ite: Hackensack University Medical Center		
Section Title	Last Update	Action
CCCE Sign Off	Never	
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	02/04/15 02:52 PM	
Information For the Academic Program		
Person Completing CSIF:		
Ellen Ryan PT/CCCE		
E-mail address of person completing CSIF:		
Eryan@HackensackUMC.org		
Varue 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).:		
Hackensack University Medical Center		
Street Address		
Address:		
37 Route 17 North		
City:		
Maywood		
State:		
NJ		
Postal Code:		
17607		
Facility Phone Phone Number:		
201-996-2000		
Ext:		
3185		
PT Department Phone		
Phone Number:		
201-996-2512		
Ext:		
T Department Fax		
Phone Number:		
51-996-2571		
Ilinical Center Web Address:		
Director of Physical Therapy:		
Claire Gibbons - interm manager		
Center Coordinator of Clinical Education (CCCE) / Contact Person:		
3llen Ryan PT		
CCE / Contact Person Phone:		

201-996-3185					
CCCE / Contact Person E-mail:					
Eryan@HackensackUMC.org					
Section Sign Off:					
Click the box below to indicate you have reviewed and finished w	ith this	section of the survey.			
▼ This section has been completed.					
Information About the Corporate/Healthcare Systems Organ	nizatio	n		02/04/15 02:52 PM	
Information About the Corporate/Healthcare Sys	tems	Organization			
If your facility is part of a larger corporation or has multi	iple si	tes or clinical centers, include the contact	information for	the corporate/healthcare system or	anization.
Corporate/Healthcare System Organization:					
Contact Name:					
Address					
Address:					
City:					
State:					
Postal Code:					
Phone					
Phone Number:					
Ext:					
Fax					
Phone Number:					
E-mail:					
Affiliation Agreement Contract Fulfillment					
Contact Person:					
Section Sign Off: Click the box below to indicate you have reviewed and finished w	ith this	section of the survey			
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Clinical Site Access ditation /Ourse archin				02/04/15 02:52 DM	
Clinical Site Accreditation/Ownership				02/04/15 02:52 PM	
Clinical Site Accreditation/Ownership					
Which of the following best describes the ownership categor	ry for	your clinical site? (check all that apply)			
Corporate/Privately Owned		Government Agency		Hospital/Medical Center Owned	
Nonprofit Agency		PT Owned	Г	PT/PTA Owned	
Physician/Physician Group Owned		Other			
Section Sign Off:					
Click the box below to indicate you have reviewed and finished w	ith this	section of the survey.			
✓ This section has been completed.					
-					
Clinical Site Primary Classification				02/04/15 02:52 PM	
Clinical Site Primary Classification					
Choose the category that best describes how your facility fu	nction	is the majority (> $50\%$ ) of the time.			
Acute Care/Inpatient Hospital Facility					
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f appropriate, check ( ) up to four additional categories that $% \left( {\left( {\left( {\left( {\left( {\left( {\left( {\left( {\left( {\left( $	describe	the other clinica			5				
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Federal/State/County Health	П н	ome Health					Industrial/Occup	ational Health Faci	litv
	-	ivate Practice					Renabilitation/Su	b-acute Rehabilitat	ion
School/Preschool Program	W	ellness/Preventio	on/Fitn	ess Program			Other		
Section Sign Off: Click the box below to indicate you have reviewed and finished wi This section has been completed.	th this sect	ion of the survey.							
inical Site Location							02/04/15 02:53	2 PM	
Clinical Site Location Which of the following best describes your clinical site's locat Urban  Section Sign Off: Click the box below to indicate you have reviewed and finished wi This section has been completed.		ion of the survey.							
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ffiliated PT and PTA Educational Programs	urrently	affiliate.							
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				Dut					0
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Section Sign Off:	
Click the box below to indicate you have reviewed and finished with this section of	f the survey.
☑ This section has been completed.	
formation About the Clinical Teaching Faculty	06/25/17 11:17 PM
nformation About the Clinical Teaching Faculty	
bbreviated Resume for Center Coordinators of Clinical Education - Pl	lease undate as each new CCCE assumes this position.
Name:	
Ellen L. Ryan	
Email Address / CP12 Login:	
ellen.ryan@hackensackmeridian.org Present Position (Title, Name of Facility):	
supervisor PT	
No. of Years as the CCCE	
3	
No. of Years of Clinical Practice	
17	
No. of Years of Clinical Teaching	
14	
No. of Years Working at this Site	
7	
Check all that apply:	
T4 T4	PTA
Licensing/Registration Status	
Licensed/Registered	
State of Licensure/Registration	
NJ 💌	
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40QA00813600	
Highest Earned Physical Therapy Degree	
Masters in Physical Therapy	
Highest Earned Degree	
Masters degree	
-	_
APTA Credentialed CI	
C Yes C No	
APTA Advanced Credentialed CI	
C Yes O No	
Other CI Credentialing	
O Yes O No	
ABPTS Certified Clinical Specialist (Check all that apply)	
OCS OCS	GCS

