ite: NYU Langone Hospital-Brooklyn		
ection Title	Last Update	Action
CCE Sign Off	11/13/18 01:37 PM	
CCCE Sign Off		
CCCE Sign Off:		
Click the box below to indicate that you have reviewed all sections of your clinical site survey.		
✓ This survey has been reviewed.		
nformation For the Academic Program	11/13/18 01:37 PM	
nformation For the Academic Program		
erson Completing CSIF:		
Enza Maria Navarra, PT, DPT, NCS		
-mail address of person completing CSIF:		
nza.navarra@nyulangone.org		
iame 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).:		
WU Langone Hospital-Brooklyn		
treetAddress		
Address:		
50 55th Street		
B 3231, Station 3-05		
lehabilitation Department		
City:		
irooklyn		
State:		
IY		
Postal Code:		
1220		
acility Phone		
Phone Number:		
18-630-8214 Ext:		
T Department Phone		
Phone Number:		
18-630-7425 Ext:		
T Department Fax		
Phone Number:		
18-630-7604		
Ilinical Center Web Address:		
IA .		
Director of Physical Therapy:		
incent Cavallaro, PT, VP of Rehab services		
Center Coordinator of Clinical Education (CCCE) / Contact Person:		

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 wi	th this s	section of the survey.			
This section has been completed.					
Information About the Corporate/Healthcare Systems Organ	izatior	1		11/13/18 01:37 PM	I
Information About the Corporate/Healthcare Syst	ems	Organization			
If your facility is part of a larger corporation or has multiplication of the second s	ple site	es or clinical centers, include the contact informati	on for t	the corporate/healthcare system orga	nization.
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 wi	th this s	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 categor	y for y	our clinical site? (check all that apply)			
Corporate/Privately Owned		Government Agency		Hospital/Medical Center Owned	
Nonprofit Agency		PT Owned		PT/PTA Owned	

Physician/Physician Group Owned		Other				
Section Sign Off:						
Click the box below to indicate you have reviewed and finish	ed with this	section of the survey.				
_						
This section has been completed.						
inical Site Primary Classification				11/13/1801:37 PM		
inical Site Primary Classification						
noose the category that best describes how your facilit	ry runction	s the majority (> 50%) of the time.				
cute Care/Inpatient Hospital Facility						
appropriate, check () up to four additional categories	that descr	ibe the other clinical centers associated wit	h your facility.			
Acute Care/Inpatient Hospital Facility	V	Ambulatory Care/Outpatient		ECF/Nursing Home/SN	F	
Federal/State/County Health		Home Health		Industrial/Occupational	Health Facility	
Multiple Level Medical Center		Private Practice		Rehabilitation/Sub-acut	e Rehabilitation	
School/Preschool Program		Wellness/Prevention/FitnessProgram		Other		
			I			
Section Sign Off:						
Click the box below to indicate you have reviewed and finish	ed with this	section of the survey.				
This section has been completed.						
▼ This section has been completed.						
linical Site Location				11/13/18 01:37 PM		
Click the box below to indicate you have reviewed and finish	ed with this	section of the survey.				
This section has been completed.						
filiated PT and PTA Educational Programs				11/13/18 01:37 PM		
ffiliated PT and PTA Educational Programs						
st all PT and PTA education programs with which y	ou curren	tly affiliate.				
rogram Name		-	City	State	PT / PTA	
rexel University			Philadelphia	PA	PT	0
assau Community College			Garden City	NY	PTA	0
orthwestern University			Chicago	IL.	PT	0
utgers, The State University of New Jersey (Newark Campus)			Newark	NJ	PT	0
utgers - South			Stratford	NJ	PT	0
eton Hall University			South Orange	NJ	PT	0
immons College			Boston	MA	PT	0
pringfield College			Springfield	MA	PT	0
emple University			Philadelphia	PA	PT	0
he Sage Colleges			Troy	NY	PT	Õ
homas Jefferson University			Philadelphia	PA	PT	Õ
niversity of New England			Portland	ME	PT	0
niversity of Scranton			Scranton	PA	PT	Õ
Iniversity of Vermont			Burlington	VT	PT	Õ
Vestern Michigan University			Kalamazoo	MI	PT	ŏ
Videner University			Chester	PA		
fedical University of South Carolina					PT	
			Charleston	SC	PT PT	0
IGHIHP			Charleston Boston	SC MA		0
MGHIHP Misericordia University					PT	0

