

Site Manager Site Survey —

Site: Catholic Medical Center - Rehabilitation Medicine Unit

Section Title	Last Update	Action
CCCE Sign Off	09/23/15 10:04 AM	
<b>CCCE Sign Off</b>		
<b>CCCE Sign Off:</b> 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.		
Information For the Academic Program	09/23/15 10:03 AM	
<b>Information For the Academic Program</b>		
<b>Person Completing CSIF:</b> Jennifer Walton		
<b>E-mail address of person completing CSIF:</b> JWinter@cmc-nh.org		
<b>Name of Clinical Center (Note: To correct the name of your site, as it appears in both CSIF Web and CPI Web, update it in this field):</b> Catholic Medical Center - Rehabilitation Medicine Unit		
<b>Street Address</b>		
<b>Address:</b> Rehab Medicine Unit 100 McGregor Street		
<b>City:</b> Manchester		
<b>State:</b> NH		
<b>Postal Code:</b> 03102		
<b>Facility Phone</b>		
<b>Phone Number:</b> 603-663-6545		
<b>Ext:</b>		
<b>PT Department Phone</b>		
<b>Phone Number:</b> 603-663-6659		
<b>Ext:</b>		
<b>PT Department Fax</b>		
<b>Phone Number:</b> 603-663-6197		
<b>Clinical Center Web Address:</b> www.catholicmedicalcenter.org		
<b>Director of Physical Therapy:</b> Catherine Bemis		
<b>Center Coordinator of Clinical Education (CCCE) / Contact Person:</b> Jennifer Walton		
<b>CCCE / Contact Person Phone:</b>		

603-663-6659

CCCE / Contact Person E-mail:

JWinter@cmc-nh.org

**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

09/23/15 10:03 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

09/23/15 10:03 AM

**Clinical Site Accreditation/Ownership**

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

<input type="checkbox"/>	Corporate/Privatey Owned	<input type="checkbox"/>	Government Agency	<input checked="" type="checkbox"/>	Hospital/Medical Center Owned
<input checked="" type="checkbox"/>	Nonprofit Agency	<input 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

09/23/15 10:03 AM

**Clinical Site Primary Classification**

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

Rehabilitation/Sub-acute Rehabilitation ▼

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

<input checked="" type="checkbox"/> Acute Care/ Inpatient Hospital Facility	<input checked="" type="checkbox"/> Ambulatory Care/ Outpatient	<input type="checkbox"/> ECF/ Nursing Home/ SNF
<input type="checkbox"/> Federal/ State/ County Health	<input type="checkbox"/> Home Health	<input type="checkbox"/> Industrial/ Occupational Health Facility
<input type="checkbox"/> Multiple Level Medical Center	<input 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:**

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

This section has been completed.

Clinical Site Location 09/23/15 10:03 AM

**Clinical Site Location**

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

Urban

**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 09/23/15 10:03 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	
Boston University	Boston	MA	PT	<input type="button" value="x"/>
Franklin Pierce University	Concord	NH	PT	<input type="button" value="x"/>
Northeastern University	Boston	MA	PT	<input type="button" value="x"/>
Sacred Heart University	Fairfield	CT	PT	<input type="button" value="x"/>
University of Connecticut	Storrs	CT	PT	<input type="button" value="x"/>
University of Massachusetts - Lowell	Lowell	MA	PT	<input type="button" value="x"/>
University of New England	Portland	ME	PT	<input type="button" value="x"/>

