

Site: Hackensack University Medical 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	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		
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).: Hackensack University Medical Center		
Street Address		
Address: 87 Route 17 North		
City: Maywood		
State: NJ		
Postal Code: 07607		
Facility Phone		
Phone Number: 201-996-2000		
Ext: x3185		
PT Department Phone		
Phone Number: 201-996-2512		
Ext:		
PT Department Fax		
Phone Number: 551-996-2571		
Clinical Center Web Address:		
Director of Physical Therapy: Claire Gibbons - intern manager		
Center Coordinator of Clinical Education (CCCE) / Contact Person: Ellen Ryan PT		
CCCE / 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 with this section of the survey.

☒ This section has been completed.

Information About the Corporate/Healthcare Systems Organization

02/04/15 02:52 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:

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 with this section of the survey.

☒ This section has been completed.

Clinical Site Accreditation/Ownership

02/04/15 02:52 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 type="checkbox"/>	Hospital/Medical Center Owned
<input checked="" 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

02/04/15 02:52 PM

Clinical Site Primary Classification

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

Acute Care/Inpatient Hospital Facility ▼

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 type="checkbox"/> Federal/ State/ County Health	<input type="checkbox"/> Home Health	<input type="checkbox"/> Industrial/ Occupational Health Facility
<input type="checkbox"/> Multiple Level Medical Center	<input type="checkbox"/> Private Practice	<input type="checkbox"/> Rehabilitation/ Sub-acute Rehabilitation
<input 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	02/04/15 02:52 PM
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Clinical Site Location

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

Urban

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	02/04/15 02:52 PM
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Affiliated PT and PTA Educational Programs

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

Program Name	City	State	PT / PTA	
Boston University	Boston	MA	PT	
Clarke University	Dubuque	IA	PT	
Columbia University	New York	NY	PT	
Dominican College of Blauvelt	Orangeburg	NY	PT	
Hunter College/ The Graduate Center (CUNY)	New York	NY	PT	
Ithaca College	Ithaca	NY	PT	
Long Island University - Brooklyn	Brooklyn	NY	PT	
Northeastern University	Boston	MA	PT	
New York University	New York	NY	PT	
Quinnipiac University	Hamden	CT	PT	
Shenandoah University	Winchester	VA	PT	
Temple University	Philadelphia	PA	PT	
The Richard Stockton College of New Jersey	Pomona	NJ	PT	
Touro College	New York	NY	PT	
University at Buffalo	Buffalo	NY	PT	
University of Scranton	Scranton	PA	PT	
University of Vermont	Burlington	VT	PT	
Mery College	Dobbs Ferry	NY	PT	
University of Massachusetts - Lowell	Lowell	MA	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

By State: Any

ACCE Demo University,	
ACCE Demo University,	
ACCE Demo University,	
ACCE PTA Demo,	
ASA College, FL	
AT Still University of Health Sciences, AZ	
Academy for Nursing and Health Occupations, FL	
Adventist University of Health Sciences, FL	
Alabama State University, AL	

Program Name:

City:

State: AB

PT / PTA: PT

Add Clear

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 Teaching Faculty

06/25/17 11:17 PM

Information About the Clinical Teaching Faculty

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

Name:

Ellen L. Ryan

Email Address / CPI2 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:

☒ PT ☐ PTA

Licensing/Registration Status

Licensed/Registered

State of Licensure/Registration

NJ

License/Registration Number:

40QA00813600

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

ABPTS Certified Clinical Specialist (Check all that apply)

☐ OCS ☐ 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)

<p>Institution:</p> <p>Beaver College</p> <p>Period of Study</p> <p>(If the user is currently enrolled, please type in the word 'CURRENT' into the box labeled 'To'.)</p> <p>From <input type="text" value="6/1996"/> &mdash; To <input type="text" value="8/1/1998"/></p> <p>Major:</p> <p>Physical Therapy</p> <p>Degree:</p> <p>Mater of Science in Physcial Therapy</p>

Summary of Primary Employment

(For current and previous four positions since graduation from college; start with most current)

<p>Employer:</p> <p>HackensackUMC</p> <p>Position:</p> <p>Supervisor PT/CCCE</p> <p>Period of Employment</p> <p>(If the user is currently employed, please type in the word 'CURRENT' into the box labeled 'To'.)</p> <p>From <input type="text" value="11/17/2007"/> &mdash; To <input type="text" value="current"/></p>
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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)