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:	Program Name:	
	City:	
By State: Any 🔽	State: AB	
ACCE Demo University,	PT / PTA:	
ACCE Demo University, O ACCE Demo University, O		
ACCE Demo University,		Add Clear
ACCE PTA Demo,		
ASA College, FL		
AT Still University of Health Sciences, AZ		
Academy for Nursing and Health Occupations, FL		
Adventist University of Health Sciences, FL		
Alabama State University, AL		
	1	
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		
mornation mout the onnital reaching raculty		
Abbreviated Resume for Center Coordinators of Clinical Education - Please update a	s each new CCCE assumes this position	
Name:		
Jason Ramdeen		
Email Address / CP12 Login:		
Jason.ramdeen@nyulangone.org		
Present Position (Title, Name of Facility):		
Program Manager-Clinical Education and PPS		
No. of Years as the CCCE		
6		
No. of Years of Clinical Practice		
16		
No. of Years of Clinical Teaching		
15		
No. of Years Working at this Site		
8		
Check all that apply:		
PT FT	PTA	
Licensing/Registration Status		
Please choose:		
State of Licensure/Registration		
Please choose: 💌		
License/Registration Number:		
License integration intelligent		
Highest Earned Physical Therapy Degree		
Doctor in Physical Therapy		
Highest Formed Degree		
Highest Earned Degree		

Post-p	professional Doctor in Physical Therapy (Transition)		
АРТА (Credentialed CI		
• Yes			
O Yes	dvanced Credentialed CI		
0 10			
	CI Credentialing		
O Yes	s 💿 No		
ABPTS	Certified Clinical Specialist (Check all that apply)		
	OCS		GCS
	PCS		NCS
	CCS		SCS
	ECS		WCS
	ecognition of Advanced Proficiency for PTAs (Check all that apply)	_	
	Aquatic		Musculoskeletal
	Cardiopulmonary		Neuromuscular
	Geriatric		Pediatrics
	Integumentary		
Other c	redentials:		
Sumn	nary of College and University Education		
	vith most current)		
(If th From Major	nd of Study ne user is currently enrolled, please type in the word 'CURRENT' into the box lat n 6/2003 — To 9/2004 r: ical Therapy	oeled 'To'.)	
DPT			
Instit	ve: ution:		
Instit	xe:	peled 'To'.)	
Instit	ee: ution: of of Study ne user is currently enrolled, please type in the word 'CURRENT' into the box lat	peled 'To'.)	
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Instit Peric (ff tl From Major Degre Summ (For ct Empl NYU Posit	ution: od of Study ne user is currently enrolled, please type in the word 'CURRENT' into the box lat n @mdash; To r: see: wary of Primary Employment urrent and previous four positions since graduation from college; start with oyer: Langone Hospital-Brooklyn		ent)
Instit Peric (If tl Fron Majoi Degre Summ (For ct Empl NYU Posit Progr			eent)

