

Site: NYU Langone Hospital-Brooklyn

| Section Title  | Last Update       | Action |
|--|-------------------|--------|
| CCCE Sign Off  | 11/13/18 01:37 PM |        |
| <b>CCCE Sign Off</b>   |                   |        |
| <div><b>CCCE Sign Off:</b><br/>Click the box below to indicate that you have reviewed all sections of your clinical site survey.<br/><input checked="" type="checkbox"/> This survey has been reviewed.</div>  |                   |        |
| Information For the Academic Program   | 11/13/18 01:37 PM |        |
| <b>Information For the Academic Program</b>  |                   |        |
| <b>Person Completing CSIF:</b><br>Enza Maria Navarra, PT, DPT, NCS<br><b>E-mail address of person completing CSIF:</b><br>enza.navarra@nyulangone.org<br><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><br>NYU Langone Hospital-Brooklyn |                   |        |
| <b>Street Address</b><br><b>Address:</b><br>150 55th Street<br>LB 3231, Station 3-05<br>Rehabilitation Department<br><b>City:</b><br>Brooklyn<br><b>State:</b><br>NY<br><b>Postal Code:</b><br>11220   |                   |        |
| <b>Facility Phone</b><br><b>Phone Number:</b><br>718-630-8214<br><b>Ext:</b>   |                   |        |
| <b>PT Department Phone</b><br><b>Phone Number:</b><br>718-630-7425<br><b>Ext:</b>  |                   |        |
| <b>PT Department Fax</b><br><b>Phone Number:</b><br>718-630-7604   |                   |        |
| <b>Clinical Center Web Address:</b><br>NA  |                   |        |
| <b>Director of Physical Therapy:</b><br>Vincent Cavallaro, PT, VP of Rehab services  |                   |        |
| <b>Center Coordinator of Clinical Education (CCCE) / Contact Person:</b><br>Enza Maria Navarra, PT, DPT, NCS   |                   |        |

CCCE / Contact Person Phone:

(718) 630-8214

CCCE / Contact Person E-mail:

enza.navarra@nyulangone.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

11/13/18 01:37 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:**

Rusk Rehabilitation at NYU Langone Hospital-Brooklyn

**Contact Name:**

Enza Maria Navarra, PT, DPT, NCS

**Address**

**Address:**

150 55th Street

LB 3231, Station 3-05

Rehabilitation Department

**City:**

Brooklyn

**State:**

NY

**Postal Code:**

11220

**Phone**

**Phone Number:**

(718) 630-8214

**Ext:**

**Fax**

**Phone Number:**

(718) 630-7604

**E-mail:**

enza.navarra@nyulangone.org

**Affiliation Agreement Contract Fulfillment**

**Contact Person:**

Enza Maria Navarra, PT, DPT, NCS

**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

11/13/18 01:37 PM

**Clinical Site Accreditation/Ownership**

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

|                                     |                           |                          |                   |                                     |                               |
|-------------------------------------|---------------------------|--------------------------|-------------------|-------------------------------------|-------------------------------|
| <input type="checkbox"/>            | Corporate/Privately Owned | <input type="checkbox"/> | Government Agency | <input checked="" type="checkbox"/> | Hospital/Medical Center Owned |
| <input checked="" type="checkbox"/> | Nonprofit Agency          | <input type="checkbox"/> | PT Owned          | <input type="checkbox"/>            | PT/PTA Owned                  |

☐ Physician/Physician Group Owned ☐ 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

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#### 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 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

