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endesportsandrebab.com intere Yoter To correct the name of your site, sit ta papears in hoth CSIF Web and CPI Web, update it in this field).: arey Sports & Rehab intere Address intere Ad	Jennifer Ireland DPT		
An and a definited concer (to the name of your site, as it appears in both CSIF Web and CP Web, update it in this field) Derry Sports & Rehab Autores: Autores: Autores: It Manchester Si Concerned Party State: Concerned State: C	E-mail address of person completing CSIF:		
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Ciy Ciy Ci	Address:		
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Dry Stet: Stel: VH Post Code: 3038 Pone Number: 03/437-3338 Pone Number: 03/437-3358 Pine Number: 03/437-4359	City:		
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Phone Number: 603)437-3338 PT Department Phone Phone Number: 603)437-3338 Ext: OT Department Fax Phone Number: 603)437-3256 Cinical Center Web Address: www.sportsandrehab.com Wowsportsandrehab.com Director of Physical Therapy:			
603)437-3338 Ext: T Department Phone Phone Number: 603)437-3338 Ext: T Department Fax Phone Number: 603)437-3255 Clinical Center Web Address: www.sportsandrehab.com			
Exi: PT Department Phone Phone Number: 603)437-3338 Ext: PT Department Fax Phone Number: 603)437-3255 Clinical Center Web Address: www.sportsandrehab.com Dictor of Physical Therapy: I Karanasio			
Phone Number: 603)437-3338 Ext: PT Department Fax Phone Number: 603)437-3255 Clinical Center Web Address: www.sportsandrehab.com Director of Physical Therapy: U Karanasios	(603)437-3338 Ext:		
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Ext: T Department Fax Phone Number: 603)437-3255 Clinical Center Web Address: www.sportsandrehab.com Director of Physical Therapy: CJ Karanasios	Phone Number:		
Phone Number: 603)437-3255 Sinical Center Web Address: vvvv.sportsandrehab.com Director of Physical Therapy: Uf Karanasios	(603)437-3338 Ext:		
603)437-3255 Clinical Center Web Address: www.sportsandrehab.com Director of Physical Therapy: CJ Karanasios	PT Department Fax		
Clinical Center Web Address: www.sportsandrehab.com Director of Physical Therapy: [] Karanasios	Phone Number:		
www.sportsandrehab.com Director of Physical Therapy: IJ Karanasios	603)437-3255		
Director of Physical Therapy: [] Karanasios	Clinical Center Web Address:		
[] Karanasios	www.sportsandrehab.com		
	Director of Physical Therapy:		
Center Coordinator of Clinical Education (CCCE) / Contact Person:	TJ Karanasios		
	Center Coordinator of Clinical Education (CCCE) / Contact Person:		
	CCCE / Contact Person Phone:		

603-437-3338					
CCCE / Contact Person E-mail:					
jenc@sportsandrehab.com					
Section Sign Off:					
Click the box below to indicate you have reviewed and finished w	vith this	section of the survey.			
▼ This section has been completed.					
Information About the Corporate/Healthcare Systems Orga	nizatio	n		09/21/16 01:33 PM	
Information About the Corporate/Healthcare Sys	stems	Organization			
If your facility is part of a larger corporation or has mult	tiple si	es or clinical centers, includ	de the contact information for	the corporate/healthcare system of	rganization.
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 w	vith this	section of the survey.			
This section has been completed.					
Clinical Site Accreditation/Ownership				09/21/16 01:33 PM	
Clinical Site Accreditation/Ownership					
Which of the following best describes the ownership catego	_				
Corporate/Privately Owned		Government Agency		Hospital/Medical Center Owned	
Nonprofit Agency		PT Owned		PT/PTA Owned	
Physician/Physician Group Owned		Other			
Section Sign Off:					
Click the box below to indicate you have reviewed and finished w	vith this	section of the survey.			
▼ This section has been completed.					
Clinical Site Primary Classification				09/21/16 01:33 PM	
Clinical Site Primary Classification					
Chasses the enternew that has i down the horizon of the e	- tag at		time		
Choose the category that best describes how your facility full Private Practice	IIICUOR	is the majority (> 50%) of the	une.		
Private Practice					

