| ite: Concord Hospital | | |
|--|-------------------|--------|
| ection Title | Last Update | Action |
| CCE Sign Off | 03/29/18 01:14 PM | |
| CCE 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. | | |
| formation For the Academic Program | 03/29/18 01:14 PM | |
| nformation For the Academic Program | | |
| erson Completing CSIF: | | |
| arah Spack | | |
| -mail address of person completing CSIF: | | |
| spack@crhc.org | | |
| ame of Clinical Center (Note: To correct the name of your site, as it appears in both CSIF Web and CPI Web, update i | in this field).: | |
| oncord Hospital | | |
| treet Address | | |
| ddress: | | |
| 50 Pleasant St | | |
| Sity: | | |
| oncord | | |
| itate: | | |
| Н | | |
| rostal Code: | | |
| 3301 | | |
| | | |
| acility Phone Phone Number: | | |
| 503) 227-7000 | | |
| 2xt: | | |
| T Department Phone | | |
| Phone Number: | | |
| 503) 227-7000 | | |
| Ext: | | |
| 503 | | |
| T Department Fax | | |
| Phone Number: | | |
| 503) 230-7210 | | |
| linical Center Web Address: | | |
| oncordhospital.org | | |
| irector of Physical Therapy: | | |
| | | |
| o-Ann David enter Coordinator of Clinical Education (CCCE) / Contact Person: | | |

| CCCE / Contact Person Phone: | | | | | |
|--|----------|---|--------|--------------------------------------|-----------|
| (603) 227-7000 x3503 | | | | | |
| CCCE / Contact Person E-mail: | | | | | |
| sspack@crhc.org | | | | | |
| Section Sign Off: | | | | | |
| Click the box below to indicate you have reviewed and finished with | ith this | section of the survey. | | | |
| | | | | | |
| This section has been completed. Information About the Corporate/Healthcare Systems Orgar | izatio | n | | 03/29/18 01:14 PM | |
| Information About the Corporate/Healthcare Sys | | | | | |
| If your facility is part of a larger corporation or has multi | ple sit | es or clinical centers, include the contact informati | on for | the corporate/healthcare system orga | nization. |
| Corporate/Healthcare System Organization: | • | | | | |
| Contact Name: | | | | | |
| Address | | | | | |
| Address: | | | | | |
| | | | | | |
| City: | | | | | |
| State: | | | | | |
| Postal Code: | | | | | |
| | | | | | |
| Phone Newskaw | | | | | |
| Phone Number: Ext: | | | | | |
| | | | | | |
| Fax Phone Number: | | | | | |
| E-mail: | | | | | |
| Affiliation Agroement Contract Eulfillment | | | | | |
| Affiliation Agreement Contract Fulfillment Contact Person: | | | | | |
| | | | | | |
| Section Sign Off: | | | | | |
| Click the box below to indicate you have reviewed and finished w | ith this | section of the survey. | | | |
| This section has been completed. | | | | | |
| | | | | | |
| Clinical Site Accreditation/Ownership | | | | 03/29/18 01:14 PM | |
| Clinical Site Accreditation/Ownership | | | | | |
| | | | | | |
| Which of the following best describes the ownership categor | _ | | - | | |
| Corporate/Privately Owned | | Government Agency | | Hospital/Medical Center Owned | |
| Nonprofit Agency Physician/Physician Group Owned | | PT Owned | | PT/PTA Owned | |
| Physician/Physician Group Owned | | Other | | | |
| | | | | | |
| Section Sign Off: | th the | section of the approxi | | | |
| Click the box below to indicate you have reviewed and finished with | iui mis | section of the survey. | | | |
| This section has been completed. | | | | | |
| Clinical Site Primary Classification | | | | 03/29/18 01:14 PM | |
| Clinical Site Primary Classification | | | | | |
| Choose the category that best describes how your facility fu | nction | is the majority (> 50%) of the time. | | | |
| | | | | | |

