Site Manager Site Survey —

Site: Exeter Hospital - CFOM

Section Title	Last Update	Action
CCCE Sign Off	11/01/18 01:53 PM	

CCCE Sign Off

CCCE Sign Off:

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

▼ This survey has been reviewed.

Information For the Academic Program 11/01/18 01:53 PM

Information For the Academic Program

Person Completing CSIF:

Jaime Bieber

E-mail address of person completing CSIF:

 $Name\ of\ Clinical\ Center\ (Note:\ To\ correct\ the\ name\ of\ your\ site,\ as\ it\ appears\ in\ both\ CSIF\ Web\ and\ CPI\ Web,\ update\ it\ in\ this\ field).:$

Exeter Hospital - CFOM

Street Address

Address:

212 Calef Highway

City:

Epping

State:

NH

Postal Code:

03042

Facility Phone

Phone Number:

603-777-1886

Ext:

PT Department Phone

Phone Number:

Ext:

PT Department Fax

Phone Number:

603-777-1893

Clinical Center Web Address:

www.exeterhospital.com

Director of Physical Therapy:

Jeffrey Meisner

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

Jaime VanMassenhove

CCCE / Contact Person Phone:

603-777-1886

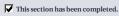
CCCE / Contact Person E-mail:

jbieber@	ehr.org				
	on Sign Off: ne box below to indicate you have reviewed and finished	with thi	s section of the survey.		
Thi	is section has been completed.				
Informa	tion About the Corporate/Healthcare Systems Org	nizati	on		11/01/18 01:53 PM
Inform	nation About the Corporate/Healthcare Sy	stems	Organization		
		tiple si	tes or clinical centers, include the contact informat	ion for	the corporate/healthcare system organization.
Corporat Contact !	re/Healthcare System Organization:				
Address Address:					
City:					
State:					
Postal C	ode:				
Phone					
Phone !	Number:				
Ext:					
Fax Phone !	Number:				
E-mail:	Aumber:				
Affiliati	ion Agreement Contract Fulfillment				
Contact 1					
	on Sign Off:				
Click th	ne box below to indicate you have reviewed and finished	with thi	s section of the survey.		
▼ Thi	is section has been completed.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Clinical	Site Accreditation/Ownership				11/01/18 01:53 PM
Clinica	l Site Accreditation/Ownership				
Which of	f the following best describes the ownership categ	ory for	your clinical site? (check all that apply)		
	Corporate/Privately Owned		Government Agency		Hospital/Medical Center Owned
V N	NonprofitAgency		PT Owned		PT/PTA Owned
P	Physician/Physician Group Owned		Other		
Soction	on Sign Off:				
	ne box below to indicate you have reviewed and finished	with thi	s section of the survey.		
Thi	is section has been completed.				
	Site Primary Classification				11/01/18 01:53 PM
					11/01/10 01:331 10
Clinica	l Site Primary Classification				
Choose	the category that best describes how your facility f	unctio	ns the majority (> 50%) of the time.		
Ambul	atory Care/Outpatient				
If appro	priate, check () up to four additional categories th	at desc	ribe the other clinical centers associated with your faci	ility.	
A	acute Care/Inpatient Hospital Facility		Ambulatory Care/Outpatient		ECF/Nursing Home/SNF