	Industrial/Occ	cupational Health Facility /Sub-acute Rehabilitation	
F	Rehabilitation Other 09/21/16 01	/Sub-acute Rehabilitation	
F	Rehabilitation Other 09/21/16 01	1:33 PM	
	0 0 ther	1:33 PM	
	09/21/16 01		
y ston ncord ston well	State MA NH MA MA	РТ / РТА РТ РТ РТ РТ	
1			
nd in the list, please enter t Name:	he program inform	ation here:	
	AB V		Add Clear
	08/24/16 03	3:02 AM	
		08/24/16 03	08/24/16 03:02 AM

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

	*		-
Name:			
TJ Karan	asios		
Email Ad	dress / CPI2 Login:		
tj@sport	sandrehab.com		
Present P	osition (Title, Name of Facility):		
Manage	r, Physical Therapist Derry Sports & Rehab		
No. of Ye	ars as the CCCE		
0			
No. of Ye	ars of Clinical Practice		
15			
No. of Ye	ears of Clinical Teaching		
15			
No. of Ye	ears Working at this Site		
12			
Check a	l that apply:		
	PT	PTA PTA	
Licens	ing/Registration Status		
Licer	sed/Registered 💌		
State	sf Lionneure (Decistration		
NH	f Licensure/Registration		
Licens	2/Registration Number:		
	Earned Physical Therapy Degree or in Physical Therapy		
	Earned Degree		
Master	s degree		
APTA Cr	edentialed CI		
O Yes	© No		
APTA Ad	vanced Credentialed CI		
O Yes	• No		
Other C	Credentialing		
• Yes	O No		
Please e	xplain: 3 Degree		
	Certified Clinical Specialist (Check all that apply)	-	000
	OCS PCS		GCS NCS
	CCS		SCS
	ECS		WCS
APTA Re	cognition of Advanced Proficiency for PTAs (Check all that apply)		
	Aquatic		Musculoskeletal
	Cardiopulmonary		Neuromuscular
	Geriatric		Pediatrics

Integumentary
ther credentials:
usiness Degree
Summary of College and University Education
Start with most current)
Institution:
University of New England
Period of Study
(If the user is currently enrolled, please type in the word 'CURRENT' into the box labeled 'To'.)
From — To
Major:
Physical Therapy
Degree:
Bachelor
Summary of Primary Employment
For current and previous four positions since graduation from college; start with most current)
Employer:
Derry Sports & Rehab
Position:
Manager, Physical Therapist
Period of Employment
Period of Employment
Period of Employment (If the user is currently employed, please type in the word 'CURRENT' into the box labeled 'To'.)
Period of Employment (If the user is currently employed, please type in the word 'CURRENT' into the box labeled 'To'.)
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Please choose: 💌		
No. of Years Working at this Site		
Please choose: 💌		
Check all that apply:		
	PTA	
	1 111	
Licensing/Registration Status		
Please choose:		
State of Licensure/Registration		
Please choose:		
License/Registration Number:		
Highest Earned Physical Therapy Degree		
Doctor in Physical Therapy		
·		
Highest Earned Degree		
Post-professional Doctor in Physical Therapy (Transition)		
APTA Credentialed CI		
O Yes O No		
APTA Advanced Credentialed CI		
O Yes O No		
Other CI Credentialing		
O Yes O No		
ABPTS Certified Clinical Specialist (Check all that apply)		
C ocs		GCS
PCS PCS		NCS
CCS CCS		SCS
ECS		WCS
APTA Recognition of Advanced Proficiency for PTAs (Check all that apply)		
Aquatic		Musculoskeletal
Cardiopulmonary		Neuromuscular
Geriatric		Pediatrics
Integumentary		
Other credentials:		
Summary of College and University Education		
(Start with most current)		
Institution:		
Period of Study		
(If the user is currently enrolled, please type in the word 'CURRENT' into the box la	beled 'To'.)	
From — To		
Major:		
Degree:		
Summary of Primary Employment		
Summary of Frimary Employment		

