

Site: Concentra - NH - Nashua

| Section Title | Last Update | Action |
|---|-------------------|--------|
| CCCE Sign Off | 03/08/16 01:36 PM | |
| 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 | 03/08/16 01:36 PM | |
| Information For the Academic Program | | |
| Person Completing CSIF: Heather Johnson, PT | | |
| E-mail address of person completing CSIF: heather_johnson@concentra.com | | |
| 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).: Concentra Urgent Care- Nashua | | |
| Street Address | | |
| Address: 14A Broad Street | | |
| City: Nashua | | |
| State: NH | | |
| Postal Code: 03064 | | |
| Facility Phone | | |
| Phone Number: 603-889-2354 | | |
| Ext: 25 | | |
| PT Department Phone | | |
| Phone Number: 603-889-2354 | | |
| Ext: 25 | | |
| PT Department Fax | | |
| Phone Number: 603-889-2793 | | |
| Clinical Center Web Address: www.concentra.com | | |
| Director of Physical Therapy: Heather Johnson, PT | | |
| Center Coordinator of Clinical Education (CCCE) / Contact Person: | | |

Heather Johnson, PT

CCCE / Contact Person Phone:

603-889-2354

CCCE / Contact Person E-mail:

heather_johnson@concentra.com

Section Sign Off:

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

☒ This section has been completed.

Information About the Corporate/Healthcare Systems Organization

03/08/16 01:36 PM

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:

Concentra

Contact Name:

John Levene

Address

Address:

2455 North 124th Street

City:

Brookfield

State:

WI

Postal Code:

53005

Phone

Phone Number:

262) 442-4273

Ext:

Fax

Phone Number:

262) 814-0603

E-mail:

john_levene@concentra.com

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

03/08/16 01:36 PM

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 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

03/08/16 01:36 PM

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.

| | | |
|--|---|--|
| <input 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 checked="" 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

03/08/16 01:36 PM

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

03/08/16 01:36 PM

Affiliated PT and PTA Educational Programs

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

| Program Name | City | State | PT / PTA | |
|--------------------------------------|-------------|-------|----------|----------------------|
| Franklin Pierce University | Concord | NH | PT | <input type="text"/> |
| Boston University | Boston | MA | PT | <input type="text"/> |
| MGHIHP | Boston | MA | PT | <input type="text"/> |
| Northeastern University | Boston | MA | PT | <input type="text"/> |
| Springfield College | Springfield | MA | PT | <input type="text"/> |
| University of Massachusetts - Lowell | Lowell | MA | PT | <input type="text"/> |
| University of Vermont | Burlington | VT | PT | <input type="text"/> |
| University of New England | Portland | ME | PT | <input type="text"/> |

Select the program(s) your site is currently affiliated with:

By A-Z:

By State:

If not found in the list, please enter the program information here:

Program Name:

City:

State:

PT / PTA:

Add Clear

| | | |
|---|--|-------------------|
| ACCE Demo University, | | |
| ACCE Demo University, | | |
| Section Sign Off: | | |
| ACCE Demo University, | | |
| Click the box below to indicate you have reviewed and finished with this section of the survey. | | |
| ASA College, FL | | |
| <input checked="" type="checkbox"/> This section has been completed. | | |
| At San University of Health Sciences, AZ | | |
| Academy for Nursing and Health Occupations, FL | | |
| Information About the Clinical Teaching Faculty | | 07/03/17 03:02 PM |
| Adventist University of Health Sciences, FL | | |
| Alabama State University, AL | | |

Information About the Clinical Teaching Faculty

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

Name:

Heather Johnson

Email Address / CPI2 Login:

heather_johnson@concentra.com

Present Position (Title, Name of Facility):

Center Therapy Director, Concentra, Nashua, NH

No. of Years as the CCCE

5

No. of Years of Clinical Practice

11

No. of Years of Clinical Teaching

10

No. of Years Working at this Site

7

Check all that apply:

| | | | |
|-------------------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | PT | <input type="checkbox"/> | PTA |
|-------------------------------------|----|--------------------------|-----|

Licensing/Registration Status

Please choose:

State of Licensure/Registration

Please choose:

License/Registration Number:

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

Please explain:

Certified Manual Therapist

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:

Certified in Orthopedic Manual Therapy from MTI

Summary of College and University Education

(Start with most current)

Institution:

Period of Study

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

From — To

Major:

Degree:

Summary of Primary Employment

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

Employer:

Position:

Period of Employment

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

From — 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:

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

07/03/17 03:02 PM

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

Johnson, Heather

heather_johnson@concentra.com

Add New CI

Displaying 1 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

06/15/16 09:48 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 checked="" type="checkbox"/> | Years of experience | <input type="checkbox"/> | Other | | |

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

| | | | | | |
|-------------------------------------|-----------------------------------|-------------------------------------|--|-------------------------------------|---|
| <input checked="" type="checkbox"/> | 1:1 individual training (CCCE:CI) | <input checked="" 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 type="checkbox"/> | Other (not APTA) clinical instructor credentialing program | <input checked="" 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

03/19/15 10:38 AM

Information About the Physical Therapy Service

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

Acute care:

Psychiatric center:

Intensive care:

Rehabilitation center:

Step down:

Subacute/transitional care unit:

Extended care:

Other specialty centers:

Total Number of Beds:

0

Section Sign Off:

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

☒ This section has been completed.

Number of Patients/Clients

03/19/15 10:38 AM

Number of Patients/Clients

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

| Inpatient | Outpatient |
|--------------------------------------|--------------------------------------|
| Individual PT: | 8 Individual PT: |
| Student PT: | 8 Student PT: |
| Individual PTA: | Individual PTA: |
| Student PTA: | Student PTA: |
| PT/PTA Team: | PT/PTA Team: |
| 0 | 16 |
| 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

03/19/15 10:38 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

1% - 25%

22-65 years

51% - 75%

Over 65 years

1% - 25%

Continuum of Care

Critical care, ICU, acute

0%

SNF/ECF/sub-acute

0%

Rehabilitation

0%

Ambulatory/outpatient

76% - 100%

Home health/hospice

0%

Wellness/fitness/industry

1% - 25%

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

03/19/15 10:38 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 type="checkbox"/> | Amputation | <input checked="" type="checkbox"/> | Arthritis |
| <input type="checkbox"/> | Bone disease/ dysfunction | <input checked="" type="checkbox"/> | Connective tissue disease/ dysfunction | <input type="checkbox"/> | Muscle disease/ dysfunction |
| <input checked="" type="checkbox"/> | Musculoskeletal degenerative disease | <input type="checkbox"/> | Orthopedic surgery | <input type="checkbox"/> | Other |

Neuro-muscular

0%

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

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

Cardiovascular-pulmonary

0%

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

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

Integumentary

0%

Which Integumentary sub-categories are available to the student:

| | | | | | |
|--------------------------|-------|--------------------------|-------------|--------------------------|----------------|
| <input type="checkbox"/> | Burns | <input 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 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 checked="" 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

03/19/15 10:38 AM

Staffing

| | Full-time Budgeted | Part-time Budgeted | Current Staffing |
|-------------|--------------------|--------------------|------------------|
| PTs | 1 | 0 | 1 |
| PTAs | 0 | 0 | 0 |
| Aides/Techs | 0 | 0 | 0 |

| | | | |
|--------|---|---|---|
| Other: | 0 | 0 | 0 |
| na | | | |

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

03/19/15 11:49 AM

Information About the Clinical Education Experience

Special Programs/ Activities/ Learning Opportunities

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

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

Specialty Clinics

Please check all specialty clinics available as student learning experiences.

| | | |
|---|--|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Balance | <input type="checkbox"/> Developmental |
| <input type="checkbox"/> Feeding clinic | <input type="checkbox"/> Hand clinic | <input type="checkbox"/> Hemophilia clinic |
| <input type="checkbox"/> Industry | <input type="checkbox"/> Neurology clinic | <input 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 type="checkbox"/> Dietitians | <input 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 type="checkbox"/> Nurses | <input type="checkbox"/> Occupational therapists |
| <input checked="" type="checkbox"/> Physician assistants | <input type="checkbox"/> Physicians | <input type="checkbox"/> Podiatrists |
| <input type="checkbox"/> Prosthetists / orthotists | <input type="checkbox"/> Psychologists | <input type="checkbox"/> Respiratory therapists |
| <input type="checkbox"/> Social workers | <input type="checkbox"/> Special education teachers | <input type="checkbox"/> Speech/ language pathologists |
| <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 checked="" type="checkbox"/> Other | |

