ite: Healthsouth Rehabilitation Hospital of Concord		
	Loot	
ection Title	Last Update	Action
CCE Sign Off	11/04/16 08:49 AM	
CCCE Sign Off		
CCCE Sign Off:		
Click the box below to indicate that you have reviewed all sections of your clinical site survey.		
This survey has been reviewed.		
nformation For the Academic Program	11/04/16 08:49 AM	
nformation For the Academic Program		
erson Completing CSIF:		
David Pratt PT, CCCE		
-mail address of person completing CSIF:		
avid.pratt@healthsouth.com		
ame 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).:		
Iealthsouth Rehabilitation Hospital of Concord		
treet Address		
Address:		
54 Pleasant St		
City:		
State:		
Postal Code:		
3301		
2001		
acility Phone		
Phone Number:		
503) 226-9800 Ext:		
T Department Phone		
Phone Number:		
503) 226-9868		
Ext:		
T Department Fax		
Phone Number:		
503) 226-9858		
linical Center Web Address:		
/a		
irrector of Physical Therapy:		
/a		
enter Coordinator of Clinical Education (CCCE) / Contact Person:		
David Pratt		
CCE / Contact Person Phone:		
503) 226-9868		

lavid.pratt@healthsouth.com						
Section Sign Off: Click the box below to indicate you h	ave reviewed and finished with t	this sec	ction of the survey.			
This section has been completed.						
nformation About the Corporate/H	Healthcare Systems Organiza	ation			11/04/16 08:49 AM	
Information About the Corpo	orate/Healthcare System	ms O	rganization			
Corporate/Healthcare System Organiza		e sites	or clinical centers, include the contact information	on for	the corporate/healthcare system orga	nization.
Address Address:						
City:						
State:						
Postal Code:						
Phone						
Phone Number: Ext:						
Fax						
Phone Number:						
3-mail:						
Affiliation Agreement Contract Fu	lfillment					
Contact Person:						
Section Sign Off: Click the box below to indicate you h	ave reviewed and finished with t	this sec	ction of the survey.			
▼ This section has been completed.						
Clinical Site Accreditation/Ownersh	nip				11/04/16 08:49 AM	
Clinical Site Accreditation/Ov	wnership					
_		_	ur clinical site? (check all that apply)	_		
Corporate/PrivatelyOwned		-	Government Agency PT Owned		Hospital/Medical Center Owned	
Nonprofit Agency Physician/Physician Group Ow	med		Dther		PT/PTA Owned	
Section Sign Off: Click the box below to indicate you have reviewed and finished with this section of the survey.						
Clinical Site Primary Classification					11/04/16 08:49 AM	
	ration					
Clinical Site Primary Classific		lors	he main $(> 50\%)$ of the time			
Choose the category that best desc Acute Care/Inpatient Hospital Fac		lions t	ne majority (> 50%) of the time,			
f appropriate, check () up to four a	additional categories that de	scribe	e the other clinical centers associated with your facili	ity.		
Acute Care/Inpatient Hospital F	Facility	А	Ambulatory Care/Outpatient		ECF/Nursing Home/SNF	