Employer:	
Position:	
Period of Employment	
(If the user is currently employe	rd, please type in the word 'CURRENT' into the box labeled 'To'.)
	mdash; To
Continuing Professional Prepara	tion Related Directly to Clinical Teaching Responsibilities
	it courses [dates and titles], continuing education [courses and instructors], research, clinical practice/expertise, etc. in the last three
(3) years)	
Course:	
Provider/Location:	
Date	
Name:	
Nicole Rogers	
Email Address / CPI2 Login:	
nicole@sportsandrehab.com	
Present Position (Title, Name of Facili	ry):
Staff Physical Therapist, Derry Spo	rts & Rehab
No. of Years as the CCCE	
5	
No. of Years of Clinical Practice	
7	
No. of Years of Clinical Teaching	
6	
No. of Years Working at this Site	
6	
Check all that apply:	
РТ	D PTA
Licensing/Registration Status	
Please choose:	
State of Licensure/Registration	
Please choose: 💌	
License/Registration Number:	
Highest Earned Physical Therapy	Degree
Doctor in Physical Therapy	_
,	
Highest Earned Degree	
Post-professional Doctor in Physic	cal Therapy (Transition)
APTA Credentialed CI	
O Yes O No	
APTA Advanced Credentialed CI	

🖸 Yes 💿 No		
Other CI Credentialing		
• Yes • No		
Please explain:		
NA		
ABPTS Certified Clinical Specialist (Check all that apply)		
OCS OCS		GCS
PCS PCS		NCS
CCS		SCS
ECS		WCS
APTA Recognition of Advanced Proficiency for PTAs (Check all that apply)		
Aquatic		Musculoskeletal
Cardiopulmonary		Neuromuscular
Geriatric		Pediatrics
Integumentary		
Other credentials:		
NA		
Summary of Collars and University Education		
Summary of College and University Education Start with most current)		
Major: Degree: Summary of Primary Employment For current and previous four positions since graduation from college; start with Employer: Position:	1 most curr	ent)
Period of Employment		
(If the user is currently employed, please type in the word 'CURRENT' into the box	labeled 'To'.)
From — To		
Continuing Professional Preparation Related Directly to Clinical Teaching Responsil for example, academic for credit courses [dates and titles], continuing education 3) years)		nd instructors], research, clinical practice/expertise, etc. in the last three
Course: Provider/Location: Date		
Section Sign Off: Click the box below to indicate you have reviewed and finished with this section of the survey.		

Clinica	al Instructor Information				07/21/16 06:03 AM
Clini	cal Instructor Information				
Prov	ide the following information on all PTs or PTAs en	nploye	ed at your clinical site who are CIs.		
CI	Name Followed By Credentials	CI	Username		Actions
Ca	ntanzaro, Danielle	cai	ntanzarod@gmail.com		
e. 5	ippel, Gwendolyn e	gw	en@sportsandrehab.com		
М.	Niles, Nicole M	nic	coler@sportsandrehab.com		
Ter	nmen, Danielle C	Ca	tanzarod@gmail.com		
A	dd New CI Displaying all 4 Clinical instructor				
Clic	tion Sign Off: the box below to indicate you have reviewed and finished wi This section has been completed.	th this	section of the survey.		
Clini-	al Instructors				05/01/14 10:50 AM
					03701714 10:30 AW
Clini	cal Instructors				
What	criteria do you use to select clinical instructors? (Check	all tha	at apply)		
	APTA Clinical Instructor Credentialing		Career ladder opportunity		Certification/training course
	Clinical competence		Delegated in position description		Demonstrated strength in clinical teaching
	No criteria		Other (not APTA) clinical instructor credentialing		Therapist initiative/volunteer
	Years of experience		Other		
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				
Clici	tion Sign Off: the box below to indicate you have reviewed and finished wi This section has been completed.	th this	section of the survey.		
Inform	nation About the Physical Therapy Service				05/01/14 10:54 AM
Infor	mation About the Physical Therapy Service				
		care,	please provide the number of beds available in eac	h of th	e subcategories listed below: (If this does not apply
to you	Ir facility, please skip and move to the next table.)				
0					
	atric center:				
0 Intensi	ve care:				
() Robabi	litation contar				
Renabi	litation center:				