| 7 | | | | | | | | | |
|---|---|------------|-----------------------|--|--|------------------|--|--|--------|
| ī | Acute Care/Inpatient Hospital Facility | | Ambulatory Care/Outp | patient | | | ECF/Nursing | Home/SNF | |
| | Federal/State/County Health | | Home Health | | | | Industrial/Oc | cupational Health Fac | cility |
| | Multiple Level Medical Center | | Private Practice | | | | Rehabilitation | /Sub-acute Rehabilita | ation |
| | School/Preschool Program | | Wellness/Prevention/H | Fitness Pro | ogram | | Other | | |
| nic | tion Sign Off: k the box below to indicate you have reviewed and finished w This section has been completed. al Site Location | ith this s | ection of the survey. | | | | 03/29/180 | 1:14 PM | |
| ich 1bu | cal Site Location | tion | | | | | | | |
| Clic | tion Sign Off: k the box below to indicate you have reviewed and finished w | ith this s | ection of the survey. | | | | | | |
| | This section has been completed. | | | | | | | | _ |
| filia | ted PT and PTA Educational Programs | | | | | | 03/29/180 | 1:14 PM | |
| nive nive mm rank pring | am Name rrsity of Massachusetts - Lowell rrsity of New England ons College lin Pierce University gfield College d Heart University | | | L P B C Sj | ity owell ortland oston oncord oringfield airfield | N N N N | tate AA ME AA NH AA CT | PT/PTA PT PT PT PT PT PT | |
| crea | u riedit Offiversity | | | г | anneiu | | 1 | F 1 | |
| nive | ersity of Vermont | | | В | urlington | | Т | PT | |
| | ersity of Vermont weastern University | | | | urlington oston | V | T 1A | PT PT | |
| orth | eastern University | | | В | oston | V N | ſА | PT | 0 |
| elect | eastern University t the program(s) your site is currently affiliated with: Z: | | | B If not Progr City: State | found in the list, please | V N | ſА | PT | 0 |
| orth elect y A- y Sta | eastern University t the program(s) your site is currently affiliated with: Z: | | | B If not Progr City: State | found in the list, please am Name: | V N | IA program inform | PT | 0 |
| orth elect y A- y Sta CCF | eastern University t the program(s) your site is currently affiliated with Z: Any Any Any Any BDemo University, | | | B If not Progr City: State | found in the list, please am Name: | V N | AA program inform AB | PT | |
| erth Hect y A- y Sta CCH CCH | eastern University t the program(s) your site is currently affiliated with Z: Any Any Any Demo University, | | | B If not Progr City: State | found in the list, please am Name: | V N | AA program inform AB | PT | 0 |
| erth lect y A- y Sta CCF CCF CCF CCF SA (| eastern University t the program(s) your site is currently affiliated with Z: Any Any Any Any Any Any Any Any | | ~ | B If not City: State | found in the list, please am Name: | V N | AA program inform AB | PT | |
| Ilect y A- y Sta CCH CCH CCH CCH CCH CCH | eastern University t the program(s) your site is currently affiliated with Z: ate: Any Any Any Any Any Any Any Any | | | B If not Progr City: State | found in the list, please am Name: | V N | AA program inform AB | PT | |
| y A- y Sta CCF CCF CCF SA (T Si | eastern University t the program(s) your site is currently affiliated with Z: Any Any Any Any Any Any Any Any | | ~ | B If not Progr City: State | found in the list, please am Name: | V N | AA program inform AB | PT | |
| Select By A- By Sta ACCE ACCE ACCE ACCE ACCE ACCE ACCE ACC | eastern University t the program(s) your site is currently affiliated with Z: ate: Any Any Any Any Any Any Any Any | | ~ | B If not Progr City: State | found in the list, please am Name: | V N | AA program inform AB | PT | |
| elect by A- by Sta ACCF ACCF ACCF ACCF ACCF ACCF ACCF ACC | eastern University T t the program(s) your site is currently affiliated with T T T T T T T T T T T T T T T T T T T | | ~ | B If not Progr City: State | found in the list, please am Name: | V N | AA program inform AB | PT | |
| elect by A- by Sta ACCE ACCE ACCE ACCE ACCE ACCE ACCE ACC | eastern University t the program(s) your site is currently affiliated with: Z: ate: Any Any Any Any Any Any Any Any | ith this s | | B If not Progr City: State | found in the list, please am Name: | V N | AA program inform AB | PT | |
| orth elect y A- y Sta ACCE ACCE ACCE ACCE ACCE ACCE ACCE ACC | eastern University t the program(s) your site is currently affiliated with: Z: ate: Any Any Any Any Any Any Any Any | | | B If not Progr City: State | found in the list, please am Name: | V N | AA program inform AB | PT | |
| electi y A- y Sta ACCF ACCF ACCF ACCF ACCF ACCF ACCF ACC | eastern University t the program(s) your site is currently affiliated with: Z: ate: Any Any Any Any Any Any Any Any | | | B If not Progr City: State | found in the list, please am Name: | V N | AA program inform AB | PT aation here: | |
| orth lect / A- / Sta CCI CCI CCI CCI CCI SA (CCI CCI CCI CCI CCI CCI CCI CCI CCI CC | eastern University t the program(s) your site is currently affiliated with Z: Any Any Any Any Demo University, Demo University, Demo University, PTA Demo, College, FL University of Health Sciences, AZ emy for Nursing and Health Occupations, FL ntist University of Health Sciences, FL ama State University, AL tion Sign Off: k the box below to indicate you have reviewed and finished w This section has been completed. | | | B If not Progr City: State | found in the list, please am Name: | V N | AB V PT V | PT aation here: | |