	PCS		NCS
· · · · ·	ccs		SCS
	ECS		WCS
	EUS		wcs
APTA Rec	cognition of Advanced Proficiency for PTAs (Check all that apply)		
	Aquatic		Musculoskeletal
	Cardiopulmonary		Neuromuscular
	Geriatric		Pediatrics
	Integumentary		
Other cred	lentials:		
0			
	ry of College and University Education		
Start wit	h most current)		
Instituti	ion:		
Beaver	College		
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(If the	user is currently enrolled, please type in the word 'CURRENT' into the box	labeled 'To'.)	
From	6/1996 — To 8/1/1998		
Major:			
Physica	al Therapy		
Degree:			
Mater o	of Science in Physcial Therapy		
	e <b>r:</b> 1sackUMC		
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Supervi Period (If the	isor PT/CCCE of Employment	x labeled 'To	.)
Supervi Period ( (If the From	isor PT/CCCE of Employment user is currently employed, please type in the word 'CURRENT' into the bo 11/17/2007 — To current		.)
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Course:		
Introduction to Instrument Assisted Soft Tissue Mobilization (IASTM	VI)	
Provider/Location:		
Hackensack Wellness Center, Hackensack, NJ - Mark Butler PT		
Date		
9/7/2014		
Name:		
Lia M. Kondos		
Email Address / CP12 Login:		
LiaPippenKondos@yahoo.com		
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:		
	PTA	
Licensing/Registration Status		
Licensing/Registration Status     Please choose:		
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Please choose:     Image: Comparison of the second se		
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Please choose:       Image: Constraint of Licensure/Registration         Please choose:       Image: Constraint of License/Registration Number:         License/Registration Number:       Image: Constraint of License/Registration Number:         Highest Earned Physical Therapy Degree       Image: Constraint of License/Registration Number:         Highest Earned Degree       Image: Constraint of License/Registration Number:		
Please choose:       Image: Comparison of Licensure/Registration         Please choose:       Image: Comparison of Comparis		
Please choose:       Image: Constraint of Licensure/Registration         Please choose:       Image: Constraint of License/Registration Number:         License/Registration Number:       Image: Constraint of License/Registration Number:         Highest Earned Physical Therapy Degree       Image: Constraint of License/Registration Number:         Highest Earned Physical Therapy       Image: Constraint of License/Registration Number:         Highest Earned Degree       Image: Constraint of License/Registration Number:         Highest Earned Degree       Image: Constraint of License/Registration Number:         APTA Credentialed CI       Image: Constraint of License/Registration Number:		
Please choose:       Image: Constraint of Licensure/Registration         Please choose:       Image: Constraint of License/Registration Number:         License/Registration Number:       Image: Constraint of License/Registration Number:         Highest Earned Physical Therapy Degree       Image: Constraint of License/Registration Number:         Highest Earned Physical Therapy       Image: Constraint of License/Registration Number:         Highest Earned Degree       Image: Constraint of License/Registration Number:         Highest Earned Degree       Image: Constraint of License/Registration Number:         APTA Credentialed CI       Image: Constraint of License/Registration Number:		
Please choose:       Image: Construction         State of Licensure/Registration         Please choose:       Image: Construction         Please choose:       Image: Construction         License/Registration Number:       Image: Construction         Highest Earned Physical Therapy       Image: Construction         Highest Earned Degree       Image: Construction         Professional Doctor in Physical Therapy       Image: Construction         APTA Credentialed CI       Image: Construction         Image: Construction       Image: Construction         Image: Construction       Image: Construction		
Please choose:       Image: Construction         State of Licensure/Registration         Please choose:       Image: Construction         Please choose:       Image: Construction         License/Registration Number:       Image: Construction         Highest Earned Physical Therapy       Image: Construction         Highest Earned Degree       Image: Construction         Professional Doctor in Physical Therapy       Image: Construction         APTA Credentialed CI       Image: Construction         C Yes       Image: Construction         APTA Advanced Credentialed CI       Image: Construction		
Please choose:       Image: Constraint of Licensure/Registration         Please choose:       Image: Constraint of License/Registration Number:         License/Registration Number:       Image: Constraint of Constr		
Please choose:       Image: Construction         State of Licensure/Registration         Please choose:       Image: Construction         Please choose:       Image: Construction         License/Registration Number:       Image: Construction         Highest Earned Physical Therapy       Image: Construction         Doctor in Physical Therapy       Image: Construction         Highest Earned Degree       Image: Construction         Professional Doctor in Physical Therapy       Image: Construction         APTA Credentialed CI       Image: Construction         Or Yes       Image: Construction         APTA Advanced Credentialed CI       Image: Construction         Image: Or Yes       Image: Construction		
Please choose:   State of Licensure/Registration   Please choose:   Please choose:   Tense/Registration Number:   Highest Earned Physical Therapy Degree   Doctor in Physical Therapy   Thighest Earned Degree   Professional Doctor in Physical Therapy   Professional Doctor in Physical Therapy   APTA Credentialed CI Or Yes © No Other CI Credentialing Or Yes © No		
Please choose:   State of Licensure/Registration   Please choose:   Please choose:   License/Registration Number:   Highest Earned Physical Therapy Degree   Doctor in Physical Therapy   Highest Earned Degree   Professional Doctor in Physical Therapy   Professional Doctor in Physical Therapy   APTA Credentialed CI   O Yes   O Yes   O Yes   O Yes   O Yes   O Yes   O No	CCS	

