

Site: Concord Hospital

Section Title	Last Update	Action
CCCE Sign Off	03/29/18 01:14 PM	
<b>CCCE Sign Off</b>		
<div><b>CCCE Sign Off:</b> Click the box below to indicate that you have reviewed all sections of your clinical site survey. <input checked="" type="checkbox"/> This survey has been reviewed.</div>		
Information For the Academic Program	03/29/18 01:14 PM	
<b>Information For the Academic Program</b>		
<b>Person Completing CSIF:</b> Sarah Spack		
<b>E-mail address of person completing CSIF:</b> sspack@crhc.org		
<b>Name of Clinical Center (Note: To correct the name of your site, as it appears in both CSIF Web and CPI Web, update it in this field).:</b> Concord Hospital		
<b>Street Address</b> <b>Address:</b> 250 Pleasant St  <b>City:</b> Concord <b>State:</b> NH <b>Postal Code:</b> 03301		
<b>Facility Phone</b> <b>Phone Number:</b> (603) 227-7000 <b>Ext:</b>		
<b>PT Department Phone</b> <b>Phone Number:</b> (603) 227-7000 <b>Ext:</b> 3503		
<b>PT Department Fax</b> <b>Phone Number:</b> (603) 230-7210		
<b>Clinical Center Web Address:</b> concordhospital.org		
<b>Director of Physical Therapy:</b> Jo-Ann David		
<b>Center Coordinator of Clinical Education (CCCE) / Contact Person:</b> Sarah Spack		

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 this section of the survey.

☒ This section has been completed.

Information About the Corporate/Healthcare Systems Organization

03/29/18 01:14 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:

Contact Name:

Address

Address:

City:

State:

Postal Code:

Phone

Phone Number:

Ext:

Fax

Phone Number:

E-mail:

Affiliation Agreement Contract Fulfillment

Contact Person:

**Section Sign Off:**

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

☒ This section has been completed.

Clinical Site Accreditation/Ownership

03/29/18 01:14 PM

**Clinical Site Accreditation/Ownership**

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

<input type="checkbox"/>	Corporate/Privately Owned	<input type="checkbox"/>	Government Agency	<input type="checkbox"/>	Hospital/Medical Center Owned
<input checked="" type="checkbox"/>	Nonprofit Agency	<input type="checkbox"/>	PT Owned	<input type="checkbox"/>	PT/PTA Owned
<input type="checkbox"/>	Physician/Physician Group Owned	<input type="checkbox"/>	Other		

**Section Sign Off:**

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

☒ This section has been completed.

Clinical Site Primary Classification

03/29/18 01:14 PM

**Clinical Site Primary Classification**

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

Acute Care/Inpatient Hospital Facility ▼

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 checked="" type="checkbox"/> Federal/ State/ County Health	<input type="checkbox"/> Home Health	<input type="checkbox"/> Industrial/ Occupational Health Facility
<input type="checkbox"/> Multiple Level Medical Center	<input type="checkbox"/> Private Practice	<input type="checkbox"/> Rehabilitation/ Sub-acute Rehabilitation
<input type="checkbox"/> School/ Preschool Program	<input type="checkbox"/> Wellness/ Prevention/ Fitness Program	<input type="checkbox"/> Other

Section Sign Off:

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

☒ This section has been completed.

Clinical Site Location	03/29/18 01:14 PM
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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	03/29/18 01:14 PM
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Affiliated PT and PTA Educational Programs

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

Program Name	City	State	PT / PTA	
University of Massachusetts - Lowell	Lowell	MA	PT	⊖
University of New England	Portland	ME	PT	⊖
Simmons College	Boston	MA	PT	⊖
Franklin Pierce University	Concord	NH	PT	⊖
Springfield College	Springfield	MA	PT	⊖
Sacred Heart University	Fairfield	CT	PT	⊖
University of Vermont	Burlington	VT	PT	⊖
Northeastern University	Boston	MA	PT	⊖

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

Section Sign Off:

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

☒ This section has been completed.