| Name: | | | |
|-----------------|--|-----|-----------------|
| Sarah J. | | | |
| | dress / CPI2 Login: | | |
| | ochc.org | | |
| | Position (Title, Name of Facility): | | |
| Staff Ph | ysical Therapist, Inpatient Rehabilitation Services | | |
| No. of Yo 10 | ears as the CCCE | | |
| No. of Y | ears of Clinical Practice | | |
| No. of Y | ears of Clinical Teaching | | |
| 11 | • | | |
| No. of Y | ears Working at this Site | | |
| 14 | ▼ | | |
| Charle | II that apply | | |
| | II that apply: | | |
| | РТ | PTA | |
| | | | |
| Licens | sing/Registration Status | | |
| Licer | nsed/Registered | | |
| - | | | |
| | of Licensure/Registration | | |
| NH | | | |
| Licens | e/Registration Number: | | |
| 2794 | | | |
| | | | |
| Highest | Earned Physical Therapy Degree | | |
| Master | s in Physical Therapy | | |
| Highest | Earned Degree | | |
| | s degree | | |
| 1 | | | |
| | redentialed CI | | |
| • Yes | O No | | |
| APTA A | Ivanced Credentialed CI | | |
| • Yes | O No | | |
| Other C | I Credentialing | | |
| • Yes | | | |
| Please e | | | |
| Speciali | zation in Vestibular Rehabilitation | | |
| ABPTS | Certified Clinical Specialist (Check all that apply) | | |
| | OCS | | GCS |
| | PCS | | NCS |
| | | | |
| | CCS | | SCS |
| | ECS | | WCS |
| APTA R | ecognition of Advanced Proficiency for PTAs (Check all that apply) | | |
| | Aquatic | | Musculoskeletal |
| | Cardiopulmonary | | Neuromuscular |
| | Geriatric | | Pediatrics |
| | | | |

| Integumentary |
|---|
| Other credentials: |
| Specialization in Vestibular Rehabilitation |
| Summary of College and University Education |
| (Start with most current) |
| |
| Institution: |
| Springfield College |
| Period of Study |
| (If the user is currently enrolled, please type in the word 'CURRENT' into the box labeled 'To'.) |
| From 09/01/1997 & — To 05/20/2002 |
| Major: |
| Physical Therapy |
| Degree: |
| Masters Degree |
| |
| Summary of Primary Employment |
| (For current and previous four positions since graduation from college; start with most current) |
| |
| Employer: |
| Dartmouth Hitchcock Clinic, Manchester, NH |
| 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 06/2002 — To 02/2004 |
| |
| |
| Employer |
| Concord Hospital |
| Position: |
| Clinical II Physical Therapist |
| Period of Employment |
| (If the user is currently employed, please type in the word 'CURRENT' into the box labeled 'To'.) |
| From 03/01/2004 — To current |
| |
| Continuing Professional Preparation Related Directly to Clinical Teaching Responsibilities |
| (for example, academic for credit courses [dates and titles], continuing education [courses and instructors], research, clinical practice/expertise, etc. in the last three (3) years) |
| |
| Course: |
| Vestibular Rehabilitation: An Advanced Course and Update |
| Provider/Location: |
| University of Pittsburg in PA |
| Date |
| 5/15/15-5/17/15 |
| |
| |
| Course: |