From 11/2016 — To (CURRENT				
Continuing Professional Preparation Related D	Pirectly to Clinical Teaching Responsibilities				
(for example, academic for credit courses [dat		tors], research, clinical practice/expertise, etc. in the last thr	ee		
(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.					
		11/15/18 11:34 AM			
inical Instructor Information					
inical Instructor Information					
inical Instructor Information					
inical Instructor Information	PTAs employed at your clinical site who are CIs.	Actions			
inical Instructor Information rovide the following information on all PTs or CI Name Followed By Credentials	CI Username	Actions			
inical Instructor Information rovide the following information on all PTs or CI Name Followed By Credentials Abreu, PT, DPT, Jairo	CI Username jabreu@lmcmc.com	Actions			
inical Instructor Information rovide the following information on all PTs or CI Name Followed By Credentials Abreu, PT, DPT, Jairo Bajaj, Srishti	CI Username jabreu@lmcmc.com srishti.bajaj@nyulangone.org	Actions			
inical Instructor Information rovide the following information on all PTs or CI Name Followed By Credentials Abreu, PT, DPT, Jairo Bajaj, Srishti Cagliostro, Philip	CI Username jabreu@lmcmc.com srishti.bajaj@nyulangone.org pcagliostro@lmcmc.com	Actions			
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Initial competence Delegated in position description Demonstrated strength in clinical teaching No criteria Other (not APTA) clinical instructor credentialing Therapist initiative/volumeer It is a of experience Other It is a of experience It is a of experience It is a of experience Other It is a of experience It is a of experience It is a of experience It is a of experience It is a of experience It is a of experience It is a of experience It is a of experience It is a of experience It is a of experience It is a of experience It is a of experience It is a of experience It is a of experience It is a of experience It is a of experience It is a of experience It is a of experience It is a of experience It is a of experience It is a of experience It is a of experience It is a of experience It is a of experience It is a of experience It is a of experience It is a of experience It is a of experience It is a of experience It is a of experience It is a of experience It is a of experience It is a of experience It is a of experience It is a of experience It is a of experience It is a of experience It is a of experience It is a of experience It is a of experience It is a of experience It is a of experience It is a of experience It is a of experience It is a of experience It is a of experience It is a of experience It is a of exper		acAllister, Jennifer	j9c	charade@hotmail.com		
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Ryners, Swellane: Swellane: Subor, PJ, DPJ, Shor, Laura Swellane: Subor, PJ, DPJ, Shor, Laura Swellane: Subor, PJ, DPJ, Shor, Laura Swellane: Swellane: <th>Pat</th> <th>tel, Swati</th> <th>sp</th> <th>atel4@lmcmc.com</th> <th></th> <th></th>	Pat	tel, Swati	sp	atel4@lmcmc.com		
Ryners, Swellane: Swellane: Subor, PJ, DPJ, Shor, Laura Swellane: Subor, PJ, DPJ, Shor, Laura Swellane: Subor, PJ, DPJ, Shor, Laura Swellane: Swellane: <th>Pe</th> <th>ni, Fiolla</th> <th>fio</th> <th>lla.peni@nyulangone.org</th> <th></th> <th></th>	Pe	ni, Fiolla	fio	lla.peni@nyulangone.org		
Subsyn P. J. DPT, PEPC, Lanen sx0329*rymnc.org Subsyn P. (DPT, Shrona sx0329*rymnc.org Subsyn P. (DPT, Shrona storopher simmoned hymncarit The storopher simmoned hymncarit Processor (C)						
Station, YL, DYT, Simona SubStraymunday Station, Challander Station						
Summer: Displaying Clinical Instructor 1 - 25 of 3 Instruct Instruction Constraining Office Constraining Office Instructors Instructors Instructors Instructors Instructors	Scı	ully, PT, DPT, PRPC, Lauren	laı	iren.scully@nyumc.org		
Multiced Displaying Clinical instructors 1 - 25 of 31 in total Cellinia and Comparison of the complete of the compl	Sh	ubov, PT, DPT, Simona	SS	5052@nyumc.org		
Section Sign Off: Citical Laboratories indicate you have reviewed and finished with this section of the survey. This section has been completed. Citical Instructors Citical Instructors Citical Construction for Condensitions Off Citical Instructors Citical Conserverse Citical	Sin	nmons, Christopher	ch	ristopher.simmons@nyumc.org		
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Chick Instructors Chick Instru	Clic	k the box below to indicate you have reviewed and finished w	ith this	section of the survey.		
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ArX Clinical Instructors (Cedentialing Q area ladder opportunity Cedentialing Q Constraints drength in clinical teaching Q Demonstrated drength in clinical teaching Q Demonstrated drength in clinical teaching Q Demonstrated drength in clinical teaching Q Teacpist initiative volunieer P Cedentialing Q Teacpist initiative volunieer Q Teacpist initiative volunieer Q Defense Q	Clinic	al Instructors				11/15/18 11:35 AM
AP1A Clinical Instructor Credentialing Career ladder opportunity Certification (training course Clinical competence Delegated in position description Demonstrated strength in clinical teaching No criteria Other (not AP1A) clinical instructor credentialing Therapist initiative / volunteer Vans of experience Other (not AP1A) clinical instructor Education and Credentialing Academic for-credit coursework Initiative / volunteer Other (not AP1A) clinical instructor Education and Credentialing Academic for-credit coursework Initiative / volunteer Other (not AP1A) clinical instructor Education and Credentialing program Continuing education by consortia No raining Other (not AP1A) clinical instructor celentialing program Continuing education by consortia No raining Other (not AP1A) clinical instructor celentialing program Professional confinuing education (e.g., chapter, CEU course) Other Other Other (not AP1A) clinical instructor celentialing program Professional confinuing education (e.g., chapter, CEU course) Section Sign Off: Other Other (not AP1A) clinical instructor celentialing program Pofessional confinuing education (e.g., chapter, CEU course) Information About the Physical Therapy Service Other (not AP1A) clinical instructor celentialing program Pofessional confinuing education (e.g., chapter, CEU course) Information About the Physical Therapy Service Other (not AP1A) clinical instructor celentialing program Pofessional confinuing education (e.g., chapter, CEU course) Information About the Physical Therapy Service Information	Clini	cal Instructors				
Clinical competence Pelegated in position description Penonstrued strength in clinical stacking No criteria Other (not APTA) clinical instructor credentialing Therapist initiative/voluncee Vars of experience Other Other It individual training (CCEECD) APTA Clinical instructor Education and Credentialing Academic for credit coursework Clinical center inservices Continuing education by academic program Continuing education (e.g., chapter, CEU) Other Other (not APTA) clinical instructor credentialing program Continuing education (e.g., chapter, CEU) Other Other (not APTA) clinical instructor credentialing program Continuing education (e.g., chapter, CEU) Other Other (not APTA) clinical instructor credentialing program Continuing education (e.g., chapter, CEU) Other Other (not APTA) clinical instructor credentialing program Continuing education (e.g., chapter, CEU) Other Other (not APTA) clinical instructor credentialing program Continuing education (e.g., chapter, CEU) Other Other (not APTA) clinical instructor credentialing program Continuing education (e.g., chapter, CEU) Other Other (not APTA) clinical instructor credentialing program Continuing education (e.g., chapter, CEU) Other Other (not APTA) clinical instructor credentialing program Continuing education (e.g., chapter, CEU) This ection has been completed. Continuing education of the survey. Profestional transmitter of the survey is the physical Therapy Service No transmitter center No transmitter cent	What	criteria do you use to select clinical instructors? (Check	call the	at apply)		
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Image: Section space skip and move to the next table.) Image: Section space skip and move to the next table.) <th>V</th> <td>Clinical competence</td> <td></td> <td>Delegated in position description</td> <td>☑</td> <td>Demonstrated strength in clinical teaching</td>	V	Clinical competence		Delegated in position description	☑	Demonstrated strength in clinical teaching
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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.	
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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 Individual PT:	13 Individual PT:
Student PT:	Student PT:
15 Individual PTA:	15 Individual PTA:
Student PTA:	Student PTA:
PT/PTA Team:	PT/PTA Team:
28	28
Total patient/client visits per day:	Total patient/client visits per day:
Section Sign Off:	
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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 cate	gories:
Patient Lifespan	
0-12 years	
1%-25%	
13-21 years	
1% - 25%	
22-65 years	
Over 65 years	
76% - 100%	
Continuum of Care	
Critical care, ICU, acute	
76%-100%	