Information About the Clinical Teaching Faculty	09/24/18 04:21 AM
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Information About the Clinical Teaching Faculty

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

Name:

Sarah J. Spack

Email Address / CPI2 Login:

sspack@crhc.org

Present Position (Title, Name of Facility):

Staff Physical Therapist, Inpatient Rehabilitation Services

No. of Years as the CCCE

10

No. of Years of Clinical Practice

16

No. of Years of Clinical Teaching

11

No. of Years Working at this Site

14

Check all that apply:

<input checked="" type="checkbox"/>	PT	<input type="checkbox"/>	PTA
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Licensing/Registration Status

Licensed/Registered

State of Licensure/Registration

NH

License/Registration Number:

2794

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:

Specialization in Vestibular Rehabilitation

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



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  &mdash; To

**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  &mdash; To

**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  &mdash; To

**Continuing Professional Preparation Related Directly to Clinical Teaching Responsibilities**

(for example, academic for credit courses [dates and titles], continuing education [courses and instructors], research, clinical practice/expertise, etc. in the last three (3) years)

**Course:**

Vestibular Rehabilitation: An Advanced Course and Update

**Provider/Location:**

University of Pittsburg in PA

**Date**

**Course:**

Strategies for Excellence in Stroke Care

**Provider/Location:**

PESI; Manchester, NH

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.

☒ This section has been completed.

Clinical Instructors

03/29/18 12:54 PM

## Clinical Instructors

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

<input checked="" 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 checked="" type="checkbox"/>	Delegated in position description	<input checked="" type="checkbox"/>	Demonstrated strength in clinical teaching
<input type="checkbox"/>	No criteria	<input checked="" 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 checked="" type="checkbox"/>	Continuing education by academic program	<input type="checkbox"/>	Continuing education by consortia
<input type="checkbox"/>	No training	<input checked="" type="checkbox"/>	Other (not APTA) clinical instructor credentialing program	<input 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

03/29/18 01:02 PM

## 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:

260

Psychiatric center:

15

Intensive care:

20

Rehabilitation center:

Step down:

Subacute/transitional care unit:

Extended care:

Other specialty centers:

Total Number of Beds:

295

### 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

03/29/18 01:02 PM

## Number of Patients/Clients

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

<b>Inpatient</b>	<b>Outpatient</b>
Individual PT:	Individual PT:
Student PT:	Student PT:
Individual PTA:	Individual PTA:
Student PTA:	Student PTA:
70	PT/PTA Team:
PT/PTA Team:	

70	0
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	03/29/18 01:02 PM
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Patient/Client Lifespan and Continuum of Care

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

Patient Lifespan

0-12 years

1% - 25%

13-21 years

51% - 75%

22-65 years

51% - 75%

Over 65 years

76% - 100%

Continuum of Care

Critical care, ICU, acute

76% - 100%

SNF/ECF/sub-acute

0%

Rehabilitation

0%

Ambulatory/outpatient

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
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Patient/Client Diagnoses

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

Musculoskeletal

51% - 75%

Which Musculoskeletal sub-categories are available to the student:

☒ Acute injury

☒ Amputation

☒ Arthritis



<input checked="" type="checkbox"/>	Bone disease/ dysfunction	<input checked="" type="checkbox"/>	Connective tissue disease/ dysfunction	<input checked="" type="checkbox"/>	Muscle disease/ dysfunction
<input checked="" type="checkbox"/>	Musculoskeletal degenerative disease	<input checked="" type="checkbox"/>	Orthopedic surgery	<input type="checkbox"/>	Other

#### Neuro-muscular

26% - 50% ▼

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

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

#### Cardiovascular-pulmonary

51% - 75% ▼

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

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

#### Integumentary

1% - 25% ▼

Which Integumentary sub-categories are available to the student:

