# Site Manager Site Survey —

### Site: Concentra - NH - Nashua

Section Title	Last Update	Action
CCCE Sign Off	03/08/16 01:36 PM	

## **CCCE Sign Off**

### **CCCE Sign Off:**

Click the box below to indicate that you have reviewed all sections of your clinical site survey.

This survey has been reviewed.

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

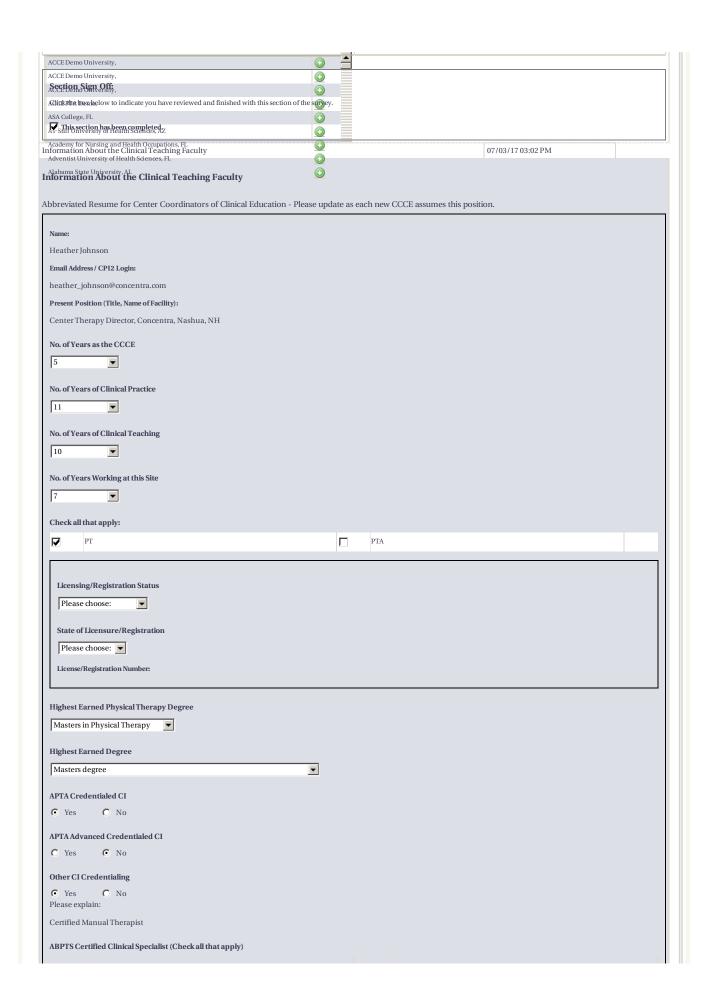
Director of Physical Therapy:

Heather Johnson, PT

 $Center \, Coordinator \, of \, Clinical \, Education \, (CCCE) \, / \, Contact \, Person:$ 

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	Federal/State/County Health		Home Health		V	Industrial/Oc	cupational Health Facility	
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	School/Preschool Program		Wellness/Prevention/Fitne	ess Program		Other		
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Positio Period (If the From Continu Continu Course Provide Date  This se	I of Employment  e user is currently employed, please type in the word 'CURRENT' into to ward a series currently employed, please type in the word 'CURRENT' into to ward a series currently employed, please type in the word 'CURRENT' into to ward a series currently employed, please type in the word 'CURRENT' into to ward and series a series currently employed, please type in the word 'CURRENT' into to ward and series a series currently employed, please type in the word 'CURRENT' into to ward and series a series currently employed, please type in the word 'CURRENT' into to ward and series a series currently employed, please type in the word 'CURRENT' into to ward and series a series currently employed, and series a series currently employed, please type in the word 'CURRENT' into to the word of the word and series and titles, continuing educations;  ser/Location:  Sign Off:  box below to indicate you have reviewed and finished with this section of the surface to the word of the surface type in the word 'CURRENT' into the wor	esponsibilities ucation (courses :	and instructors], research, clinical practice/expertise, etc. in the last three