<p>Course:</p> <p>Mulligan Concept Lower Quadrant Mobilization with Movement</p> <p>Provider/Location:</p> <p>Ivy rehabilitation Network - Russell Woodman PT</p> <p>Date</p> <p><input type="text" value="11/10/12-11/11/12"/></p>
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<p>Course:</p> <p>The SI Joint and Pelvic Girdle</p> <p>Provider/Location:</p> <p>Englewood, NJ - Michael P Reiman PT</p> <p>Date</p> <p><input type="text" value="4/13/13-4/14/13"/></p>
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Course:

Introduction to Instrument Assisted Soft Tissue Mobilization (IASTM)

Provider/Location:

Hackensack Wellness Center, Hackensack, NJ - Mark Butler PT

Date

9/7/2014

Name:

Lia M. Kondos

Email Address / CPI2 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:☐ PT ☐ PTA**Licensing/Registration Status**

Please choose: ▼

State of Licensure/Registration

Please choose: ▼

License/Registration Number:**Highest Earned Physical Therapy Degree**

Doctor in Physical Therapy ▼

Highest Earned Degree

Professional Doctor in Physical Therapy ▼

APTA Credentialed CI☐ Yes ☒ No**APTA Advanced Credentialed CI**☐ Yes ☒ No**Other CI Credentialing**☐ Yes ☒ No**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 — To

Major:

Degree:

Summary of Primary Employment

(For current and previous four positions since graduation from college; start with most current)

Employer:

Position:

Period of Employment
(If the user is currently employed, please type in the word 'CURRENT' into the box labeled 'To'.)

From — To

Continuing Professional Preparation Related Directly to Clinical Teaching 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.

☒ This section has been completed.

Clinical Instructor Information

06/25/17 11:17 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
Arcaina-Armendi, Maria L	MArcaina-Armendi@HackensackUMC.org	

Arce, Arlene	Aarce@HackensackUMC.org
Arce, Arlene	AMendoza@HackensackUMC.org
Balboa, Michelle	michelle.balboa@hackensackmeridian.org
Belfield, Donna	Dbelfield@HackensackUMC.org
Betty, Patricia	Patricia.Betty@HackensackMeridian.org
Bowers, Krystal	krystalgambino88@gmail.com
Caccavella, Maria R	MariaRCaccavella@gmail.com
Canella, Courtney	Courtney.canella@hackensackmeridian.org
Classi, Patti	PClassi@HackensackUMC.org
Coke, Krystal	krystal.coke@hackensackmeridian.org
Comery, Kristen	kcomery@hackensackumc.org
Cozzarelli, Robert	rcozzarelli@hackensackmeridian.org
DalCanton, Courtney E	Courtney.DalCanton@HackensackMeridian.org
Fleming, Christopher	Christopher.Fleming@hackensackmeridian.org
Fleming, Chris	chris.fleming83@gmail.com
Gabay, Joseph C	gabosep@yahoo.com
Germain, Sheryl	sheryl.germain@hackensackmeridian.org
Juliano, Pierre	Pjuliano@HackensackUMC.org
Katsnelson, Eugene	eugenekatsnelson@yahoo.com
Klausner, Christina P	christina.polgar1@gmail.com
Kondos, Lia M	LiaPippenKondos@yahoo.com
Kornberg, David	David.Kornberg@hackensackmeridian.org
Kupferman, Raphael	Raphael.Kupferman@hackensackmeridian.org
Lenart, Michael J	mleart1@gmail.com

Add New CI

Displaying Clinical instructor 1 - 25 of 46 in total

Previous 1 2 Next

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

06/25/17 11:17 PM

Clinical Instructors

What criteria do you use to select clinical instructors? (Check all that apply)

<input type="checkbox"/> APTA Clinical Instructor Credentialing	<input type="checkbox"/> Career ladder opportunity	<input type="checkbox"/> Certification/training course
<input checked="" type="checkbox"/> Clinical competence	<input checked="" type="checkbox"/> Delegated in position description	<input checked="" type="checkbox"/> Demonstrated strength in clinical teaching
<input type="checkbox"/> No criteria	<input type="checkbox"/> Other (not APTA) clinical instructor credentialing	<input checked="" 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 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
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<input checked="" type="checkbox"/>	Clinical center inservices	<input type="checkbox"/>	Continuing education by academic program	<input type="checkbox"/>	Continuing education by consortia
<input type="checkbox"/>	No training	<input type="checkbox"/>	Other (not APTA) clinical instructor credentialing program	<input checked="" 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