Add Pri and Pr	Federal/State/County Health		Home Health			Industrial/Occu	upational Health Facility			
	Multiple Level Medical Center	П	Private Practice		Г	Rehabilitation/	Sub-acute Rehabilitation			
Secience Sign OB: Cited the lack low is indicate you have envinced and finished with the section of the array. The occine has been completed. Cited Site Loadsin Cited Site Loadsin Cited Site Loadsin Secience Sign OB: Cited Site Loadsin Secience Sign OD: Cited Site Loadsin Cited Site Loadsin Secience Sign OD: Cited Site Loadsin Secience Sign OD: Cited Site Loadsin Secience Sign OD: Cited Site Loadsin Cited Site Loadsin Secience Sign OD: Cited Site Loadsin Cited Site Loadsin Secience Sign OD: Cited Site Loadsin Cited Site Loadsin Secience Sign OD: Cited Site Loadsins Secience Site Cited Site Loadsins Secience Site Cited Site Cited Site Cited Site Site Cited Site Cited Site Cited Site Cited Site Site Site Site Site										
Calculation to induct a polymer reference at all field reference induction of the array induction of t						ould				
	Click the box below to indicate you have reviewed and finished with this section of the survey.									
	Clinical Site Location					11/04/16.08	49 AM			
	Clinical Site Location					11/04/16/08:	49 AM			
	Which of the following best describes your clinical site's location									
	Section Sign Off:									
Attliated PT and PTA Educational Programs 11/04/16/08:49 AM Attliated PT and PTA Educational Programs Second NI Paramatin Free Stationards Concord NI PT Preadmain Free Stationards Concord NI PT Revel Valor Concord NI PT ● Intervision Concord NI PT ● Revel Valor Concord NI PT ● Revel Valor Concord NI PT ● Revel Valor Manchester NI PTA ● Revel Valor Manchestr NI PTA ● Revel Valor Boson MA PTA ● Revel Valor Boson MA PT ● Station University Boson MA PT ● Valor Station MA PT ● University Of Connection Cond MA PT ● University Of Connection Station University No PT ● Stet the program(dy out et a concrut attliated	_	ith this	section of the survey.							
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Add Pri and Pr	Anniated P 1 and P 1A Educational Programs					11/04/10/08	49 AW			
Panklin Parce University Concord NH PT Image: Concord of the part of th	Affiliated PT and PTA Educational Programs List all PT and PTA education programs with which you currently affiliate.									
River Adlage Community College Claremont NH PTA Image: State Sta	Program Name			City		State	PT / PTA			
Hiser CollageManchereMinPTAImageUnderstory diversionBuilingtionVTPTAImageBoston UniversityBostonMAPTAImageStringtiel CollageBostonMAPTAImageSpringtiel CollageBostonMAPTAImageUniversity Missachusts LowellGuMAPTAImageOutingtiel CollageGuMAPTAImageUniversity Missachusts LowellMancheresStorsGTPTAImageOutingtiel CollageStorsGTPTAImageImageSteret the program (synamic test current test										
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By State: Any City: State: AB T / PTA: PT / PT / PTA: PT / PT /	By A-7:			Program Name:						
ACCE Demo University, ACCE Demo University, ACCE Demo University, ACCE Demo University, ACCE DPA Demo, ASA College, FL AT Still University of Health Sciences, AZ Academy for Nursing and Health Occupations, FL Adventist University of Health Sciences, FL Alabama State University, AL Section Sign Off: Click the box below to indicate you have reviewed and finished with this section of the survey.										
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This section has been completed	Click the box below to indicate you have reviewed and finished wi	iun this	secuon of the survey.							
	Information About the Clinical Teaching Faculty					08/24/16.03	:04 AM			
	Information About the Clinical Teaching Faculty									

bbreviated Resume for Center Coordinators of Clinical Education - Please upda	ate as each ne	w CCCE assumes this position.
Name:		
David Pratt		
Email Address / CP12 Login:		
david.pratt@healthsouth.com		
Present Position (Title, Name of Facility):		
Physical Therapy Clinical Advisor		
No. of Years as the CCCE		
2		
No. of Years of Clinical Practice		
11		
No. of Years of Clinical Teaching		
10		
No. of Years Working at this Site		
9		
Check all that apply:		
PT PT	PTA	
Licensed/Registered State of Licensure/Registration NH License/Registration Number: 2609		
Highest Earned Physical Therapy Degree Masters in Physical Therapy		
Highest Earned Degree		
Masters degree		
APTA Credentialed CI		
O Yes O No		
APTA Advanced Credentialed CI C Yes O No		
Other CI Credentialing C Yes C No		
ABPTS Certified Clinical Specialist (Check all that apply)		
C OCS		GCS
PCS		NCS
		SCS
ECS		WCS
APTA Recognition of Advanced Proficiency for PTAs (Check all that apply)		
Aquatic		Musculoskeletal
Cardiopulmonary		Neuromuscular

