

Site Manager Site Survey —

Site: Glens Falls Hospital - The Rehabilitation Center

Section Title	Last Update	Action
CCCE Sign Off	Never	
CCCE Sign Off		
<div>CCCE Sign Off: Click the box below to indicate that you have reviewed all sections of your clinical site survey. <input type="checkbox"/> This survey has been reviewed.</div>		
Information For the Academic Program	10/31/12 02:10 PM	
Information For the Academic Program		
Person Completing CSIF: Keith Compson PT, Cert. MDT		
E-mail address of person completing CSIF: kcompson@glensfallshosp.org		
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): Glens Falls Hospital - The Rehabilitation Center		
Street Address		
Address: 4 Irongate Center 58 Elm Street		
City: Glens Falls		
State: NY		
Postal Code: 12801		
Facility Phone		
Phone Number: 518-926-2030		
Ext:		
PT Department Phone		
Phone Number: 518-926-2000		
Ext:		
PT Department Fax		
Phone Number: 518-223-0732		
Clinical Center Web Address: www.glensfallshospital.org		
Director of Physical Therapy: Sharon Luckenbaugh		
Center Coordinator of Clinical Education (CCCE) / Contact Person: Keith Compson		

CCCE / Contact Person Phone:

518-926-2030

CCCE / Contact Person E-mail:

kcompson@glensfallshosp.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

10/31/12 02:10 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:

Same

City:

Same

State:

Same

Postal Code:

Same

Phone

Phone Number:

518-926-2030

Ext:

Fax

Phone Number:

518-223-0732

E-mail:

Same

Affiliation Agreement Contract Fulfillment

Contact Person:

Same

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

10/31/12 02:10 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 checked="" type="checkbox"/>	Hospital/Medical Center Owned
<input 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

10/31/12 02:10 PM

Clinical Site Primary Classification

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

Other

Please explain:

Hospital-based outpatient PT practices.

If appropriate, check () up to four additional categories that describe the other clinical centers associated with your facility.

<input checked="" 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 checked="" type="checkbox"/>	Industrial/ Occupational Health Facility
<input checked="" type="checkbox"/>	Multiple Level Medical Center	<input type="checkbox"/>	Private Practice	<input type="checkbox"/>	Rehabilitation/ Sub-acute Rehabilitation
<input checked="" type="checkbox"/>	School/ Preschool Program	<input checked="" 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

10/31/12 02:10 PM

Clinical Site Location

Which of the following best describes your clinical site's location

Rural

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

10/31/12 02:10 PM

Affiliated PT and PTA Educational Programs

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

Program Name	City	State	PT / PTA	
SUNY Upstate Medical Center	Syracuse	NY	PT	
Clarkson University	Potsdam	NY	PT	
D'Youville College	Buffalo	NY	PT	
Daemen College	Amherst	NY	PT	
Herkimer County Community College	Herkimer	NY	PTA	
Ithaca College	Ithaca	NY	PT	
Nazareth College of Rochester	Rochester	NY	PT	
The Sage Colleges	Troy	NY	PT	
University at Buffalo	Buffalo	NY	PT	
Utica College	Utica	NY	PT	
Quinnipiac University	Hamden	CT	PT	
University of New England	Portland	ME	PT	
The University of Illinois at Chicago	Chicago	IL	PT	
Franklin Pierce University	Concord	NH	PT	
Mercy College	Dobbs Ferry	NY	PT	
Touro College	New York	NY	PT	
University of Vermont	Burlington	VT	PT	

Select the program(s) your site is currently affiliated with:

If not found in the list, please enter the program information here:

By A-Z:

Any

Program Name:

City:

By State:

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.

05/24/16 09:19 AM

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

Name:
Michael A. Watkins

Email Address / CPI2 Login:
mwatkins@glensfallshosp.org

Present Position (Title, Name of Facility):

No. of Years as the CCCE
Please choose: ▼

No. of Years of Clinical Practice
Please choose: ▼

No. of Years of Clinical Teaching
Please choose: ▼

No. of Years Working at this Site
Please choose: ▼

Check all that apply:

<input type="checkbox"/>	PT	<input type="checkbox"/>	PTA
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Licensing/Registration Status
Please choose: ▼

State of Licensure/Registration
Please choose: ▼

License/Registration Number:

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:

Vestibular Rehabilitation: Passed APTA Competency Based Course

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
<input type="checkbox"/>	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 labeled 'To'.)
From <input type="text"/> — To <input type="text"/>
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
(If the user is currently employed, please type in the word 'CURRENT' into the box labeled 'To'.)
From <input type="text"/> — To <input type="text"/>

