ite: Waldo County Healthcare		
Section Title	Last Update	Action
CCCE Sign Off	Never	
CCCE Sign Off		
CCCE Sign Off:		
Click the box below to indicate that you have reviewed all sections of your clinical site survey.		
This survey has been reviewed.		
nformation For the Academic Program	02/15/18 03:33 PM	
information For the Academic Program		
Person Completing CSIF:		
Amanda Curtis		
E-mail address of person completing CSIF:		
necurtis@wcgh.org		
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).:		
Naldo County Healthcare		
Street Address		
Address:		
118 Northport Avenue		
City:		
Belfast		
State:		
ИЕ		
Postal Code:		
4915		
Facility Phone		
Phone Number:		
2073382500 Ext:		
PT Department Phone		
Phone Number: 2073389316		
20/3389316 Ext:		
PT Department Fax		
Phone Number:		
2079302649		
Clinical Center Web Address:		
nainehealth.org/waldo-county-general-hospital		
Director of Physical Therapy:		
Skip Philbrook		
Center Coordinator of Clinical Education (CCCE) / Contact Person:		
Amanda Curtis		

207505	54232						
CCCE / Contact Person E-mail:							
aecurtis@wcgh.org							
	tion Sign Off: the box below to indicate you have reviewed and finished wi	th this	section of the survey				
CIIC	and box below to mulcate you have reviewed and missied wi	uruns	section of the survey.				
	This section has been completed.				00/15/10 00 00 DV		
Inform	nation About the Corporate/Healthcare Systems Organ	iizatio	1		02/15/18 03:33 PM		
Infor	mation About the Corporate/Healthcare Syst	tems	Organization				
If you	r facility is part of a larger corporation or has multi	ple sit	es or clinical centers, include the contact informati	on for	the corporate/healthcare system org	anization.	
Corpor	ate/Healthcare System Organization:						
Maine	Health						
Contac	t Name:						
Addre	ss						
Addres	35:						
City:							
State:							
Postal	Code:						
Phone							
	e Number:						
Ext:							
Fax							
Phon	e Number:						
E-mail:							
Affilia	ation Agreement Contract Fulfillment						
Contac	t Person:						
	tion Sign Off:						
Click	the box below to indicate you have reviewed and finished wi	th this	section of the survey.				
<b>V</b> 1	his section has been completed.						
Clinic	ll Site Accreditation/Ownership				02/15/18 03:33 PM		
Chine	nono neu culturion, e micromp						
Clinio	cal Site Accreditation/Ownership						
Which	of the following best describes the ownership categor	y for y	our 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				
Sect	tion Sign Off:						
Click	the box below to indicate you have reviewed and finished wi	th this	section of the survey.				
<b>7</b> 1	'his section has been completed.						
Clinica	al Site Primary Classification				02/15/18 03:33 PM		
Clinio	cal Site Primary Classification						
Choos	e the category that best describes how your facility fu	nction	s the majority (> 50%) of the time.				
Ambu	Ambulatory Care/Outpatient						

fapp	ropriate, check () up to four additional categories that	descri	ibe the other clinical cen	ters associated with y	your facility.			
7	Acute Care/Inpatient Hospital Facility		Ambulatory Care/Outpat	ient		ECF/Nurs	ing Home/SNF	
-	Federal/State/County Health		Home Health		E	Industrial/	Occupational Health Fa	acility
1	Multiple Level Medical Center	Γ	Private Practice		Г	Rehabilitat	tion/Sub-acute Rehabili	itation
	School/Preschool Program		Wellness/Prevention/Fit	ness Program	Ē	-		
	ochool i recensor i rog. an			1000110514111	1	ould		
Clic	tion Sign Off: ( the box below to indicate you have reviewed and finished w ( his section has been completed.	ith this	section of the survey.					
linica	al Site Location					02/15/1	8 03:33 PM	
lini	cal Site Location							
Vhich Rura	of the following best describes your clinical site's loca	tion						
	tion Sign Off:							
Click	c the box below to indicate you have reviewed and finished w	ith this	section of the survey.					
<b>V</b> 1	This section has been completed.							
ffilia	ted PT and PTA Educational Programs					02/15/1	8 03:33 PM	_
<b>rogr</b> Iusso	l PT and PTA education programs with which you o am Name n University rsity of Maine at Presque Isle			City Bangor Presque Isle		State ME ME	<b>РТ / РТА</b> РТ РТА	
	ebec Valley Community College			Fairfield		ME	PTA	
				Į			l	
elect	the program(s) your site is currently affiliated with:			If not found in the list,	, please enter	the program inf	ormation here:	
By A-2	Z: Any			Program Name: City:				
By Sta	Any 🔽			State:		AB 🔻	1	
ACCE	Demo University,					PT V	1	
	Demo University,		<ul> <li>○</li> <li>▲</li> <li>○</li> </ul>			1	<u> </u>	
	Demo University,		Ŏ					Add Clear
	PTA Demo,		ä					
	College, FL							
AT St	ill University of Health Sciences, AZ		õ					
Acade	emy for Nursing and Health Occupations, FL		0					
Adve	ntist University of Health Sciences, FL		0					
-	ma State University, AL		<u> </u>					
4								
Sec	tion Sign Off:							
_	c the box below to indicate you have reviewed and finished w	ith this	section of the survey.					
	This section has been completed.							
forn	nation About the Clinical Teaching Faculty					02/01/1	9 11:05 AM	
lfor	mation About the Clinical Teaching Faculty							
101	mation About the Chincal Teaching Faculty							
bre	viated Resume for Center Coordinators of Clinical	Educa	ation - Please update as	s each new CCCE ass	sumes this 1	osition.		