Integumentary		
ther credentials:		
Summary of College and University Education Start with most current)		
Institution:		
Period of Study (If the user is currently enrolled, please type ir	n the word 'CURRENT' into the box labeled 'To'.)	
From — To		
Major:		
Degree:		
Summary of Primary Employment		
For current and previous four positions since	graduation from college; start with most current)	
Employer:		
Position:		
Period of Employment		
	in the word 'CURRENT' into the box labeled 'To'.)	
From— To		
3) years) Course: Provider/Location: Date		
Course: Provider/Location: Date		
Course: Provider/Location:	finished with this section of the survey.	
Course: Provider/Location: Date Section Sign Off:	finished with this section of the survey.	
Course: Provider/Location: Date Section Sign Off: Click the box below to indicate you have reviewed and the section of the sec	finished with this section of the survey. 10/28/16 01:06 PM	
Course: Provider/Location: Date Section Sign Off: Click the box below to indicate you have reviewed and the section has been completed.		
Course: Provider/Location: Date Section Sign Off: Click the box below to indicate you have reviewed and it This section has been completed. nical Instructor Information inical Instructor Information		
Course: Provider/Location: Date Section Sign Off: Click the box below to indicate you have reviewed and it This section has been completed. nical Instructor Information inical Instructor Information	10/28/16 01:06 PM	
Course: Provider/Location: Date Section Sign Off: Click the box below to indicate you have reviewed and the section has been completed. nical Instructor Information inical Instructor Information rovide the following information on all PTs or	10/28/16 01:06 PM PTAs employed at your clinical site who are CIs.	
Course: Provider/Location: Date Section Sign Off: Click the box below to indicate you have reviewed and it This section has been completed. nical Instructor Information inical Instructor Information covide the following information on all PTs or CI Name Followed By Credentials	PTAs employed at your clinical site who are CIs. CI Username Actions	
Course: Provider/Location: Date Section Sign Off: Click the box below to indicate you have reviewed and the section has been completed. Inical Instructor Information Inical Instructor Information Inicial Instructor Information Information Inicial Instructor Information Information Information Inicial Instructor Information Information Inicial Instructor Information I	PTAs employed at your clinical site who are CIs. CI Username Actions stefanie.bond@healthsouth.com	
Course: Provider/Location: Date Date Course: Date Course: Date Course: Date Course: Date Course: Date Course: Provide the following information Course: Date: Date:: Date::: Date:: Date:: Date::: Date:::: Date:::: Date:::: Date:::: Date:::: Date:::::::::: Date::::::::::::::::::::::::::::::::::::	PTAs employed at your clinical site who are CIs. CI Username Actions stefanie.bond@healthsouth.com Hannah.Cleary@healthsouth.com	
Course: Provider/Location: Date Date Section Sign Off: Click the box below to indicate you have reviewed and to This section has been completed. nical Instructor Information inical Instructor Information rovide the following information on all PTs or CI Name Followed By Credentials Bond, Stefanie Cleary, Hannah L Dumigan, Ryan W	PTAs employed at your clinical site who are CIs. CI Username Actions stefanie.bond@healthsouth.com Hannah.Cleary@healthsouth.com rdumigan@cpte.net	
Course: Provider/Location: Date Section Sign Off: Click the box below to indicate you have reviewed and to This section has been completed. nical Instructor Information inical Instructor Information covide the following information on all PTs or Cl Name Followed By Credentials Bond, Stefanie Cleary, Hannah L Dumigan, Ryan W Grushynsky, Derek	PTAs employed at your clinical site who are CIs. CI Username Actions stefanie.bond@healthsouth.com Hannah.Cleary@healthsouth.com rdumigan@cpte.net derek.grushynsky@healthsouth.com	