<input checked="" type="checkbox"/>	Burns	<input checked="" type="checkbox"/>	Open wounds	<input checked="" type="checkbox"/>	Scar formation
<input type="checkbox"/>	Other				

Other (May cross a number of diagnostic groups)

51% - 75% ▼

Which other sub-categories are available to the student:

<input checked="" type="checkbox"/>	Cognitive impairment	<input type="checkbox"/>	General medical conditions	<input checked="" type="checkbox"/>	General surgery
<input type="checkbox"/>	Oncologic conditions	<input checked="" 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

03/29/18 01:02 PM

#### Staffing

	Full-time Budgeted	Part-time Budgeted	Current Staffing
PTs	6	2	8
PTAs			2
Aides/Techs			4
Other:			

#### Section Sign Off:

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

☒ This section has been completed.

Information About the Clinical Education Experience

03/29/18 01:06 PM

#### Information About the Clinical Education Experience

## Special Programs/Activities/Learning Opportunities

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

<input type="checkbox"/> Administration	<input type="checkbox"/> Aquatic Therapy	<input type="checkbox"/> Athletic Venue Coverage
<input type="checkbox"/> Back School	<input type="checkbox"/> Biomechanics Lab	<input checked="" type="checkbox"/> Cardiac Rehabilitation
<input type="checkbox"/> Community/Re-entry Activities	<input checked="" 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 type="checkbox"/> Group Programs/Classes	<input type="checkbox"/> Home Health Program	<input type="checkbox"/> Industrial/Ergonomic PT
<input checked="" type="checkbox"/> Inservice Training/Lectures	<input type="checkbox"/> Neonatal Care	<input type="checkbox"/> Nursing Home/ECF/SNF
<input type="checkbox"/> Orthotic/Prosthetic Fabrication	<input type="checkbox"/> Pain Management Program	<input type="checkbox"/> Pediatric - Classroom Consultation Emphasis
<input type="checkbox"/> Pediatric - Cognitive Impairment Emphasis	<input type="checkbox"/> Pediatric - Developmental Program Emphasis	<input type="checkbox"/> Pediatric - General
<input type="checkbox"/> Pediatric - Musculoskeletal Emphasis	<input type="checkbox"/> Pediatric - Neurological Emphasis	<input type="checkbox"/> Prevention/Wellness
<input checked="" type="checkbox"/> Pulmonary Rehabilitation	<input type="checkbox"/> Quality Assurance/CQI/TQM	<input type="checkbox"/> Radiology
<input type="checkbox"/> Research Experience	<input type="checkbox"/> Screening/Prevention	<input type="checkbox"/> Sports Physical Therapy
<input checked="" type="checkbox"/> Surgery (observation)	<input checked="" type="checkbox"/> Team Meetings/Rounds	<input checked="" type="checkbox"/> Vestibular Rehabilitation
<input type="checkbox"/> Women's Health/OB-GYN	<input type="checkbox"/> Work Hardening/Conditioning	<input 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 type="checkbox"/> Administrators	<input checked="" type="checkbox"/> Alternative therapies	<input type="checkbox"/> Athletic trainers
<input type="checkbox"/> Audiologists	<input checked="" type="checkbox"/> Dietitians	<input checked="" type="checkbox"/> Enterostomal / wound specialists
<input type="checkbox"/> Exercise physiologists	<input type="checkbox"/> Fitness professionals	<input type="checkbox"/> Health information technologists
<input type="checkbox"/> Massage therapists	<input checked="" type="checkbox"/> Nurses	<input checked="" type="checkbox"/> Occupational therapists
<input checked="" type="checkbox"/> Physician assistants	<input checked="" type="checkbox"/> Physicians	<input type="checkbox"/> Podiatrists
<input checked="" type="checkbox"/> Prosthetists / orthotists	<input type="checkbox"/> Psychologists	<input checked="" type="checkbox"/> Respiratory therapists
<input checked="" type="checkbox"/> Social workers	<input type="checkbox"/> Special education teachers	<input checked="" type="checkbox"/> Speech/language pathologists
<input type="checkbox"/> Students from other disciplines	<input type="checkbox"/> Students from other physical therapy education programs	<input type="checkbox"/> Therapeutic recreation therapists
<input type="checkbox"/> Vocational rehabilitation counselors	<input type="checkbox"/> Other	

### Section Sign Off:

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

☒ This section has been completed.