<p><b>Select the program(s) your site is currently affiliated with:</b></p> <p>By A-Z: <input type="button" value="v"/> Any</p> <p>By State: <input type="button" value="v"/> Any</p> <table border="1"> <tr><td>ACCE Demo University,</td><td><input type="button" value="+"/></td></tr> <tr><td>ACCE Demo University,</td><td><input type="button" value="+"/></td></tr> <tr><td>ACCE Demo University,</td><td><input type="button" value="+"/></td></tr> <tr><td>ACCE PTA Demo,</td><td><input type="button" value="+"/></td></tr> <tr><td>ASA College, FL</td><td><input type="button" value="+"/></td></tr> <tr><td>AT Still University of Health Sciences, AZ</td><td><input type="button" value="+"/></td></tr> <tr><td>Academy for Nursing and Health Occupations, FL</td><td><input type="button" value="+"/></td></tr> <tr><td>Adventist University of Health Sciences, FL</td><td><input type="button" value="+"/></td></tr> <tr><td>Alabama State University, AL</td><td><input type="button" value="+"/></td></tr> </table>	ACCE Demo University,	<input type="button" value="+"/>	ACCE Demo University,	<input type="button" value="+"/>	ACCE Demo University,	<input type="button" value="+"/>	ACCE PTA Demo,	<input type="button" value="+"/>	ASA College, FL	<input type="button" value="+"/>	AT Still University of Health Sciences, AZ	<input type="button" value="+"/>	Academy for Nursing and Health Occupations, FL	<input type="button" value="+"/>	Adventist University of Health Sciences, FL	<input type="button" value="+"/>	Alabama State University, AL	<input type="button" value="+"/>	<p><b>If not found in the list, please enter the program information here:</b></p> <p>Program Name: <input type="text"/></p> <p>City: <input type="text"/></p> <p>State: <input type="button" value="v"/> AB</p> <p>PT / PTA: <input type="button" value="v"/> PT</p> <p style="text-align: right;"><input type="button" value="Add"/> <input type="button" value="Clear"/></p>
ACCE Demo University,	<input type="button" value="+"/>																		
ACCE Demo University,	<input type="button" value="+"/>																		
ACCE Demo University,	<input type="button" value="+"/>																		
ACCE PTA Demo,	<input type="button" value="+"/>																		
ASA College, FL	<input type="button" value="+"/>																		
AT Still University of Health Sciences, AZ	<input type="button" value="+"/>																		
Academy for Nursing and Health Occupations, FL	<input type="button" value="+"/>																		
Adventist University of Health Sciences, FL	<input type="button" value="+"/>																		
Alabama State University, AL	<input type="button" value="+"/>																		

**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 08/24/16 04:06 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:

Jennifer Walton

Email Address / CPI2 Login:

jwinter@cmc-nh.org

Present Position (Title, Name of Facility):

Staff physical therapist

No. of Years as the CCCE

6

No. of Years of Clinical Practice

10

No. of Years of Clinical Teaching

8

No. of Years Working at this Site

10

Check all that apply:

PT  PTA

Licensing/Registration Status

Licensed/Registered

State of Licensure/Registration

NH

License/Registration Number:

3052

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)

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

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

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

Other credentials:

**Summary of College and University Education**

(Start with most current)

**Institution:**  
Sacred Heart University

**Period of Study**  
(If the user is currently enrolled, please type in the word 'CURRENT' into the box labeled 'To'.)  
From  &mdash; To

**Major:**  
Physical Therapy

**Degree:**  
Master's Degree

**Summary of Primary Employment**

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

**Employer:**  
Catholic Medical Center

**Position:**  
Staff physical therapist

**Period of Employment**  
(If the user is currently employed, please type in the word 'CURRENT' into the box labeled 'To'.)  
From  &mdash; To

**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:**  
APTA CI Credentialing Course

**Provider/Location:**  
APTA - Concord NH

**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

05/24/16 05:38 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
Atwood, Kaitlyn	kaitlyn.atwood@cmc-nh.org	
Cote, Chantal	ccote1433@gmail.com	
Fredriksen, Greta L	gfredrik@cmc-nh.org	

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.

09/23/15 10:06 AM

**Clinical Instructors**

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

<input type="checkbox"/>	APTA Clinical Instructor Credentialing	<input type="checkbox"/>	Career ladder opportunity	<input type="checkbox"/>	Certification/training course
<input checked="" type="checkbox"/>	Clinical competence	<input type="checkbox"/>	Delegated in position description	<input type="checkbox"/>	Demonstrated strength in clinical teaching
<input type="checkbox"/>	No criteria	<input type="checkbox"/>	Other (not APTA) clinical instructor credentialing	<input checked="" type="checkbox"/>	Therapist initiative/volunteer
<input 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 checked="" type="checkbox"/>	No training	<input type="checkbox"/>	Other (not APTA) clinical instructor credentialing program	<input type="checkbox"/>	Professional continuing education (e.g., chapter, CEU course)
<input type="checkbox"/>	Other				

**Section Sign Off:**

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

This section has been completed.