	nnson, Heather	110	eather_johnson@concentra.com		
	add New CI Displaying 1 Clinical instructor				
Sec	tion Sign Off:				
	k the box below to indicate you have reviewed and finished	with this	section of the survey.		
	This section has been completed. al Instructors				06/15/16 09:48 AM
lini	cal Instructors				
		ale all th	ot on the		
iai	criteria do you use to select clinical instructors? (Che APTA Clinical Instructor Credentialing	ck an u	Career ladder opportunity	П	Certification/training course
ī	Clinical competence	П	Delegated in position description		Demonstrated strength in clinical teaching
	No criteria		Other (not APTA) clinical instructor credentialing	V	Therapist initiative/volunteer
ī	Years of experience		Other		
w	are clinical instructors trained? (Check all that apply	)			
7	1:1 individual training (CCCE:CI)	V	APTA Clinical Instructor Education and Credentialing Program		Academic for-credit coursework
	Clinical center inservices		Continuing education by academic program		Continuing education by consortia
	No training		Other (not APTA) clinical instructor credentialing program	V	Professional continuing education (e.g., chapter, CEU course)
	Other				course
Clic	tion Sign Off: k the box below to indicate you have reviewed and finished This section has been completed.	with this	s section of the survey.		
Clic	k the box below to indicate you have reviewed and finished	with this	section of the survey.		03/19/15 10:38 AM
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Clico	k the box below to indicate you have reviewed and finished This section has been completed.  Ination About the Physical Therapy Service  Thera	ent care		ch of t	
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Clico	k the box below to indicate you have reviewed and finished This section has been completed.  Ination About the Physical Therapy Service  Thera	ent care		ch of t	
Clica	k the box below to indicate you have reviewed and finished This section has been completed.  mation About the Physical Therapy Service  rmation About the Physical Therapy Service  per of Inpatient Beds For clinical sites with inpatie cur facility, please skip and move to the next table.)  care:  atric center:  ive care:  diltation center:  own:  ute/transitional care unit:  led care:  specialty centers:  Number of Beds:	ent care	, please provide the number of beds available in eac	th of t	
Clicic Cl	k the box below to indicate you have reviewed and finished This section has been completed.  Ination About the Physical Therapy Service  Ination About the Physical Therapy Service  In action About the Physi	ent care	, please provide the number of beds available in eac	ch of t	
Click	k the box below to indicate you have reviewed and finished  This section has been completed.  Ination About the Physical Therapy Service  Ther	ent care	, please provide the number of beds available in eac	ch of t	
Click	k the box below to indicate you have reviewed and finished  This section has been completed.  Ination About the Physical Therapy Service  Promation About the Physical Therapy Service  Promatical Therapy Service	ent care	, please provide the number of beds available in eac	ch of t	he subcategories listed below: (If this does not
Click	k the box below to indicate you have reviewed and finished  This section has been completed.  Ination About the Physical Therapy Service  Imation About th	ent care	, please provide the number of beds available in eac	ch of t	he subcategories listed below: (If this does not

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 Total patient/client visits per day:	16 Total patient/client visits per day:	
Total patient circuit visits per only.	Total parent dien visits per uny.	
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		
Patient/Cheft Lifespan and Continuum of Care		
Indicate the frequency of time typically spent with patients/clients in each of the cate	gories:	
Patient Lifespan		
0-12 years		
0%		
13-21 years		
1% - 25% ▼		
22-65 years		
51% - 75% ▼		
_		
Over 65 years    1% - 25%		
170-2370		
Continuum of Care		
Critical care, ICU, acute		
0%		
SNF/ECF/sub-acute		
0%		
Rehabilitation		
0%		
Ambulatory/outpatient		
76% - 100%		
Home health/hospice		
0% ▼		
Wellings (Stragg lindustry)		
Wellness/fitness/industry		
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	

