

Site: Center for Physical Therapy and Exercise - Nashua

Section Title	Last Update	Action
CCCE Sign Off	08/07/17 07:06 AM	
CCCE Sign Off		
<div>CCCE Sign Off: Click the box below to indicate that you have reviewed all sections of your clinical site survey. <input checked="" type="checkbox"/> This survey has been reviewed.</div>		
Information For the Academic Program	08/07/17 07:06 AM	
Information For the Academic Program		
Person Completing CSIF: David Lawhorn		
E-mail address of person completing CSIF: dlawhorn@cpte.net		
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): Center for Physical Therapy and Exercise - Nashua		
Street Address		
Address: 522 Amherst St		
City: Nashua		
State: New Hampshire		
Postal Code: 03063		
Facility Phone		
Phone Number: (603) 880-0448		
Ext:		
PT Department Phone		
Phone Number:		
Ext:		
PT Department Fax		
Phone Number: (603) 881-5280		
Clinical Center Web Address: cpte.net		
Director of Physical Therapy: David Lawhorn		
Center Coordinator of Clinical Education (CCCE) / Contact Person: David Lawhorn		
CCCE / Contact Person Phone: 603-880-0448		

CCCE / Contact Person E-mail:

dlawhorn@cpte.net

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

08/07/17 07:06 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

08/07/17 07:06 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/Privatey 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

08/07/17 07:06 AM

Clinical Site Primary Classification

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

Please choose:

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

Acute Care/ Inpatient Hospital Facility

Ambulatory Care/ Outpatient

ECF/ Nursing Home/ SNF

<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Federal/State/County Health	<input type="checkbox"/>	Home Health	<input checked="" 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 type="checkbox"/>	Wellness/Prevention/Fitness Program	<input type="checkbox"/>	Other

Section Sign Off:

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☒ This section has been completed.

Clinical Site Location

08/07/17 07:06 AM

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

08/07/17 07:06 AM

Affiliated PT and PTA Educational Programs

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

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

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

11/03/16 07:08 AM

Information About the Clinical Teaching Faculty

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

Name:

David Lawhorn, DPT, CSCS

Email Address / CPI2 Login:

dlawhorn@cpte.net

Present Position (Title, Name of Facility):

Clinic Director CPTE Nashua

No. of Years as the CCCE

8

No. of Years of Clinical Practice

9

No. of Years of Clinical Teaching

5

No. of Years Working at this Site

8

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

NH

License/Registration Number:

3866

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

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 checked="" 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:

Summary of College and University Education

(Start with most current)

Institution:

Franklin Pierce College

Period of Study

(If the user is currently enrolled, please type in the word 'CURRENT' into the box labeled 'To'.)

From 09/05/02 — To 05/30/06

Major:

Physical Therapy

Degree:

Doctorate in Physical Therapy

Summary of Primary Employment

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

Employer:

CPTE Nashua

Position:

clinic director

Period of Employment

(If the user is currently employed, please type in the word 'CURRENT' into the box labeled 'To'.)

From 03/21/06 — To current

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)

Course:

Provider/Location:

Date

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

11/03/16 07:08 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
Baltisberger, Nick	nbaltisberger@cppte.net	
Doody, Christine	cdoody@cppte.net	
Lawhorn, DPT, CSCS, David	dlawhorn@cppte.net	
Parab, Priyanka	pparab@cppte.net	

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

06/27/13 07:05 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 type="checkbox"/> Clinical competence	<input type="checkbox"/> Delegated in position description	<input checked="" type="checkbox"/> Demonstrated strength in clinical teaching
<input checked="" 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 type="checkbox"/> Continuing education by academic program	<input type="checkbox"/> Continuing education by consortia
<input type="checkbox"/> No training	<input checked="" 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:

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☒ This section has been completed.