	CCS			SCS
	ECS			WCS
	cognition of Advanced Proficiency for PTAs (Check a			
	Aquatic			Musculoskeletal
	Cardiopulmonary			Neuromuscular
	Geriatric Integumentary			Pediatrics
	integunientai y			
Other cree	dentials:			
	ry of College and University Education			
(Start wi	th most current)			
Institut	ion:			
Period	of Study			
	user is currently enrolled, please type in the word 'C	CURRENT' into the box labele	ed 'To'.)	
From	— To			
Major:				
Degree:				
	ry of Primary Employment			
(For cur	rent and previous four positions since graduation	n from college; start with m	ost curre	ent)
Employ	ver:			
Positio	n:			
Period	of Employment			
(If the	user is currently employed, please type in the word	'CURRENT' into the box labe	eled 'To'.)	
From	— To			
	ing Professional Preparation Related Directly to Cl			
(for exar (3) years	-	es], continuing education [co	ourses ai	ad instructors], research, clinical practice/expertise, etc. in the last three
Course:				
Provide	er/Location:			
Date				
	Sign Off:			
Click the b	box below to indicate you have reviewed and finished with	this section of the survey.		
This se	ection has been completed.			
inic-17	twister Information			
inical Ins	tructor Information			06/25/17 11:17 PM
linical I	nstructor Information			
Provide +1	he following information on all PTs or PTAs empl	loved at your clinical site wi	ho are C	S.
		CI Username		S. Actions
GENam	e Followed By Credentials	Grusemanie		Acuons
Arcaina	Armendi, Maria L	MArcaina-Armendi@Hacke	nsackUM	C.org

Aro	e, Arlene	Aaı	rce@HackensackUMC.org	
Aro	e, Arlene	AM	endoza@HackensackUMC.org	
Ball	boa, Michelle	mie	helle.balboa@hackensackmeridian.org	
Beli	field, Donna	Db	elfield@HackensackUMC.org	
Bet	ty, Patricia	Pat	ricia.Betty@HackensackMeridian.org	
Bov	vers, Krystal	kry	stalgambino88@gmail.com	
Cac	xcavella, Maria R	Ma	riaRCaccavella@gmail.com	
Car	nella, Courtney	Co	urtney.canella@hackensackmeridian.org	
Cla	ssi, Patti	PC	lassi@HackensackUMC.org	
Cok	ke, Krystal	kry	stal.coke@hackensackmeridian.org	
Cor	nery, Kristen	kco	mery@hackensackumc.org	
Coz	zarelli, Robert	rco	zzarelli@hackensackmeridian.org	
Dal	Canton, Courtney E	Co	urtney.DalCanton@HackensackMeridian.org	
Flei	ming, Christopher	Ch	ristopher.Fleming@hackensackmeridian.org	
Flei	ming, Chris	chr	is.fleming83@gmail.com	
Gał	pay, Joseph C	gał	oosep@yahoo.com	
Ger	main, Sheryl	she	ryl.germain@hackensackmeridian.org	
Juli	ano, Pierre	Pju	liano@HackensackUMC.org	
Kat	snelson, Eugene	eu	genekatsnelson@yahoo.com	
Kla	usner, Christina P	chr	istina.polgar1@gmail.com	
Kor	ndos, Lia M	Lia	PippenKondos@yahoo.com	
Kor	nberg, David	Da	vid.Kornberg@hackensackmeridian.org	
Kuţ	oferman, Raphael	Raj	phael.Kupferman@hackensackmeridian.org	
Len	art, Michael J	mle	enart1@gmail.com	
A	dd New CI Displaying Clinical instructor 1 - 25 of 4	l <b>6</b> in to	tal	Previous 1 2 Next
	ion Sign Off:			
	the box below to indicate you have reviewed and finished with	th this s	ection of the survey.	
	his section has been completed. Il Instructors			06/25/17 11:17 PM
Clinic	cal Instructors			
What c	riteria do you use to select clinical instructors? (Check	all tha	t apply)	
	APTA Clinical Instructor Credentialing	Γ	Career ladder opportunity	Certification/training course
	Clinical competence	V	Delegated in position description	Demonstrated strength in clinical teaching
	No criteria		Other (not APTA) clinical instructor credentialing	Therapist initiative/volunteer
	Years of experience		Other	
How a	re clinical instructors trained? (Check all that apply)			
	1:1 individual training (CCCE:CI)		APTA Clinical Instructor Education and Credentialing Program	Academic for-credit coursework