Winslow, Mary mary.winslow@healthsouth.com							
	dd New CI Displaying all 8 Clinical instructor						
	dd New CI Displaying all 8 Clinical instructor						
Sec	tion Sign Off:						
Clic	the box below to indicate you have reviewed and finished wi	ith this	section of the survey.				
	This section has been completed. al Instructors				04/06/16 09:54 AM		
Ciiiic	instructors				04/00/10 05.54 AW		
Clini	cal Instructors						
What	riteria 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)	Γ	APTA Clinical Instructor Education and Credentialing		Academic for-credit coursework		
7	Clinical center inservices	Г	Program Continuing education by academic program	П	Continuing education by consortia		
	No training	Г	Other (not APTA) clinical instructor credentialing program		Professional continuing education (e.g., chapter, CEU		
_			Ouer (not Ar FA) chinical instructor credentialing program	L	course)		
	Other						
	This section has been completed.				04/03/12 01:55 PM		
Infor	mation About the Physical Therapy Service						
	per of Inpatient Beds For clinical sites with inpatient ir facility, please skip and move to the next table.)	t care,	please provide the number of beds available in eac	h of tl	ne subcategories listed below: (If this does not apply		
Acute	are:						
Psychi	atric center:						
	ve care:						
	litation center:						
50 Step de	iwn:						
	ite/transitional care unit:						
Extend	ed care:						
Other	specialty centers:						
Total N	iumber of Beds:						
50							
0	tion firm Offi						
	tion Sign Off: <pre>cthe box below to indicate you have reviewed and finished wi</pre>	ith this	section of the survey.				
	This section has been completed.						
	er of Patients/Clients				04/03/12 01:55 PM		
					01/03/12/01.03/191		
Num	ber of Patients/Clients						
Estim	ate the average number of patient/client visits per c	day:					

Inpatient	Outpatient							
18 Individual PT:	8 Individual PT:							
16 4 Student PT: Student PT:								
18 Individual PTA:	6 Individual PTA:							
16 Student PTA:	0 Student PTA:							
0 PT/PTA Team:	0 PT/PTA Team:							
68 Total patient/client visits per day:	18 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.								
Patient/Client Lifespan and Continuum of Care	04/03/12 01:55 PM							
Patient/Client Lifespan and Continuum of Care Indicate the frequency of time typically spent with patients/clients in each of the cate Patient Lifespan	gories:							
0-12 years								
13-21 years								
22-65 years								
Over 65 years								
Continuum of Care								
Critical care, ICU, acute								
SNF/ECF/sub-acute								
Rehabilitation								
	76% - 100%							
Ambulatory/outpatient 26% - 50%								
Home health/hospice								
Wellness/fitness/industry								
Г								