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
<input type="text"/>

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

01/30/18 10:50 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
Bobeldyk, Rebekah M	rbobeldyke@glensfallshosp.org	
Brandis, Carolyn	cbrandis@glensfallshosp.org	
Burke, Jennifer L	jburke2@glensfallshosp.org	
Clark, Casey M	cclark@glensfallshosp.org	
Collette, Robert	rcollette@glensfallshosp.org	
Croyle, Wayne	wcroyle@glensfallshosp.org	
Frasier, Gary J	sgfrasier@gmail.com	
Gray, Mike J	mgraydpt@gmail.com	
Herrick, DPT, Aaron	aherrick@glensfallshosp.org	
Jaros, Bill	emj2969@msn.com	
Nelson, Rebecca	rmelson@glensfallshosp.org	
Nicholson, Tash	tash-nicholson@glensfallshosp.org	
Roberts, Jessica	jroberts@glensfallshosp.org	
Roy, Lauren G	lroy@glensfallshosp.org	
Watkins, Michael A	mwatkins@glensfallshosp.org	

Add New CI

Displaying all 15 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

01/23/12 03:04 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 type="checkbox"/>	Clinical competence	<input checked="" type="checkbox"/>	Delegated in position description	<input checked="" type="checkbox"/>	Demonstrated strength in clinical teaching
<input checked="" type="checkbox"/>	No criteria	<input checked="" type="checkbox"/>	Other (not APTA) clinical instructor credentialing	<input 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 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 checked="" type="checkbox"/>	No training	<input type="checkbox"/>	Other (not APTA) clinical instructor credentialing program	<input 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

07/05/11 02:55 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:

410

Psychiatric center:

Intensive care:

Rehabilitation center:

15

Step down:

Subacute/transitional care unit:

Extended care:

Other specialty centers:

Total Number of Beds:

425

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

07/05/11 02:55 PM

Number of Patients/Clients

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

Inpatient	Outpatient
10 Individual PT:	9 Individual PT:
Student PT:	Student PT:
10 Individual PTA:	14 Individual PTA:
Student PTA:	Student PTA:
PT/PTA Team:	PT/PTA Team:
20 Total patient/client visits per day:	23 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

07/05/11 02:55 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

1% - 25% ▼

Continuum of Care

Critical care, ICU, acute

1% - 25% ▼

SNF/ECF/sub-acute

1% - 25% ▼

Rehabilitation

1% - 25% ▼

Ambulatory/outpatient

51% - 75% ▼

Home health/hospice

0% ▼

Wellness/fitness/industry

1% - 25% ▼

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

07/05/11 02:55 PM

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:

<input checked="" type="checkbox"/>	Acute injury	<input checked="" type="checkbox"/>	Amputation	<input checked="" type="checkbox"/>	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

1% - 25% ▼

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 type="checkbox"/>	Spinal cord injury	<input checked="" type="checkbox"/>	Vestibular disorder	<input type="checkbox"/>	Other

Cardiovascular-pulmonary

1% - 25% ▼

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

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

Integumentary

1% - 25%

Which Integumentary sub-categories are available to the student:

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

Other (May cross a number of diagnostic groups)

26% - 50%

Which other sub-categories are available to the student:

<input 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

07/05/11 02:55 PM

Staffing

	Full-time Budgeted	Part-time Budgeted	Current Staffing
PTs	19	6	
PTAs	10	4	
Aides/Techs	3		
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

06/08/11 03:21 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 checked="" type="checkbox"/>	Aquatic Therapy	<input type="checkbox"/>	Athletic Venue Coverage
<input checked="" type="checkbox"/>	Back School	<input checked="" type="checkbox"/>	Biomechanics Lab	<input type="checkbox"/>	Cardiac Rehabilitation
<input type="checkbox"/>	Community/ Re-entry Activities	<input type="checkbox"/>	Critical Care/ Intensive Care	<input type="checkbox"/>	Departmental Administration
<input type="checkbox"/>	Early Intervention	<input checked="" 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 type="checkbox"/>	Inservice Training/ Lectures	<input type="checkbox"/>	Neonatal Care	<input checked="" type="checkbox"/>	Nursing Home/ ECF/ SNF
<input type="checkbox"/>	Orthotic/ Prosthetic Fabrication	<input checked="" type="checkbox"/>	Pain Management Program	<input type="checkbox"/>	Pediatric - Classroom Consultation Emphasis
<input type="checkbox"/>	Pediatric - Cognitive Impairment Emphasis	<input checked="" 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 type="checkbox"/>	Pulmonary Rehabilitation	<input type="checkbox"/>	Quality Assurance/ CQI/ TQM	<input checked="" type="checkbox"/>	Radiology

<input checked="" type="checkbox"/>	Research Experience	<input type="checkbox"/>	Screening/Prevention	<input type="checkbox"/>	Sports Physical Therapy
<input type="checkbox"/>	Surgery (observation)	<input type="checkbox"/>	Team Meetings/Rounds	<input type="checkbox"/>	Vestibular Rehabilitation
<input checked="" type="checkbox"/>	Women's Health/OB-GYN	<input type="checkbox"/>	Work Hardening/Conditioning	<input type="checkbox"/>	Wound Care
<input checked="" type="checkbox"/>	Other				