Federal/Sta	te/County Health			Home Health			Inc	dustrial/Occupational Health Facility	
Multiple Le	vel Medical Center		П	Private Practice		Г	Rel	habilitation/Sub-acute Rehabilitation	ı
School/Pre	school Program			Wellness/Prevention/Fitr	ess Program		Otl	her	
Click the box belo	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 Locat	ion						1	1/01/18 01:53 PM	
	ocation wing best describes you	ur clinical site's locat	ion						
Click the box belo	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 Progra	ıms					1	1/01/18 01:53 PM	
	nd PTA Educational A education program		urren	ntly affiliate.					
Program Name				City	State		1	PT / PTA	
Select the program	(s) your site is currently a	ffiliated with:			If not found in the li	st, please enter t	he prog	ram information here:	
By A-Z: By State:		Any Any		A	Program Name: City: State: PT / PTA:		Ė	AB V	
ACCE Demo Unive				<u> </u>	PI/PIA:		Į:	PT 🔻	
ACCE Demo Unive				0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					Add Clear
ACCEPTA Demo,	sity,			9					
ASA College, FL				O					
	of Health Sciences, AZ			o l					
	ng and Health Occupations, l	FL		o l					
	ty of Health Sciences, FL			o e					
Alabama State Uni	-			<u> </u>					
4				Þ					
Click the box belo	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 Abou	t the Clinical Teaching	Faculty					0	8/07/17 03:35 PM	
	oout the Clinical Te		Educa	ation - Please update as	each new CCCE a	assumes this p	osition	1.	
Name: Jaime Bieber Email Address / C jbieber@ehr.org	3								
No. of Years as	resent Position (Title, Name of Facility): lo. of Years as the CCCE								

No. of Years of Clinical Practice	
12	
No. of Years of Clinical Teaching	
Please choose: 🔻	
No. of Years Working at this Site	
10	
Check all that apply:	
☐ PT	РТА
Licensing/Registration Status	
Licensed/Registered 🔻	
State of Licensure/Registration	
NH	
License/Registration Number:	
Highest Earned Physical Therapy Degree	
Other	
Highest Earned Degree Masters degree	
APTA Credentialed CI O Yes No	
APTA Advanced Credentialed CI	
C Yes • No	
Other CI Credentialing	
© Yes © No	
Please explain:	
ABPTS Certified Clinical Specialist (Check all that apply)	
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:	
CHT	
CHT	
Summary of College and University Education	
Summary of College and University Education (Start with most current) Institution:	
Summary of College and University Education (Start with most current)	

(If the user is currently enrolled, please type in the word 'CURRENT' into the box labeled 'To'.)
From 09/01/2000 — To 12/1/2005
Major:
OT
Degree:
BS/MS
Summary of Primary Employment
(For current and previous four positions since graduation from college; start with most current)
Employee
Employer:
Exeter Hospital
Position:
staff OT
Period of Employment
(If the user is currently employed, please type in the word 'CURRENT' into the box labeled 'To'.)
From 01/08/2007 — 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:
Provider/Location:
Date
Section Sign Off:
Click the box below to indicate you have reviewed and finished with this section of the survey.



Clinical Instructor Information 11/16/17 11:33 AM

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 Corredor, Javier A jcorredor@ehr.org Denise, Murphy-Simmons dsimmons@ehr.org Hurley, Nicole nicole.mardanes@gmail.com Kaminski, Donna dkaminski@ehr.org Kilimonis, Kristin L kkilimonis@ehr.org Lenz, Marcia G mlenz@ehr.org Marko, Margaret E mmarko@ehr.org Murphy-Simmons, Denise L dmsimmons@ehr.org Potter, Nancy npotter@ehr.org Shepard, Jennifer jshepard@ehr.org