Strategies for Excellence in Stroke Care

Provider/Location:

Date

3/4/2014

Course:

Vestibular Rehabilitation: A Competency-Based Course

Provider/Location:

Emory University in Georgia

Date

3/13/07-3/17/07

Course:

PT CPI for Students: A self guided training course

Provider/Location:

APTA/Concord, NH

Date

09/11/2009

Course:

Clinical Education Advisory Forum and Seminar

Provider/Location:

Franklin Pierce Univ./ Manchester, NH

Date

05/20/2009

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

03/29/18 12:54 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 | | | | | | |
| Chmura, PT, Scott A | schmura@crhc.org | | | | | | | |
| Follansbee, Ellen M | efollans@crhc.org | | | | | | | |
| Smith, PT, Becky | resmith@crhc.org | | | | | | | |
| Add New CI Displaying all 3 Clinical instructor | | | | | | | | |
| | | | | | | | | |
| Section Sign Off: | | | | | | | | |
| Click the box below to indicate you have reviewed and finished with | this section of the survey. | | | | | | | |
| Z This section has been completed. | | | | | | | | |

Clinical Instructors

03/29/18 12:54 PM

Clinical Instructors

| Whate | riteria do you use to select clinical instructors? (Check | alltha | at annly) | | |
|-------------|--|-----------|---|----------|---|
| | APTA Clinical Instructor Credentialing | _ | Career ladder opportunity | П | Certification/training course |
| | Clinical competence | | Delegated in position description | | Demonstrated strength in clinical teaching |
| | No criteria | V | Other (not APTA) clinical instructor credentialing | V | Therapist initiative/volunteer |
| | Years of experience | _ | Other | | merapist mitiative/voluncer |
| | Tears of experience | | Outer | | |
| How a | re clinical instructors trained? (Check all that apply) | | | | |
| | 1:1 individual training (CCCE:CI) | | 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 | ☑ | Professional continuing education (e.g., chapter, CEU course) |
| | Other | | | | |
| Click | tion Sign Off: the box below to indicate you have reviewed and finished with the box below to indicate you have reviewed and finished with the section About the Physical Therapy Service | th this s | section of the survey. | | 03/29/18 01:02 PM |
| mom | action About the Enysteal Therapy Service | | | | 03/23/10 01.02 FW |
| Inform | mation About the Physical Therapy Service | | | | |
| | er of Inpatient Beds For clinical sites with inpatient r facility, please skip and move to the next table.) | care, | please provide the number of beds available in each | ch of tl | he subcategories listed below: (If this does not apply |
| Acute c | are: | | | | |
| 260 | | | | | |
| Psychia | atric center: | | | | |
| 15 | | | | | |
| Intensi | ve care: | | | | |
| 20 | | | | | |
| | litation center: | | | | |
| Step do | | | | | |
| Extende | ite/transitional care unit: | | | | |
| | pecialty centers: | | | | |
| | umber of Beds: | | | | |
| 295 | | | | | |
| | tion Sign Off: the box below to indicate you have reviewed and finished with | th this s | section of the survey. | | |
| Т | his section has been completed. | | | | |
| Numb | er of Patients/Clients | | | | 03/29/18 01:02 PM |
| Numl | ber of Patients/Clients | | | | |
| Estima | ate the average number of patient/client visits per o | lay: | 1 | | |
| Inpat | ient | | Outpatient | | |
| Indivi | dual PT: | | Individual PT: | | |
| Studer | nt PT: | | Student PT: | | |
| Indivi | dual PTA: | | Individual PTA: | | |
| Studer | nt PTA: | | Student PTA: | | |
| 70 PT/PT | 'A Team: | | PT/PTA Team: | | |