	nt, cheft Bughoses	Patient/Client Diagnoses														
Indica	Indicate the frequency of time typically spent with patients/clients in each of the categories:															
Muscu	Musculoskeletal															
76% -	76% - 100% <b>•</b>															
Which	Which Musculoskeletal sub-categories are available to the student:															
V	Acute injury			Amputation		V	Arthritis									
	Bone disease/ dysfunction		V	Connective tissue disease/d	lysfunction		Muscle disease/dysfunction									
V	Musculoskeletal degenerative disease			Orthopedic surgery			Other									
Neuro	o-muscular															
0%	▼ I															
******	_															
	Neuro-muscular sub-categories are avail	lable to the s		Cerebral vascular accident			Chronic pain									
	Congenital/developmental			Neuromuscular degenerativ	ve disease		Peripheral nerve injury									
	Spinal cord injury			Vestibular disorder	To discuse		Other									
	,,,,,					-										
	ovascular-pulmonary															
0%	▼															
Which	Cardiovascular-pulmonary sub-categori	ies are availa	ble to	the student:												
	Cardiac dysfunction/disease			Fitness			Lymphedema									
	Peripheral vascular dysfunction/disease			Pulmonary dysfunction/dis	sease		Other									
Integu	imentary															
0%	▼															
Which	. Integumentary sub-categories are availa															
VVIIICII	Which Integumentary sub-categories are available to the student:															
wine.	Burns	able to the sti	udent:	Open wounds			Scar formation									
_		able to the sti	_			Г	Scar formation									
	Burns Other		_				Scar formation									
Other	Burns Other  (May cross a number of diagnostic groups		_				Scar formation									
Other	Burns Other  (May cross a number of diagnostic groups)	(s)	_			Г	Scar formation									
Other  1%-2  Which	Burns Other  (May cross a number of diagnostic groups 25%  other sub-categories are available to the	(s)		Open wounds												
Other  1%-2  Which	Burns Other  (May cross a number of diagnostic groups 25%  other sub-categories are available to the Cognitive impairment	(s)		Open wounds  General medical conditions	s .		General surgery									
Other  1%-2  Which	Burns Other  (May cross a number of diagnostic groups 25%  other sub-categories are available to the Cognitive impairment Oncologic conditions	(s)		Open wounds	S											
Other  1%-2  Which	Burns Other  (May cross a number of diagnostic groups 25%  other sub-categories are available to the Cognitive impairment	(s)		Open wounds  General medical conditions	3		General surgery									
Other  1%-2  Which	Burns Other  (May cross a number of diagnostic groups 25%  other sub-categories are available to the  Cognitive impairment Oncologic conditions Other	(s)		Open wounds  General medical conditions	S		General surgery									
Other  1%-2  Which	Burns Other  (May cross a number of diagnostic groups 25%  other sub-categories are available to the Cognitive impairment Oncologic conditions	s) student:		Open wounds  General medical conditions  Organ transplant	5		General surgery									
Other  1%-2  Which  Sector Click	Burns Other  (May cross a number of diagnostic groups 25%  other sub-categories are available to the  Cognitive impairment Oncologic conditions Other  tion Sign Off:	s) student:		Open wounds  General medical conditions  Organ transplant			General surgery									
Other  1%-2  Which  Sector Click	Burns Other  (May cross a number of diagnostic groups 25%  other sub-categories are available to the Cognitive impairment Oncologic conditions Other  tion Sign Off:	s) student:		Open wounds  General medical conditions  Organ transplant	5		General surgery									
Other  1%-2  Which  Sector Click	Burns Other  (May cross a number of diagnostic groups 25%  other sub-categories are available to the Cognitive impairment Oncologic conditions Other  tion Sign Off: k the box below to indicate you have reviewed a	s) student:		Open wounds  General medical conditions  Organ transplant			General surgery									
Other  1%-:  Which  Sec:  Click	Burns Other  (May cross a number of diagnostic groups 25%  other sub-categories are available to the Cognitive impairment Oncologic conditions Other  tion Sign Off: k the box below to indicate you have reviewed a This section has been completed.	s) student:		Open wounds  General medical conditions  Organ transplant			General surgery Wellness/Prevention									
Other  1%-:2  Which  Sec: Click	Burns Other  (May cross a number of diagnostic groups 25%  other sub-categories are available to the Cognitive impairment Oncologic conditions Other  tion Sign Off: k the box below to indicate you have reviewed a This section has been completed.	s) student:		Open wounds  General medical conditions  Organ transplant			General surgery Wellness/Prevention									
Other  1%-:  Which  Sec: Click	Burns Other  (May cross a number of diagnostic groups 25%  other sub-categories are available to the Cognitive impairment Oncologic conditions Other  tion Sign Off: k the box below to indicate you have reviewed a This section has been completed.	s) student:	ith this	Open wounds  General medical conditions  Organ transplant  section of the survey.	Part-time Budgeted		General surgery Wellness/Prevention									
Other  1%-:  Which  Sec: Click	Burns Other  (May cross a number of diagnostic groups 25%  other sub-categories are available to the Cognitive impairment Oncologic conditions Other  tion Sign Off: k the box below to indicate you have reviewed a This section has been completed.	s) student: and finished w	ith this	Open wounds  General medical conditions  Organ transplant  section of the survey.	Part-time Budgeted		General surgery Wellness/Prevention  03/19/15 10:38 AM  Current Staffing									
Other  1%-:2  Which  Sec: Click  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Burns Other  (May cross a number of diagnostic groups 25%  other sub-categories are available to the Cognitive impairment Oncologic conditions Other  tion Sign Off: k the box below to indicate you have reviewed a This section has been completed.	s) student: and finished with the student in the st	ith this	Open wounds  General medical conditions  Organ transplant  section of the survey.	Part-time Budgeted		General surgery Wellness/Prevention  03/19/15 10:38 AM  Current Staffing  1									
Other  1%-:2  Which  Section  Click  T  Staffir  Staffir  PTs	Other  (May cross a number of diagnostic groups 25%  other sub-categories are available to the  Cognitive impairment  Oncologic conditions  Other  tion Sign Off: k the box below to indicate you have reviewed a  This section has been completed.	s) student: and finished w	ith this	Open wounds  General medical conditions  Organ transplant  section of the survey.	Part-time Budgeted		General surgery Wellness/Prevention  03/19/15 10:38 AM  Current Staffing									