02/04/15 03:55 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:

596

Psychiatric center:

24

Intensive care:

79

Rehabilitation center:

0

Step down:

84

Subacute/transitional care unit:

0

Extended care:

0

Other specialty centers:

0

Total Number of Beds:

783

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

02/04/15 03:55 PM

Number of Patients/Clients

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

Inpatient	Outpatient
12 Individual PT:	14 Individual PT:
8 Student PT:	10 Student PT:
11 Individual PTA:	0 Individual PTA:
0 Student PTA:	0 Student PTA:
0 PT/PTA Team:	0 PT/PTA Team:
31 Total patient/client visits per day:	24 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

02/04/15 03:55 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

76% - 100%

Over 65 years

76% - 100%

Continuum of Care**Critical care, ICU, acute**

76% - 100%

SNF/ECF/sub-acute

0%

Rehabilitation

0%

Ambulatory/outpatient

76% - 100%

Home health/hospice

0%

Wellness/fitness/industry

0%

Section Sign Off:

Click the box below to indicate you have reviewed and finished with this 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 patients/ clients in each of the categories:

Musculoskeletal

76% - 100%

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
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Neuro-muscular

26% - 50% ▼

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 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

26% - 50% ▼

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

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

Integumentary

1% - 25% ▼

Which Integumentary sub-categories are available to the student:

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

Other (May cross a number of diagnostic groups)

51% - 75% ▼

Which other sub-categories are available to the student:

<input checked="" type="checkbox"/> Cognitive impairment	<input checked="" type="checkbox"/> General medical conditions	<input checked="" type="checkbox"/> General surgery
<input checked="" type="checkbox"/> Oncologic conditions	<input checked="" type="checkbox"/> Organ transplant	<input 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	02/04/15 03:55 PM
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Staffing

	Full-time Budgeted	Part-time Budgeted	Current Staffing
PTs	25	4	29
PTAs	1	0	1
Aides/Techs	6	1	7
Other: office staff	3	1	4

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	02/09/15 01:04 PM
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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 type="checkbox"/> Back School	<input type="checkbox"/> Biomechanics Lab	<input type="checkbox"/> Cardiac Rehabilitation
<input type="checkbox"/> Community/ Re-entry Activities	<input checked="" type="checkbox"/> Critical Care/ Intensive Care	<input type="checkbox"/> Departmental Administration
<input type="checkbox"/> Early Intervention	<input 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 checked="" type="checkbox"/> Inservice Training/ Lectures	<input type="checkbox"/> Neonatal Care	<input type="checkbox"/> Nursing Home/ ECF/ SNF
<input type="checkbox"/> Orthotic/ Prosthetic Fabrication	<input type="checkbox"/> Pain Management Program	<input type="checkbox"/> Pediatric - Classroom Consultation Emphasis
<input type="checkbox"/> Pediatric - Cognitive Impairment Emphasis	<input 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 type="checkbox"/> Radiology
<input type="checkbox"/> Research Experience	<input type="checkbox"/> Screening/ Prevention	<input type="checkbox"/> Sports Physical Therapy
<input checked="" type="checkbox"/> Surgery (observation)	<input checked="" type="checkbox"/> Team Meetings/ Rounds	<input checked="" type="checkbox"/> Vestibular Rehabilitation
<input checked="" type="checkbox"/> Women's Health/ OB-GYN	<input type="checkbox"/> Work Hardening/ Conditioning	<input checked="" type="checkbox"/> Wound Care
<input type="checkbox"/> Other		