| 70 Total patient/client visits per day: | 0 Total patient/dient 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. | |
| L Patient/Client Lifespan and Continuum of Care | 03/29/18 01:02 PM |
| Patient/Client 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 | |
| 1% - 25% | |
| 13-21 years | |
| | |
| 22-65 years | |
| Over 65 years | |
| 76% - 100% | |
| Continuum of Care | |
| Critical care, ICU, acute | |
| 76% - 100% | |
| SNF/ECF/sub-acute | |
| 0% | |
| Rehabilitation | |
| , | |
| 1%-25% | |
| Home health/hospice | |
| 0% | |
| Wellness/fitness/industry | |
| 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. | |
| Patient/Client Diagnoses | 03/29/18 01:02 PM |
| Patient/Client Diagnoses | |
| Indicate the frequency of time typically spent with patients/clients in each of the cate | gories: |
| Musculoskeletal | |
| 51%-75% | |
| Which Musculoskeletal sub-categories are available to the student: | |
| Acute injury Amputation | Arthritis |

| | Bone disease/ dysfunction Connective tissue disease/ dysfunction | | | | | Muscle dise | ease/dysfunction | | |
|--|---|---------------------|----------------------------|----------------------|--------|---|----------------------------|--|--|
| | Musculoskeletal degenerative disease | V | Orthopedic surgery | Orthopedic surgery | | | | | |
| Neuro-muscular | | | | | | | | | |
| 26% | | | | | | | | | |
| x | | 11- 4- 41 4- 1 | | | | | | | |
| | Neuro-muscular sub-categories are availa | | Cerebral vascular accid | lont | | Chronic pa | in | | |
| | Congenital/developmental | M V | Neuromuscular degen | | v V | Chronic pain Peripheral nerve injury | | | |
| | Spinal cord injury | v V | Vestibular disorder | | | Other | lerve injury | | |
| I | op | | | | | | | | |
| | ovascular-pulmonary | | | | | | | | |
| 51% | - 75% | | | | | | | | |
| Which | Cardiovascular-pulmonary sub-categorie | s are available | to the student: | | | | | | |
| | Cardiac dysfunction/disease | V | Fitness | | | Lympheder | na | | |
| V | Peripheral vascular dysfunction/disease | | Pulmonary dysfunction | n/disease | | Other | | | |
| Integu | imentary | | | | | | | | |
| 1%-2 | 25% | | | | | | | | |
| Which | Integumentary sub-categories are availab | ble to the studer | nt: | | | | | | |
| | Burns | A | Open wounds | | V | Scar format | ion | | |
| | Other | | | | | | | | |
| 0.1 | | | | | | | | | |
| 51% | (May cross a number of diagnostic groups) |) | | | | | | | |
| 10170 | | | | | | | | | |
| | other sub-categories are available to the s | tudent: | | | | | | | |
| | Cognitive impairment | | General medical condi | tions | | General sur | | | |
| | Oncologic conditions | | Organ transplant | | | Wellness/P | revention | | |
| | Other | | | | | | | | |
| | | | | | | | | | |
| Section Sign Off: | | | | | | | | | |
| | 0 | nd finished with th | his section of the survey. | | | | | | |
| Clic | k the box below to indicate you have reviewed an | nd finished with th | uis section of the survey. | | | | | | |
| | k the box below to indicate you have reviewed an | nd finished with th | is section of the survey. | | | | | | |
| Clic | k the box below to indicate you have reviewed an | nd finished with th | nis section of the survey. | | | 03/29/18 | 01:02 PM | | |
| Clicl | k the box below to indicate you have reviewed an This section has been completed. | ud finished with th | is section of the survey. | | | 03/29/18 | 3 01:02 PM | | |
| Clicl | k the box below to indicate you have reviewed an This section has been completed. | nd finished with th | iis section of the survey. | | | 03/29/18 | 01:02 PM | | |
| Clicl | k the box below to indicate you have reviewed an This section has been completed. ng ng | nd finished with th | | Part-time Budgeted | | 03/29/18 | 01:02 PM | | |
| Clicl | k the box below to indicate you have reviewed an This section has been completed. ng ng | Full-time Budget | | Part-time Budgeted 2 | | | | | |
| Clicl Clicl Staffir Staffir | k the box below to indicate you have reviewed an This section has been completed. Ing Ing | Full-time Budget | | | | | Current Staffing | | |
| Clicl Clicl Staffir Staffir PTs PTAs | k the box below to indicate you have reviewed an This section has been completed. Ing Ing | Full-time Budget | | | | | Current Staffing | | |
| Clicl Clicl Staffir Staffir PTs PTAs | k the box below to indicate you have reviewed an This section has been completed. ng ng ing i/Techs | Full-time Budget | | | | | Current Staffing 8 2 | | |
| Clici Clici Staffir Staffir PTs PTAs Aides | k the box below to indicate you have reviewed an This section has been completed. ng ng ing i/Techs | Full-time Budget | | | | | Current Staffing 8 2 | | |
| Clici Clici Staffir Staffir PTs PTAs Aides | k the box below to indicate you have reviewed an This section has been completed. ng ng s/Techs | Full-time Budget | | | | | Current Staffing 8 2 | | |
| Clici Clici Staffir Staffir PTs PTAs Aides Other: | k the box below to indicate you have reviewed an This section has been completed. Ing ing //Techs tion Sign Off: | Full-time Budget | ted | | | | Current Staffing 8 2 | | |
| Clici | k the box below to indicate you have reviewed an This section has been completed. ng ng s/Techs tion Sign Off: k the box below to indicate you have reviewed an | Full-time Budget | ted | | | | Current Staffing 8 2 | | |
| Clici Clici Staffir Staffir PTs PTAS Aides Other: | k the box below to indicate you have reviewed an This section has been completed. Ing ing i/Techs tion Sign Off: k the box below to indicate you have reviewed an This section has been completed. | Full-time Budget | ted | | | | Current Staffing 8 2 4 | | |
| Clici Clici Staffir Staffir PTs PTAS Aides Other: | k the box below to indicate you have reviewed an This section has been completed. ng ng s/Techs tion Sign Off: k the box below to indicate you have reviewed an | Full-time Budget | ted | | | | Current Staffing 8 2 | | |