% - 100% mabilitation % - 100% % mabilitation mabilitation % - 100% % mabilitation mabilitation % - 100% % mabilitation
% - 100% ▼ bulatory/outpatient % - 100% ▼ helath/hospice helath/hospice hess/fitness/industry - 25% ▼ textion Sign Off: lick the box below to indicate you have reviewed and finished with this section of the survey. This section has been completed.
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ient/Client Diagnoses
icate the frequency of time typically spent with patients/clients in each of the categories:
sculoskeletal
% - 100%
ch Musculoskeletal sub-categories are available to the student:
Acute injury Amputation 🔽 Amputation
Bone disease/dysfunction Image: Connective tissue disease/dysfunction Image: Muscle disease/dysfunction
Musculoskeletal degenerative disease 🔽 Orthopedic surgery Γ Other
ıro-muscular
% - 100%
ch Neuro-muscular sub-categories are available to the student:
Brain injury Cerebral vascular accident 🔽 Chronic pain
Congenital/developmental 🔽 Neuromuscular degenerative disease 🔽 Peripheral nerve injury
Spinal cord injury Vestibular disorder
diovascular-pulmonary
% - 75% •
ch Cardiovascular-pulmonary sub-categories are available to the student:
Cardiac dysfunction/disease 🔽 Fitness 🔽 Lymphedema
Cardiac dysfunction/diseaseImage: FitnessImage: FitnessImage: FitnessPeripheral vascular dysfunction/diseaseImage: Pulmonary dysfunction/diseaseImage: FitnessImage: FitnessPeripheral vascular dysfunction/diseaseImage: Pulmonary dysfunction/diseaseImage: FitnessImage: Fitness
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Peripheral vascular dysfunction/disease Pulmonary dysfunction/disease Other operation
Peripheral vascular dysfunction/disease Pulmonary dysfunction/disease Other gumentary ch Integumentary sub-categories are available to the student:
Peripheral vascular dysfunction/disease
Peripheral vascular dysfunction/disease Image: Peripheral vascular dysfunction/disease Peripheral vascular dysfunction/disease Image: Peripheral vascular dysfun