Availability of the Clinical Education Experience

03/29/18 01:06 PM

## Availability of the Clinical Education Experience

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

### Physical Therapist First Experience:

<input checked="" type="checkbox"/> Full days	<input checked="" type="checkbox"/> Half days	<input type="checkbox"/> Other
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**Physical Therapist  
Intermediate Experiences:**

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

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

**Physical Therapist Assistant  
First Experience:**

<input checked="" type="checkbox"/>	Full days	<input checked="" type="checkbox"/>	Half days	<input type="checkbox"/>	Other
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**Physical Therapist Assistant  
Intermediate Experiences:**

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

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

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

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

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

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

Average number of PT students affiliating per year.:

0-1

Average number of PTA students affiliating per year.:

0-1

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

☒ Yes ☐ No

Please explain:

If someone can reasonably meet the requirements of the job description of a physical therapist or PTA.

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

Immediate intervention by CI and CCCE to formulate a performance improvement plan. If unsafe behavior continues, immediate termination of

affiliation.

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

#### 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?

☒ Yes ☐ No

Are all professional staff members who provide physical therapy services acquainted with the clinical site's learning objectives?

☒ Yes ☐ No

When do the CCCE and/or CI typically discuss the clinical site's learning objectives with students? (Check all that apply)

<input checked="" type="checkbox"/>	At end of clinical experience	<input checked="" type="checkbox"/>	At mid-clinical experience	<input checked="" type="checkbox"/>	Beginning of the clinical experience
<input type="checkbox"/>	Daily	<input checked="" type="checkbox"/>	Weekly	<input type="checkbox"/>	Other

Indicate which of the following methods are typically utilized to inform students about their clinical performance? (Check all that apply)

<input checked="" type="checkbox"/>	As per student request in addition to formal and ongoing written & oral feedback	<input checked="" type="checkbox"/>	Ongoing feedback throughout the clinical	<input checked="" type="checkbox"/>	Student self-assessment throughout the clinical
<input checked="" type="checkbox"/>	Written and oral mid-evaluation	<input checked="" type="checkbox"/>	Written and oral summative final evaluation	<input type="checkbox"/>	Other

#### Section Sign Off:

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

☒ This section has been completed.

Student Requirements

03/29/18 01:10 PM

#### Student Requirements

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

☒ Yes ☐ 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?

☒ Yes ☐ 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?:**

1 year

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

☐ Yes ☒ No

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

☐ Yes ☒ No

**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 type="checkbox"/>	Drug screening
<input checked="" type="checkbox"/>	HIPAA education	<input type="checkbox"/>	OSHA education	<input type="checkbox"/>	Proof of student health clearance
<input type="checkbox"/>	Other				

**Is a criminal background check required (e.g., Criminal Offender Record Information)? If yes, please indicate which background check is required and time frame.**

☒ Yes ☐ No

Please explain:

**Is a child abuse clearance required?**

☐ Yes ☒ No

Please explain:

**Is the student responsible for the cost of required clearances?**

☐ Yes ☒ No

Please explain:

**Is the student required to submit to a drug test? If yes, please describe parameters.**

☐ Yes ☒ No

**Is medical testing available on-site for students?**

☒ Yes ☐ No

Please explain:

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

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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:

Typically presented within last few weeks of clinical experience. Recommend student choose a topic by midterm.

**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:

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 ☐ 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?**

☐ 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:

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?**

☐ 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"