

Site: Kessler Institute for Rehabilitation - West Orange

Section Title	Last Update	Action
CCCE Sign Off	Never	
<b>CCCE Sign Off</b>		
<div><b>CCCE Sign Off:</b> 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	01/23/19 07:28 PM	
<b>Information For the Academic Program</b>		
<b>Person Completing CSIF:</b> Sarah Fuentes		
<b>E-mail address of person completing CSIF:</b> safuentes@selectmedical.com		
<b>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).:</b> Kessler Institute for Rehabilitation - West Orange		
<b>Street Address</b>		
<b>Address:</b> 1199 Pleasant Valley Way		
<b>City:</b> West Orange		
<b>State:</b> NJ		
<b>Postal Code:</b> 07052		
<b>Facility Phone</b>		
<b>Phone Number:</b> 973-731-3600		
<b>Ext:</b> 2539		
<b>PT Department Phone</b>		
<b>Phone Number:</b> 973-731-3600		
<b>Ext:</b> 2276		
<b>PT Department Fax</b>		
<b>Phone Number:</b> 973-243-6819		
<b>Clinical Center Web Address:</b> www.kessler-rehab.com		
<b>Director of Physical Therapy:</b> Kim Ratner		
<b>Center Coordinator of Clinical Education (CCCE) / Contact Person:</b>		

Sarah Fuentes / Lauren Snowdon

CCCE / Contact Person Phone:

973-731-3600 extension 2276

CCCE / Contact Person E-mail:

safuentes@selectmedical.com / lsnowdon@kessler-rehab.com

#### 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

01/23/19 07:28 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:**

Kessler Institute for Rehabilitation - West Orange Campus

**Contact Name:**

**Address**

**Address:**

1199 Pleasant Valley Way

**City:**

West Orange

**State:**

NJ

**Postal Code:**

07052

**Phone**

**Phone Number:**

973-731-3600

**Ext:**

**Fax**

**Phone Number:**

973-243-3655

**E-mail:**

http://www.kessler-rehab.com

#### Affiliation Agreement Contract Fulfillment

**Contact Person:**

Kim Ratner

#### 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

01/23/19 07:28 PM

#### Clinical Site Accreditation/Ownership

Which of the following best describes the ownership category for your clinical site? (check all that apply)

<input checked="" type="checkbox"/>	Corporate/Privatey Owned	<input type="checkbox"/>	Government Agency	<input 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

01/23/19 07:28 PM

**Clinical Site Primary Classification**

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

Other

Please explain:

Kessler West Orange Hub Site is an Acute Inpatient and Outpatient Rehabilitation Center

Additionally, there are over 70 Kessler Rehabilitation Centers which are satellite outpatient clinics across the state of New Jersey. For information regarding

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

<input 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 checked="" type="checkbox"/>	Rehabilitation/Sub-acute Rehabilitation
<input type="checkbox"/>	School/Preschool Program	<input 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

01/23/19 07:28 PM

**Clinical Site Location**

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

Suburban

**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

01/23/19 07:28 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	
American International College	Springfield	MA	PT	
Arcadia University	Glenside	PA	PT	
Clarkson University	Potsdam	NY	PT	
Columbia University	New York	NY	PT	
Drexel University	Philadelphia	PA	PT	
Duke University	Durham	NC	PT	
Franklin Pierce University	Concord	NH	PT	
Howard University	Washington	DC	PT	
Hunter College/The Graduate Center (CUNY)	New York	NY	PT	
Lehigh Carbon Community College	Schnecksville	PA	PTA	
Long Island University - Brooklyn	Brooklyn	NY	PT	
Mercer County Community College	Trenton	NJ	PTA	
Neumann University	Aston	PA	PT	
Rutgers/UMDNJ - Stratford	Stratford	NJ	PT	
Slippery Rock University	Slippery Rock	PA	PT	
Thomas Jefferson University	Philadelphia	PA	PT	
University of Connecticut	Storrs	CT	PT	
University of Wisconsin - Madison	Madison	WI	PT	
Virginia Commonwealth University	Richmond	VA	PT	

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

By A-Z:

By State:

ACCE Demo University,	<input type="checkbox"/>
ACCE Demo University,	<input type="checkbox"/>
ACCE Demo University,	<input type="checkbox"/>
ACCE PTA Demo,	<input type="checkbox"/>
ASA College, FL	<input type="checkbox"/>
AT Still University of Health Sciences, AZ	<input type="checkbox"/>
Academy for Nursing and Health Occupations, FL	<input type="checkbox"/>
Adventist University of Health Sciences, FL	<input type="checkbox"/>
Alabama State University, AL	<input type="checkbox"/>

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

Program Name:

City:

State:

PT / 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.