11/13/18 01:37 PM

#### 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

11/13/18 01:37 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 |  |
|---|--------------|-------|----------|--|
| Drexel University   | Philadelphia | PA    | PT       |  |
| Nassau Community College                                    | Garden City  | NY    | PTA      |  |
| Northwestern University                                     | Chicago      | IL    | PT       |  |
| Rutgers, The State University of New Jersey (Newark Campus) | Newark       | NJ    | PT       |  |
| Rutgers - South   | Stratford    | NJ    | PT       |  |
| Seton Hall University                                       | South Orange | NJ    | PT       |  |
| Simmons College   | Boston       | MA    | PT       |  |
| Springfield College   | Springfield  | MA    | PT       |  |
| Temple University   | Philadelphia | PA    | PT       |  |
| The Sage Colleges   | Troy         | NY    | PT       |  |
| Thomas Jefferson University                                 | Philadelphia | PA    | PT       |  |
| University of New England                                   | Portland     | ME    | PT       |  |
| University of Scranton                                      | Scranton     | PA    | PT       |  |
| University of Vermont                                       | Burlington   | VT    | PT       |  |
| Western Michigan University                                 | Kalamazoo    | MI    | PT       |  |
| Widener University  | Chester      | PA    | PT       |  |
| Medical University of South Carolina                        | Charleston   | SC    | PT       |  |
| MGHIHP  | Boston       | MA    | PT       |  |
| Misericordia University                                     | Dallas       | PA    | PT       |  |
| University of Tennessee Health Science Center               | Memphis      | TN    | 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: <input type="button" value="Any"/>  | Program Name: <input type="text"/>                                   |                                  |                                  |                       |                                  |  |                       |                                  |  |                |                                  |  |                 |                                  |  |  |                                  |  |  |                                  |  |   |                                  |  |                              |                                  |                                  |   |
| By State: <input type="button" value="Any"/>  | City: <input type="text"/>   |                                  |                                  |                       |                                  |  |                       |                                  |  |                |                                  |  |                 |                                  |  |  |                                  |  |  |                                  |  |   |                                  |  |                              |                                  |                                  |   |
|   | State: <input type="button" value="AB"/>                             |                                  |                                  |                       |                                  |  |                       |                                  |  |                |                                  |  |                 |                                  |  |  |                                  |  |  |                                  |  |   |                                  |  |                              |                                  |                                  |   |
|   | PT / PTA: <input type="button" value="PT"/>                          |                                  |                                  |                       |                                  |  |                       |                                  |  |                |                                  |  |                 |                                  |  |  |                                  |  |  |                                  |  |   |                                  |  |                              |                                  |                                  |   |
| <table border="1"> <tr><td>ACCE Demo University,</td><td><input type="button" value="+"/></td><td><input type="button" value="▲"/></td></tr> <tr><td>ACCE Demo University,</td><td><input type="button" value="+"/></td><td></td></tr> <tr><td>ACCE Demo University,</td><td><input type="button" value="+"/></td><td></td></tr> <tr><td>ACCE PTA Demo,</td><td><input type="button" value="+"/></td><td></td></tr> <tr><td>ASA College, FL</td><td><input type="button" value="+"/></td><td></td></tr> <tr><td>AT Still University of Health Sciences, AZ</td><td><input type="button" value="+"/></td><td></td></tr> <tr><td>Academy for Nursing and Health Occupations, FL</td><td><input type="button" value="+"/></td><td></td></tr> <tr><td>Adventist University of Health Sciences, FL</td><td><input type="button" value="+"/></td><td></td></tr> <tr><td>Alabama State University, AL</td><td><input type="button" value="+"/></td><td><input type="button" value="▼"/></td></tr> </table> | ACCE Demo University,  | <input type="button" value="+"/> | <input type="button" value="▲"/> | ACCE Demo University, | <input type="button" value="+"/> |  | ACCE Demo University, | <input type="button" value="+"/> |  | ACCE PTA Demo, | <input type="button" value="+"/> |  | ASA College, FL | <input type="button" value="+"/> |  | AT Still University of Health Sciences, AZ | <input type="button" value="+"/> |  | Academy for Nursing and Health Occupations, FL | <input type="button" value="+"/> |  | Adventist University of Health Sciences, FL | <input type="button" value="+"/> |  | Alabama State University, AL | <input type="button" value="+"/> | <input type="button" value="▼"/> | <input type="button" value="Add"/> <input type="button" value="Clear"/> |
| ACCE Demo University,   | <input type="button" value="+"/>                                     | <input type="button" value="▲"/> |                                  |                       |                                  |  |                       |                                  |  |                |                                  |  |                 |                                  |  |  |                                  |  |  |                                  |  |   |                                  |  |                              |                                  |                                  |   |
| ACCE Demo University,   | <input type="button" value="+"/>                                     |                                  |                                  |                       |                                  |  |                       |                                  |  |                |                                  |  |                 |                                  |  |  |                                  |  |  |                                  |  |   |                                  |  |                              |                                  |                                  |   |
| ACCE Demo University,   | <input type="button" value="+"/>                                     |                                  |                                  |                       |                                  |  |                       |                                  |  |                |                                  |  |                 |                                  |  |  |                                  |  |  |                                  |  |   |                                  |  |                              |                                  |                                  |   |
| ACCE PTA Demo,  | <input type="button" value="+"/>                                     |                                  |                                  |                       |                                  |  |                       |                                  |  |                |                                  |  |                 |                                  |  |  |                                  |  |  |                                  |  |   |                                  |  |                              |                                  |                                  |   |
| ASA College, FL   | <input type="button" value="+"/>                                     |                                  |                                  |                       |                                  |  |                       |                                  |  |                |                                  |  |                 |                                  |  |  |                                  |  |  |                                  |  |   |                                  |  |                              |                                  |                                  |   |
| AT Still University of Health Sciences, AZ  | <input type="button" value="+"/>                                     |                                  |                                  |                       |                                  |  |                       |                                  |  |                |                                  |  |                 |                                  |  |  |                                  |  |  |                                  |  |   |                                  |  |                              |                                  |                                  |   |
| Academy for Nursing and Health Occupations, FL  | <input type="button" value="+"/>                                     |                                  |                                  |                       |                                  |  |                       |                                  |  |                |                                  |  |                 |                                  |  |  |                                  |  |  |                                  |  |   |                                  |  |                              |                                  |                                  |   |
| Adventist University of Health Sciences, FL   | <input type="button" value="+"/>                                     |                                  |                                  |                       |                                  |  |                       |                                  |  |                |                                  |  |                 |                                  |  |  |                                  |  |  |                                  |  |   |                                  |  |                              |                                  |                                  |   |
| Alabama State University, AL  | <input type="button" value="+"/>                                     | <input type="button" value="▼"/> |                                  |                       |                                  |  |                       |                                  |  |                |                                  |  |                 |                                  |  |  |                                  |  |  |                                  |  |   |                                  |  |                              |                                  |                                  |   |