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 checked="" type="checkbox"/> Orthopedic clinic
<input type="checkbox"/> Pain clinic	<input 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 type="checkbox"/> Athletic trainers
<input type="checkbox"/> Audiologists	<input checked="" type="checkbox"/> Dietitians	<input type="checkbox"/> Enterostomal / wound specialists
<input type="checkbox"/> Exercise physiologists	<input checked="" type="checkbox"/> Fitness professionals	<input type="checkbox"/> Health information technologists
<input type="checkbox"/> Massage therapists	<input checked="" type="checkbox"/> Nurses	<input checked="" type="checkbox"/> Occupational therapists
<input checked="" type="checkbox"/> Physician assistants	<input checked="" type="checkbox"/> Physicians	<input type="checkbox"/> Podiatrists
<input checked="" type="checkbox"/> Prosthetists / orthotists	<input checked="" type="checkbox"/> Psychologists	<input checked="" type="checkbox"/> Respiratory therapists
<input checked="" type="checkbox"/> Social workers	<input type="checkbox"/> Special education teachers	<input checked="" type="checkbox"/> Speech/ language pathologists
<input checked="" type="checkbox"/> Students from other disciplines	<input checked="" 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

02/09/15 01:04 PM

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 type="checkbox"/> Full days	<input type="checkbox"/> Half days	<input checked="" type="checkbox"/> Other
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Please explain:

Try not to take first year students due to large/busy hospital setting. I take first years for OP affiliations which is full days.

**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 type="checkbox"/>	Specialty experience
<input type="checkbox"/>	Other				

**Physical Therapist Assistant
First Experience:**

<input type="checkbox"/>	Full days	<input type="checkbox"/>	Half days	<input checked="" type="checkbox"/>	Other
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Please explain:

Do not take PTA

**Physical Therapist Assistant
Intermediate Experiences:**

<input type="checkbox"/>	Full days	<input type="checkbox"/>	Half days	<input checked="" type="checkbox"/>	Other
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Please explain:

Do not take PTA

Physical Therapist Assistant

<input type="checkbox"/>	Final Experience	<input checked="" type="checkbox"/>	Other
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Please explain:

Do not take PTA

PT

Indicate which months you will accept students for any single full-time (36 hrs/wk) clinical experience.

<input checked="" type="checkbox"/>	January	<input checked="" type="checkbox"/>	February	<input checked="" type="checkbox"/>	March
<input checked="" type="checkbox"/>	April	<input checked="" type="checkbox"/>	May	<input checked="" type="checkbox"/>	June
<input checked="" type="checkbox"/>	July	<input checked="" type="checkbox"/>	August	<input checked="" type="checkbox"/>	September
<input checked="" type="checkbox"/>	October	<input checked="" type="checkbox"/>	November	<input checked="" 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 checked="" type="checkbox"/>	January	<input checked="" type="checkbox"/>	February	<input checked="" type="checkbox"/>	March
<input checked="" type="checkbox"/>	April	<input checked="" type="checkbox"/>	May	<input checked="" type="checkbox"/>	June
<input checked="" type="checkbox"/>	July	<input checked="" type="checkbox"/>	August	<input checked="" type="checkbox"/>	September
<input checked="" type="checkbox"/>	October	<input checked="" type="checkbox"/>	November	<input checked="" 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.:

Average number of PTA students affiliating per year.:

0

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

☒ Yes ☐ No

Please explain:

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.
(Answer if the clinical center employs only one PT or PTA.):

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.

Clinical Site's Learning Objectives and Assessment

02/09/15 01:04 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 type="checkbox"/>	Beginning of the clinical experience
<input type="checkbox"/>	Daily	<input type="checkbox"/>	Weekly	<input checked="" type="checkbox"/>	Other

Please explain:

It is up to the CI and student. Most will do it weekly and it can be written or verbal in nature.

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 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 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.

Student Requirements

06/13/15 08:06 PM

Student Requirements

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

☐ Yes ☒ No

Please explain:

The student will be contacted 1 month prior to affiliation date via e-mail regarding their CI's name and work schedule.

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.

8:00 AM ▼

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:

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

☒ Yes ☐ No

Please explain:

Varicello

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

e-mail

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.

☐ Yes ☒ No

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

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 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

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 ☐ 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)?

☐ 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 ☐ No

Please explain:

If the student is allowed 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 ☐ No

Please explain:

For work related topics 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

06/13/15 08:06 PM

Student Schedule

Indicate 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. The student will not be expected to work the weekend. When the PT has vacation or a comp day the student will be assigned another PT that day.

Is physical therapy provided on the weekends?

☐ Yes ☐ No

Section Sign Off:

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☒ 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"