Name:			
Amanda E. Curtis			
Email Address / CP12 Login:			
aecurtis@wcgh.org			
Present Position (Title, Name of Facility):			
supervisor of physical and occupationl therapy services			
No. of Years as the CCCE			
1			
No. of Years of Clinical Practice			
16			
No. of Years of Clinical Teaching			
No. of Years Working at this Site			
8			
Check all that apply:			
PT PT	PT.	A	
Licensing/Registration Status			
Licensed/Registered			
State of Licensure/Registration			
ME			
License/Registration Number:			
·			
License/Registration Number: PT2523			
License/Registration Number: PT2523 Highest Earned Physical Therapy Degree			
License/Registration Number: PT2523 Highest Earned Physical Therapy Degree Masters in Physical Therapy			
License/Registration Number: PT2523 Highest Earned Physical Therapy Degree Masters in Physical Therapy			
License/Registration Number: PT2523 Highest Earned Physical Therapy Degree Masters in Physical Therapy			
License/Registration Number: PT2523 Highest Earned Physical Therapy Degree Masters in Physical Therapy			
License/Registration Number: PT2523 Highest Earned Physical Therapy Degree Masters in Physical Therapy  Highest Earned Degree Masters degree			
License/Registration Number: PT2523 Highest Earned Physical Therapy Degree Masters in Physical Therapy  Highest Earned Degree Masters degree APTA Credentialed CI © Yes O No			
License/Registration Number: PT2523 Highest Earned Physical Therapy Degree Masters in Physical Therapy Highest Earned Degree Masters degree APTA Credentialed CI Yes O No APTA Advanced Credentialed CI			
License/Registration Number: PT2523 Highest Earned Physical Therapy Degree Masters in Physical Therapy Highest Earned Degree Masters degree APTA Credentialed CI © Yes © No APTA Advanced Credentialed CI © Yes © No			
License/Registration Number: PT2523 Highest Earned Physical Therapy Degree Masters in Physical Therapy Highest Earned Degree Masters degree APTA Credentialed CI • Yes • No APTA Advanced Credentialed CI • Yes • No Other CI Credentialing			
License/Registration Number: PT2523 Highest Earned Physical Therapy Degree Masters in Physical Therapy Highest Earned Degree Masters degree APTA Credentialed CI © Yes © No APTA Advanced Credentialed CI © Yes © No			
License/Registration Number: PT2523 Highest Earned Physical Therapy Degree Masters in Physical Therapy  Highest Earned Degree Masters degree APTA Credentialed CI Yes O No APTA Advanced Credentialed CI Yes O No Other CI Credentialing			
License/Registration Number: PT2523 Highest Earned Physical Therapy Degree Masters in Physical Therapy Highest Earned Degree Masters degree APTA Credentialed CI © Yes © No APTA Advanced Credentialed CI © Yes © No Other CI Credentialing © Yes © No		GCS	
License/Registration Number: PT2523 Highest Earned Physical Therapy ♥ Highest Earned Degree Masters degree Masters degree APTA Credentialed CI ♥ Yes ♥ No APTA Advanced Credentialed CI ♥ Yes ♥ No Other CI Credentialing ♥ Yes ♥ No ABPTS Certified Clinical Specialist (Check all that apply)		GCS	
License/Registration Number: PT2523 Highest Earned Physical Therapy Degree Masters in Physical Therapy  Highest Earned Degree Masters degree APTA Credentialed CI  Yes No APTA Advanced Credentialed CI Yes No Other CI Credentialing Yes No ABPTS Certified Clinical Specialist (Check all that apply) OCS			
License/Registration Number:         PT2523         Highest Earned Physical Therapy Degree         Masters in Physical Therapy         Highest Earned Degree         Masters degree         APTA Credentialed CI         © Yes       © No         APTA Advanced Credentialed CI         © Yes       © No         Other CI Credentialing         © Yes       © No         ABPTS Certified Clinical Specialist (Check all that apply)         © Ocs         © CS         © CS         © CS         © CS         © CS		NCS	
License/Registration Number:         PT2523         Highest Earned Physical Therapy Degree         Masters in Physical Therapy ▼         Highest Earned Degree         Masters degree         Masters degree         APTA Credentialed CI         • Yes       • No         APTA Advanced Credentialed CI         • Yes       • No         APTA Advanced Credentialed CI         • Yes       • No         APTA Scretified Clinical Specialist (Check all that apply)         • OCS         • CS         • CS         • ECS		NCS SCS	
License/Registration Number:         PT2523         Highest Earned Physical Therapy Degree         Masters in Physical Therapy ▼         Highest Earned Degree         Masters degree         Masters degree         APTA Credentialed CI         • Yes       • No         APTA Advanced Credentialed CI         • Yes       • No         APTA Advanced Credentialed CI         • Yes       • No         APTA Scretified Clinical Specialist (Check all that apply)         • OCS         • CS         • CS         • ECS		NCS SCS	
License/Registration Number:         PT2523         Highest Earned Physical Therapy Degree         Masters in Physical Therapy ▼         Highest Earned Degree         Masters degree         Masters degree         APTA Credentialed CI         • Yes       • No         APTA Advanced Credentialed CI         • Yes       • No         APTA Advanced Credentialed CI         • Yes       • No         APTA Scretified Clinical Specialist (Check all that apply)         • OCS         • CS         • CS         • ECS		NCS SCS	
License/Registration Number:         PT2523         Highest Earned Physical Therapy Pegree         Masters in Physical Therapy          Highest Earned Degree         Masters degree         APTA Credentialed CI         © Yes       No         APTA Advanced Credentialed CI         © Yes       No         Other CI Credentialing         © Yes       No         ABPTS Certified Clinical Specialist (Check all that apply)         © QCS         © RCS         © CS         © CS         © ECS         APTA Recognition of Advanced Proficiency for PTAs (Check all that apply)		NCS SCS WCS	
License/Registration Number:         PT2523         Highest Earned Physical Therapy Degree         Masters in Physical Therapy          Highest Earned Degree         Masters degree         APTA Credentialed CI         © Yes       © No         APTA Advanced Credentialed CI         © Yes       © No         APTA Advanced Credentialed CI         © Yes       © No         APTA Credentialing         © Yes       © No         ABPTS Certified Clinical Specialist (Check all that apply)         © QCS         © PCS         © CS         © CS         © ECS         APTA Recognition of Advanced Proficiency for PTAs (Check all that apply)         _       Aquatic		NCS SCS WCS Musculoskeletal	