### 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

12/21/18 03:14 AM

### Information About the Clinical Teaching Faculty

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

Name:

Jason Ramdeen

Email Address / CPI2 Login:

Jason.ramdeen@nyulangone.org

Present Position (Title, Name of Facility):

Program Manager-Clinical Education and PPS

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:

Highest Earned Physical Therapy Degree

Highest Earned Degree

Post-professional Doctor in Physical Therapy (Transition)

**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:**

Widener University

**Period of Study**

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

From 6/2003 &mdash; To 9/2004

**Major:**

Physical Therapy

**Degree:**

DPT

**Institution:**

**Period of Study**

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

From &mdash; To

**Major:**

**Degree:**

**Summary of Primary Employment**

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

**Employer:**

NYU Langone Hospital-Brooklyn

**Position:**

Program Manager-Clinical Education and PPS

**Period of Employment**

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

From 11/2016 &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:

Provider/Location:

Date

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

11/15/18 11:34 AM

#### Clinical Instructor Information

Provide the following information on all PTs or PTAs employed at your clinical site who are CIs.

| CI Name Followed By Credentials | CI Username                    | Actions |
|---------------------------------|--------------------------------|---------|
| Abreu, PT, DPT, Jairo           | jabreu@lmcnc.com               |         |
| Bajaj, Srishti                  | srishti.bajaj@nyulangone.org   |         |
| Cagliostro, Philip              | pcagliostro@lmcnc.com          |         |
| Camillieri, PT, DPT, Susan      | susan.camillieri@nyumc.org     |         |
| Campagnola, Kerry L             | kerry.campagnola@nyumc.org     |         |
| Chi, Korey                      | kichi.chi@nyumc.org            |         |
| Chi Chi, Ki                     | kchi@lmcnc.com                 |         |
| Cooper, James V                 | jamesv.cooper@nyumc.org        |         |
| Dennis, Branden S               | branden.dennis@nyumc.org       |         |
| Domowicz, Joseph A              | Joseph.Domowicz@nyulangone.org |         |
| Durney, Meghan E                | medurney@gmail.com             |         |
| Habib, Ayesha                   | Ayesha.Habib@nyumc.org         |         |
| He, Victor                      | victor.he@nyumc.org            |         |
| Lee, Danny                      | Danny.lee@nyulangone.org       |         |
| Lee, PT, DPT, Jonathan M        | Jonathan.Lee@nyumc.org         |         |
| Liang, Danny                    | danny.liang@nyumc.org          |         |
| Lin, Li                         | whitesnow414@hotmail.com       |         |