Information About the Clinical Teaching Faculty

01/23/19 07:25 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:

Sarah Fuentes

Email Address / CPI2 Login:

safuentes@selectmedical.com

Present Position (Title, Name of Facility):

Senior Physical Therapist, Kessler West Orange

No. of Years as the CCCE

No. of Years of Clinical Practice

No. of Years of Clinical Teaching

No. of Years Working at this Site

Check all that apply:

☒ PT ☐ PTA

Licensing/Registration Status

State of Licensure/Registration

License/Registration Number:

40QA01321700

Highest Earned Physical Therapy Degree

**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:**

Columbia University

**Period of Study**

(If the user is currently enrolled, please type in the word 'CURRENT' into the box labeled 'To'.)

From 2006 &amp;mdash; To 2009

**Major:**

Physical Therapy

**Degree:**

Doctor of Physical Therapy

**Summary of Primary Employment**

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

**Employer:**

Kessler Institute for Rehabilitation - West Orange

**Position:**

Senior Physical Therapist

**Period of Employment**

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

From 2009 &amp;mdash; To CURRENT

**Continuing Professional Preparation Related Directly to Clinical Teaching Responsibilities**

(for example, academic for credit courses [dates and titles], continuing education [courses and instructors], research, clinical practice/expertise, etc. in the last three (3) years)

**Course:**

Can be provided upon request

Provider/Location:

Date

Name:

Lauren Snowdon

Email Address / CPI2 Login:

lsnowdon@kessler-rehab.com

Present Position (Title, Name of Facility):

Clinic Manager, Kessler Institute for Rehabilitation - West Orange

No. of Years as the CCCE

Please choose: ▼

No. of Years of Clinical Practice

11 ▼

No. of Years of Clinical Teaching

10 ▼

No. of Years Working at this Site

11 ▼

Check all that apply:

☒

PT

☐

PTA

Licensing/Registration Status

Licensed/Registered ▼

State of Licensure/Registration

NJ ▼

License/Registration Number:

40QA00984600

Highest Earned Physical Therapy Degree

Doctor in Physical Therapy ▼

Highest Earned Degree

Post-professional Doctoral Degree (eg PhD, ScD, EdD, DPTSc, DHSc, etc) ▼

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:**  
Ithaca College

**Period of Study**  
(If the user is currently enrolled, please type in the word 'CURRENT' into the box labeled 'To'.)  
From  &mdash; To

**Major:**  
Physical Therapy

**Degree:**

**Summary of Primary Employment**

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

**Employer:**  
Kessler Institute for Rehabilitation

**Position:**  
Clinical Manager

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

01/23/19 07:25 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
Agostini, Michelle V	magostini@selectmedicalcorp.com	

Baig, Karyn A	kbaig@selectmedicalcorp.com
Bevacqua, Christine	cbevacqua@kessler-rehab.com
Bevaqua, Christine	cbevaqua@kessler-rehab.com
Brady, Caitlin	CKBrady@kessler-rehab.com
Byrne, Aisling	aibyrne@kessler-rehab.com
Caccavo, Joseph R	jcaccavo@kessler-rehab.com
Cadby, Jill E	JECadby@selectmedicalcorp.com
Cambria, Laura	lcambria@selectmedical.com
Cambria, Laura	LCambria@selectmedicalcorp.com
Caputo, Elizabeth	ecaputo@selectmedical.com
Camahan, Janelle	Jcamahan@kessler-rehab.com
Carolan, Terry	TCarolan@kessler-rehab.com
Cavadini, Natalie	ncavadini@selectmedicalcorp.com
Cheung, Tammy	TaCheung@kessler-rehab.com
Chun, Alec	ACHun@kessler-rehab.com
Cohen, Elyse G	ECohen@kessler-rehab.com
Connelly, Kathleen	KMConnelly@kessler-rehab.com
Connors, Alyssa	ALLConnors@kessler-rehab.com
Cording, Christina	CMCording@kessler-rehab.com
Craven, Courtney	CCraven@selectmedical.com
Cunningham, Kristen	kricunningham@kessler-rehab.com
De La Cruz, Melissa	MAdelacruz@selectmedical.com
D'Elio, Jenna	JKUHLES@KESSLER-REHAB.COM
Deshpande, Aarti	adeshpande@kessler-rehab.com