National Convent   International   Breater Convention of Private Paper and the send CONSENT into the backbacked Ta's)   Prior   Prior   Prior   International   Prior   Prior </th <th>Summary of College and University Education</th> <th></th>	Summary of College and University Education	
Items Duriews it   Prod of Status   (If the seas control, enclosed, per an the word CURRENT in the book labeled To():   Prome:   Prom:   Prom: <	Start with most current)	
Product of Study   If the save is currently enabled, please type in the word "CUIRENT into the locableded "16".)   Prove   Prope:   physical theory is   Prope:   Map:   Prope:   Map:   Map:   Map:   Map:   Prope:   Map:   Map:   Map:   Map:   Prope:   Map:   Map:   Map:   Map:   Map:   Map:   Map:   Map:   Map:   Prope:   Map:   Prope:   Prope:   Prope:   Prope:   Prope:   Prope:   Prope:   Map:   Prope:   Prope:   Prope:   Prope:   Map:   Map:   Map:   Map:   Prope:   Prope:   Map:   Prope:	Institution:	
If the user's carently enabled, please type in the word 'CURRENT' into the boalabled To'.)   From [0011996] g modash: To [001200]   Page:   physical therapy   Dage:   NSFT    For current and previous four positions since graduation from college; start with most current)   Fingloge:   Period of Employment   If the user's currently employed, please type in the word 'CURRENT' into the boalabled' To'.)   Period of Employment   If the user's currently employed, please type in the word 'CURRENT' into the boalabled' To'.)   Provider Jonephysent   If the user's currently employed, please type in the word 'CURRENT' into the boalabled' To'.)   Provider Jonephysent   If the user's currently employed, please type in the word 'CURRENT' into the boalabled' To'.)   Provider Jonephysent   If the user's currently employed, please type in the word 'CURRENT' into the boalabled' To'.)   Provider Jonephysent   If the user's currently employed, please type in the word 'CURRENT' into the boalabled' To'.)   Provider Jonephysent   If the user's currently employed, please type in the word 'CURRENT' into the boalabled' To'.)   Provider Jonephysent   If the user's currently employed, please type in the word 'CURRENT' into the boalabled' To'.)   Provider Jonephysent   If the user's current to employed, please type in the word 'CURRENT' into the boalabled' To'.)   Provider Jonephysent   If the user's current to employed please type in the word 'CURRENT' into the boalabled' To'.)   Provider Jonephysent   If the user	Husson University	
Free:       Boundarki, To (2002001)         Noise:       By F         Support       By F         Concerned and provious four positions since graduation from college; start with most current)       F         Free       Free         Penalby Medical Center       Penalby         Parking:       Start Physical theory is a start with most current)         Free       Free         Parking:       Start Physical theory is a start with most current)         Free       Penalby Medical Center         Parking:       Start Physical theory is a start with most current is a start physical theory is a start physical theory is a start physical theory is a start with start a start a start with most current is a start physical theory is a start with most current is a start physical theory is a start physical theory is a start physical theory is a start with most current is a start physical theory is a start p	Period of Study	
Noise   physical therapy   Dage:   Summary of Prinary Employment   For current and previous four positions sance graduation from college; start with most current)   Polipy:   Pendors:   Prolipin:   Start physical therapist   Portior   Start physical therapist   Output:   Start physical therapist   Start physical the	(If the user is currently enrolled, please type is	n the word 'CURRENT' into the box labeled 'To'.)
pixial thempy   Dyse:   MST	From 09011996 — To	05012001
Page:   MST   Servariant of Privacy Employment For current and previous four positions since graduation from college; start with most current) Pages: Page: Page: Page: Page: Page: Page: Pages: Page: Page: Pages: Page:	Major:	
MSPT         Strange of Prinary Employment         For current and previous four positions since graduation from college; start with most current)         Pendors         Pendors         Position:         Strange of Employment         If the user is currently employed, plase type in the word 'CURRENT' into the box labeled To'.)         Prom [7021001]       @mdashi; To [@102010]         Conce:	physical therapy	
Sumary of Primary Employment For current and previous four positions since graduation from college; start with most current)  Finalsy Medical Center  Pathoge: Pathoge	Degree:	
For current and previous four positions since graduation from college; start with most current)     Englage:   Penday Medical Center   Position:   staff physical therapist   Previod of Englagement   (fftee user is currently emplayed, please type in the word 'CURRENT' into the box labeled To'.)   from [0712001]   emma (of 102001]   Conse:   LSVT BIG   Powder/Location:   Charleston, South Carolina   Date   (of 10201]   Conse:   LSVT BIG   Powder/Location:   Charleston, South Carolina   Date   (of carolina)   Date   (of carolina)   Conse:   Powder/Location:   Powder/Location:   Powder/Location:   Powder/Location:   Powder/Location:   Powder/Location:   Powder/Location:	MSPT	
For current and previous four positions since graduation from college; start with most current)     Englage:   Penday Medical Center   Position:   staff physical therapist   Previod of Englagement   (fftee user is currently emplayed, please type in the word 'CURRENT' into the box labeled To'.)   from [0712001]   emma (of 102001]   Conse:   LSVT BIG   Powder/Location:   Charleston, South Carolina   Date   (of 10201]   Conse:   LSVT BIG   Powder/Location:   Charleston, South Carolina   Date   (of carolina)   Date   (of carolina)   Conse:   Powder/Location:   Powder/Location:   Powder/Location:   Powder/Location:   Powder/Location:   Powder/Location:   Powder/Location:	Summary of Primary Employment	
Penkay Medical Center   Position:   staff physical therapist   Period of Employment   [fthe user is currently employed, please type in the word 'CURRENT' into the bockabeled To'.)   Prom [7012201] emdash; ro [09102010]   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 for a gravity and and and a gravity and a gr		e graduation from college; start with most current)
Penkay Medical Center   Position:   staff physical therapist   Period of Employment   [fthe user is currently employed, please type in the word 'CURRENT' into the bockabeled To'.)   Prom [7012201] emdash; ro [09102010]   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 for a gravity and and and a gravity and a gr	Employer:	
staff physical therapist Period of Employment [If the user's currently employed, please type in the word 'CURREINT' into the box labeled 'To'.) Prom [mon 2001 ] @mdash; To [min 2010 ] Controller 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 the 3) years  Course: LSVT BIG Provider/Location: Course: Provider/Location: Date Course: Provider/Location: Provider/Provider/Location: Provider/Location:		
Period of Employment   [ff the user is currently employed, please type in the word 'CURRENT' into the boxlabeled "To'.)   From [07012001] & emdash; To [09102010]   Controling 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 th 3) years) Course: LSVT BIG Provider/Location: Course: Provider/Location: Date Course: Provider/Location: P		
If the user is currently employed, please type in the word 'CURRENT' into the box labeled 'To'.)   From 0012001   — To 09102010   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 th 3) years) Course: LSVT BIG Provider/Location: Charleston, South Carolina Date Date Course: Course: Course: Course: Course: Provider/Location: Course: Provider/Location: Course: Provider/Location: Course: Cour	staff physical therapist	
From 07012001   — To 09102010   Controling 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 th 3) years) Course: LSVT BIG Provider/Location: Charleston, South Carolina Date Provider/Location: Course: Provider/Location: Provider	Period of Employment	
Course: Course	(If the user is currently employed, please type	e in the word 'CURRENT' into the box labeled 'To'.)
Course: Course	From 07012001 —: To	09102010
Date   [5132013   Course:   Provider/Location:   Date	Course: LSVT BIG Provider/Location:	
D5132013     Course:   Provider/Location:     Course:   Provider/Location:		
Course: Provider/Location: Course: Course: Course: Provider/Location: Course: Provider/Location:	Charleston, South Carolina	
Provider/Location: Date Date Course: Provider/Location:	Date	
Provider/Location: Date Date Course: Provider/Location:	Date	
Date Date Course: Provider/Location:	Date 05132013	
Course: Provider/Location:	Date D5132013 Course:	
Provider/Location:	Date D5132013 Course: Provider/Location:	
Provider/Location:	Date D5132013 Course: Provider/Location:	
Provider/Location:	Date D5132013 Course: Provider/Location:	
	Date Date Dotse: Provider/Location: Date Date	
Date	Date Distance Date Distance Distance Distance Distance Date Distance Distan	
	Date Distance Date Distance Distance Distance Distance Date Distance Distan	
	Date Date Distance Date Course: Provider/Location: Date Course: Provider/Location:	
	Date Date Distance Date Course: Provider/Location: Date Course: Provider/Location:	
	Date Date Distance Date Course: Provider/Location: Date Course: Provider/Location:	