Information About the Physical Therapy Service

06/27/13 09:19 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

10

Total Number of Beds:

10

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

06/27/13 09:19 AM

Number of Patients/Clients

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

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Inpatient	Outpatient
Individual PT:	20 Individual PT:
Student PT:	5 Student PT:
Individual PTA:	15 Individual PTA:
Student PTA:	Student PTA:
PT/PTA Team:	PT/PTA Team:
0	40
Total patient/client visits per day:	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

06/27/13 09:19 AM

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

26% - 50%

22-65 years

51% - 75%

Over 65 years

1% - 25%

Continuum of Care

Critical care, ICU, acute

0%

SNF/ECF/sub-acute

0%

Rehabilitation

26% - 50%

Ambulatory/outpatient

76% - 100%

Home health/hospice

0%

Wellness/fitness/industry

51% - 75%

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

06/27/13 09:19 AM

Patient/Client Diagnoses

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

Musculoskeletal

76% - 100%

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

26% - 50%

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

<input checked="" type="checkbox"/>	Brain injury	<input checked="" type="checkbox"/>	Cerebral vascular accident	<input 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 type="checkbox"/>	Spinal cord injury	<input checked="" type="checkbox"/>	Vestibular disorder	<input type="checkbox"/>	Other

Cardiovascular-pulmonary

26% - 50%

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

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

0%

Which other sub-categories are available to the student:

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

Section Sign Off:

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☒ This section has been completed.

Staffing

06/27/13 09:19 AM

Staffing

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

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

06/26/13 09:48 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 type="checkbox"/> Athletic Venue Coverage
<input checked="" type="checkbox"/> Back School	<input checked="" type="checkbox"/> Biomechanics Lab	<input type="checkbox"/> Cardiac Rehabilitation
<input checked="" 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 checked="" type="checkbox"/> Employee Wellness Program
<input type="checkbox"/> Group Programs/Classes	<input type="checkbox"/> Home Health Program	<input checked="" 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 checked="" type="checkbox"/> Orthotic/Prosthetic Fabrication	<input checked="" 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 checked="" type="checkbox"/> Pediatric - General
<input checked="" type="checkbox"/> Pediatric - Musculoskeletal Emphasis	<input checked="" type="checkbox"/> Pediatric - Neurological Emphasis	<input checked="" type="checkbox"/> Prevention/Wellness
<input checked="" type="checkbox"/> Pulmonary Rehabilitation	<input type="checkbox"/> Quality Assurance/ CQI/TQM	<input checked="" type="checkbox"/> Radiology
<input checked="" type="checkbox"/> Research Experience	<input checked="" type="checkbox"/> Screening/Prevention	<input type="checkbox"/> Sports Physical Therapy
<input checked="" type="checkbox"/> Surgery (observation)	<input type="checkbox"/> Team Meetings/Rounds	<input checked="" type="checkbox"/> Vestibular Rehabilitation
<input checked="" type="checkbox"/> Women's Health/OB-GYN	<input 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 checked="" type="checkbox"/> Developmental
<input checked="" 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 checked="" type="checkbox"/> Preparticipation sports	<input checked="" type="checkbox"/> Prosthetic/orthotic clinic
<input type="checkbox"/> Scoliosis	<input checked="" type="checkbox"/> Screening clinics	<input checked="" type="checkbox"/> Seating/ mobility clinic
<input type="checkbox"/> Sports medicine clinic	<input checked="" type="checkbox"/> Wellness	<input 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 checked="" type="checkbox"/> Administrators	<input checked="" type="checkbox"/> Alternative therapies	<input type="checkbox"/> Athletic trainers
<input type="checkbox"/> Audiologists	<input type="checkbox"/> Dietitians	<input checked="" type="checkbox"/> Enterostomal / wound specialists
<input checked="" type="checkbox"/> Exercise physiologists	<input type="checkbox"/> Fitness professionals	<input type="checkbox"/> Health information technologists
<input type="checkbox"/> Massage therapists	<input checked="" type="checkbox"/> Nurses	<input checked="" type="checkbox"/> Occupational therapists
<input type="checkbox"/> Physician assistants	<input checked="" type="checkbox"/> Physicians	<input type="checkbox"/> Podiatrists
<input type="checkbox"/> Prosthetists / orthotists	<input type="checkbox"/> Psychologists	<input type="checkbox"/> Respiratory therapists
<input checked="" type="checkbox"/> Social workers	<input type="checkbox"/> Special education teachers	<input type="checkbox"/> Speech/language pathologists
<input checked="" type="checkbox"/> Students from other disciplines	<input type="checkbox"/> Students from other physical therapy education programs	<input type="checkbox"/> Therapeutic recreation therapists
<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