V	Clinical center inservices		Continuing education by academic program		Continuing education by consortia
	No training		Other (not APTA) clinical instructor credentialing program	n 🔽	Professional continuing education (e.g., chapter, CEU course)
	Other				
		·			
Sec	tion Sign Off:				
Clic	k the box below to indicate you have reviewed and finished w	7 ith this	section of the survey.		
	This section has been completed.				
nforr	nation About the Physical Therapy Service				02/04/15 03:55 PM
nfor	mation About the Physical Therapy Service				
	per of Inpatient Beds For clinical sites with inpatien ur facility, please skip and move to the next table.)	ıt care,	please provide the number of beds available in e	ach of	the subcategories listed below: (If this does not appl
cute					
96					
'sychi	atric center:				
24					
ntens	ive care:				
9					
tehab	ilitation center:				
tep d	own:				
4					
	ute/transitional care unit:				
	led care:				
)					
	specialty centers:				
)	Variable and Charles				
783	Number of Beds:				
100					
Sec	tion Sign Off:				
	k the box below to indicate you have reviewed and finished w	vith this	section of the survey.		
-	•				
	This section has been completed.				
Jumł	per of Patients/Clients				02/04/15 03:55 PM
Vum	ber of Patients/Clients				
Estim	ate the average number of patient/client visits per	day:	I		
Inpa	tient		Outpatient		
12 Indiv	idual PT:		14 Individual PT:		
8 Stude	nt PT:		10 Student PT:		
11 Indiv	idual PTA:		0 Individual PTA:		
0 Stude	ent PTA:		0 Student PTA:		
0 PT/P	TA Team:		0 PT/PTA Team:		
31 Total	patient/client visits per day:		24 Total patient/client visits per d	ay:	

Section Sign Off:			
Click the box below to indicate you have reviewed and finished	with this	section of the survey.	
$\overline{\mathbf{V}}$ This section has been completed.			
Patient/Client Lifespan and Continuum of Care			 02/04/15 03:55 PM
Patient/Client Lifespan and Continuum of Care			
Indicate the frequency of time typically spent with patie	ents/cli	ents in each of the categories:	
Patient Lifespan			
0-12 years			
1% - 25%			
13-21 years			
1%-25%			
22-65 years			
76% - 100%			
Over 65 years			
76% - 100%			
Continuum of Care			
Critical care, ICU, acute			
,			
SNF/ECF/sub-acute 0% ▼			
,			
Rehabilitation			
Ambulatory/outpatient			
76% - 100%			
Home health/hospice			
0%			
Wellness/fitness/industry			
0%			
Section Sign Off:			
Click the box below to indicate you have reviewed and finished	with this	section of the survey.	
This section has been completed.			
Patient/Client Diagnoses			02/04/15 03:55 PM
Patient/Client Diagnoses			
Indicate the frequency of time typically spent with patie	ents/cli	ents in each of the categories:	
Musculoskeletal			
76%-100%			
Which Musculoskeletal sub-categories are available to the	studen	t:	
Acute injury	•	Amputation	 Arthritis
Bone disease/ dysfunction		Connective tissue disease/ dysfunction	Muscle disease/ dysfunction

Musculoskeletal degenerative disease		V	Orthopedic surgery		Γ	Other		
Neuro-muscular								
26% - 50%								
Which Neuro-muscular sub-categories are avai	lable to the st	udent	:					
<b>▼</b> Brain injury		V	Cerebral vascular accident		V	Chronic p	ain	
Congenital/developmental		V	Neuromuscular degenerativ	ve disease	V	Peripheral	l nerve injury	
Spinal cord injury		7	Vestibular disorder			Other		
Cardiovascular-pulmonary								
26% - 50%								
Which Condinuoscular nulmananyouk actorory		lo to t	hostudonti					
Which Cardiovascular-pulmonary sub-categorian Cardiac dysfunction/disease			Fitness			Lymphede	ema	
Peripheral vascular dysfunction/disease			Pulmonary dysfunction/dis	ease		Other		
					-			
Integumentary								
1%-25%								
Which Integumentary sub-categories are availa	able to the stu	dent:						
Burns			Open wounds			Scar forma	ation	
Other								
Other (May cross a number of diagnostic group	s)							
51% - 75%								
Which other sub-categories are available to the	student:							
Cognitive impairment		7	General medical conditions		•	General su	ırgery	
Oncologic conditions		7	Organ transplant			Wellness/1	Prevention	
Other								
Section Sign Off:								
Click the box below to indicate you have reviewed a	and finished wit	th this s	section of the survey.					
This section has been completed.								
Staffing						02/04/1	15 03:55 PM	
Staffing								
	Full-time Buo	dgeted		Part-time Budgeted			Current Staffing	
PTs	25			4			29	
PTAs								
A11 (77 1	1			0			1	
Aides/Techs	6			1			7	
Other:	3			1			4	
office staff								
Section Sign Off: Click the box below to indicate you have reviewed a	and finished wit	h this s	section of the survey					
	and minshed will	.1 0115 5	seaton of the survey.					
This section has been completed.								
Information About the Clinical Education Exper	rience					02/09/1	15 01:04 PM	
Information About the Clinical Education	on Evnerier	100						