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

▼ This section has been completed.							
linic	al Instructor Information				02/23/18 01:03 PM		
lini	cal Instructor Information						
Prov	ide the following information on all PTs or PTAs en	nploye	ed at your clinical site who are CIs.				
CI	Name Followed By Credentials	CI	Username		Actions		
Kla	usmeyer, Peter W	pk	lausmeye@wcgh.org				
Mil	les, Kathleen F	kn	niles@wcgh.org				
Ru	mery, Kaly J	krı	ımery@wcgh.org				
Vol	mer, Susan	SV	olmer@wcgh.org				
A	dd New CI Displaying all 4 Clinical instructor						
	tion Sign Off:						
	k the box below to indicate you have reviewed and finished w	ith this	section of the survey.				
1	fhis section has been completed.						
inic	al Instructors				02/23/18 01:04 PM		
	cal Instructors	call tha	at apply)				
7	APTA Clinical Instructor Credentialing		Career ladder opportunity		Certification/training course		
7	Clinical competence		Delegated in position description		Demonstrated strength in clinical teaching		
]	No criteria		Other (not APTA) clinical instructor credentialing		Therapist initiative/volunteer		
2	Years of experience		Other				
	re clinical instructors trained? (Check all that apply)	-	APTA Clinical Instructor Education and Credentialing	-			
-	1:1 individual training (CCCE:CI)		Program		Academic for-credit coursework		
-	Clinical center inservices		Continuing education by academic program		Continuing education by consortia Professional continuing education (e.g., chapter, CEU		
-	No training Other		Other (not APTA) clinical instructor credentialing program		course)		
	Outer						
0							
	tion Sign Off: <pre>k the box below to indicate you have reviewed and finished w</pre>	ith this	section of the survey.				
	Chis section has been completed.						
forn	nation About the Physical Therapy Service				02/20/18 02:05 PM		
ıfor	mation About the Physical Therapy Service						
		t care,	please provide the number of beds available in eac	h of th	ne subcategories listed below: (If this does not app		
-	Ir facility, please skip and move to the next table.)						
oute o	care:						
	atric center:						
	ive care:						

4							
Rehabilitation center: Sten down:							
Step down: Subacute/transitional care unit:							
Subacute/transitional care unit:							
Extended care: Other specialty centers:							
Total Number of Beds:							
29							
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		02/20/18 02:05 PM					
Number of Patients/Clients							
Estimate the average number of patient/client visits per day:							
Inpatient	Outpatient						
Individual PT:	9 Individual PT:						
Student PT:	Student PT:						
Individual PTA:	Individual PTA:						
Student PTA:	Student PTA:						
10 PT/PTA Team:	PT/PTA Team:						
10 Total patient/client visits per day:	9 Total patient/client 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		02/20/18 02:05 PM					
Patient/Client Lifespan and Continuum of Care							
Indicate the frequency of time typically spent with patients/clients in each of the cate	egories:						
Patient Lifespan							
0-12 years							
Please choose: 💌							
12-21 years							
13-21 years Please choose:							
Please choose: 💌							
Please choose:  22-65 years							
Please choose:     22-65 years     1% - 25%							
Please choose:       22-65 years       1% - 25%       Ver 65 years							
Please choose:       ▼         22-65 years       ▼         1% - 25%       ▼         Over 65 years       ▼         51% - 75%       ▼							
Please choose:   22-65 years   1% - 25%   Over 65 years   51% - 75%   Continuum of Care							

1% -	25%			
Rehal	bilitation			
Pleas	se choose: 💌			
Ambu	latory/outpatient			
51%				
	headed the sector			
	health/hospice			
Tieu				
	ess/fitness/industry			
Pleas	se choose: 💌			
	tion Sign Off: k the box below to indicate you have reviewed and finished w	ith this	section of the survey	
		101 0115	section of the survey.	
	This section has been completed.			
Patier	nt/Client Diagnoses			02/20/18 02:05 PM
Patie	nt/Client Diagnoses			
Indica	ate the frequency of time typically spent with patier	nts/clie	ents in each of the categories:	
Muscu	ıloskeletal			
51%	-75%			
Which	Museulaskalatel sub-astazanias ano susilable to the s	tudont		
	Musculoskeletal sub-categories are available to the su		Amputation	Arthritis
	Bone disease/ dysfunction		Connective tissue disease/ dysfunction	Muscle disease/ dysfunction
	Musculoskeletal degenerative disease	, ,	Orthopedic surgery	Other
			or inopetite surgery	ond
Neuro				
26%	- 50%			
Which	Neuro-muscular sub-categories are available to the s	tuden	t:	
	Brain injury		Cerebral vascular accident	Chronic pain
	Congenital/developmental		Neuromuscular degenerative disease	Peripheral nerve injury
	Spinal cord injury		Vestibular disorder	Other
Cardi	ovascular-pulmonary			
1%-				
1471			de seu la se	
	Cardiovascular-pulmonary sub-categories are availa	_		
	Cardiac dysfunction/disease		Fitness Pulmonary dysfunction/disease	Lymphedema Other
	Peripheral vascular dysfunction/disease		r unifoliary uystulicu011/ uisease	Out
Integ	imentary			
1%-	25%			
Which	Integumentary sub-categories are available to the st	udent:		
	Burns		Open wounds	Scar formation
	Other			
Please	explain:			
Other	(May cross a number of diagnostic groups)			