Special Programs/Activities/Learning Opportunities

| bit all peckal programs/activities/carring opport/activities/carring opport/activities/carring opport/activities Adata for a strain opport o | |
|---|---------------------------|
| Act School Control Activity Control Activity Act School School Activity School Activity School Activity Act School Home School Activity School Activity School Activity Activity Home Nation Home School Activity School Activity School Activity Activity Home Nation Home School Activity Notaring Home Nation Notaring Home Nation Activity Home Nation Notaring Home Nation Notaring Home Nation Notaring Home Nation Activity Home Nation Notaring Home Nation Notaring Home Nation Notaring Home Nation Activity Home Nation Notaring Home Nation Notaring Home Nation Notaring Home Nation Activity Home Nation Notaring Home Nation Notaring Home Nation Notaring Home Nation Activity Home Nation Notaring Home Nation Notaring Home Nation Notaring Home Nation Activity Home Nation Notaring Home Nation Notaring Home Nation Notaring Home Nation Activity Home Nation Notaring Home Nation Notaring Home Nation Notaring Home Nation Activity Home Nation Notaring Home Nation Notaring Home Nation Notaretity Home Nation Act | Verage |
| Community/ineurgy Activities Image: Contract Activity Ac | |
| inployee intervention inployee intervention inployee intervention inported Fabrication inployee intervention inployee intervention inported Fabrication inployee intervention inployee intervention inported Fabrication inployee intervention inployee intervention inployee intervention inployee intervention inployee intervention int | |
| Coop Programs Classes immer Headin Program immediate im | |
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| Orthodic/Prosthetic/Fabrication Paint Amagement Program Pediatric - Classes Pediatric - Cognitive Impainment Emphasis Pediatric - Neurological Imphasis Pediatric - General Pediatric - Neurological Imphasis Pediatric - Secreting Prevention Vietland Pediatric - Secreting Prevention Pediatric - Masculoakided Emphasis Perevention Vietland Support Observation) Secreting Prevention Secreting Prevention Secreting Prevention Pediatric - Masculoakided Emphasis Perevention Vietland Support Observation) Tram Meetings/Rounds Work Matarite Mahadid Work Matarite Mahadid Wormen's Healabilitation Tram Meetings/Rounds Work Matarite Mahadid Wormen's Healabilitation Tram Meetings/Rounds Work Matarite Mahadid Wormen's Healabilitation Imagement Providers Perevention Vietland Wormen's Healabilitation Imagement Providers Perevention Vietland Mathins Imagement Providers Perevention Vietland Perevention Vietland Mathinis Perevention Vietland Imagement Providers Perevention Vietland Perevention Vietland Mathinis Providers Imagement Providers Perevention Vietland Perevention Vietland Mathinis | |
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| | |
| lability of the Clinical Education Experience | 6 PM |
| | |
| cate educational levels at which you accept PT and PTA students for clinical experiences (Check all that apply). | |