Ste	evens, Heidi	Hs	Hstevens@ehr.org				
Wł	nite, Abigail E	ab	white@ehr.org				
	All New Co. Disabation at the Clinical Instrument						
	Displaying all 12 Clinical instructor						
Sec	tion Sign Off:						
Clic	k the box below to indicate you have reviewed and finished w	ith this	section of the survey.				
~	This section has been completed.						
Clinic	al Instructors				08/07/17 03:35 PM		
ou i	17						
Clini	cal Instructors						
What	criteria do you use to select clinical instructors? (Check	all tha	at apply)				
	APTA Clinical Instructor Credentialing	V	Career ladder opportunity		Certification/training course		
V	Clinical competence		Delegated in position description	✓	Demonstrated strength in clinical teaching		
	No criteria		Other (not APTA) clinical instructor credentialing	✓	Therapist initiative/volunteer		
V	Years of experience		Other				
How a	are clinical instructors trained? (Check all that apply)						
V	1:1 individual training (CCCE:CI)	V	APTA Clinical Instructor Education and Credentialing Program	V	Academic for-credit coursework		
	Clinical center inservices	V	Continuing education by academic program	✓	Continuing education by consortia		
V	No training	Г	Other (not APTA) clinical instructor credentialing program		Professional continuing education (e.g., chapter, CEU		
		_	Outer (not to 11) chinear instructor creatmaning program	IV.	course)		
	Other						
	tion Sign Off: k the box below to indicate you have reviewed and finished wi	ith this	section of the survey				
_		iui uno	ection of the survey.				
I	This section has been completed.						
Inform	nation About the Physical Therapy Service				11/01/18 01:58 PM		
Infor	mation About the Physical Therapy Service						
NI 1	ean of Investigat Dedo For plinical cites with investigation		where we wide the words and bade available in each	ال ما داد	a sub-actoronica liste d below (If ship do so yet some		
	per of Inpatient Beds For clinical sites with inpatient facility, please skip and move to the next table.)	care,	please provide the number of beds available in each	11 01 11	ie subcategories listed below. (If this does not appl		
Acute	care:						
Psychi	atric center:						
Intens	ive care:						
	ilitation center:						
Step d							
	ute/transitional care unit: led care:						
	specialty centers:						
	Number of Beds:						
0							
Sec	tion Sign Off:						
Clic	k the box below to indicate you have reviewed and finished with	ith this	section of the survey.				
7	This section has been completed.						
	par of Dationts /Clients				11/01/10 01-50 DM		

Number of Patients/Clients

Estimate the average number of patient/client visits per day: Inpatient Outpatient Individual PT: Individual PT: Student PT: Student PT: Individual PTA: Individual PTA: Student PTA: Student PTA: PT/PTA Team: PT/PTA Team: 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. $\overline{ \ref{ \ \ \ }}$ This section has been completed. Patient/Client Lifespan and Continuum of Care 11/01/18 01:58 PM 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 1% - 25% 22-65 years 51% - 75% Over 65 years 51% - 75% Continuum of Care Critical care, ICU, acute Please choose: SNF/ECF/sub-acute Please choose: Rehabilitation Please choose: 🔻 Ambulatory/outpatient Please choose: 🔻 Home health/hospice Please choose: Wellness/fitness/industry Please choose: Section Sign Off: Click the box below to indicate you have reviewed and finished with this section of the survey.

PTs		Full-time Bu	dgeted	ı	Part-time Budgeted			Current Staffing	
runnig									
Staffing									
taffing	occurrence of the complete of						11/01/1	8 01:58 PM	
	e box below to indicate you have reviewed a section has been completed.	ına Anished wil	un this	secuon of the survey.					
	n Sign Off:	and finished with	th thic	section of the survey					
Otl	her								
▼ On	ncologic conditions			Organ transplant		7	Wellness/F	Prevention	
	ognitive impairment		V	General medical conditions		V	General su	rgery	
Vhich oth	ner sub-categories are available to the	student:							
	hoose:	-,							
)ther (Me	ay cross a number of diagnostic groups	e)							
Oti	her								
	rns			Open wounds		✓	Scar forma	tion	
1% - 25%	egumentary sub-categories are availa	shla to the etus	dont.						
ntegume									
Per	ripheral vascular dysfunction/disease		M	Pulmonary dysfunction/dis	Casc		Julei		
	ripheral vascular dysfunction/disease		V V	Pulmonary dysfunction/dis	ease		Lymphede	ma	
	rdiovascular-pulmonary sub-categori					_			
1% - 25%	5								
	scular-pulmonary								
Spi	inal cord injury		V	Vestibular disorder			Other		
	ongenital/developmental			Neuromuscular degenerativ	re disease	V		nerve injury	
Bra	ain injury		V	Cerebral vascular accident		V	Chronic pa	ain	
Vhich Ne	uro-muscular sub-categories are avail	lable to the st	uden	t:					
1% - 25%	.								
leuro-mu	uscular								
✓ Mu	usculoskeletal degenerative disease		V	Orthopedic surgery			Other		
Bo	ne disease/ dysfunction		V	Connective tissue disease/d	ysfunction	V	Muscle dis	ease/dysfunction	
✓ Act	ute injury		V	Amputation		V	Arthritis		
Vhich Mu	ısculoskeletal sub-categories are avail	able to the stu	udent	t:					
51% - 759	% ▼								
Iusculos	keletal								
ndicate t	the frequency of time typically spent	with patient	ts/clie	ents in each of the catego	ories:				
atient/	Client Diagnoses								
itient/C	Client Diagnoses						11/01/1	8 01:58 PM	