Pleas	Please choose: 💌							
Which	other sub-categories are available to the	e student:						
7	Cognitive impairment			General medical conditions			General surgery	
<b>V</b>	Oncologic conditions			Organ transplant			Wellness/Prevention	
	Other							
Sec	tion Sign Off:							
Clic	k the box below to indicate you have reviewed	and finished wi	th this s	section of the survey.				
	This section has been completed.							
Staffiı	ng						02/20/18 02:05 PM	
Staffi	ng							
		Full-time Bu	dgeted		Part-time Budgeted		Current Staffing	
PTs		8						
PTAs		1						
Aides	/Techs	1						
Other								
	mation About the Clinical Educati al Programs/Activities/Learning Oppor	-	nce					
Please	check all special programs/activities/lea	rning opportu	inities	available to students.				
	Administration		V	Aquatic Therapy			Athletic Venue Coverage	
	Back School			Biomechanics Lab			Cardiac Rehabilitation	
7	Community/Re-entry Activities		V	Critical Care/Intensive Care			Departmental Administration	
V	Early Intervention			Employee Intervention			Employee Wellness Program	
V	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 F			Pediatric - General	
	Pediatric - Musculoskeletal Emphasis		9	Pediatric - Neurological Em			Prevention/Wellness	
	Pulmonary Rehabilitation			Quality Assurance/CQI/TQ	M		Radiology	
	Research Experience Surgery (observation)			Screening/Prevention Team Meetings/Rounds		<b>V</b>	Sports Physical Therapy Vestibular Rehabilitation	
V	Women's Health/OB-GYN			Work Hardening/Condition	ing		Wound Care	
	Other		P_1	s, condition	0			
Specia	alty Clinics							
Please	check all specialty clinics available as stu	ıdent learninş	g expe	riences.				
	Arthritis		V	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							
Healt	n and Educational Providers at the Clinical Site							
Please	check all health care and educational providers at yo	ur clin	ical site students typically observe and/or with whom	they in	iteract.			
	Administrators		Alternative therapies		Athletic trainers			
	Audiologists		Dietitians		Enterostomal / wound specialists			
	Exercise physiologists		Fitness professionals		Health information technologists			
	Massage therapists		Nurses		Occupational therapists			
	Physician assistants		Physicians	☑	Podiatrists			
V	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			
Г	Vocational rehabilitation counselors	Г	Other					
Sec	tion Sign Off:							
	<pre>c the box below to indicate you have reviewed and finished w</pre>	vith this	section of the survey.					
	Chis section has been completed.							
Availa	bility of the Clinical Education Experience				02/20/18 02:21 PM			
Avail	ability of the Clinical Education Experience							
Indica	te educational levels at which you accept PT and P	'TA stu	idents for clinical experiences (Check all that apply)					
Physical Therapist								
	al Therapist Experience:							
			Half days		Other			
First F	xperience:		Half days		Other			
First F	xperience: Full days ral Therapist		Half days Half days		Other Other			
First F Physic Intern	xperience: Full days al Therapist nediate Experiences:							
First F Physic Intern	xperience: Full days al Therapist nediate Experiences: Full days				Other			
Physic Intern Physic	xperience: Full days al Therapist nediate Experiences: Full days al Therapist		Half days					
First F Physic Intern Physic Physic	xperience: Full days al Therapist nediate Experiences: Full days al Therapist Final Experience		Half days		Other			
First F Physic Intern Physic Physic Physic	xperience: Full days al Therapist nediate Experiences: Full days al Therapist Final Experience		Half days		Other			
First F Physic Intern Physic Physic Physic Physic Physic	xperience: Full days al Therapist nediate Experiences: Full days al Therapist Final Experience Other al Therapist Assistant		Half days		Other			
First F Physic Intern Physic Physic First F Physic	xxperience:         Full days         al Therapist         full days         al Therapist         Final Experience         Other         al Therapist Assistant         xxperience:         Full days		Half days Internship (6 months or longer)		Other Specialty experience			
First F Physic Intern Physic Physic First F Physic Intern	Experience:         Full days         al Therapist         nediate Experiences:         Full days         al Therapist         Final Experience         Other         al Therapist Assistant         Full days		Half days Internship (6 months or longer) Half days		Other Specialty experience Other			
First F Physic Intern Physic Physic First F Physic	xxperience:         Full days         al Therapist         full days         al Therapist         Final Experience         Other         al Therapist Assistant         xxperience:         Full days		Half days Internship (6 months or longer)		Other Specialty experience			
First F Physic Intern Physic Physic First F Physic Intern Physic	Experience:         Full days         al Therapist         nediate Experiences:         Full days         al Therapist         Final Experience         Other         al Therapist Assistant         Full days		Half days Internship (6 months or longer) Half days		Other Specialty experience Other			
First F Physic Intern Physic Physic First F Physic Intern Physic	xxperience:   Full days   al Therapist   nediate Experiences:   Full days   ral Therapist   Final Experience   Other   al Therapist Assistant   xxperience:   Full days   al Therapist Assistant   nediate Experiences:   Full days		Half days Internship (6 months or longer) Half days		Other Specialty experience Other			
First E  First E  First E  Physic  Physic  Physic  Physic  Physic  Physic  Physic  Physic  First E  Fi	Experience:         Full days         al Therapist         nediate Experiences:         Full days         al Therapist         Final Experience         Other         al Therapist Assistant         xperience:         Full days         al Therapist Assistant         rediate Experiences:         Full days         al Therapist Assistant         rediate Experiences:         Full days         al Therapist Assistant         nediate Experiences:         Full days         al Therapist Assistant		Half days Internship (6 months or longer) Half days		Other Specialty experience Other			
First F Physic Intern Physic First F Physic Intern Physic Intern Physic Intern Physic Intern Physic	xperience:   Full days   al Therapist   nediate Experiences:   Full days   al Therapist   Stat Therapist Assistant   xperience:   Full days   Full days f		Half days Half days Half days		Other Specialty experience			
First F Physic Physic Physic Physic First F Physic	xxperience:   Full days   al Therapist   realist Experience:   Funal Experience   Other   al Therapist Assistant   xxperience:   Full days   al Therapist Assistant   rediate Experiences:   Full days	C C C C	Half days Internship (6 months or longer) Half days Half days Internship (6 months or longer) Half days Half days Half days Half days		Other         Specialty experience         Other         Other         Image: Content of the second secon			
First F Physic Physic Physic Physic First F Physic Intern Physic Physic Physic Physic Physic Physic	xxperience:   Full days   al Therapist   nediate Experiences:   Full days   al Therapist   Final Experience   Other   at Therapist Assistant   xxperience:   Full days   at Therapist Assistant   xxperience:   Full days   at Therapist Assistant   xxperience:   Full days   at Therapist Assistant   nediate Experiences:   Full days   at Therapist Assistant   nediate Experiences:   Full days   at Therapist Assistant   nediate Experiences:   Full days   at Therapist Assistant   nediate Experience		Half days Internship (6 months or longer) Half days Half days Half days three (36 hrs/wk) clinical experience. February		Other         Specialty experience         Other         Other         Other         March			
First F Physic Physic Physic First F Physic Intern Physic Intern Physic Intern Physic Intern Physic	xperience:   Full days   al Therapist   full days   al Therapist   Fund Experience   Other   al Therapist Assistant   xperience:   full days   al Therapist Assistant   rediate Experiences:   full days		Half days Half days Half days Half days Half days Half days Government of the second s		Other         Specialty experience         Other         Other         Other         Image: Control of the second			
First F Physic Physic Physic Physic First F Physic Intern Physic Physic Physic Physic Physic Physic	xxperience:   Full days   al Therapist   nediate Experiences:   Full days   al Therapist   Final Experience   Other   at Therapist Assistant   xxperience:   Full days   at Therapist Assistant   xxperience:   Full days   at Therapist Assistant   xxperience:   Full days   at Therapist Assistant   nediate Experiences:   Full days   at Therapist Assistant   nediate Experiences:   Full days   at Therapist Assistant   nediate Experiences:   Full days   at Therapist Assistant   nediate Experience		Half days Internship (6 months or longer) Half days Half days Half days three (36 hrs/wk) clinical experience. February		Other         Specialty experience         Other         Other         Other         March			