Special Programs/Activities/Learning Opportunities

Please	e check all special programs/activities/learning opport	unitie	s available to students.		
	Administration	V	Aquatic Therapy		Athletic Venue Coverage
	Back School		Biomechanics Lab		Cardiac Rehabilitation
	Community/Re-entry Activities	V	Critical Care/Intensive Care		Departmental Administration
	Early Intervention		Employee Intervention		Employee Wellness Program
	Group Programs/Classes	Г	Home Health Program		Industrial/Ergonomic PT
V	Inservice Training/Lectures	П	Neonatal Care		Nursing Home/ECF/SNF
	Orthotic/Prosthetic Fabrication	Г	Pain Management Program	Г	Pediatric - Classroom Consultation Emphasis
	Pediatric - Cognitive Impairment Emphasis		Pediatric - Developmental Program Emphasis		Pediatric - General
	Pediatric - Musculoskeletal Emphasis	Г	Pediatric - Neurological Emphasis		Prevention/Wellness
	Pulmonary Rehabilitation		Quality Assurance/ CQI/ TQM		Radiology
	Research Experience	Г	Screening/Prevention		Sports Physical Therapy
V	Surgery (observation)	V	Team Meetings/Rounds		Vestibular Rehabilitation
7	Women's Health/OB-GYN	Г	Work Hardening/Conditioning		Wound Care
	Other	,	0		
Speci	alty Clinics				
Please	e check all specialty clinics available as student learnin	g expe	riences.		
	Arthritis	Г	Balance		Developmental
	Feeding clinic		Hand clinic		Hemophilia clinic
Г	Industry	Г	Neurology clinic	V	Orthopedic clinic
_					
	Pain clinic		Preparticipation sports		Prosthetic/orthotic clinic
	Scoliosis		Screening clinics		Seating/mobility clinic
	Sports medicine clinic		Wellness		Women's health
	Sports medicine clinic Other		Wellness		Women's health
			Wellness		Women's health
<b>□</b> Healt	Other h and Educational Providers at the Clinical Site				
Healt Please	Other h and Educational Providers at the Clinical Site e check all health care and educational providers at yo	ur clin	ical site students typically observe and/or with whom	they in	teract.
<b>□</b> Healt	Other h and Educational Providers at the Clinical Site e check all health care and educational providers at yo Administrators	ur clin	ical site students typically observe and/or with whom Alternative therapies		<b>teract.</b> Athletic trainers
Healt Please	Other h and Educational Providers at the Clinical Site check all health care and educational providers at yo Administrators Audiologists	ur clin	ical site students typically observe and/or with whom Alternative therapies Dietitians	they in	<b>teract.</b> Athletic trainers Enterostomal / wound specialists
Healt Please	Other h and Educational Providers at the Clinical Site e check all health care and educational providers at yo Administrators	ur clin	ical site students typically observe and/or with whom Alternative therapies	they in	<b>teract.</b> Athletic trainers Enterostomal / wound specialists Health information technologists
Healt Please	Other h and Educational Providers at the Clinical Site check all health care and educational providers at yo Administrators Audiologists	ur clin	ical site students typically observe and/or with whom Alternative therapies Dietitians	they in	<b>teract.</b> Athletic trainers Enterostomal / wound specialists
Healt Please	Other  h and Educational Providers at the Clinical Site check all health care and educational providers at yo Administrators Audiologists Exercise physiologists	ur clin	ical site students typically observe and/or with whom Alternative therapies Dietitians Fitness professionals	they in	<b>teract.</b> Athletic trainers Enterostomal / wound specialists Health information technologists
Healt Please	Other h and Educational Providers at the Clinical Site check all health care and educational providers at yo Administrators Audiologists Exercise physiologists Massage therapists	ur clin	ical site students typically observe and/or with whom Alternative therapies Dietitians Fitness professionals Nurses	they in	teract. Athletic trainers Enterostomal / wound specialists Health information technologists Occupational therapists
Healt Please	Other Other In and Educational Providers at the Clinical Site In and Educational Providers at the Clinical Site In and Educational providers at you Administrators Audiologists Exercise physiologists Massage therapists Physician assistants		ical site students typically observe and/or with whom Alternative therapies Dietitians Fitness professionals Nurses Physicians	they in	teract. Athletic trainers Enterostomal / wound specialists Health information technologists Occupational therapists Podiatrists
Healt Please	Other Other And Educational Providers at the Clinical Site Check all health care and educational providers at yo Administrators Audiologists Exercise physiologists Massage therapists Physician assistants Prosthetists / orthotists		ical site students typically observe and/or with whom Alternative therapies Dietitians Fitness professionals Nurses Physicians Psychologists	they in	teract. Athletic trainers Enterostomal / wound specialists Health information technologists Occupational therapists Podiatrists Respiratory therapists
Healt Please	Other Other and Educational Providers at the Clinical Site check all health care and educational providers at yo Administrators Audiologists Exercise physiologists Massage therapists Physician assistants Prosthetists / orthotists Social workers	ur clin V V V V V	ical site students typically observe and/or with whom Alternative therapies Dietitians Fitness professionals Nurses Physicians Psychologists Special education teachers	they in	teract. Athletic trainers Enterostomal / wound specialists Health information technologists Occupational therapists Podiatrists Respiratory therapists Speech/language pathologists
Healt Please	Other	vur clin V V V V V V V	cal site students typically observe and/or with whom Alternative therapies Dietitians Fitness professionals Nurses Physicians Psychologists Special education teachers Students from other physical therapy education programs	they in	teract. Athletic trainers Enterostomal / wound specialists Health information technologists Occupational therapists Podiatrists Respiratory therapists Speech/language pathologists
Healt Please	Other	vur clin V V V V V V V	cal site students typically observe and/or with whom Alternative therapies Dietitians Fitness professionals Nurses Physicians Psychologists Special education teachers Students from other physical therapy education programs	they in	teract. Athletic trainers Enterostomal / wound specialists Health information technologists Occupational therapists Podiatrists Respiratory therapists Speech/language pathologists
Healt Please	Other	ur clin V V V V V V V	ical site students typically observe and/or with whom Alternative therapies Dietitians Fitness professionals Nurses Physicians Psychologists Special education teachers Students from other physical therapy education programs Other	they in	teract. Athletic trainers Enterostomal / wound specialists Health information technologists Occupational therapists Podiatrists Respiratory therapists Speech/language pathologists
Healt Healt Please I I I I I I I I I I I I I I I I I I I	Other  Other  Administrators	ur clin V V V V V V V	ical site students typically observe and/or with whom Alternative therapies Dietitians Fitness professionals Nurses Physicians Psychologists Special education teachers Students from other physical therapy education programs Other	they in	teract. Athletic trainers Enterostomal / wound specialists Health information technologists Occupational therapists Podiatrists Respiratory therapists Speech/language pathologists
Healt Please Please Please Clic	Other	ur clin V V V V V V V	ical site students typically observe and/or with whom Alternative therapies Dietitians Fitness professionals Nurses Physicians Psychologists Special education teachers Students from other physical therapy education programs Other	they in	teract. Athletic trainers Enterostomal / wound specialists Health information technologists Occupational therapists Podiatrists Respiratory therapists Speech/language pathologists
Healt Please V V V V V V V V V V V V V V V V V V V	Other  Other  Administrators	ur clin V V V V V V V	ical site students typically observe and/or with whom Alternative therapies Dietitians Fitness professionals Nurses Physicians Psychologists Special education teachers Students from other physical therapy education programs Other	they in	teract. Athletic trainers Enterostomal / wound specialists Health information technologists Occupational therapists Podiatrists Respiratory therapists Speech/language pathologists
Healt Please V V V V V V Clic Clic Clic Availa	Other         And Educational Providers at the Clinical Site         echeck all health care and educational providers at you         Administrators         Audiologists         Exercise physiologists         Massage therapists         Physician assistants         Prosthetists / orthotists         Social workers         Students from other disciplines         Vocational rehabilitation counselors         the box below to indicate you have reviewed and finished were the section has been completed.         bility of the Clinical Education Experience	ur clin V V V V V V V	ical site students typically observe and/or with whom Alternative therapies Dietitians Fitness professionals Nurses Physicians Psychologists Special education teachers Students from other physical therapy education programs Other	they in	teract. Athletic trainers Enterostomal / wound specialists Health information technologists Occupational therapists Occupational therapists Podiatrists Respiratory therapists Speech / language pathologists Therapeutic recreation therapists
Healt Please V V V V V V Clic Clic Clic Availa	Other         and Educational Providers at the Clinical Site         check all health care and educational providers at you         Administrators         Audiologists         Exercise physiologists         Massage therapists         Physician assistants         Prosthetists / orthotists         Social workers         Students from other disciplines         Vocational rehabilitation counselors         thom Sign Off:         k the box below to indicate you have reviewed and finished we         This section has been completed.	ur clin V V V V V V V	ical site students typically observe and/or with whom Alternative therapies Dietitians Fitness professionals Nurses Physicians Psychologists Special education teachers Students from other physical therapy education programs Other	they in	teract. Athletic trainers Enterostomal / wound specialists Health information technologists Occupational therapists Occupational therapists Podiatrists Respiratory therapists Speech / language pathologists Therapeutic recreation therapists
Healt Please V V V V V V Clic Clic Clic Availa	Other         And Educational Providers at the Clinical Site         echeck all health care and educational providers at you         Administrators         Audiologists         Exercise physiologists         Massage therapists         Physician assistants         Prosthetists / orthotists         Social workers         Students from other disciplines         Vocational rehabilitation counselors         the box below to indicate you have reviewed and finished were the section has been completed.         bility of the Clinical Education Experience	ur clin	ical site students typically observe and/or with whom Alternative therapies Dietitians Fitness professionals Nurses Physicians Psychologists Special education teachers Students from other physical therapy education programs Other	they in C C C C C C C C C C C C C	teract. Athletic trainers Enterostomal / wound specialists Health information technologists Occupational therapists Occupational therapists Podiatrists Respiratory therapists Speech / language pathologists Therapeutic recreation therapists
Healt Please V V V V V V V V V V V V V V V V V V V	Other	ur clin	ical site students typically observe and/or with whom Alternative therapies Dietitians Fitness professionals Nurses Physicians Psychologists Special education teachers Students from other physical therapy education programs Other section of the survey.	they in C C C C C C C C C C C C C	teract. Athletic trainers Enterostomal / wound specialists Health information technologists Occupational therapists Occupational therapists Podiatrists Respiratory therapists Speech / language pathologists Therapeutic recreation therapists
Healt Please Please Please Please Please Please Physic	Other         And Educational Providers at the Clinical Site         echeck all health care and educational providers at you         Administrators         Audiologists         Exercise physiologists         Massage therapists         Physician assistants         Prosthetists / orthotists         Social workers         Students from other disciplines         Vocational rehabilitation counselors         the box below to indicate you have reviewed and finished were the section has been completed.         bility of the Clinical Education Experience	ur clin	ical site students typically observe and/or with whom Alternative therapies Dietitians Fitness professionals Nurses Physicians Psychologists Special education teachers Students from other physical therapy education programs Other section of the survey.	they in C C C C C C C C C C C C C	teract. Athletic trainers Enterostomal / wound specialists Health information technologists Occupational therapists Occupational therapists Podiatrists Respiratory therapists Speech / language pathologists Therapeutic recreation therapists