|                               |                                 |
|-------------------------------|---------------------------------|
| MacAllister, Jennifer         | j9charade@hotmail.com           |
| Malone, Kristin               | malone.kristin.s@gmail.com      |
| Patel, Swati                  | spatel4@lmcmc.com               |
| Peni, Fjolla                  | fjolla.peni@nyulangone.org      |
| Royzner, Svetlana -           | Svetlana.royzner@nyulangone.org |
| Scully, PT, DPT, PRPC, Lauren | lauren.scully@nyumc.org         |
| Shubov, PT, DPT, Simona       | ss5052@nyumc.org                |
| Simmons, Christopher          | christopher.simmons@nyumc.org   |

[Add New CI](#)

Displaying Clinical instructor 1 - 25 of 31 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 11/15/18 11:35 AM

#### Clinical Instructors

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

|   |   |  |
|---|---|--|
| <input type="checkbox"/> APTA Clinical Instructor Credentialing | <input checked="" 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 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 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 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 06/27/18 01:34 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:

450

Psychiatric center:

20

Intensive care:

20

Rehabilitation center:

30

Step down:

15

Subacute/transitional care unit:

240

Extended care:

Other specialty centers:

Total Number of Beds:

775

#### 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

06/27/18 01:34 PM

#### Number of Patients/Clients

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

| Inpatient                                  | Outpatient                                 |
|--|--|
| 13<br>Individual PT:                       | 13<br>Individual PT:                       |
| Student PT:                                | Student PT:                                |
| 15<br>Individual PTA:                      | 15<br>Individual PTA:                      |
| Student PTA:                               | Student PTA:                               |
| PT/PTA Team:                               | PT/PTA Team:                               |
| 28<br>Total patient/client visits per day: | 28<br>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

06/27/18 01:34 PM

#### Patient/Client Lifespan and Continuum of Care

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

##### Patient Lifespan

###### 0-12 years

1% - 25%

###### 13-21 years

1% - 25%

###### 22-65 years

51% - 75%

###### Over 65 years

76% - 100%

##### Continuum of Care

###### Critical care, ICU, acute

76% - 100%

**SNF/ECF/sub-acute**

76% - 100% ▼

**Rehabilitation**

76% - 100% ▼

**Ambulatory/outpatient**

76% - 100% ▼

**Home health/hospice**

0% ▼

**Wellness/fitness/industry**

1% - 25% ▼

**Section Sign Off:**

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

☒ This section has been completed.**Patient/Client Diagnoses**

06/27/18 01:34 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 type="checkbox"/> Connective tissue disease/ dysfunction | <input type="checkbox"/> Muscle disease/ dysfunction |
| <input checked="" type="checkbox"/> Musculoskeletal degenerative disease | <input checked="" type="checkbox"/> Orthopedic surgery          | <input type="checkbox"/> Other                       |

**Neuro-muscular**

76% - 100% ▼

**Which Neuro-muscular sub-categories are available to the student:**

|   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Brain injury              | <input checked="" type="checkbox"/> Cerebral vascular accident         | <input checked="" type="checkbox"/> Chronic pain            |
| <input checked="" type="checkbox"/> Congenital/ developmental | <input checked="" type="checkbox"/> Neuromuscular degenerative disease | <input checked="" type="checkbox"/> Peripheral nerve injury |
| <input checked="" type="checkbox"/> Spinal cord injury        | <input checked="" type="checkbox"/> Vestibular disorder                | <input type="checkbox"/> Other                              |

**Cardiovascular-pulmonary**

51% - 75% ▼

**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**

0% ▼

**Which Integumentary sub-categories are available to the student:**

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

**Other (May cross a number of diagnostic groups)**

26% - 50% ▼

**Which other sub-categories are available to the student:**

|                                     |                      |                                     |                            |                                     |                     |
|-------------------------------------|----------------------|-------------------------------------|----------------------------|-------------------------------------|---------------------|
| <input 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 type="checkbox"/>            | Organ transplant           | <input checked="" type="checkbox"/> | Wellness/Prevention |
| <input type="checkbox"/>            | Other                |                                     |                            |                                     |                     |

#### Section Sign Off:

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☒ This section has been completed.