	January		February		March				
	April		Мау		June				
	July		August		September				
	October		November		December				
ТА									
	ate which months you will accept students for any sing		-	_					
2	January		February		March				
7	April		May		June				
2	July		August		September				
7	October		November	V	December				
idica	ate which months you will accept students for any one	e part-i	time (< 36 hrs/wk) clinical experience.						
_	January		February		March				
	April		May		June				
	July		August		September				
	October		November		December				
	e number of PT students affiliating per year.:								
erag	e number of r 1 students anniating per year.								
	e number of PTA students affiliating per year.:								
	e number of P1A students annating per year.:								
1-2									
2	Is your clinical site willing to offer reasonable accommodations for students under ADA?								
	r clinical site willing to offer reasonable accommodation	ons foi	r students under ADA?						
<b>you</b> Ye	es O No	ons foi	r students under ADA?						
<b>you</b> Yo lease	es O No e explain:								
<b>you</b> Ye lease Ahat i	es O No e explain: s the procedure for managing students whose performance i								
<b>you</b> Ye lease A <b>hat i</b> his w	es <b>O</b> No e explain: s the procedure for managing students whose performance in would need to be discussed on case by case basis.	is below	v expectations or unsafe?:	al center er	nploys only one PT or PTA.):				
<b>you</b> Ye lease A <b>hat i</b> his w	es O No e explain: s the procedure for managing students whose performance i	is below	v expectations or unsafe?:	al center er	nploys only one PT or PTA.):				
s you Ye lease /hat i his w xplain	es O No e explain: s the procedure for managing students whose performance i would need to be discussed on case by case basis. n what provisions are made for students if the clinical instruc-	is below	v expectations or unsafe?:	al center er	nploys only one PT or PTA.):				
S you C Yo lease /hat i his w kplain Sec	es <b>O</b> No e explain: s the procedure for managing students whose performance in would need to be discussed on case by case basis.	is below ctor is i	v expectations or unsafe?: ill or away from the clinical site. (Answer if the clinica	al center er	nploys only one PT or PTA.):				
you Ye lease his w xplain Sec Clici	es O No e explain: s the procedure for managing students whose performance i would need to be discussed on case by case basis. In what provisions are made for students if the clinical instru- rtion Sign Off: k the box below to indicate you have reviewed and finished w	is below ctor is i	v expectations or unsafe?: ill or away from the clinical site. (Answer if the clinica	al center er	nploys only one PT or PTA.):				
you Ye lease his w xplain Sec Clici	es O No e explain: s the procedure for managing students whose performance i would need to be discussed on case by case basis. n what provisions are made for students if the clinical instru- tton Sign Off:	is below ctor is i	v expectations or unsafe?: ill or away from the clinical site. (Answer if the clinica	al center er	nploys only one PT or PTA.):				
you Yelease That i his w cplain Sec Clici	es O No e explain: s the procedure for managing students whose performance i would need to be discussed on case by case basis. In what provisions are made for students if the clinical instru- rtion Sign Off: k the box below to indicate you have reviewed and finished w	is below ctor is i	v expectations or unsafe?: ill or away from the clinical site. (Answer if the clinica	al center er	nploys only one PT or PTA.): 02/20/18 02:21 PM				
Syou Pyo lease /hat i his w xplain Sec Clici	es C No e explain: s the procedure for managing students whose performance i would need to be discussed on case by case basis. In what provisions are made for students if the clinical instru- ttion Sign Off: k the box below to indicate you have reviewed and finished w This section has been completed.	is below	v expectations or unsafe?: ill or away from the clinical site. (Answer if the clinica	al center er					
Syou Yatilease /hatii hisw xplain Sec Clic: Clic:	es C No e explain: s the procedure for managing students whose performance i would need to be discussed on case by case basis. In what provisions are made for students if the clinical instru- ttion Sign Off: k the box below to indicate you have reviewed and finished w This section has been completed.	is below	v expectations or unsafe?: ill or away from the clinical site. (Answer if the clinica	al center er					
Syou Yelease Anat ii his w xplain Sec Clici Clici Linic	es C No e explain: s the procedure for managing students whose performance i would need to be discussed on case by case basis. In what provisions are made for students if the clinical instru- ttion Sign Off: k the box below to indicate you have reviewed and finished w This section has been completed.	is below ctor is i vith this	v expectations or unsafe?: ill or away from the clinical site. (Answer if the clinical s section of the survey.	al center er					
Syou Yelease /hat i his w xplain Sec Clici Clinic Clinic	es C No e explain: s the procedure for managing students whose performance i would need to be discussed on case by case basis. In what provisions are made for students if the clinical instru- ttion Sign Off: k the box below to indicate you have reviewed and finished w This section has been completed. al Site's Learning Objectives and Assessment cal Site's Learning Objectives and Assessment your clinical site provide written clinical education obj	is below ctor is i vith this	v expectations or unsafe?: ill or away from the clinical site. (Answer if the clinical s section of the survey.	al center er					
s you Yelease /hat i his w xplain Sec Clici Clici Clici Clici Clici Clici	es C No e explain: s the procedure for managing students whose performance i would need to be discussed on case by case basis. In what provisions are made for students if the clinical instru- ttion Sign Off: k the box below to indicate you have reviewed and finished w This section has been completed. al Site's Learning Objectives and Assessment cal Site's Learning Objectives and Assessment your clinical site provide written clinical education obj es C No	is below cctor is i vith this nt	v expectations or unsafe?: ill or away from the clinical site. (Answer if the clinical s section of the survey.		02/20/18 02:21 PM				
Syou Production Production Production Sec Clicic Clicic Clicic Clinic Clinic Clinic Clinic Clinic Clinic Clicic Cl	es C No e explain: s the procedure for managing students whose performance i would need to be discussed on case by case basis. in what provisions are made for students if the clinical instru- ttion Sign Off: k the box below to indicate you have reviewed and finished w This section has been completed. al Site's Learning Objectives and Assessment cal Site's Learning Objectives and Assessment your clinical site provide written clinical education objects es C No	is below cctor is i vith this nt	v expectations or unsafe?: ill or away from the clinical site. (Answer if the clinical s section of the survey.		02/20/18 02:21 PM				