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.						
Patier	nt/Client Diagnoses						04/03/12 01:55 PM
Patie	ent/Client Diagnoses						
Indica	ate the frequency of time typically spent	t with patients/	clients in (each of the catego	ories:		
Muscu	uloskeletal						
26%	- 50%						
Which	n Musculoskeletal sub-categories are avail	lable to the stud	lent:				
	Acute injury	R	_	ation		V	Arthritis
7	Bone disease/ dysfunction	V		ctive tissue disease/d	lysfunction		Muscle disease/dysfunction
	Musculoskeletal degenerative disease	V		oedic surgery			Other
Nound							
26%	- 50%						
1							
	n Neuro-muscular sub-categories are avai					_	
•	Brain injury			al vascular accident			Chronic pain
	Congenital/developmental	v		muscular degenerativ	ve disease		Peripheral nerve injury
	Spinal cord injury		Vestibu	ılar disorder			Other
Cardi	ovascular-pulmonary						
1%-:	25%						
Which	n Cardiovascular-pulmonary sub-categori	ies are available	e to the stud	lent:			
	Cardiac dysfunction/disease	Ā	_			Г	Lymphedema
	Peripheral vascular dysfunction/disease	V		nary dysfunction/dis	sease		Other
		I				I	
	umentary						
1%-:	25% 💌						
Which	n Integumentary sub-categories are availa	able to the stude	ent:				
	Burns	V	Openv	wounds			Scar formation
	Other						
Other	(May cross a number of diagnostic group	s)					
1%-	25%						
Which	n other sub-categories are available to the	etudant					
	Cognitive impairment	Г	Genera	al medical conditions	5		General surgery
	Oncologic conditions	, F		transplant			Wellness/Prevention
	Other						
·							
Sec	tion Sign Off-					-	
	t ion Sign Off: k the box below to indicate you have reviewed a	and finished with 1	this section o	of the survey.			
Clic	k the box below to indicate you have reviewed a	and finished with t	this section o	of the survey.			
	k the box below to indicate you have reviewed a	and finished with f	this section o	If the survey.			
Clic	k the box below to indicate you have reviewed a	and finished with t	this section o	of the survey.			04/03/12 01:55 PM
Clic Clic Staffin	k the box below to indicate you have reviewed a This section has been completed.	and finished with t	this section o	of the survey.			04/03/12 01:55 PM
	k the box below to indicate you have reviewed a This section has been completed.			of the survey.	Page time Part		
Clic: Staffin	k the box below to indicate you have reviewed a This section has been completed. ng ing	Full-time Budg		of the survey.	Part-time Budgeted		Current Staffing
Clici	k the box below to indicate you have reviewed a This section has been completed. ng ing			of the survey.	Part-time Budgeted		

Aides	/Techs	1					1			
Other:										
	ļ									
Click	Section Sign Off: Click the box below to indicate you have reviewed and finished with this section of the survey.									
Inform	nation About the Clinical Education Experi	anca					04/06/16 10:02 AM			
11110111	nation About the Clinical Education Experi	ence					04/06/16 10:02 AM			
	Information About the Clinical Education Experience									
Special Programs/Activities/Learning Opportunities Please check all special programs/activities/learning opportunities available to students.										
Г	Administration	Г	A	Aquatic Therapy		Г	Athletic Venue Coverage			
	Back School	Г	Е	Biomechanics Lab			Cardiac Rehabilitation			
	Community/Re-entry Activities			Critical Care/Intensive Care			Departmental Administration			
	Early Intervention	Г	E	Employee Intervention			Employee Wellness Program			
	Group Programs/ Classes	L.	F	Home Health Program			Industrial/Ergonomic PT			
V	Inservice Training/Lectures	Г	N	Neonatal Care			Nursing Home/ECF/SNF			
	Orthotic/Prosthetic Fabrication	Г	P	Pain Management Program		Г	Pediatric - Classroom Consultation Emphasis			
	Pediatric - Cognitive Impairment Emphasis	F	P	Pediatric - Developmental Pi	rogram Emphasis		Pediatric - General			
	Pediatric - Musculoskeletal Emphasis	E	P	Pediatric - Neurological Emp	phasis		Prevention/Wellness			
	Pulmonary Rehabilitation	Г		Quality Assurance/CQI/TQN	Л		Radiology			
	Research Experience	Г	s	Screening/Prevention		Г	Sports Physical Therapy			
	Surgery (observation)	V	7 Т	Feam Meetings/Rounds			Vestibular Rehabilitation			
Г	Women's Health/OB-GYN	Г	v	Nork Hardening/Conditioni	ing	V	Wound Care			
	Other									
	the Olivitat									
Specia	lty Clinics									
Please	check all specialty clinics available as stud	lent learning ex	experie	ences.						
	Arthritis	F	E	Balance			Developmental			
	Feeding clinic		ŀ	Hand clinic			Hemophilia clinic			
	Industry		Ν	Neurology clinic			Orthopedic clinic			
	Pain clinic		P	Preparticipation sports			Prosthetic/orthotic clinic			
	Scoliosis	Г	s	Screening clinics			Seating/mobility clinic			
	Sports medicine clinic	Г	V	Wellness			Women's health			
	Other									
Healtl	and Educational Providers at the Clinic	cal Site								
Disesse	check all health care and educational pro	uidono otvioun o	alimiaa	al oito otradon to travico lha o	hoomio on d'on with whom i	howing				
	1	· · ·	_		observe and/or with whom	_	1			
	Administrators			Alternative therapies			Athletic trainers			
	Audiologists			Dietitians Fitness professionals			Enterostomal / wound specialists			
	Exercise physiologists		_	•			Health information technologists			
	Massage therapists			Nurses			Occupational therapists			
	Physician assistants			Physicians			Podiatrists			
	Prosthetists / orthotists			Psychologists			Respiratory therapists			
	Social workers		-	Special education teachers	d 1 - d		Speech/language pathologists			
	Students from other disciplines	V			therapy education programs		Therapeutic recreation therapists			
	Vocational rehabilitation counselors			Other						