Aides	:/Techs					2
Other:	ther:					
CHT/	OT and SLP					
	\\\\\\					
Sec	tion Sign Off:					
Clicl	k the box below to indicate you have reviewed and	l finished with th	is section of the survey.			
7 1	This section has been completed.					
	-					11/01/10 00 00 DV
Inforn	nation About the Clinical Education Experier	ice				11/01/18 02:00 PM
Infor	mation About the Clinical Education	Experience				
Specia	al Programs/Activities/Learning Opportu	nities				
-						
	check all special programs/activities/learni			,	_	
7	Administration	V	Aquatic Therapy		7	Athletic Venue Coverage
	Back School Community/Pa entry Activities		Biomechanics Lab		V	Cardiac Rehabilitation
	Community/Re-entry Activities	V	Critical Care/Intensive Car			Departmental Administration
	Early Intervention		Employee Intervention			Employee Wellness Program
	Group Programs/ Classes	V	Home Health Program		V	Industrial/Ergonomic PT
	Inservice Training/Lectures		Neonatal Care			Nursing Home/ECF/SNF
V	Orthotic/Prosthetic Fabrication	L	Pain Management Program		▽	Pediatric - Classroom Consultation Emphasis
▽	Pediatric - Cognitive Impairment Emphasis		Pediatric - Developmental		▽	Pediatric - General
▽	Pediatric - Musculoskeletal Emphasis	V	Pediatric - Neurological En		▽	Prevention/Wellness
V	Pulmonary Rehabilitation		Quality Assurance/CQI/TQ			Radiology
	Research Experience	V	Screening/Prevention			Sports Physical Therapy
	Surgery (observation)	₽ -	Team Meetings/Rounds		V	Vestibular Rehabilitation
V	Women's Health/OB-GYN		Work Hardening/Condition	ning	V	Wound Care
	Other					
Specia	alty Clinics					
Please	check all specialty clinics available as stude	nt learning exp	periences.			
	Arthritis	V	Balance	I		Developmental
Г	Feeding clinic	V	Hand clinic		Г	Hemophilia clinic
	Industry	V	Neurology clinic		П	Orthopedic clinic
	Pain clinic	V	Preparticipation sports			Prosthetic/orthotic clinic
	Scoliosis	V	Screening clinics			Seating/mobility clinic
	Sports medicine clinic	V	Wellness		V	Women's health
	Other					
Hoski	h and Educational Drawidens at the Clinter	1 Cito				
rieaiti	h and Educational Providers at the Clinica	1 SHE				
Please	check all health care and educational provi	ders at your cli	nical site students typically	observe and/or with whom the	ney in	teract.
✓	Administrators		Alternative therapies		V	Athletic trainers
	Audiologists		Dietitians		V	Enterostomal / wound specialists
✓	Exercise physiologists	V	Fitness professionals	ļI	V	Health information technologists
✓	Massage therapists	V	Nurses		V	Occupational therapists
✓	Physician assistants	V	Physicians	ļI	V	Podiatrists
	Prosthetists / orthotists		Psychologists		V	Respiratory therapists
	Social workers	V	Special education teachers	ļI	V	Speech/language pathologists
V	Students from other disciplines	V	Students from other physic	al therapy education programs		Therapeutic recreation therapists
	Vocational rehabilitation counselors		Other			