s you Yelease Vhat His w xplain Sec Clici Clinic Clinic Clinic Clinic Clinic Clinic Clinic Clici Cli	es C No e explain: s the procedure for managing students whose performance i would need to be discussed on case by case basis. in what provisions are made for students if the clinical instru- ttion Sign Off: k the box below to indicate you have reviewed and finished w This section has been completed. al Site's Learning Objectives and Assessment cal Site's Learning Objectives and Assessment gour clinical site provide written clinical education objects es C No Iprofessional staff members who provide physical the es C No	is below cctor is i vith this nt jective erapy	v expectations or unsafe?: ill or away from the clinical site. (Answer if the clinical s section of the survey. s to students? 	objectives	02/20/18 02:21 PM				
s you you lease /hat i: his w xplain Sec Clici Cli	es C No e explain: s the procedure for managing students whose performance i would need to be discussed on case by case basis. in what provisions are made for students if the clinical instru- ttion Sign Off: k the box below to indicate you have reviewed and finished w This section has been completed. al Site's Learning Objectives and Assessment cal Site's Learning Objectives and Assessment cal Site's Learning Objectives and Assessment gour clinical site provide written clinical education objects es C No Iprofessional staff members who provide physical the es C No	is below ctor is i vith this nt jective erapy ite's le:	v expectations or unsafe?: ill or away from the clinical site. (Answer if the clinical site section of the survey. es to students? services acquainted with the clinical site's learning arning objectives with students? (Check all that app	objectives hy)	02/20/18 02:21 PM				
s you you lease /hat i: his w xplain Sec Clici Cli	es C No e explain: s the procedure for managing students whose performance i would need to be discussed on case by case basis. in what provisions are made for students if the clinical instru- ttion Sign Off: k the box below to indicate you have reviewed and finished w This section has been completed. al Site's Learning Objectives and Assessment cal Site's Learning Objectives and Assessment gour clinical site provide written clinical education objects es C No Iprofessional staff members who provide physical the es C No	vith this erapy ite's le:	v expectations or unsafe?: ill or away from the clinical site. (Answer if the clinical s section of the survey. s to students? 	objectives	02/20/18 02:21 PM				
Syou Yatilease Vhatili his w xplain Clici Clinic Clinic Clinic Clinic Clinic Clinic Clinic Clinic Clinic Clinic Clinic	es C No e explain: s the procedure for managing students whose performance i would need to be discussed on case by case basis. in what provisions are made for students if the clinical instru- ttion Sign Off: k the box below to indicate you have reviewed and finished w This section has been completed. al Site's Learning Objectives and Assessment cal Site's Learning Objectives and Assessment cal Site's Learning Objectives and Assessment gour clinical site provide written clinical education objects es C No Iprofessional staff members who provide physical the es C No	is below ctor is i vith this nt jective erapy ite's le:	v expectations or unsafe?: ill or away from the clinical site. (Answer if the clinical site section of the survey. es to students? services acquainted with the clinical site's learning arning objectives with students? (Check all that app	objectives hy)	02/20/18 02:21 PM				
Syou You You You You You You You Y	es C No e explain: s the procedure for managing students whose performance i would need to be discussed on case by case basis. In what provisions are made for students if the clinical instru- ettion Sign Off: k the box below to indicate you have reviewed and finished w This section has been completed. al Site's Learning Objectives and Assessment cal Site's Learning Objectives and Assessm	vith this erapy ite's le:	v expectations or unsafe?: Ill or away from the clinical site. (Answer if the clinical site section of the survey. es to students? services acquainted with the clinical site's learning arning objectives with students? (Check all that app At mid-clinical experience Weekly	objectives sly)	02/20/18 02:21 PM   S  Beginning of the clinical experience  Other				
Syou Syou Alease Ahat i his w xplain Sec Clici C	es C No e explain: s the procedure for managing students whose performance i would need to be discussed on case by case basis. In what provisions are made for students if the clinical instru- tion Sign Off: k the box below to indicate you have reviewed and finished w This section has been completed. al Site's Learning Objectives and Assessment cal Site's Learning Objectives and Assessmen	is below ctor is i vith this nt jective erapy ite's le: $\overrightarrow{V}$ ed to in	v expectations or unsafe?: ill or away from the clinical site. (Answer if the clinical site section of the survey. es to students? services acquainted with the clinical site's learning arming objectives with students? (Check all that app At mid-clinical experience Weekly form students about their clinical performance? (C	objectives oly)	02/20/18 02:21 PM				
Syou Syou Yhat i This we clicic Clicic Clinic Clinic Clinic Clinic Clinic Clinic Clinic Clicic C	es C No e explain: s the procedure for managing students whose performance i would need to be discussed on case by case basis. In what provisions are made for students if the clinical instru- ettion Sign Off: k the box below to indicate you have reviewed and finished w This section has been completed. al Site's Learning Objectives and Assessment cal Site's Learning Objectives and Assessm	vith this erapy ite's le:	v expectations or unsafe?: Ill or away from the clinical site. (Answer if the clinical site section of the survey. es to students? services acquainted with the clinical site's learning arning objectives with students? (Check all that app At mid-clinical experience Weekly	objectives sly)	02/20/18 02:21 PM				
Syou Syou Alease Ahat i his w xplain Sec Clici C	es C No e explain: s the procedure for managing students whose performance i would need to be discussed on case by case basis. In what provisions are made for students if the clinical instru- tion Sign Off: k the box below to indicate you have reviewed and finished w This section has been completed. al Site's Learning Objectives and Assessment cal Site's Learning Objectives and Assessmen	is below ctor is i vith this nt jective erapy ite's le: $\overrightarrow{V}$ ed to in	v expectations or unsafe?: ill or away from the clinical site. (Answer if the clinical site section of the survey. es to students? services acquainted with the clinical site's learning arming objectives with students? (Check all that app At mid-clinical experience Weekly form students about their clinical performance? (C	objectives oly)	02/20/18 02:21 PM				