Information About the Physical Therapy Service

03/02/15 09:59 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:

23

Step down:

Subacute/transitional care unit:

Extended care:

Other specialty centers:

Total Number of Beds:

23

**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

03/02/15 09:59 AM

**Number of Patients/Clients**

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

**Inpatient**

40

Individual PT:

Student PT:

Individual PTA:

Student PTA:

PT/PTA Team:

40

Total patient/client visits per day:

**Outpatient**

Individual PT:

Student PT:

Individual PTA:

Student PTA:

PT/PTA Team:

0

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

03/02/15 09:59 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

0%

13-21 years

0%

22-65 years

51% - 75%

Over 65 years

51% - 75%

**Continuum of Care**

Critical care, ICU, acute

Please choose:

SNF/ECF/sub-acute

Please choose:

Rehabilitation

76% - 100%

Ambulatory/outpatient

Please choose:

Home health/hospice

Please choose:

Wellness/fitness/industry

Please choose:

**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

03/02/15 09:59 AM

## Patient/Client Diagnoses

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

### Musculoskeletal

26% - 50%

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

### Cardiovascular-pulmonary

1% - 25%

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

<input checked="" type="checkbox"/>	Cardiac dysfunction/ disease	<input type="checkbox"/>	Fitness	<input 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 checked="" type="checkbox"/>	Open wounds	<input type="checkbox"/>	Scar formation
<input type="checkbox"/>	Other				

Other (May cross a number of diagnostic groups)

1% - 25%

Which other sub-categories are available to the student:

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

Staffing

03/02/15 09:59 AM

### Staffing

	Full-time Budgeted	Part-time Budgeted	Current Staffing
PTs	3	1	4
PTAs	0	0	0
Aides/Techs	1	0	1
Other:			



**Section Sign Off:**

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

 This section has been completed.

Information About the Clinical Education Experience

09/23/15 10:07 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 type="checkbox"/>	Aquatic Therapy	<input type="checkbox"/>	Athletic Venue Coverage
<input checked="" type="checkbox"/>	Back School	<input type="checkbox"/>	Biomechanics Lab	<input checked="" type="checkbox"/>	Cardiac Rehabilitation
<input checked="" type="checkbox"/>	Community/Re-entry Activities	<input type="checkbox"/>	Critical Care/Intensive Care	<input checked="" type="checkbox"/>	Departmental Administration
<input type="checkbox"/>	Early Intervention	<input type="checkbox"/>	Employee Intervention	<input type="checkbox"/>	Employee Wellness Program
<input checked="" type="checkbox"/>	Group Programs/Classes	<input checked="" 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 type="checkbox"/>	Orthotic/Prosthetic Fabrication	<input type="checkbox"/>	Pain Management Program	<input type="checkbox"/>	Pediatric - Classroom Consultation Emphasis
<input type="checkbox"/>	Pediatric - Cognitive Impairment Emphasis	<input type="checkbox"/>	Pediatric - Developmental Program Emphasis	<input type="checkbox"/>	Pediatric - General
<input type="checkbox"/>	Pediatric - Musculoskeletal Emphasis	<input type="checkbox"/>	Pediatric - Neurological Emphasis	<input type="checkbox"/>	Prevention/Wellness
<input type="checkbox"/>	Pulmonary Rehabilitation	<input checked="" type="checkbox"/>	Quality Assurance/CQI/TQM	<input type="checkbox"/>	Radiology
<input type="checkbox"/>	Research Experience	<input type="checkbox"/>	Screening/Prevention	<input type="checkbox"/>	Sports Physical Therapy
<input checked="" type="checkbox"/>	Surgery (observation)	<input checked="" type="checkbox"/>	Team Meetings/Rounds	<input checked="" type="checkbox"/>	Vestibular Rehabilitation
<input type="checkbox"/>	Women's Health/OB-GYN	<input type="checkbox"/>	Work Hardening/Conditioning	<input checked="" type="checkbox"/>	Wound Care
<input type="checkbox"/>	Other				