Sec	Section Sign Off:						
Clie	Click the box below to indicate you have reviewed and finished with this section of the survey.						
V	This section has been completed.						
Avail	ability of the Clinical Education Experience				11/01/18 02:00 PM		
Avai	lability of the Clinical Education Experience						
Indic	ate educational levels at which you accept PT and P	TA stu	dents for clinical experiences (Check all that apply)	١.			
	cal Therapist						
First	Experience:	_		_			
V	Full days		Half days		Other		
	cal Therapist mediate Experiences:						
V	Full days	V	Half days		Other		
Physi	cal Therapist						
✓	Final Experience	V	Internship (6 months or longer)	V	Specialty experience		
	Other						
	cal Therapist Assistant						
First	Experience: Full days	П	Half days	П	Other		
	i un duyo	-		-			
	cal Therapist Assistant mediate Experiences:						
V	Full days	V	Half days		Other		
Physi	cal Therapist Assistant						
V	Final Experience		Other				
PT							
Indic	ate which months you will accept students for any sing	le full-	time (36 hrs/wk) clinical experience.				
✓	January	V	February	✓	March		
✓	April	V	May	✓	June		
	July	V	August		September		
_	October	V	November	V	December		
	ate which months you will accept students for any one	ī	1				
V	January April	□	February May	□	March June		
V	July	V	August	V	September		
V	October	V	November	V	December		
PTA							
Indic	ate which months you will accept students for any sing	le full-	time (36 hrs/wk) clinical experience.				
V	January	V	February	V	March		
V	April	V	May	V	June		
V	July	V	August	V	September		
V	October	V	November	V	December		
Indic	ate which months you will accept students for any one	part-ti	me (< 36 hrs/wk) clinical experience.				
	January		February	V	March		
V		V					
V V V V V V V V V V	April July	V V	May August		June September		

V	October	V	November	V	December
Averaş	ge number of PT students affiliating per year.:				
6					
Averaş	ge number of PTA students affiliating per year.:				
1					
ls you	r clinical site willing to offer reasonable accommodation	ons fo	students under ADA?		
O Y	es C No e explain:				
	is the procedure for managing students whose performance is	belov	expectations or unsafe?:		
	contact school and then create an action plan with scho				
Explai	n what provisions are made for students if the clinical instruc	tor is	ll or away from the clinical site. (Answer if the	clinical center	employs only one PT or PTA.):
Stude	ents get 2 days off Student will end up following the cov	ering	PT/PTA, observe surgery, observe other clinical	al areas	
	4' C' Off				
	ction Sign Off: ck the box below to indicate you have reviewed and finished w	ith thi:	section of the survey.		
	This section has been completed.		,		
	This section has been completed.				4
Clinic	al Site's Learning Objectives and Assessment				11/01/18 02:00 PM
Clini	cal Site's Learning Objectives and Assessmen	ıt			
Dana	vous alinical site amouide vusitten alinical education aki	o otlero	a ta atu danta?		
Ooes	your clinical site provide written clinical education obj	ecuve	s to students:		
Are al	es O No	erapy	services acquainted with the clinical site's lear	ning objectiv	es?
	do the CCCE and/or CI typically discuss the clinical si				
	At end of clinical experience		At mid-clinical experience	V	Beginning of the clinical experience
	Daily	V	Weekly	L	Other
ndic	ate which of the following methods are typically utilize	d to in	form students about their clinical performance	ce? (Check all	that apply)
V	As per student request in addition to formal and ongoing written & oral feedback	V	Ongoing feedback throughout the clinical	V	Student self-assessment throughout the clinical
V	Written and oral mid-evaluation	V	Written and oral summative final evaluation		Other
Sec	ction Sign Off:				
Clic	k the box below to indicate you have reviewed and finished w	ith thi	section of the survey.		
V	This section has been completed.				
Stude	ent Requirements				11/01/18 02:02 PM
	De maine manage				
stua	ent Requirements				
	udents need to contact the clinical site for specific work	chour	s related to the clinical experience?		
♠ Y Please	es 🖸 No e explain:				
Dost	udents receive the same official holidays as staff?				
O Y					
Pleas	e explain:				
Does	your clinical site require a student interview?				
C Y	es • No e explain:				
	e explain: -quired but encouraged				
	ate the time the student should report to the clinical sit	e on t	he first day of the experience.		
Plea	se choose: 🔻				