0		
Step down:		
0		
Subacute/transitional care unit: 0		
Extended care:		
0		
Other specialty centers:		
0		
Total Number of Beds: 0		
Section Sign Off:		
Click the box below to indicate you have reviewed and finished with this section of the survey.		
☑ This section has been completed.		
Number of Patients/Clients		05/01/14 10:54 AM
Number of Patients/Clients		
Estimate the average number of patient/client visits per day:		
Inpatient	Outpatient	
Individual PT:	20 Individual PT:	
Student PT:	14 Student PT:	
Individual PTA:	12 Individual PTA:	
Student PTA:	0 Student PTA:	
PT/PTA Team:	0 PT/PTA Team:	
0 Total patient/client visits per day:	46 Total patient/client visits per day:	
Cardian Sim Off		
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.		
		05/01/14 10:54 AM
Patient/Client Lifespan and Continuum of Care		05/01/14 10:54 AM
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		
26%-50%		
22-65 years		
51% - 75%		
Over 65 years		
1%-25%		

Continuum of Care				
Critical care, ICU, acute				
0%				
SNF/ECF/sub-acute				
0%				
Rehabilitation				
0%				
Ambulatory/outpatient				
76% - 100%				
Home health/hospice				
0%				
Wellness/fitness/industry				
0%				
Section Sign Off:				
Click the box below to indicate you have reviewed and finished	with this	s section of the survey.		
\blacksquare This section has been completed.				
Patient/Client Diagnoses				05/01/14 10:54 AM
Patient/Client Diagnoses Indicate the frequency of time typically spent with patie	ents/cli	ents in each of the categories:		
	ents/cli	ients in each of the categories:		
Indicate the frequency of time typically spent with patient Musculoskeletal 76% - 100% Which Musculoskeletal sub-categories are available to the	studen	t:		
Indicate the frequency of time typically spent with paties Musculoskeletal 76% - 100% Which Musculoskeletal sub-categories are available to the Acute injury	studen	t: Amputation		Arthritis
Indicate the frequency of time typically spent with patient Musculoskeletal 76% - 100% Which Musculoskeletal sub-categories are available to the Acute injury Bone disease/dysfunction	studen	t: Amputation Connective tissue disease/dysfunction	V	Muscle disease/ dysfunction
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Other (May cross a number of diagnostic group	s)						
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Oncologic conditions		Organ transplant	-		Wellness/1	• •	
Other	<u> </u>	organ dansprant			(Telificos)		
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DTAc							
	0		1			1	
Aides/Techs			2			1	
Other:							
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	Arthritis				Developmental
	Feeding clinic		Balance Hand clinic		Hemophilia clinic
	Industry		Neurology clinic		Orthopedic clinic
	Pain clinic		Preparticipation sports		Prosthetic/orthotic clinic
	Scoliosis		Screening clinics	Г	Seating/mobility clinic
	Sports medicine clinic	V	Wellness		Women's health
	Other				
Healt ¹	h and Educational Providers at the Clinical Site				
Dioger	a chack all health care and adjucational providers at vo	ur clin	ical site students typically observe and/or with whom	thoy in	staract
	Administrators		Alternative therapies		Athletic trainers
•	Audiologists		Dietitians		Enterostomal / wound specialists
7	Exercise physiologists	V	Fitness professionals		Health information technologists
-		_	Nurses		
_	Massage therapists				Occupational therapists
_	Physician assistants		Physicians		Podiatrists
_	Prosthetists / orthotists		Psychologists		Respiratory therapists
Z	Social workers	N	Special education teachers		Speech/language pathologists
<	Students from other disciplines		Students from other physical therapy education programs		Therapeutic recreation therapists
	Vocational rehabilitation counselors		Other		
	This section has been completed. bility of the Clinical Education Experience				05/01/14 10:55 AM
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V	April		May		June		
	July	V	August	V	September		
	October		November		December		
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Indica	Indicate which months you will accept students for any one part-time (< 36 hrs/wk) clinical experience.						
\checkmark	January		February		March		
	April	V	May	V	June		
	Tabe		Au		Contours an		
	July		August		September		
	October		November		December		
PTA							
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		1	1	_			
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	January		February		March		
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Averag	ge number of PT students affiliating per year.:						
4-6							
Averag	ge number of PTA students affiliating per year.:						
1-2	or y						
1-2							
Is you	r clinical site willing to offer reasonable accommodation	ons for	students under ADA?				
• Y	-						
	e explain:						
riistii	loor, handicap accessible bathroom and facilities						
What i	is the procedure for managing students whose performance is	sbelow	expectations or unsafe?:				
Meeti	ings with student, on probation, action report, contact s	school,	etc				
Meetings with student, on probation, action report, contact school, etc							
	n what provisions are made for students if the clinical instru	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.):					
Explai	-	ctor is il	or away from the clinical site. (Answer if the clinical co	enter en	nploys only one PT or PTA.):		
Explai	n what provisions are made for students if the clinical instru ent follows another therapist for the day or weeks.	ctor is il	or away from the clinical site. (Answer if the clinical co	enter en	nploys only one PT or PTA.):		
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Written and oral mid-evaluation		Written and oral summative final evaluation		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				07/21/16 06:03 AM		
Student Requirements						
Do students need to contact the clinical site for specific work	hours	s related to the clinical experience?				
• Yes • No Please explain:						
Call or email CI						
Do students receive the same official holidays as staff?						
• Yes • No Please explain:						
All major holidays are taken						
Does your clinical site require a student interview?						
• Yes • No Please explain:						
NA						
Indicate the time the student should report to the clinical sit	e on th	ne first day of the experience.				
7:00 AM						
Is a Mantoux TB test (PPD) required?						
a) one step						
• Yes • No						
b) two step						
C Yes O No						
Is a Rubella Titer Test or immunization required?						
Please explain:						
All vaccinations are required						
Are any other health tests/immunizations required prior to C Yes O No	the cli	nical experience? If yes, please specify:				
How is this information communicated to the clinic? Provide fax n	umber	if required.:				
fax to 603-437-3255						
How current are student physical exam records required to be?:						
within the year						
Are any other health tests or immunizations required on-site? If yes, please specify: C Yes O 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:				
Child clearance		Criminal background check		Drug screening		
HIPAA education		OSHA education		Proof of student health clearance		
Other						
Is a criminal background check required (e.g., Criminal Offe O Yes O No	ender	Record Information)? If yes, please indicate which bac	ckgrou	nd check is required and time frame.		

