	es 💽 No explain:								
Indica	te the time the student should report to the clinical sit	e on th	e first day of the experience.						
7:30	AM 💌								
Is a N	Iantoux TB test (PPD) required?								
a) one	step								
• У	es 🔿 No								
b) two	-								
O Y									
Is a Rubella Titer Test or immunization required? O Yes O No									
Please	explain:								
Are an	es O No	the clin	ical experience? If yes, please specify:						
	this information communicated to the clinic? Provide fax m	umber i	frequired.:						
How current are student physical exam records required to be?:									
Are any other health tests or immunizations required on-site? If yes, please specify:									
C Yes © No									
	student required to provide proof of any other trainin	g prior	to orientation at your facility? If yes, please list.						
ОУ									
	te which of the following are required by your facility Child clearance	prior to	o the clinical education experience: Criminal background check		Drug screening				
	HIPAA education	₩ □	OSHA education		Proof of student health clearance				
	Other	•1							
Is a cr	iminal background check required (e.g., Criminal Offe	nder R	ecord Information)? If yes, please indicate which had	kgrou	nd check is required and time frame.				
• Y	es O No		, _ , _ , _ , _ , _ , _ , _ , _ , _ , _		······································				
	explain:								
Is a child abuse clearance required?									
Please explain:									
Is the student responsible for the cost of required clearances?									

Yes C No Please explain: Is the student required to submit to a drug test? If yes, please describe parameters. • Yes C No Please explain: Is medical testing available on-site for students? O Yes O 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: Paul Fecteau **Compliance Contact Person Phone Number** Phone Number: 207-998-5493 Ext: **Compliance Contact Person Email:** Paul Fecteau 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. 03/08/18 12:19 PM Special Information Special Information Do you require a case study or inservice from all students (part-time and full-time)? Yes O No Please explain: 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: journal review Does your site have a written policy for missed days due to illness, emergency situations, other? If yes, please summarize. O Yes O No Will the student have access to the Internet at the clinical site? Yes 🖸 No Please explain: Is there a facility/student dress code? • Yes • No Is emergency health care available for students? O Yes O 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?

C Yes O No Please explain:
Is the student required to provide proof of HIPAA training?
C Yes O No Please explain:
Is the student required to attest to an understanding of the benefits and risks of Hepatitis-B immunization?
O Yes O No Please explain:
Is the student required to be CPR certified? (Please note if a specific course is required).
O Yes O No
Can the student receive CPR certification while on-site?
O Yes O No Please explain:
Is the student required to be certified in First Aid?
O Yes O No Please explain:
Can the student receive First Aid certification on-site?
C Yes O 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 03/08/1812:19 PM
Student Schedule
Indicate which of the following best describes the typical student work schedule:
Varied schedules
Describe the schedule(s) the student is expected to follow during the clinical experience:
The same schedule as their CI which varies clinic to clinic.
Is physical therapy provided on the weekends?
O Yes O No
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.
"Key fields have been marked with an asterisks. Please see the CSIF Web Help Manual for more details about Key Fields"

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