Add New CI
Displaying Clinical instructor 1 - 25 of 126 in total
Previous
1
2
3
4
5
6
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	01/23/19 07:26 PM
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#### Clinical Instructors

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

<input checked="" type="checkbox"/> APTA Clinical Instructor Credentialing	<input checked="" type="checkbox"/> Career ladder opportunity	<input checked="" 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 checked="" 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)

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<input checked="" type="checkbox"/>	1:1 individual training (CCCE:CI)	<input checked="" type="checkbox"/>	APTA Clinical Instructor Education and Credentialing Program	<input type="checkbox"/>	Academic for-credit coursework
<input checked="" type="checkbox"/>	Clinical center inservices	<input checked="" 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

01/23/19 07:26 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:

Psychiatric center:

Intensive care:

Rehabilitation center:

152

Step down:

Subacute/transitional care unit:

Extended care:

Other specialty centers:

Total Number of Beds:

152

**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

01/23/19 07:26 PM

**Number of Patients/Clients**

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

<b>Inpatient</b>	<b>Outpatient</b>
0 Individual PT:	Individual PT:
8 Student PT:	10 Student PT:
0 Individual PTA:	Individual PTA:
0 Student PTA:	Student PTA:
PT/PTA Team:	PT/PTA Team:
8 Total patient/client visits per day:	10 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

01/23/19 07:26 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

0%

13-21 years

1% - 25%

22-65 years

51% - 75%

Over 65 years

51% - 75%

Continuum of Care

Critical care, ICU, acute

Please choose:

SNF/ECF/sub-acute

Please choose:

Rehabilitation

76% - 100%

Ambulatory/outpatient

Please choose:

Home health/hospice

Please choose:

Wellness/fitness/industry

Please choose:

Section Sign Off:

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

☒ This section has been completed.

Patient/Client Diagnoses

01/23/19 07:26 PM

Patient/Client Diagnoses

Indicate the frequency of time typically spent with patients/ clients in each of the categories:

Musculoskeletal

26% - 50%

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

51% - 75%

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
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<input checked="" type="checkbox"/>	Congenital/ developmental	<input checked="" type="checkbox"/>	Neuromuscular degenerative disease	<input checked="" type="checkbox"/>	Peripheral nerve injury
<input checked="" 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 checked="" 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)

Please choose: ▼

#### 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 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

01/23/19 07:26 PM

#### Staffing

	Full-time Budgeted	Part-time Budgeted	Current Staffing
PTs	25	2	32
PTAs	0	0	0
Aides/Techs	6	0	5
Other:	0	0	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.

Information About the Clinical Education Experience

08/16/16 07:18 AM

#### Information About the Clinical Education Experience

#### Special Programs/ Activities/ Learning Opportunities

#### Please check all special programs/activities/learning opportunities available to students.

<input checked="" type="checkbox"/>	Administration	<input type="checkbox"/>	Aquatic Therapy	<input type="checkbox"/>	Athletic Venue Coverage
<input type="checkbox"/>	Back School	<input type="checkbox"/>	Biomechanics Lab	<input checked="" type="checkbox"/>	Cardiac Rehabilitation
<input checked="" type="checkbox"/>	Community/ Re-entry Activities	<input type="checkbox"/>	Critical Care/ Intensive Care	<input checked="" type="checkbox"/>	Departmental Administration
<input type="checkbox"/>	Early Intervention	<input type="checkbox"/>	Employee Intervention	<input checked="" type="checkbox"/>	Employee Wellness Program

<input checked="" type="checkbox"/>	Group Programs/ Classes	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	Prevention/Wellness
<input checked="" type="checkbox"/>	Pulmonary Rehabilitation	<input checked="" type="checkbox"/>	Quality Assurance/ CQI/ TQM	<input type="checkbox"/>	Radiology
<input checked="" type="checkbox"/>	Research Experience	<input checked="" type="checkbox"/>	Screening/ Prevention	<input type="checkbox"/>	Sports Physical Therapy
<input type="checkbox"/>	Surgery (observation)	<input checked="" type="checkbox"/>	Team Meetings/ Rounds	<input checked="" type="checkbox"/>	Vestibular Rehabilitation
<input 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 checked="" type="checkbox"/>	Feeding clinic	<input type="checkbox"/>	Hand clinic	<input type="checkbox"/>	Hemophilia clinic
<input checked="" type="checkbox"/>	Industry	<input checked="" type="checkbox"/>	Neurology clinic	<input type="checkbox"/>	Orthopedic clinic
<input type="checkbox"/>	Pain clinic	<input checked="" type="checkbox"/>	Preparticipation sports	<input checked="" type="checkbox"/>	Prosthetic/ orthotic clinic
<input type="checkbox"/>	Scoliosis	<input type="checkbox"/>	Screening clinics	<input checked="" type="checkbox"/>	Seating/ mobility clinic
<input type="checkbox"/>	Sports medicine clinic	<input checked="" type="checkbox"/>	Wellness	<input type="checkbox"/>	Women's health
<input checked="" type="checkbox"/>	Other				