Please explain:

medical assistance

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

03/19/15 11:49 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 |
|---|------------------------------------|--------------------------------|

**Physical Therapist
Intermediate Experiences:**

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

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

**Physical Therapist Assistant
Intermediate Experiences:**

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

Physical Therapist Assistant

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

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

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

| | | |
|----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> February | <input type="checkbox"/> March |
| <input type="checkbox"/> April | <input type="checkbox"/> May | <input type="checkbox"/> June |
| <input type="checkbox"/> July | <input type="checkbox"/> August | <input type="checkbox"/> September |

| | | | | | |
|--------------------------|---------|--------------------------|----------|--------------------------|----------|
| <input type="checkbox"/> | October | <input type="checkbox"/> | November | <input type="checkbox"/> | December |
|--------------------------|---------|--------------------------|----------|--------------------------|----------|

Average number of PT students affiliating per year.:

3

Average number of PTA students affiliating per year.:

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

☒ Yes ☐ No

Please explain:

I have never had to do this but we are willing to work with schools and see what we can do to be flexible and accomodating

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

contact the School as soon as there is a concern, set specific written goals, and address on a regular basis

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.):

Someone will come to cover the clinic and those people are willing to take the student for that temporary bit of time. If away from the clinic on business we try and take the student with us for the learning opportunity.

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 | 03/19/15 11:49 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 type="checkbox"/> | At end of clinical experience | <input 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 checked="" type="checkbox"/> | Other |

Please explain:

weekly write up of goals and assessment of the week.

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 | 03/08/16 01:48 PM |
|----------------------|-------------------|

Student Requirements

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

☒ Yes ☐ No

Please explain:

This Clinic is 8-5 but not all locations are, so alway double check

Do students receive the same official holidays as staff?

☒ Yes ☐ No

Please explain:

Does your clinical site require a student interview?

☐ Yes ☒ No

Please explain:

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

8:00 AM ▼

Is a Mantoux TB test (PPD) required?

a) one step

☐ Yes ☒ No

b) two step

☒ Yes ☐ No

Is a Rubella Titer Test or immunization required?

☒ Yes ☐ No

Please explain:

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

☐ Yes ☒ No

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

fax or email. 603-889-2793

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

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

☐ Yes ☒ No

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

☐ Yes ☒ No

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

| | | | | | |
|--------------------------|-----------------|-------------------------------------|---------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> | Child clearance | <input checked="" type="checkbox"/> | Criminal background check | <input checked="" 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:

we do our own and will take care of it within 30-60 days before starting the first day.

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

Please explain:

it is done onsite and needs to be done 3-30 days before starting

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.):

online training is done before starting with patient care

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

Compliance Contact Person Name:

Compliance Contact Person Phone Number

Phone Number:

Ext:

Compliance Contact Person Email:

Section Sign Off:

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

☒ This section has been completed.

Special Information

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Special Information

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

☒ Yes ☐ No

Please explain:

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:

limited but it is available

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

Is other non-emergency medical care available to students?

☒ Yes ☐ No

Please explain:

Is the student required to have proof of health insurance?

☐ Yes ☒ No

Please explain:

Is the student required to provide proof of OSHA training?

☐ Yes ☒ No

Please explain:

Is the student required to provide proof of HIPAA training?

☐ Yes ☒ No

Please explain:

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

☒ Yes ☐ No

Please explain:

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

☐ Yes ☒ No

Can the student receive CPR certification while on-site?

☐ Yes ☒ No

Please explain:

Is the student required to be certified in First Aid?

☐ Yes ☒ No

Please explain:

Can the student receive First Aid certification on-site?

☐ Yes ☒ No

Please explain:

Section Sign Off:

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


☒ This section has been completed.

Student Schedule

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Student Schedule

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

Standard 8 hour day 

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

8-5, often working through lunch, may need to stay late as needed for paperwork

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"