Other:		0	0		0			
na								
Click	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.							
Inform	nation About the Clinical Education Exper	ience			03/19/15 11:49 AM			
Specia	mation About the Clinical Educati al Programs/Activities/Learning Oppor check all special programs/activities/lear	tunities	es available to students.					
<b>V</b>	Administration		Aquatic Therapy		Athletic Venue Coverage			
V	Back School		Biomechanics Lab		Cardiac Rehabilitation			
	Community/Re-entry Activities		Critical Care/Intensive Care		Departmental Administration			
	Early Intervention		Employee Intervention		Employee Wellness Program			
V	Group Programs/ Classes		Home Health Program	V	Industrial/Ergonomic PT			
	Inservice Training/Lectures		Neonatal Care		Nursing Home/ECF/SNF			
	Orthotic/Prosthetic Fabrication		Pain Management Program		Pediatric - Classroom Consultation Emphasis			
	Pediatric - Cognitive Impairment Emphasis		Pediatric - Developmental Program Emphasis		Pediatric - General			
	Pediatric - Musculoskeletal Emphasis		Pediatric - Neurological Emphasis	V	Prevention/Wellness			
П	Pulmonary Rehabilitation		Quality Assurance/CQI/TQM	V	Radiology			
Г	Research Experience	Г	Screening/Prevention	Г	Sports Physical Therapy			
г	Surgery (observation)	Г	Team Meetings/Rounds	Г	Vestibular Rehabilitation			
Г	Women's Health/OB-GYN	₽	Work Hardening/Conditioning	Г	Wound Care			
	Other	,,,						
	alty Clinics	dent learning exp	periences.					
Г	Arthritis	Г	Balance	П	Developmental			
Г	Feeding clinic	П	Hand clinic	Г	Hemophilia clinic			
	Industry	П	Neurology clinic	П	Orthopedic clinic			
_	Pain clinic	П	Preparticipation sports	_	Prosthetic/orthotic clinic			
	Scoliosis		Screening clinics		Seating/mobility clinic			
			Wellness		Women's health			
_	Sports medicine clinic		weinless		women shearin			
_	Other							
	n and Educational Providers at the Clin							
		oviders at your cli	nical site students typically observe and/or with whom	1				
V	Administrators		Alternative therapies		Athletic trainers			
	Audiologists		Dietitians		Enterostomal / wound specialists			
	Exercise physiologists		Fitness professionals		Health information technologists			
	Massage therapists		Nurses		Occupational therapists			
V	Physician assistants		Physicians		Podiatrists			
	Prosthetists / orthotists		Psychologists		Respiratory therapists			
	Social workers		Special education teachers		Speech/language pathologists			
V	Students from other disciplines		Students from other physical therapy education programs		Therapeutic recreation therapists			
	Vocational rehabilitation counselors	V	Other					
	explain: al assistance							