Dispose type No No No No No No No N					
The translation of the control of the control of any other training prior to the clinical experience? If yes, phease specify: **Ver No **No **Person expellate** **No **Person expellate** **No **Person expellate** **No **Person expellate** **No **No	a) one step				
E. Yes. No The same and the rest of immunications required IT Even any other health tests/immunications required prior to the clinical experience? If yes, please specify? Even any other health tests/immunications required prior to the clinical experience? If yes, please specify? Even any other health tests for immunications required from the clinical content of the clinical content	• Yes • No				
E. Yes. No The same and the rest of immunications required IT Even any other health tests/immunications required prior to the clinical experience? If yes, please specify? Even any other health tests/immunications required prior to the clinical experience? If yes, please specify? Even any other health tests for immunications required from the clinical content of the clinical content	h) two eten				
has Robellas Tier Test or immunication required? © Yes					
No No No No No No No No					
These respilation for any other health iterate/immunitations required prior to the clinical experience? If yes, please specify: Ves. No Please repulie: The respilation is the information communicated to the clinic? Provide fine number if required: from school to CCE via mail or cruail and then passed onto HR Those canvers an student physical easus mercons required to the! Are any other health tests or immunitations required on site? If yes, please specify: Ves. No Is the standard to require and you of any other training prior to order intation at your facility? If yes, please list. Ves. No Is the standard required for provide proof of any other training prior to order intation at your facility? If yes, please list. Ves. No Provide in facility prior to the clinical education experience: Indicate which of the following are required by your facility prior to the clinical education experience: Indicate which of the following are required by your facility prior to the clinical education experience: Indicate which of the following are required by your facility prior to the clinical education experience: Indicate which of the following are required by your facility prior to the clinical education experience: Indicate which of the following are required by your facility prior to the clinical education experience: Indicate which of the following are required by your facility prior to the clinical education experience: Indicate which of the following are required by your facility prior to the clinical education experience. Indicate which the following are required by your facility prior to the clinical education experience. Indicate which to the following are required for following to the following are required following to the following the following to the following the	Is a Rubella Titer Test or immunization required?				
Proof of No Person explain. Those stablishin must have consumed and the passed and DR. How current are student physical exam records required to be? How current are student physical exam records required to be? How current are student physical exam records required to be? How current are student physical exam records required to subte? Are any other health tests or immunications required on site? If yes, please specify: Ves No Is the student required for provide proof of any other training prior to orientation at your facility? If yes, please list. Ves No Person or public to the following are required by your facility prior to the clinical education experience: Ves CNO List destinates which of the following are required by your facility prior to the clinical education experience: Ves CNO List destinates which of the following are required by your facility prior to the clinical education experience: Ves CNO List destinates which of the following are required by your facility prior to the clinical education experience: Ves CNO List destinates which of the following are required by your facility prior to the clinical education experience: Ves No Person of student health clearance Other List a child abuse decarance required? Ves No No Finance explain: Is a child abuse decarance required? Ves No No Finance explain: Is the student required to submit to a drog test? If yes, please describe parameters. Ves No Person of No Person of students. No Person of No Pers	• Yes • No Please explain:				
However the content of the student required to the clinic? Provide for number If required:	Are any other health tests/immunizations required prior to the	ne clinical experience? If y	es, please specify:		
from school to CCE via mail or email and then passed onto HR flow current are student physical earn reconstruction through the season (usually Nov-end March) Are any other health itests or immunizations required on-site? If yes, please specify: Ves No Is the student required to provide proof of any other training prior to orientation at your facility? If yes, please list. Ves No Is the student required to provide proof of any other training prior to orientation at your facility? If yes, please list. Ves No C Yes No Child documer C Citation look-ground check C Start Computer Compu	• Yes • No Please explain:				