	Cognitive impairment	14	2	General medical conditions			
	Oncologic conditions			Organ transplant			Wellness/Prevention
	Other						
	ction Sign Off:						
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taff	ing						
		Full-time Budg	geted	1	Part-time Budgeted		Current Staffing
PTs		34			1		35
PTAs	S	4			0		4
lide	s/Techs	NA			NA		NA
Other							
	This section has been completed.						
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	Sports medicine clinic Other	Г	Wellness		Women's health
Healt	h and Educational Providers at the Clinical Site				
Please	check all health care and educational providers at yo	ur clin	cal site students typically observe and/or with whom	they in	teract.
	Administrators		Alternative therapies		Athletic trainers
	Audiologists		Dietitians		Enterostomal / wound specialists
	Exercise physiologists		Fitness professionals		Health information technologists
	Massage therapists	V	Nurses		Occupational therapists
	Physician assistants	V	Physicians		Podiatrists
	Prosthetists / orthotists		Psychologists		Respiratory therapists
	Social workers		Special education teachers		Speech/language pathologists
	Students from other disciplines	V	Students from other physical therapy education programs		Therapeutic recreation therapists
	Vocational rehabilitation counselors		Other		
Availa	k the box below to indicate you have reviewed and finished w This section has been completed. bility of the Clinical Education Experience ability of the Clinical Education Experience		section of the survey.		06/27/18 01:37 PM
Indica Physic First F		_	dents for clinical experiences (Check all that apply) Halfdays		Other
	Full days		rian days		Oller
	cal Therapist				
	nediate Experiences:	_	h	_	
	Full days		Half days		Other
_	al Therapist	-		-	
	Final Experience		Internship (6 months or longer)		Specialty experience
	Other				
	al Therapist Assistant Experience:				
	Full days		Half days		Other
	al Therapist Assistant nediate Experiences:				
V	Full days		Half days		Other
Physic	cal Therapist Assistant				
	-				
PT	Final Experience		Other		
11	Final Experience		Other		
	Final Experience te which months you will accept students for any sing	le full-			
		le full-			March
Indica	te which months you will accept students for any sing		time (36 hrs/wk) clinical experience.		March June
Indica	te which months you will accept students for any sing January	V	time (36 hrs/wk) clinical experience. February		
Indica	te which months you will accept students for any sing January April	V	time (36 hrs/wk) clinical experience. February May		June
Indica V V V V	te which months you will accept students for any sing January April July October	マ マ マ マ	time (36 hrs/wk) clinical experience. February May August November	V	June September
Indica V V V	te which months you will accept students for any sing January April July	マ マ マ マ	time (36 hrs/wk) clinical experience. February May August November	V	June September