Staffing

06/27/18 01:34 PM

#### Staffing

|             | Full-time Budgeted | Part-time Budgeted | Current Staffing |
|-------------|--------------------|--------------------|------------------|
| PTs         | 34                 | 1                  | 35               |
| PTAs        | 4                  | 0                  | 4                |
| Aides/Techs | NA                 | NA                 | NA               |
| Other:      |                    |                    |                  |

#### Section Sign Off:

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

☒ This section has been completed.

Information About the Clinical Education Experience

06/27/18 01:37 PM

#### Information About the Clinical Education Experience

Special Programs/Activities/Learning Opportunities

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

|                                     |   |                                     |  |                                     |   |
|-------------------------------------|---|-------------------------------------|--|-------------------------------------|---|
| <input type="checkbox"/>            | Administration                            | <input 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 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 checked="" type="checkbox"/> | Home Health Program                        | <input checked="" type="checkbox"/> | Industrial/Ergonomic PT                     |
| <input checked="" type="checkbox"/> | Inservice Training/Lectures               | <input type="checkbox"/>            | Neonatal Care                              | <input checked="" type="checkbox"/> | Nursing Home/ECF/SNF                        |
| <input checked="" type="checkbox"/> | Orthotic/Prosthetic Fabrication           | <input type="checkbox"/>            | Pain Management Program                    | <input type="checkbox"/>            | Pediatric - Classroom Consultation Emphasis |
| <input checked="" type="checkbox"/> | Pediatric - Cognitive Impairment Emphasis | <input type="checkbox"/>            | Pediatric - Developmental Program Emphasis | <input checked="" type="checkbox"/> | Pediatric - General                         |
| <input checked="" 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 checked="" type="checkbox"/> | Sports Physical Therapy                     |
| <input 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 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 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 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 checked="" type="checkbox"/> Audiologists                    | <input type="checkbox"/> Dietitians   | <input 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 checked="" type="checkbox"/> Physician assistants            | <input checked="" type="checkbox"/> Physicians  | <input checked="" type="checkbox"/> Podiatrists                  |
| <input checked="" type="checkbox"/> Prosthetists / orthotists       | <input type="checkbox"/> Psychologists  | <input checked="" type="checkbox"/> Respiratory therapists       |
| <input 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

06/27/18 01:37 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 checked="" type="checkbox"/> Full days | <input type="checkbox"/> Half days | <input type="checkbox"/> Other |
|---|------------------------------------|--------------------------------|

##### Physical Therapist

###### Intermediate Experiences:

|   |                                    |                                |
|---|------------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> Full days | <input type="checkbox"/> Half days | <input type="checkbox"/> Other |
|---|------------------------------------|--------------------------------|

##### 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 checked="" type="checkbox"/> Full days | <input type="checkbox"/> Half days | <input type="checkbox"/> Other |
|---|------------------------------------|--------------------------------|

##### Physical Therapist Assistant

###### Intermediate Experiences:

|   |                                    |                                |
|---|------------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> Full days | <input type="checkbox"/> Half days | <input type="checkbox"/> Other |
|---|------------------------------------|--------------------------------|

##### Physical Therapist Assistant

|  |                                |
|--|--------------------------------|
| <input checked="" type="checkbox"/> Final Experience | <input type="checkbox"/> Other |
|--|--------------------------------|

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.:

80

Average number of PTA students affiliating per year.:

10

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

☒ Yes ☐ No

Please explain:

Outstanding students are expected to handle a larger caseload than typical students, with more varied diagnoses. They can be introduced to administrative duties and quality assurance. Others can be accommodated on an as-needed basis.