Please explain:

Spasticity clinic

#### 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 checked="" type="checkbox"/>	Enterostomal / wound specialists
<input type="checkbox"/>	Exercise physiologists	<input 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 type="checkbox"/>	Physician assistants	<input checked="" type="checkbox"/>	Physicians	<input checked="" 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 checked="" type="checkbox"/>	Therapeutic recreation therapists
<input checked="" type="checkbox"/>	Vocational rehabilitation counselors	<input checked="" type="checkbox"/>	Other		

Please explain:

Equipment coordinators.

#### 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

08/16/16 07:18 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 type="checkbox"/>	Full days	<input type="checkbox"/>	Half days	<input checked="" type="checkbox"/>	Other
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Please explain:

Do not allow first year experience.

**Physical Therapist  
Intermediate Experiences:**

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

Due to the intensity of our programs and the complexity of our patients, we accept final, or in limited cases second from final, affiliation students.

**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 allow first year experience.

**Physical Therapist Assistant  
Intermediate Experiences:**

<input checked="" type="checkbox"/>	Full days	<input type="checkbox"/>	Half days	<input type="checkbox"/>	Other
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**Physical Therapist Assistant**

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

25

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:

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

An individualized meeting with the student, clinical instructor, and clinical site coordinator is performed. Verbal communication with the school is conducted. If necessary, an Action Plan/Learning Contract will be initiated for the student. Coaching is provided for the student, and plans for remediation are developed in collaboration with the academic institution. There is the potential for discontinuation or dismissal from the clinical experience for safety and professional issues.

Explain what provisions are made for students if the clinical instructor is ill or away from the clinical site.<br/>(Answer if the clinical center employs only one PT or PTA.):

not applicable.

#### 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

08/16/16 07:18 AM

### 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 checked="" type="checkbox"/>	At end of clinical experience	<input checked="" type="checkbox"/>	At mid-clinical experience	<input checked="" type="checkbox"/>	Beginning of the clinical experience
<input checked="" 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 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

06/11/15 01:14 PM

### Student Requirements

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

☒ Yes ☐ No

Please explain:

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:

10 panel drug screen (within 30 days prior to start date). Also require rubeola and varicella zoster.

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

Fax written packet to campus specific student coordinator. Can also mail hard copy. Must be received before or on day 1 of affiliation in order to start.

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

within 1 year from start date.

**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:

- Age related competency - Code of conduct Via completion of Kessler specific training modules.

**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:

Must be completed within 90 days prior to start date; must include federal and each state in which the student has resided.

**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

Please explain:

Must be 10 panel drug screen completed within 30 days prior to start date.

**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.):**

On site orientation, sign off on training modules and reading of clinical education materials.

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

Do you require a case study or inservice from all students (part-time and full-time)?

☒ Yes ☐ No

Please explain:

May be case study, inservice or project

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:

Journal reviews are recommended and may be part of the student's requirements based on university's program guidelines, CI assignment, or specific student's learning goals. Educational handouts/brochure completion may be part of final project.

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

☒ Yes ☐ No

Please explain:

Students are allowed one excused absence from the facility for medical or professional reasons (courses, school meeting). One absence for personal reasons may be allowed but must be cleared with CI and CCCE prior to start of affiliation and may need to be made up based on the specific issue. All absences beyond one day will need to be made up through either evening or weekend coverage or through extension of affiliation.

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

☐ Yes ☒ No

Please explain:

Only through CI access or through public computeres. Students not provided with personal internet access.

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

06/11/15 01:14 PM

### Student Schedule

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

Standard 8 hour day ▼

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

The schedule is typically from 8 am to 5 pm, varying depending on the expectations of the clinical instructor, the caseload and the time required for the student to meet professional/clinical goals. Additional time may be required on days when there are meetings, in-services, or educational programs to further develop the student.

**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"