Please	explain:				
	t to take first year students due to large/busy hospi	tal settin	g. I take first years for OP affiliations which is full day	ys.	
	al Therapist nediate Experiences:				
	Full days		Half days		Other
Physi	cal Therapist				
	Final Experience		Internship (6 months or longer)		Specialty experience
	Other				
	cal Therapist Assistant Experience:				
	Full days		Half days		Other
Please	explain:				
Donc	t take PTA				
Dhavel	cal Therapist Assistant				
	nediate Experiences:	I			
	Full days		Half days		Other
	explain: t take PTA				
Done	t take P 1A				
Physi	cal Therapist Assistant				
	Final Experience		<b>⊘</b> Other		
D1	explain:				
PT Indica	te which months you will accept students for any si	ngle full-	time (36 hrs/wk) clinical experience.		
	January		February		March
	April		May		June
V	July		August		September
V	October		November		December
Indica	te which months you will accept students for any o	ne part-t	ime (< 36 hrs/wk) clinical experience.		
	January		February		March
	April		May		June
	July		August		September
	October		November		December
PTA					
Indica	te which months you will accept students for any si	ngle full-	time (36 hrs/wk) clinical experience.		
	January		February		March
	April		May		June
V	July		August		September
	October		November		December
	te which months you will accept students for any or	1		1_	
	January		February		March
	April July		May August		June September
	October		November		December
-				-	