Sec	ion Sign Off:					
	the box below to indicate you have reviewed and finished w	vith this	section of the survey.			
Π.						
	This section has been completed. bility of the Clinical Education Experience				04/06/16 10:02 AM	
Avail	ability of the Clinical Education Experience					
iv un	ability of the Chinesi Estatution Experience					
ndica	te educational levels at which you accept PT and P	TA stu	dents for clinical experiences (Check all that apply)).		
	al Therapist					
FIFST E	xperience: Full days	Г	Half days		Other	
	run uays		riali uays		Ouler	
	al Therapist nediate Experiences:					
7	Full days		Half days		Other	
		•				
hysic	al Therapist					
7	Final Experience		Internship (6 months or longer)		Specialty experience	
	Other					
	al Therapist Assistant					
first E	xperience: Full days		Half days		Other	
	run uays		riali uays		Other	
	al Therapist Assistant nediate Experiences:					
7	Full days		Half days		Other	
•					outer	
hysic	al Therapist Assistant					
7	Final Experience		Conter Other			
т						
ndica	te which months you will accept students for any sing	de full-	time (36 hrs/wk) clinical experience.			
	January		February		March	
	April		May		June	
_	July		August		September	
-	October		November		December	
	te which months you will accept students for any one	- 	_		March	
_	January		February		March	
	April		May		June September	
	July October		August November		December	
	GLUDEI	L	ivovenider		Detember	
РΤΑ						
ndica	te which months you will accept students for any sing	gle full-	time (36 hrs/wk) clinical experience.			
	January		February		March	
	April		May		June	
	July		August		September	
	October		November		December	
ndice	te which months you will accept students for any one	part_H	me (< 36 hrs/wk) clinical experience			
	January		February		March	
_	April		May		June	
	July		August		September	
	October		November			