Now current are student physical came records required to bef;	How is this information communicated to the clinic? Provide fax nur	mber if required.:			
students need proof of flu vaccination during flu season (usually Nov-end March) Are any other health tests or immunizations required on-site? If yes, please specify: Ves No Please explain: Indicate which of the following are required by your facility prior to the clinical education experience: No Child desarrace No State which of the following are required by your facility prior to the clinical education experience: No Child desarrace No State characteristics State characteristics No Please explain: Is a criminal background check required (e.g., Criminal Offender Record Information)? If yes, please indicate which background check is required and time frame. Ves No Please explain: Is a child abstrace desarrace required? Ves No Please explain: Is the student required to submit to a drug test? If yes, please describe parameters. No Please explain: Is the student required to submit to a drug test? If yes, please describe parameters. No State student required to submit to a drug test? If yes, please describe parameters. No Is medical testing available on-site for students? Ves No Is medical testing available on-site for Students? Ves No To No State child abstrace contact Person Name Heather Boxoo Compliance Contact Person Name Heather Boxoo Compliance Contact Person Phone Number Phone Number: Ext: Compliance Contact	from school to CCE via mail or email and then passed onto HR $$				
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 Please explain: Indicate which of the following are required by your facility prior to the clinical education experience: Citid clearance C	How current are student physical exam records required to be?:				
Is the student required to provide proof of any other training prior to ordentation at your facility II yes, please list. Ves No Please explain: Indicate which of the following are required by your facility prior to the clinical education experience: Child clearance required to go child clearances Child clearance required the cost of required clearances Child clearance required the cost of required clearances Child clearance required the cost of required clearances Child clearance required the submit to a drug test II yes, please describe parameters. Child clearance required the cost of required clearances Child clearance required Child clearances Child clearance Child clearance Child clearance Chi	students need proof of flu vaccination during flu season (usua	ally Nov-end March)			
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In the student required to provide proof of any other training prior to orientation at your facility? If yes, please list. Press		jes, preuse speeny.			
Please explain: Indicate which of the following are required by your facility prior to the clinical education experience: Calld dearance					
Indicate which of the following are required by your facility prior to the clinical education experience: Coldid clearance		prior to orientation at you	r facility? If yes, please list.		
Indicate which of the following are required by your facility prior to the clinical education experience: Child destrance					
Citiminal background check Drug screening					
HPAN education	Indicate which of the following are required by your facility pr	rior to the clinical education	n experience:		
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	Child clearance	Criminal background	heck		Drug screening
Is a criminal background check required (e.g., Griminal Offender Record Information)? If yes, please indicate which background check is required and time frame. Ves No Please explain: Is a child abuse clearance required? Ves No Please explain: Is the student responsible for the cost of required clearances? Ves No Please explain: Is the student required to submit to a drug test? If yes, please describe parameters. Ves No Is medical testing available on-site for students? Ves No Is medical testing available on-site for students? Ves No Is medical testing available on-site for students? Ves No Is medical testing available on-site for students? Ves No Compliance Contact Person Plane Heather Bosco Compliance Contact Person Phone Number Phone Number: Ext: Compliance Contact Person Email: hbosco@ehr.org Section Sign Off:	HIPAA education	OSHA education	R	7	Proof of student health clearance
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 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 Is medical testing available on-site for students? Yes No Is medical testing available on-site for students? Yes No Is medical testing available on-site for students? Yes No Is medical testing available on-site for students? Yes No Is medical testing available on-site for students? Yes No Is medical testing available on-site for students? Yes No Is medical testing available on-site for students? Yes No To No Is medical testing available on-site for students? Yes No To No	Other				