Please explain:

McKenzie Certified Clinicians, Out-patient Neurologic Program with NDT-focused treatments

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 checked="" type="checkbox"/>	Pain clinic	<input checked="" 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 checked="" type="checkbox"/>	Administrators	<input type="checkbox"/>	Alternative therapies	<input checked="" 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 checked="" type="checkbox"/>	Fitness professionals	<input type="checkbox"/>	Health information technologists
<input checked="" type="checkbox"/>	Massage therapists	<input checked="" type="checkbox"/>	Nurses	<input checked="" type="checkbox"/>	Occupational therapists
<input type="checkbox"/>	Physician assistants	<input checked="" type="checkbox"/>	Physicians	<input checked="" type="checkbox"/>	Podiatrists
<input type="checkbox"/>	Prosthetists / orthotists	<input type="checkbox"/>	Psychologists	<input type="checkbox"/>	Respiratory therapists
<input checked="" type="checkbox"/>	Social workers	<input checked="" type="checkbox"/>	Special education teachers	<input 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

10/03/11 09:17 AM

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 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 checked="" 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:

☒ Full days ☒ Half days ☐ Other

Physical Therapist Assistant

☒ Final Experience ☐ Other

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 type="checkbox"/> March
<input type="checkbox"/> April	<input type="checkbox"/> May	<input 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 type="checkbox"/> March
<input type="checkbox"/> April	<input type="checkbox"/> May	<input 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

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 type="checkbox"/> March
<input type="checkbox"/> April	<input type="checkbox"/> May	<input 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 type="checkbox"/> March
<input type="checkbox"/> April	<input type="checkbox"/> May	<input 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

Average number of PT students affiliating per year.:

10

Average number of PTA students affiliating per year.:

1

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

☒ Yes ☐ No

Please explain:

Administration will work with the student and school to suit the student's needs.

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

Clinical instructor meets with the student regardless of performance every week to provide formal written feedback on their performance. If performance is below expectations or unsafe, the CI will notify the CCCE and DCE to assist in a development plan. Depending on the circumstances, the student may need to have a learning contract established, receive additional mentoring, closer supervision or may be dismissed early in extreme circumstances.

**Explain what provisions are made for students if the clinical instructor is ill or away from the clinical site.
(Answer if the clinical center employs only one PT or PTA.):****Section Sign Off:**

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

☒ This section has been completed.

Clinical Site's Learning Objectives and Assessment

06/08/11 03:21 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 type="checkbox"/> At end of clinical experience	<input 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 checked="" type="checkbox"/> Other

Please explain:

Formal written feedback provided every week with opportunity for the student and CI to meet and discuss how the experience is going.

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

11/03/15 02:22 PM

Student Requirements

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

☐ Yes ☒ No

Please explain:

Students will receive a confirmation letter which outlines the specific work hours. Start time on the first day varies and will be communicated in this confirmation letter.

Do students receive the same official holidays as staff?

☒ Yes ☐ No

Please explain:

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.

Please choose: ▼

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:

Rubella x2 or negative Titer Test

Are any other health tests/immunizations required prior to the clinical experience? If yes, please specify:

☒ Yes ☐ No

Please explain:

Hepatitis B series or written declination.

How is this information communicated to the clinic? Provide fax number if required.:

Fax to Keith Compson at 518-926-2041

How current are student physical exam records required to be?:

In the last 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

Please explain:

CPR Certification

Indicate which of the following are required by your facility prior to the clinical education experience:

<input type="checkbox"/>	Child clearance	<input type="checkbox"/>	Criminal background check	<input type="checkbox"/>	Drug screening
<input 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

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:

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:

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:

Assigned as appropriate for the patient population and current caseload.

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

☐ Yes ☒ No

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

☒ Yes ☐ No

Please explain:

Professional related activities only.

Is there a facility/student dress code?

☒ Yes ☐ No

Is emergency health care available for students?

☐ Yes ☐ No

Is the student responsible for emergency health care costs?

☐ Yes ☐ No

Is other non-emergency medical care available to students?

☐ Yes ☐ No

Is the student required to have proof of health insurance?

☐ Yes ☐ No

Is the student required to provide proof of OSHA training?

☐ Yes ☐ No

Is the student required to provide proof of HIPAA training?

☐ Yes ☐ No

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

☐ Yes ☐ No

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

Is the student required to be certified in First Aid?

☐ Yes ☐ No

Can the student receive First Aid certification on-site?

☐ 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.

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:

Student will follow the schedule of their assigned clinical instructor. may include weekend or evening hours.

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"