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

Students are first made aware of their performance by the CI to allow for immediate remediation, or to find out if there is an underlying reason for difficulties. The next step is to contact the school/ACCE/DCE for their input and a chance to counsel the student. If deemed appropriate, a Learning Contract may be made with the student, outlining a plan of action to remediate deficiencies noted. If there are still issues, especially safety issues, the student (with the input of the school) may be asked to withdraw from their affiliation or Fail (if warranted).

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.):

At this time there is only one PTA on each service (acute care, outpatient orthopedic.) If the CI is out for a day then the student will spend the day with a qualified PT.

#### 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

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#### 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

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**Student Requirements**

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

☒ Yes ☐ No

Please explain:

An email will be sent to the students with their hours and contact information for their CI. If not specified, the student may email the CI for their work hours.

**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.**

9:00 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:

lab report is also required

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

☒ Yes ☐ No

Please explain:

Measles, Mumps, Varicella, 2 step PPD, Hep B Antigen, Hep B antibody --all bloodwork results are required as well as a copy of physical exam (within the past year)

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

Email CCCE enza.navarra@nyulangone.org or Fax (718) 630-7604

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

1 year

**Are any other health tests or immunizations required on-site? If yes, please specify:**

☐ Yes ☒ No

**Is the student required to provide proof of any other training prior to orientation at your facility? If yes, please list.**

☐ Yes ☒ No

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

|                          |                 |                                     |                           |                                     |                                   |
|--------------------------|-----------------|-------------------------------------|---------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> | Child clearance | <input checked="" type="checkbox"/> | Criminal background check | <input type="checkbox"/>            | Drug screening                    |
| <input type="checkbox"/> | HIPAA education | <input type="checkbox"/>            | OSHA education            | <input checked="" 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:

will be done via NYU's onboarding system

**Is a child abuse clearance required?**

☒ Yes ☐ No

Please explain:

for pediatric affiliation

**Is the student responsible for the cost of required clearances?**

☒ Yes ☐ No

Please explain:

**Is the student required to submit to a drug test? If yes, please describe parameters.**

☐ Yes ☒ No

**Is medical testing available on-site for students?**

☐ Yes ☒ No

Please explain:

**Other requirements: (On-site orientation, sign an ethics statement, sign a confidentiality statement.):**

If an individual is responsible for Compliance items, please fill out the Compliance contact information below:

**Compliance Contact Person Name:**

**Compliance Contact Person Phone Number**

**Phone Number:**

**Ext:**

**Compliance Contact Person Email:**

**Section Sign Off:**

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

☒ This section has been completed.

Special Information

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**Special Information**

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

☒ Yes ☐ No

Please explain:

**Do you require any additional written or verbal work from the student (e.g., article critiques, journal review, patient/client education handout/brochure)?**

☒ Yes ☐ No

Please explain:

Can be done in lieu of inservice (CI Discretion). Students will write weekly goals in collaboration with their CI

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

☐ Yes ☒ No

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

☒ Yes ☐ No

Please explain:

**Is there a facility/student dress code?**

☒ Yes ☐ No

**Is emergency health care available for students?**

☒ Yes ☐ No

Please explain:

**Is the student responsible for emergency health care costs?**

☒ Yes ☐ No

Please explain:

**Is other non-emergency medical care available to students?**

☐ Yes ☐ No

**Is the student required to have proof of health insurance?**

☒ Yes ☐ No

Please explain:

Is the student required to provide proof of OSHA training?

☒ Yes ☐ No

Please explain:

Is the student required to provide proof of HIPAA training?

☒ Yes ☐ No

Please explain:

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

☒ Yes ☐ No

Please explain:

Is the student required to be CPR certified? (Please note if a specific course is required).

☒ Yes ☐ No

Please explain:

Can the student receive CPR certification while on-site?

☐ Yes ☒ No

Please explain:

Is the student required to be certified in First Aid?

☒ Yes ☐ No

Please explain:

Can the student receive First Aid certification on-site?

☐ Yes ☒ No

Please explain:

#### Section Sign Off:

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

☒ This section has been completed.

Student Schedule

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#### 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:

Students in the main hospital may be required to work one Sat/Sun during the affiliation and will have a comp day during the week, or be allowed to finish one day early. Outpatient and Augustana works on a flexed schedule for patient care (varies depending on CI)

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"