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

This section has been completed.				
Student Requirements				02/20/18 02:30 PM
Student Requirements				
Do students need to contact the clinical site for specific work	hours	related to the clinical experience?		
• Yes • • No Please explain:				
Do students receive the same official holidays as staff?				
• Yes • No Please explain:				
Does your clinical site require a student interview?				
O Yes O No Please explain:				
Indicate the time the student should report to the clinical sit	e on th	e first day of the experience.		
8:00 AM				
Is a Mantoux TB test (PPD) required?				
a) one step O Yes O No				
b) two step				
• Yes • • No				
Is a Rubella Titer Test or immunization required?				
Please explain:				
Are any other health tests/immunizations required prior to	the clir	nical experience? If yes, please specify:		
• Yes • No Please explain:				
How is this information communicated to the clinic? Provide fax m				
This is detailed in educational and clinical facility contract with How current are student physical exam records required to be?:	licii is (	completed for each individual student		
usually within the year				
Are any other health tests or immunizations required on-sit	e? If ye	s, please specify:		
C Yes C No				
Is the student required to provide proof of any other training Yes O No	g prio	to orientation at your facility? If yes, please list.		
• Yes • No Please explain:				
Indicate which of the following are required by your facility	prior t	o the clinical education experience:		
Child clearance		Criminal background check		Drug screening
HIPAA education		OSHA education	V	Proof of student health clearance
Other Other				
Please explain:				
Is a criminal background check required (e.g., Criminal Offe	nder F	Record Information)? If yes, please indicate which back	kgrou	nd check is required and time frame.
• Yes • No Please explain:				
Is a child abuse clearance required?				
O Yes O No Please explain:				
Is the student responsible for the cost of required clearance	s?			
• Yes • No Please explain:				

Is the student required to submit to a drug test? If yes, please describe parameters. O Yes • No Is medical testing available on-site for students? ⊙ Yes C No Please explain: Other requirements: (On-site orientation, sign an ethics statement, sign a confidentiality statement.): confidentiality statement will need to be signed as well as orientation 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 02/20/18 02:30 PM Special Information Do you require a case study or inservice from all students (part-time and full-time)? Yes 🖸 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)?O Yes O 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: 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? O Yes O No Please explain: Is the student required to have proof of health insurance? O Yes O No Please explain: Is the student required to provide proof of OSHA training? O Yes O No Please explain: Is the student required to provide proof of HIPAA training? O No Yes Please explain:

is the student required to attest to an understanding of the benefits and risks of Hepatitis-B immunization?
• Yes O No
Please explain:
is the student required to be CPR certified? (Please note if a specific course is required).
• Yes • No Please explain:
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?
C Yes C No Please explain:
Can the student receive First Aid certification on-site?
C Yes C 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 02/20/18 02:30 PM
Student Schedule 02/20/18 02:30 PM
Student Schedule
Student Schedule
Student Schedule indicate which of the following best describes the typical student work schedule: Standard 8 hour day
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: Usually the schedule is Monday through Friday 8:00 am to 4:30 pm
Student Schedule Indicate which of the following best describes the typical student work schedule: Standard 8 hour day v Describe the schedule(s) the student is expected to follow during the clinical experience:
Student Schedule Indicate which of the following best describes the typical student work schedule: Standard 8 hour day Constribute the schedule(s) the student is expected to follow during the clinical experience: Usually the schedule is Monday through Friday 8:00 am to 4:30 pm Is physical therapy provided on the weekends?
Student Schedule Indicate which of the following best describes the typical student work schedule: Standard 8 hour day  Standard 8 hour
Student Schedule Indicate which of the following best describes the typical student work schedule: Standard 8 hour day Standar
Student Schedule Indicate which of the following best describes the typical student work schedule: Standard 8 hour day Standard 8 hour day Standard 8 hour day Section Sign Off: Click the box below to indicate you have reviewed and finished with this section of the survey.

Software © 2007-2019 Liaison International.