Average number of PT students affiliating per year.:

22											
Average number of PTA students affiliating per year.:											
0											
Is your clinical site willing to offer reasonable accommodations for students under ADA?											
<ul> <li>Yes</li> <li>No</li> <li>ease explain:</li> </ul>											
Hospital is accessible for ADA students											
What is the procedure for managing students whose performance is below expectations or unsafe?:											
Call and inform the school regarding the student's performance at the mid term and see if the patient improves and then can pass their affiliation.											
Explain what provisions are made for students if the clinical instructor is ill or away from the clinical site. clinical											
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 P1 or P1A.): The student is then paired with another PT for the 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.											
inical Site's Learning Objectives and Assessment 02/09/15 01:04 PM	1										
linical Site's Learning Objectives and Assessment											
Clinical Site's Learning Objectives and Assessment											
Does your clinical site provide written clinical education objectives to students?											
C Yes O No											
Are all professional staff members who provide physical therapy services acquainted with the clinical site's learning objectives?											
<ul> <li>If an procession a start memory set was physical therapy set the start and the clinical site stear ming objectives.</li> <li>Yes</li> <li>No</li> </ul>											
han da tha CCCE and (as CI truited in discuss the elision later languing chiestices with students? (Check all that anyly)											
hen do the CCCE and/or CI typically discuss the clinical site's learning objectives with students? (Check all that apply)											
At end of clinical experience At mid-clinical experience Beginning of the clinical	cal experience										
Daily Weekly Other											
ease explain:											
is up to the CI and student. Most will do it weekly and it can be written or verbal in nature.											
dicate which of the following methods are typically utilized to inform students about their clinical performance? (Check all that apply)											
As per student request in addition to formal and ongoing written & oral feedback throughout the clinical Ongoing feedback throughout the clinical Student self-assessment	nt throughout the clinical										
Written and oral mid-evaluation Written and oral summative final evaluation Other											
Section Sign Off:											
Click the box below to indicate you have reviewed and finished with this section of the survey.											
▼ This section has been completed.											
udent Requirements 06/13/15 08:06 PM	1										
udent Requirements											
o students need to contact the clinical site for specific work hours related to the clinical experience?											
C Yes C No Please explain:											
riease explain: The student will be contacted 1 month prior to affiliation date via e-mail regarding their CI's name and work schedule.											
o students receive the same official holidays as staff?											
V Yes O No											
ease explain:											
Does your clinical site require a student interview?											
O Yes O No											
Please explain:											
Indicate the time the student should report to the clinical site on the first day of the experience.											
:00 AM											