Specialty Clinics

**Please check all specialty clinics available as student learning experiences.**

<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Balance	<input 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 type="checkbox"/>	Orthopedic clinic
<input type="checkbox"/>	Pain clinic	<input type="checkbox"/>	Preparticipation sports	<input type="checkbox"/>	Prosthetic/orthotic clinic
<input type="checkbox"/>	Scoliosis	<input type="checkbox"/>	Screening clinics	<input type="checkbox"/>	Seating/mobility clinic
<input type="checkbox"/>	Sports medicine clinic	<input 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 type="checkbox"/>	Alternative therapies	<input type="checkbox"/>	Athletic trainers
<input type="checkbox"/>	Audiologists	<input checked="" type="checkbox"/>	Dietitians	<input checked="" type="checkbox"/>	Enterostomal / wound specialists
<input 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 checked="" type="checkbox"/>	Physician assistants	<input checked="" type="checkbox"/>	Physicians	<input type="checkbox"/>	Podiatrists
<input checked="" type="checkbox"/>	Prosthetists / orthotists	<input checked="" type="checkbox"/>	Psychologists	<input checked="" type="checkbox"/>	Respiratory therapists
<input checked="" type="checkbox"/>	Social workers	<input type="checkbox"/>	Special education teachers	<input checked="" 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

09/23/15 10:07 AM

### Availability of the Clinical Education Experience

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

#### Physical Therapist

##### First Experience:

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

##### Intermediate Experiences:

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

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

#### Physical Therapist Assistant

##### First Experience:

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

##### Intermediate Experiences:

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

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

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

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

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

<input 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 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

Average number of PT students affiliating per year.:

2

Average number of PTA students affiliating per year.:

0

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?:

In accordance with CPI

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

Another therapist will step in as that day's CI.

#### 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

09/23/15 10:07 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 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:

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

This section has been completed.

Student Requirements

09/23/15 10:10 AM

#### Student Requirements

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

Yes  No

Please explain:

Contact the CCCE, Jen Walton, who will get you into contact with your CI - must be done PRIOR to starting the placement.

Do students receive the same official holidays as staff?

Yes  No

Please explain:

Does your clinical site require a student interview?

Yes  No

Please explain:

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

8:00 AM

Is a Mantoux TB test (PPD) required?

**a) one step**

Yes  No

**b) two step**

Yes  No

**Is a Rubella Titer Test or immunization required?**

Yes  No

Please explain:

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

Yes  No

Please explain:

Varicella, Hep B series, Flu vaccine during flu season (11/1-4/1)

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

All information must be given to Jen Walton

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

within 1 year

**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

Please explain:

The Pulse (CMC orientation).

**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:

Must be done in every state that student has lived in for the past year. Must be done prior to start date, but no longer than 4 months prior to.

**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:**

Jen Walton

**Compliance Contact Person Phone Number**

**Phone Number:**

603-663-6659

**Ext:**

**Compliance Contact Person Email:**

Jwinter@cmc-nh.org

**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

09/23/15 10:10 AM

**Special Information**

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

Yes  No

Please explain:

The full-time student will provide at least one inservice during their affiliation. Part-time students are not required to give an inservice.

**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:

Depending upon the student and their performance, they may be asked to provide an additional journal article/review as necessary.

**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?**

Yes  No

Please explain:

**Is the student required to have proof of health insurance?**

Yes  No

Please explain:

**Is the student required to provide proof of OSHA training?**

Yes  No

Please explain:

**Is the student required to provide proof of HIPAA training?**

Yes  No

Please explain:

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

Yes  No

Please explain:

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

Yes  No

Please explain:

**Can the student receive CPR certification while on-site?**

Yes  No

Please explain:

**Is the student required to be certified in First Aid?**

Yes  No

Please explain:

**Can the student receive First Aid certification on-site?**

Yes  No

Please explain:

**Section Sign Off:**

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

This section has been completed.

Student Schedule

09/23/15 10:10 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:**

Varies based on CI. Student will work 6.5-8 hours per day, but may have a different CI one day of the week.

**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"