06/26/13 09:48 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 checked="" type="checkbox"/> Half days	<input type="checkbox"/> Other
---	---	--------------------------------

Physical Therapist Intermediate Experiences:

<input checked="" type="checkbox"/> Full days	<input checked="" type="checkbox"/> Half days	<input type="checkbox"/> Other
---	---	--------------------------------

Physical Therapist

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

Physical Therapist Assistant First Experience:

<input checked="" type="checkbox"/> Full days	<input checked="" type="checkbox"/> Half days	<input type="checkbox"/> Other
---	---	--------------------------------

Physical Therapist Assistant Intermediate Experiences:

<input checked="" type="checkbox"/> Full days	<input checked="" type="checkbox"/> Half days	<input type="checkbox"/> Other
---	---	--------------------------------

Physical Therapist Assistant

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

Please explain:

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 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

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 type="checkbox"/> March
<input checked="" type="checkbox"/> April	<input checked="" type="checkbox"/> May	<input checked="" 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

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

<input checked="" type="checkbox"/> January	<input checked="" type="checkbox"/> February	<input 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

Average number of PT students affiliating per year.:

1

Average number of PTA students affiliating per year.:

1

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

☐ Yes ☒ No

Please explain:

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

Instruction, education, and supervision. If pt still demonstrates unsafe behavior/techniques we report to school.

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

modifications of schedule to shadow or be supervised with another PT at the clinic site.

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

06/26/13 09:48 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 type="checkbox"/>	Daily	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	Student self-assessment throughout the clinical
<input checked="" type="checkbox"/>	Written and oral mid-evaluation	<input checked="" type="checkbox"/>	Written and oral summative final evaluation	<input type="checkbox"/>	Other

Section Sign Off:

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☒ This section has been completed.

Student Requirements

07/21/16 06:37 AM

Student Requirements

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

☒ Yes ☐ No

Please explain:

flucuating schedules for different therapists so schedules may vary.

Do students receive the same official holidays as staff?

☒ Yes ☐ No

Please explain:

all major, 4th of July, x-mas, Memorial and Labor day, Thanksgiving, January 1st, etc.

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.

8:30 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?:

annual

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

Please explain:

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:

(606) 880-0448

Ext:

Compliance Contact Person Email:

David Lawhorn

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

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)?

☐ 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:

internet availale

Is there a facility/student dress code?

☒ Yes ☐ No

Is emergency health care available for students?

☐ Yes ☐ No

Is the student responsible for emergency health care costs?

☐ Yes ☐ No

Is other non-emergency medical care available to students?

☐ Yes ☐ No

Is the student required to have proof of health insurance?

☐ Yes ☐ No

Is the student required to provide proof of OSHA training?

☐ Yes ☐ No

Is the student required to provide proof of HIPAA training?

☐ Yes ☐ No

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

☐ Yes ☐ No

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

Is the student required to be certified in First Aid?

☐ Yes ☐ No

Can the student receive First Aid certification on-site?

☐ Yes ☐ 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.

Student Schedule

07/21/16 06:37 AM

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:

3 10 hour days and 2 5 hour days

Is physical therapy provided on the weekends?

☐ Yes

☐ 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"