Is a Mantoux TB test (PPD) required?												
a) one step												
© Yes © No												
b) two step												
O Yes O No												
Is a Rubella Titer Test or immunization required?												
• Yes • No												
Please explain:												
Are any other health tests/immunizations required prior to	the cli	nical experience? If yes, please specify:										
• Yes • No												
Please explain:												
Varicello												
How is this information communicated to the clinic? Provide fax n e-mail	umber	n required.:										
How current are student physical exam records required to be?: within 1 year												
Are any other health tests or immunizations required on-site? If yes, please specify:												
© Yes ○ No Please explain:												
per employee health												
Is the student required to provide proof of any other training prior to orientation at your facility? If yes, please list.												
Indiasta which of the following are required by your facility	nrior	to the divised education experiences										
Indicate which of the following are required by your facility		-	-	Deve and the second seco								
Child clearance		Criminal background check		Drug screening								
HIPAA education		OSHA education		Proof of student health clearance								
C Other												
Other												
Other Is a criminal background check required (e.g., Criminal Offe	ender	Record Information)? If yes, please indicate which back	kgrour	nd check is required and time frame.								
Is a criminal background check required (e.g., Criminal Offe	ender	Record Information)? If yes, please indicate which bac	kgrour	nd check is required and time frame.								
Is a criminal background check required (e.g., Criminal Offer Yes O No Please explain:	ender l	Record Information)? If yes, please indicate which bac	kgrour	nd check is required and time frame.								
Is a criminal background check required (e.g., Criminal Offer Yes O No Please explain: Prior to the affiliation.	ender I	Record Information)? If yes, please indicate which bac	kgrour	nd check is required and time frame.								
Is a criminal background check required (e.g., Criminal Offer Yes O No Please explain: Prior to the affiliation. Is a child abuse clearance required?	ender I	Record Information)? If yes, please indicate which bac	kgrour	nd check is required and time frame.								
Is a criminal background check required (e.g., Criminal Offer Yes O No Please explain: Prior to the affiliation.	ender I	Record Information)? If yes, please indicate which bac	kgrour	nd check is required and time frame.								
Is a criminal background check required (e.g., Criminal Offer Yes O No Please explain: Prior to the affiliation. Is a child abuse clearance required? Yes O No Please explain:		Record Information)? If yes, please indicate which bac	kgrour	nd check is required and time frame.								
Is a criminal background check required (e.g., Criminal Offer Yes O No Please explain: Prior to the affiliation. Is a child abuse clearance required? Yes O No Please explain: Is the student responsible for the cost of required clearance		Record Information)? If yes, please indicate which bac	kgrour	nd check is required and time frame.								
Is a criminal background check required (e.g., Criminal Offer Yes O No Please explain: Prior to the affiliation. Is a child abuse clearance required? Yes O No Please explain:		Record Information)? If yes, please indicate which bac	kgrour	1d check is required and time frame.								
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Is a criminal background check required (e.g., Criminal Offer Yes No Please explain: Prior to the affiliation. Is a child abuse clearance required? Yes No Please explain: Is the student responsible for the cost of required clearance Yes No Please explain: Is the student required to submit to a drug test? If yes, please Yes No	s?		kgrour	1d check is required and time frame.								
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Is a criminal background check required (e.g., Criminal Offe C Yes O No Please explain: Prior to the affiliation. Is a child abuse clearance required? C Yes O No Please explain: Is the student responsible for the cost of required clearance C Yes O No Please explain: Is the student required to submit to a drug test? If yes, please C Yes O No Please explain: Is medical testing available on-site for students? C Yes O No Please explain: Other requirements: (On-site orientation, sign an ethics statement	s? se desc	confidentiality statement.):	kgrour	nd check is required and time frame.								
Is a criminal background check required (e.g., Criminal Offer Yes No Please explain: Prior to the affiliation. Is a child abuse clearance required? Yes No Please explain: Is the student responsible for the cost of required clearance Yes No Please explain: Is the student required to submit to a drug test? If yes, please Yes No Is medical testing available on-site for students? Yes No Please explain: Other requirements: (On-site orientation, sign an ethics statement If an individual is responsible for Compliance items, please	s? se desc	confidentiality statement.):	kgrour	1d check is required and time frame.								
Is a criminal background check required (e.g., Criminal Offer         Image: Stress of the stress o	s? se desc	confidentiality statement.):	kgrour	nd check is required and time frame.								
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Is a criminal background check required (e.g., Criminal Offer Second Second Se	s? se desc	confidentiality statement.):	kgrour	1d check is required and time frame.								

Click the box below to indicate you have reviewed and finished with this section of the survey. ▼ This section has been completed. Special Information 06/13/15 08:06 PM Special Information Do you require a case study or inservice from all students (part-time and full-time)? • Yes O No Please explain: Student inservice is required after the half way mark of the affiliation. Do you require any additional written or verbal work from the student (e.g., article critiques, journal review, patient/client education handout/brochure)? C Yes No Please explain: Does your site have a written policy for missed days due to illness, emergency situations, other? If yes, please summarize. • Yes C No Please explain: If the student is alowed to be absent up to 2 days, if more than those days must be made up. Will the student have access to the Internet at the clinical site? • Yes C No Please explain: For work related topics only. Is there a facility/student dress code? • Yes C No Is emergency health care available for students? O Yes O No Is the student responsible for emergency health care costs? O Yes C No Is other non-emergency medical care available to students? O Yes C No Is the student required to have proof of health insurance? C No C Yes Is the student required to provide proof of OSHA training? C Yes C No Is the student required to provide proof of HIPAA training? O Yes O No Is the student required to attest to an understanding of the benefits and risks of Hepatitis-B immunization? O Yes C No 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? O Yes C No Is the student required to be certified in First Aid? C Yes C No Can the student receive First Aid certification on-site? C Yes C No

## Section Sign Off:

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

itudent Schedule	06/13/15 08:06 PM	
Student Schedule		
ndicate which of the following best describes the typical student work schedule:		
Please choose:		
Describe the schedule(s) the student is expected to follow during the clinical experience:		
The student will have the same schedule as the assigned PT which can be IP/OP day or evening shift. Th weekend. When the PT has vacation or a comp day the student will be assigned another PT that day.	e student will not be expected to work the	
s physical therapy provided on the weekends?		
O Yes O 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.		

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