First Experience:

Half days

Other

| | cal Therapist mediate Experiences: | | | | |
|------------|---|----------|--|-------|----------------------|
| | Full days | | Half days | | Other |
| Physi | cal Therapist | | | | |
| V | Final Experience | П | Internship (6 months or longer) | | Specialty experience |
| | Other | | | | |
| Physi | cal Therapist Assistant | | | | |
| | Experience: | | | | |
| | Full days | | Half days | | Other |
| | cal Therapist Assistant mediate Experiences: | | | | |
| • | Full days | V | Half days | | Other |
| Physi | cal Therapist Assistant | | | | |
| V | Final Experience | | Other | | |
| РТ | | | | | |
| | | | | | |
| _ | ate which months you will accept students for any sing | | | _ | h |
| | January | | February | | March |
| | April | | May | | June |
| | July | | August | | September |
| | October | | November | | December |
| Indic | ate which months you will accept students for any one | part-ti | ime (< 36 hrs/wk) clinical experience. | | |
| | January | | February | | March |
| | April | | May | | June |
| | July | | August | V | September |
| | October | ▼ | November | | December |
| PTA | | | | | |
| Indic | ate which months you will accept students for any sing | le full- | time (36 hrs/wk) clinical experience. | | |
| | January | | February | | March |
| | April | V | May | | June |
| | July | | August | | September |
| | October | | November | | December |
| | | | | | |
| Indic | ate which months you will accept students for any one | part-t | me (< 36 hrs/wk) clinical experience. | | |
| | January | | February | | March |
| | April | | May | | June |
| | July | | August | | September |
| | October | 9 | November | | December |
| Averaş | e number of PT students affiliating per year.: | | | | |
| 0-1 | | | | | |
| Averaş | ge number of PTA students affiliating per year.: | | | | |
| 0-1 | | | | | |
| Is you | r clinical site willing to offer reasonable accommodation | ons for | students under ADA? | | |
| о у | | | | | |
| | e explain: | | inter of a deviced decrement of DWA | | |
| | neone can reasonably meet the requirements of the job | | | | |
| | is the procedure for managing students whose performance is ediate intervention by CI and CCCE to formulate a perf | | | mmod | iate termination of |
| 11111716 | cuate intervention by Cranu CCCE to formulate a perf | orman | act improvement plan. If unsafe deflavior continues, i | miled | |

affiliation.