Sec	Section Sign Off:							
Clicl	Click the box below to indicate you have reviewed and finished with this section of the survey.							
	▼ This section has been completed.							
Availa	bility of the Clinical Education Experience				03/19/15 11:49 AM			
A *1	- Lilian - fall - Clinian I Dansain - Dansain							
Avail	ability of the Clinical Education Experience							
Indica	ate educational levels at which you accept PT and P	TA stu	idents for clinical experiences (Check all that apply	).				
	cal Therapist Experience:							
V	Full days		Half days		Other			
	cal Therapist nediate Experiences:							
	Full days		Half days		Other			
V	run days		nanuays		One			
Physic	cal Therapist							
V	Final Experience		Internship (6 months or longer)		Specialty experience			
	Other							
Dhyeid	cal Therapist Assistant							
	experience:							
	Full days		Half days		Other			
	cal Therapist Assistant nediate Experiences:							
	Full days		Half days		Other			
		1						
_	cal Therapist Assistant		-					
	Final Experience		Other					
PT								
Indica	te which months you will accept students for any sing	de full-	time (36 hrs/wk) clinical experience.					
V	January	V	February	V	March			
✓	April	V	May	V	June			
✓	July	V	August	V	September			
V	October	V	November	V	December			
	te which months you will accept students for any one	ī	•	ı				
<b>V</b>	January	V	February	V	March			
	April	V	May	V	June			
	July	V	August	V	September			
	October	V	November	V	December			
PTA								
Indica	te which months you will accept students for any sing	de full-	time (36 hrs/wk) clinical experience.					
	January		February		March			
	April		May		June			
	July		August		September			
	October		November		December			
Indica	te which months you will accept students for any one	part-ti	ime (< 36 hrs/wk) clinical experience.	ı				
	January		February		March			
	April		May		June			
	July		August		September			

	October		November		December
Avera	ge number of PT students affiliating per year.:				
3					
Avera	ge number of PTA students affiliating per year.:				
Ie voi	ır clinical site willing to offer reasonable accommodati	one fo	r students under ADA2		
O Y		J115 101	students dide! ADA:		
	e explain:				
Ihave	e never had to do this but we are willing to work with scl	hools a	and see what we can do to be flexible and accomodating	5	
What	is the procedure for managing students whose performance i	s belov	v expectations or unsafe?:		
conta	act the School as soon as there is a concern, set specific v	writter	goals, and address on a regular basis		
Explai	n what provisions are made for students if the clinical instru	ctor is	ll or away from the clinical site.  (Answer if the clinical co	enter en	aploys only one PT or PTA.):
Some	one will come to cover the clinic and those people are v	villing	to take the student for that temporary bit of time. If awa	ay from	the clinic on
	ness we try and take the student with us for the learning	_			
l					
Sec	ction Sign Off:				
Clic	ck the box below to indicate you have reviewed and finished w	vith this	s section of the survey.		
	This section has been completed.				
	This section has been completed.				
Clinic	cal Site's Learning Objectives and Assessment				03/19/15 11:49 AM
Clini	ical Site's Learning Objectives and Assessmer	nt			
CIIII	cal site's Learning Objectives and Assessmen	10			
Does	your clinical site provide written clinical education obj	jective	s to students?		
O Y	res <b>o</b> No				
. ,					•
		erapy	services acquainted with the clinical site's learning obj	ectives	
	ves O No				
Wher	n do the CCCE and/or CI typically discuss the clinical si	ite's le	arning objectives with students? (Check all that apply)		
П	At end of clinical experience	П	At mid-clinical experience	V	Beginning of the clinical experience
П	Daily	V	Weekly	П	Other
Indic	ate which of the following methods are typically utilize	d to in	form students about their clinical performance? (Che	ck all th	aat apply)
V	As per student request in addition to formal and ongoing written & oral feedback	V	Ongoing feedback throughout the clinical	V	Student self-assessment throughout the clinical
✓	Written and oral mid-evaluation	V	Written and oral summative final evaluation	✓	Other
V	written and oral nind-evaluation	N/	written and oral summative mai evaluation	IV	One
	e explain:				
week	ly write up of goals and assessment of the week.				
Sar	ction Sign Off:				
	choir Sign Oir: ck the box below to indicate you have reviewed and finished w	vith this	e section of the survey		
Clic	ware now perow to intricate you have reviewed and infished w	vent tills	occuon or the survey.		
Clic					
	This section has been completed.				
V	-				03/08/16 01:48 PM
V	This section has been completed.				03/08/16 01:48 PM
Stude	-				03/08/16 01:48 PM
Stude Stude	ent Requirements				03/08/16 01:48 PM
Stude Stud	ent Requirements  lent Requirements  udents need to contact the clinical site for specific work	khour	s related to the clinical experience?		03/08/16 01:48 PM
Stude Stude  Stude  Oost	ent Requirements  lent Requirements  udents need to contact the clinical site for specific work	k hour	s related to the clinical experience?		03/08/16 01:48 PM
Stude Stude  Stude  Oost Pleas	ent Requirements  lent Requirements  udents need to contact the clinical site for specific work  (es O No		s related to the clinical experience?		03/08/16 01:48 PM
Stude Stud  Dost  Yeleas This (	lent Requirements  lent Requirements  udents need to contact the clinical site for specific work  (es O No e explain:  Clinic is 8-5 but not all locations are, so alway double ch		s related to the clinical experience?		03/08/16 01:48 PM
Stude Stude  Stude  Stude  Ostro  Pleas  This Control  Dostro	lent Requirements  lent Requirements  udents need to contact the clinical site for specific work fes No e explain:  Clinic is 8-5 but not all locations are, so alway double ch		s related to the clinical experience?		03/08/16 01:48 PM
Stude  Stude  Stude  Output  Dost  Pleas  This G	lent Requirements  lent Requirements  lent Requirements  less No less No le explain:  Clinic is 8-5 but not all locations are, so alway double chaudents receive the same official holidays as staff?  less No		s related to the clinical experience?		03/08/16 01:48 PM
Stude  Stude  Stude  Output  Dost  Pleas  This G	lent Requirements  lent Requirements  udents need to contact the clinical site for specific work fes No e explain:  Clinic is 8-5 but not all locations are, so alway double ch		s related to the clinical experience?		03/08/16 01:48 PM
Stude Stude Stude Oost O Y Pleas This O Dost	lent Requirements  lent Requirements  lent Requirements  less No less No le explain:  Clinic is 8-5 but not all locations are, so alway double chaudents receive the same official holidays as staff?  less No		s related to the clinical experience?		03/08/16 01:48 PM