Is the student responsible for the cost of required clearances? (***Yes*** C** No***) Please explain: Is the student required to submit to a drug test? If yes, please describe parameters. (***Yes*** C** No***) Is medical testing available on-site for students? (***Yes*** C** No***) Please explain: Other requirements (On-site orientation, sign an ethics statement, sign a confidentiality statement.): students in school setting will be required to have background check and child abuse clearance If an individual is responsible for Compliance items, please fill out the Compliance contact information below: Compliance Contact Person Name: Heather Bosco Compliance Contact Person Phone Number Phone Number: Ext: Compliance Contact Person Email: hbosco@ehr.org Section Sign Off:	Is a child abuse clearance required? • Yes • No				
C Yes C No Please explain: Is the student required to submit to a drug test? If yes, please describe parameters. C Yes C No Is medical testing available on-site for students? C Yes C No Please explain: Other requirements: (On-site orientation, sign an ethics statement, sign a confidentiality statement.): students in school setting will be required to have background check and child abuse clearance If an individual is responsible for Compliance items, please fill out the Compliance contact information below: Compliance Contact Person Name: Heather Bosco Compliance Contact Person Phone Number Phone Number: Ext: Compliance Contact Person Email: hbosco@ehr.org Section Sign Off:					
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Heather Bosco Compliance Contact Person Phone Number Phone Number: Ext: Compliance Contact Person Email: hbosco@ehr.org Section Sign Off:	C Yes C No Please explain: Other requirements: (On-site orientation, sign an ethics statement, s				
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Phone Number: Ext: Compliance Contact Person Email: hbosco@ehr.org Section Sign Off:	C Yes	I check and child abuse cle	arance		
Ext: Compliance Contact Person Email: hbosco@ehr.org Section Sign Off:	C Yes © No Please explain: Other requirements: (On-site orientation, sign an ethics statement, s students in school setting will be required to have background If an individual is responsible for Compliance items, please Compliance Contact Person Name: Heather Bosco	I check and child abuse cle	arance		
hbosco@ehr.org Section Sign Off:	C Yes © No Please explain: Other requirements: (On-site orientation, sign an ethics statement, s students in school setting will be required to have background If an individual is responsible for Compliance items, please Compliance Contact Person Name: Heather Bosco Compliance Contact Person Phone Number	I check and child abuse cle	arance		
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▼ This section has been completed.	
special Information	11/01/18 02:02 PM
pecial information	11/01/10 02.021 14
Special Information	
Do you require a case study or inservice from all students (part-time and full-time)?	
♥ Yes ♥ No Please explain:	
Do you require any additional written or verbal work from the student (e.g., article critiques, journal review, patient/cli	ent education handout/brochure)?
O Yes • No	on carean managed broaders).
Please explain:	
Ooes your site have a written policy for missed days due to illness, emergency situations, other? If yes, please summarize	e.
• Yes • No Please explain:	
Will the student have access to the Internet at the clinical site? Yes O No	
Please explain:	
s there a facility/student dress code?	
© Yes C No	
s emergency health care available for students?	
O Yes • No	
Please explain:	
s the student responsible for emergency health care costs?	
♥ Yes ♥ No Please explain:	
s other non-emergency medical care available to students?	
O Yes • No	
Please explain:	
s the student required to have proof of health insurance?	
♥ Yes ♥ No Please explain:	
s the student required to provide proof of OSHA training?	
© Yes O No	
Please explain:	
s the student required to provide proof of HIPAA training?	
• Yes • O No Please explain:	
•	
s the student required to attest to an understanding of the benefits and risks of Hepatitis-B immunization? Yes No	
Please explain:	
s the student required to be CPR certified? (Please note if a specific course is required).	
• Yes • No Please explain:	
Can the student receive CPR certification while on-site? Yes • No	
Please explain:	
s the student required to be certified in First Aid?	
C Yes C 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	11/01/18 02:02 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:		
our clinics are open 6am-7pm		
Is physical therapy provided on the weekends?		
© 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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