| 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.): | | | | | | | |
|--|----------|--|----------|---|--|--|--|
| 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 03/29/18 01:06 PM | | | | | | | |
| Clinical Site's Learning Objectives and Assessment | | | | | | | |
| Does your clinical site provide written clinical education objectives to students? Image: The second state of the second | | | | | | | |
| 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 sit | te's lea | rning objectives with students? (Check all that apply) | | | | | |
| At end of clinical experience | | At mid-clinical experience | | Beginning of the clinical experience | | | |
| Daily | | Weekly | | Other | | | |
| Indicate which of the following methods are typically utilize | d to ini | form students about their clinical performance? (Cheo | k all tl | hat apply) | | | |
| As per student request in addition to formal and ongoing written & oral feedback | • | Ongoing feedback throughout the clinical | V | Student self-assessment throughout the clinical | | | |
| Written and oral mid-evaluation | | Written and oral summative final evaluation | | Other | | | |
| Student Requirements 03/29/18 01:10 PM Student Requirements Do students need to contact the clinical site for specific work hours related to the clinical experience? | | | | | | | |
| O Yes O No Please explain: | | | | | | | |
| Do students receive the same official holidays as staff? | | | | | | | |
| • Yes • No Please explain: | | | | | | | |
| Related to the work schedule of the CI. | | | | | | | |
| 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. 9:00 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? | | | | | | | |
| C Yes C No Please explain: | | | | | | | |
| Are any other health tests/immunizations required prior to the clinical experience? If yes, please specify: | | | | | | | |

| © Yes © No Please explain: | | | | | | | |
|---|---------|--------------------------------------|--|-----------------------------------|--|--|--|
| All immunizations are required; Hep B is optional. | | | | | | | |
| How is this information communicated to the clinic? Provide fax number if required.: | | | | | | | |
| The student can bring copies or the school can mail to CCCE | | | | | | | |
| How current are student physical exam records required to be?: | | | | | | | |
| l year | | | | | | | |
| Are any other health tests or immunizations required on-site? If yes, please specify: O Yes O No | | | | | | | |
| Is the student required to provide proof of any other training prior to orientation at your facility? If yes, please list. O Yes O No | | | | | | | |
| Indicate which of the following are required by your facility | prior t | o the clinical education experience: | | | | | |
| Child clearance | V | Criminal background check | | Drug screening | | | |
| HIPAA education | | OSHA education | | Proof of student health clearance | | | |
| Other | | | | | | | |
| Is a criminal background check required (e.g., Criminal Offender Record Information)? If yes, please indicate which background check is required and time frame. Yes No Please explain: Is a child abuse clearance required? Yes No | | | | | | | |
| Please explain: | | | | | | | |
| Is the student responsible for the cost of required clearances? C Yes C No Please explain: | | | | | | | |
| Is the student required to submit to a drug test? If yes, please describe parameters. O Yes O No | | | | | | | |
| Is medical testing available on-site for students? | | | | | | | |
| © Yes © No Please explain: | | | | | | | |
| Emergency Room | | | | | | | |
| Other requirements: (On-site orientation, sign an ethics statement, sign a confidentiality statement.): | | | | | | | |
| If an individual is responsible for Compliance items, please fill out the Compliance contact information below: | | | | | | | |
| Compliance Contact Person Name: | | | | | | | |
| Compliance Contact Person Phone Number Phone Number: | | | | | | | |
| 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 | | | | 03/29/18 01:10 PM | | | |
| Special Information | | | | | | | |
| Do you require a case study or inservice from all students (part-time and full-time)? Image: Stress in the stress in th | | | | | | | |
| | | | | | | | |
| Do you require any additional written or verbal work from the student (e.g., article critiques, journal review, patient/client education handout/brochure)? C Yes O No | | | | | | | |

Please explain:

as determined by CI

Does your site have a written policy for missed days due to illness, emergency situations, other? If yes, please summarize.

€ Yes € No Please explain:

No more than 3 missed days allowed. Contact CCCE for make up days if applicable.

Will the student have access to the Internet at the clinical site?

€ Yes C No Please explain:

for work purposes only

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?

O Yes O No Please explain:

Is the student required to provide proof of HIPAA training?

⊙ Yes O No Please explain:

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

O Yes O No Please explain:

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

O Yes O No

Can the student receive CPR certification while on-site?

O Yes O No Please explain:

Is the student required to be certified in First Aid?

O Yes O No Please explain:

Can the student receive First Aid certification on-site? O 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.

▼ This section has been completed.

Student Schedule

03/29/1801:10 PM

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:

The student is expected to follow the work schedule of the primary CI during their time here (may include weekends and/or holidays at the discretion of the CI and CCCE).

Is physical therapy provided on the weekends?

C Yes C 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"

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