	Please explain:								
Indicate the time the student should report to the clinical s	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									
O Yes O 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 t	o the cli	inical experience? If yes, please specify:							
C 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-s	ite2 If-	es nlegse snerify							
Yes • No	ner 11 y	es, please specify.							
ics is no									
Is the student required to provide proof of any other train	ing pric	or to orientation at your facility? If yes, please list.							
O Yes O No									
Indicate which of the following are required by your facilit	y prior	to the clinical education experience:							
Child clearance	V	Criminal background check	V	Drug screening					
			Child clearance						
HIPAA education OSHA education Proof of student health clearance									
_									
		OSHA education		Proof of student health clearance					
Other  Is a criminal background check required (e.g., Criminal Of			_						
Other  Is a criminal background check required (e.g., Criminal Of			_						
Other  Is a criminal background check required (e.g., Criminal Of  Yes  No Please explain:	fender	Record Information)? If yes, please indicate which back	_						
Other  Is a criminal background check required (e.g., Criminal Of  Yes No Please explain:  we do our own and will take care of it within 30-60 days before	fender	Record Information)? If yes, please indicate which back	_						
Other  Is a criminal background check required (e.g., Criminal Of  Yes No Please explain: we do our own and will take care of it within 30-60 days before Is a child abuse clearance required?	fender	Record Information)? If yes, please indicate which back	_						
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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	03/08/16 01:48 PM
Special Information	
Do you require a case study or inservice from all students (part-time and full-time)?	
© Yes © No Please explain:	
Do you require any additional written or verbal work from the student (e.g., article critiques, journal review, patient/client education of the student (e.g., article critiques, journal review, patient/client education).	ation handout/brochure)?
ℂ Yes ⓒ No Please explain:	
Does your site have a written policy for missed days due to illness, emergency situations, other? If yes, please summarize.	
C 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 O No	
Is emergency health care available for students?	
C Yes • No Please explain:	
Is the student responsible for emergency health care costs?	
C Yes C No	
Is other non-emergency medical care available to students?	
© Yes C No Please explain:	
Is the student required to have proof of health insurance?	
○ Yes ○ No Please explain:	
Is the student required to provide proof of OSHA training?	
C Yes © No	
Please explain:	
Is the student required to provide proof of HIPAA training?  O 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).	
C Yes • No	
Can the student receive CPR certification while on-site?	
C Yes O No Please explain:	
Is the student required to be certified in First Aid?	
C Yes	
Can the student receive First Aid certification on-site?	
C Yes O No	

Please explain:		
Section Sign Off:  Click the box below to indicate you have reviewed and finished with this section of the survey.		
Student Schedule	03/08/16 01:48 PM	
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?		
C Yes O No		
Section Sign Off:		
Click the box below to indicate you have reviewed and finished with this section of the survey.		
This section has been completed.		
	·	

 $"Key fields have been \ marked \ with \ an \ asterisks. \ Please see the \ CSIF \ Web \ Help \ Manual \ for more \ details \ about \ Key \ Fields"$