Average	number of PT students affiliating per year.:					
4						
Average	number of PTA students affiliating per year.:					
2						
	clinical site willing to offer reasonable accommodation	ns for	students under ADA?			
• Ye Please	s 🖸 No explain:					
	adations would be made on an indivdual basis, CCCE nodations	would	need to be contacted prior to accepting the student to	ensure	e proper	
What is	the procedure for managing students whose performance is	below	expectations or unsafe?:			
Regula	r meetings with CI, CCCE. If necessary school would b	e cons	sulted and handled on an individual basis.			
Explain	what provisions are made for students if the clinical instruc	tor is il	l or away from the clinical site. (Answer if the clinical ce	nter en	pploys only one PT or PTA.):	
Other	PT's would cover the student if unexpected, student w	ould b	e assigned to another CI if expected or for extended pe	riod of	time.	
Sect	ion Sign Off:					
	the box below to indicate you have reviewed and finished w	ith this	section of the survey.			
I	his section has been completed.					
Clinics	l Site's Learning Objectives and Assessment				04/06/16 10:02 AM	
Chinica	i site site and Assessment				04/00/10 10.02 AVI	
Clinio	al Site's Learning Objectives and Assessmen	t				
Does y	our clinical site provide written clinical education obj	ectives	s to students?			
О Уе	s 💿 No					
Are all	professional staff members who provide physical the	rapy s	ervices acquainted with the clinical site's learning obj	ectives	?	
• Ye	s O No					
When	to the CCCE and/or CI typically discuss the clinical sit	e's lea	rning objectives with students? (Check all that apply)			
	At end of clinical experience	V	At mid-clinical experience		Beginning of the clinical experience	
V	Daily	V	Weekly		Other	
Indica	· · · ·	d to ini	form students about their clinical performance? (Chec	k all th	at apply)	
V	As per student request in addition to formal and ongoing written & oral feedback	•	Ongoing feedback throughout the clinical	7	Student self-assessment throughout the clinical	
	Written and oral mid-evaluation		Written and oral summative final evaluation		Other	
	ion Sign Off: the box below to indicate you have reviewed and finished w	ith this	section of the survey			
		iui uiis	section of the survey.			
	his section has been completed.					
Stude	nt Requirements				04/06/16 10:05 AM	
Stude	nt Requirements					
Dostu	dents need to contact the clinical site for specific work	hours	related to the clinical experience?			
O Ye Please	s 🖸 No explain:					
Dostu	dents receive the same official holidays as staff?					
• Ye	s 🔘 No					
Please	explain:					
Does y	our alimical site require a student interview?					
	our clinical site require a student interview?					
O Ye Please						

8:30 AM				
Is a Mantoux TB test (PPD) required?				
a) one step				
C Yes C No				
b) two step				
• Yes • No				
Is a Rubella Titer Test or immunization required?				
O Yes O No				
Please explain:				
Are any other health tests/immunizations required prior to t	he clir	ical experience? If yes, please specify:		
O Yes O No				
How is this information communicated to the clinic? Provide fax no	umber i	frequired.:		
How current are student physical exam records required to be?:				
Are any other health tests or immunizations required on-site	e? If ye	s, please specify:		
• Yes • No Please explain:				
A second PPD				
Is the student required to provide proof of any other training O Yes O No	g prio	to orientation at your facility? If yes, please list.		
i les i lu				
Indicate which of the following are required by your facility	prior t	o 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 Yes O No Please explain:	nder F	tecord Information)? If yes, please indicate which bac	kgrour	nd check is required and time frame.
Is a child abuse clearance required?				
C Yes C No				
Please explain:				
Is the student responsible for the cost of required clearances	s?			
C Yes C No Please explain:				
-				
Is the student required to submit to a drug test? If yes, pleas	e desc	ribe parameters.		
Please explain:				
Is medical testing available on-site for students?				
O Yes O No				
Please explain: Other requirements: (On-site orientation, sign an ethics statement,	sion a	confidentiality statement).		
If an individual is responsible for Compliance items, pleas				
Compliance Contact Person Name:		at the compliance contact information below.		
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 wi	th this s	ection of the survey.		
₩ This section has been completed.				

Special Information

04/06/16 10:05 AM

Special Information

Do you require a case study or inservice from all students (part-time and full-time)? O Yes O No

Please explain:

Do you require any additional written or verbal work from the student (e.g., article critiques, journal review, patient/client education handout/brochure)?

O Yes O No Please explain:

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

O Yes O No

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

€ Yes C No Please explain:

Is there a facility/student dress code?

• Yes • • No

Is emergency health care available for students?

O Yes O No Please explain:

Is the student responsible for emergency health care costs?

O Yes O No Please explain:

Is other non-emergency medical care available to students?

O Yes O 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?

O 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?

C 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

04/06/16 10:05 AM

Student Schedule

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

Standard 8 hour day 💌

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

Students usually work 8:00 - 4:30 Mon. through Fri. unless otherwise decided by thier indiviual CI. Students may be asked to work a saturday or sunday a month as coincides with CI schedule.

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"

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