	a 11		X		Y						
	April July	E .	May August	F	June September						
	October		November		December						
PTA											
PIA											
Indica	Indicate which months you will accept students for any single full-time (36 hrs/wk) clinical experience.										
	January	V	February		March						
	April		May		June						
	July	V	August		September						
	October		November		December						
Indica	ate which months you will accept students for any one	part-ti	me (< 36 hrs/wk) clinical experience.								
	January		February		March						
	April	Г	May	Г	June						
	July		August		September						
	October		November		December						
Avoraci	e number of PT students affiliating per year.:										
80	e manage of a state of										
	e number of PTA students affiliating per year.:										
10											
In your	r divided site willing to offen reason able accommedation	ma fan	otudonto un dou ADA2								
• Ye	r clinical site willing to offer reasonable accommodation es O No e explain:	IIS IOF	students under ADA:								
	anding students are expected to handle a larger caselo	ad that	a typical students, with more varied diagnoses. They co	an he ir	atroduced to						
	histrative duties and quality assurance. Others can be a			in be n	induced to						
What is	s the procedure for managing students whose performance is	below	expectations or unsafe?:								
	nts are first made aware of their performance by the Cl ilties. The next step is to contact the school/ACCE/DCl										
Learni	ing Contract may be made with the student, outlining rissues, the student (with the input of the school) may	a plan o	of action to remediate deficiencies noted. If there are st	till issu							
	n what provisions are made for students if the clinical instruc				nlovs only one PT or PTA):						
	s time there is only one PTA on each service (acute care,										
	qualified PT.	1	¥ · ·								
	tion Sign Off:										
Click	k the box below to indicate you have reviewed and finished w	ith this s	section of the survey.								
I	This section has been completed.										
Clinia					00/27/10 01/27 DM						
CIINIC	al Site's Learning Objectives and Assessment				06/27/18 01:37 PM						
Clini	cal Site's Learning Objectives and Assessmen	t									
Doesy	your clinical site provide written clinical education obj	ectives	to students?								
	Does your clinical site provide written clinical education objectives to students?										
O Ye	es 💽 No										
		ranys	ervices acquainted with the clinical site's learning obj	ectives	2						
	l professional staff members who provide physical the	erapy s	ervices acquainted with the clinical site's learning obje	ectives	3						
Are all	l professional staff members who provide physical the			ectives	2						
Are all	l professional staff members who provide physical the es C No			ectives	? Beginning of the clinical experience						
Are all	l professional staff members who provide physical the es ONO do the CCCE and/or CI typically discuss the clinical sit	e's lea	rning objectives with students? (Check all that apply)								
Are all Ye When V V	I professional staff members who provide physical the es © No do the CCCE and/or CI typically discuss the clinical sin At end of clinical experience Daily	te's leat	rning objectives with students? (Check all that apply) At mid-clinical experience Weekly		Beginning of the clinical experience Other						
Are all Ye When V V	I professional staff members who provide physical the es C No do the CCCE and/or CI typically discuss the clinical sit At end of clinical experience Daily the which of the following methods are typically utilized	te's leat	rning objectives with students? (Check all that apply) At mid-clinical experience Weekly		Beginning of the clinical experience Other						
Are all Ye When V V	I professional staff members who provide physical the es © No do the CCCE and/or CI typically discuss the clinical sin At end of clinical experience Daily	te's leat	rning objectives with students? (Check all that apply) At mid-clinical experience Weekly		Beginning of the clinical experience Other						

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Section Sign Off:				
Click the box below to indicate you have reviewed and finished wit	th this s	ection of the survey.		
▼ This section has been completed.				
Student Requirements				11/13/18 01:54 PM
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 cont work hours.	tact in	formation for their CI. If not specified, the student may	/ email	the CI for their
Do students receive the same official holidays as staff?				
⊙ Yes ○ No Please explain:				
Does your clinical site require a student interview?				
O Yes O No Please explain:				
Indicate the time the student should report to the clinical site	e on th	e first day of the experience.		
9:00 AM				
Is a Mantoux TB test (PPD) required?				
a) one step O Yes O No				
b) two step • Yes • No				
Is a Rubella Titer Test or immunization required?				
Please explain:				
lab report is also required				
Are any other health tests/immunizations required prior to t	he clin	ical experience? If yes, please specify:		
€ Yes € No Please explain:				
Measles, Mumps, Varicella, 2 step PPD, Hep B Antigen, Hep E (within the past year)	8 antib	odyall bloodwork results are required as well as a cop	oy of pł	nysical exam
How is this information communicated to the clinic? Provide fax nu	ımber i	frequired.:		
Email CCCE enza.navarra@nyulangone.org or Fax (718) 630-7	7604			
How current are student physical exam records required to be?:				
1 year				
Are any other health tests or immunizations required on-site O Yes O No	? If ye	s, please specify:		
Is the student required to provide proof of any other training O Yes O No	g prior	to orientation at your facility? If yes, please list.		
Indicate which of the following are required by your facility provide		-		Drug screening
		OSHA education		Proof of student health clearance
Other	r		μ.Ψ.	
Is a criminal background check required (e.g., Criminal Offer	nder R	ecord Information)? If yes, please indicate which back	cgroun	d 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 O 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?
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 11/13/18 01:54 PM
Special Information
Do you require a case study or inservice from all students (part-time and full-time)?
• Yes O No
• Yes O No
 Yes O No Please explain: Doyou require any additional written or verbal work from the student (e.g., article critiques, journal review, patient/client education handout/brochure)? Yes O No
 Yes O No Please explain: Doyou require any additional written or verbal work from the student (e.g., article critiques, journal review, patient/client education handout/brochure)? Yes O No Please explain:
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© Yes ○ No Please explain: Doyou 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
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© Yes ○ No Please explain: Doyou 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
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Is the student required to provide proof of OSHA training?

⊙ Yes O No Please explain:

Is the student required to provide proof of HIPAA training?

€ Yes C 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?

O Yes O 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?

C Yes C 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

11/13/18 01:54 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:

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"

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