Is a child abuse clearance required? O Yes No Please explain: NA Is the student responsible for the cost of required clearances? • Yes 🖸 No Please explain: NA Is the student required to submit to a drug test? If yes, please describe parameters. O Yes No Is medical testing available on-site for students? O Yes O No Please explain: NA Other requirements: (On-site orientation, sign an ethics statement, sign a confidentiality statement.): NA 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. 07/21/16 06:03 AM Special Information **Special Information** Do you require a case study or inservice from all students (part-time and full-time)? • Yes C No Please explain: Student may choose topic appropriate for site Do you require any additional written or verbal work from the student (e.g., article critiques, journal review, patient/client education handout/brochure)? • Yes C No Please explain: Student is expected to educate patients, communicate with CI and staff,etc 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 C No Please explain: Allowed to use internet for educational purposes when student has finished caseload and documentation for the day Is there a facility/student dress code? • Yes O No Is emergency health care available for students? O Yes C No Is the student responsible for emergency health care costs? O Yes O No Is other non-emergency medical care available to students?

O Yes O No

Is the student required to have proof of health insurance?						
O Yes O No						
Is the student required to provide proof of OSHA training?						
C Yes C No						
Is the student required to provide proof of HIPAA training?						
O Yes O No						
Is the student required to attest to an understanding of the benefits and risks of Hepatitis-B immunization?						
O Yes O No						
Is the student required to be CDD contified? (Decen note if a smootife course is required)						
Is the student required to be CPR certified? (Please note if a specific course is required).						
Can the student receive CPR certification while on-site?						
U res U No						
Is the student required to be certified in First Aid?						
C Yes C No						
Can the student receive First Aid certification on-site?						
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.						
Student Schedule	07/21/16 06:03 AM					
	01121110 00100121					
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:						
Most likely will follow PT schedule MW 10:30-7:30 TTH 7-2 F7-1						
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.						
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 mo	re details about Key Fields"					
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