Site Manager Site Survey —

Site: New England Sinai Hospital

Section Title	Last Update	Action
CCCE Sign Off	Never	
CCCE Sign Off		

CCCE Sign Off:

Click the box below to indicate that you have reviewed all sections of your clinical site survey.

This survey has been reviewed.

Information For the Academic Program 11/04/14 04:29 PM

Information For the Academic Program

Person Completing CSIF:

Lucia Sloane

 $\hbox{E-mail address of person completing CSIF:} \\$

lucia.sloane@steward.org

 $Name\ of\ Clinical\ Center\ (Note: To\ correct\ the\ name\ of\ your\ site, as\ it\ appears\ in\ both\ CSIF\ Web\ and\ CPI\ Web,\ update\ it\ in\ this\ field).:$

New England Sinai Hospital

Street Address

Address

150 York St

City:

Stoughton

State:

Ma

Postal Code:

02072

Facility Phone

Phone Number:

781-344-0600

Ext:

PT Department Phone

Phone Number:

781-297-1231

PT Department Fax

Phone Number:

781-341-9742

Clinical Center Web Address:

www.newenglandsinai.org

Director of Physical Therapy:

Davida Haas

 $Center \, Coordinator \, of \, Clinical \, Education \, (CCCE) \, / \, Contact \, Person:$

Lucia Sloane

CCCE / Contact Person Phone:

CCE / Contact Person E-mail: ucia.Sloane@Steward.org				
cia.Sloane@Steward.org				
Section Sign Off:				
Click the box below to indicate you have reviewed and finisi	hed with this section of the survey.			
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formation About the Clinical Teaching Faculty			
obreviated Resume for Center Coordinators of Clinical Education - Plea	ase update as each n	ew CCCE assumes this position.	
Name:			
Lucia Sloane			
Email Address / CP12 Login:			
lucia.sloane@steward.org			
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nical Instructor Information nical Instructor Information rovide the following information on all PTs or PTAs employed at your clinical site who are CIs. CI Name Followed By Credentials CI Username Actions Asztalos, Andrew andrewasztalos@gmail.com Berardi, Kathryn kathryn.berardi2@steward.org Bethel, Bianca bbethel@nesinai.org Carley, Kathryn kathryn.carley@steward.org	_	ned with this section of the survey.		
nical 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 Asztalos, Andrew andrewasztalos@gmail.com Berardi, Kathryn kathryn.berardi2@steward.org Bethel, Bianca bbethel@nesinai.org Carley, Kathryn kathryn.carley@steward.org	This section has been completed.			
rovide the following information on all PTs or PTAs employed at your clinical site who are CIs. CI Name Followed By Credentials CI Username Actions Asztalos, Andrew andrewasztalos@gmail.com Berardi, Kathryn kathryn.berardi2@steward.org Bethel, Bianca bbethel@nesinai.org Carley, Kathryn kathryn.carley@steward.org	nical Instructor Information			02/13/17 01:00 PM
CI Name Followed By Credentials CI Username Actions Actions Asztalos, Andrew Asztalos, Andrew Berardi, Kathryn kathryn.berardi2@steward.org Bethel, Bianca bbethel@nesinai.org Carley, Kathryn kathryn.carley@steward.org	inical Instructor Information			
Asztalos, Andrew andrewasztalos@gmail.com Berardi, Kathryn kathryn.berardi2@steward.org Bethel, Bianca bbethel@nesinai.org Carley, Kathryn kathryn kathryn.carley@steward.org	rovide the following information on all PTs or PTA	as employed at your clinical site v	vho are CI	Is.
Berardi, Kathryn kathryn.berardi2@steward.org Bethel, Bianca bbethel@nesinai.org Carley, Kathryn kathryn.carley@steward.org	CI Name Followed By Credentials	CI Username		Actions
Bethel, Bianca bbethel@nesinai.org Carley, Kathryn kathryn.carley@steward.org	Asztalos, Andrew	andrewasztalos@gmail.com	m	
Carley, Kathryn kathryn.carley@steward.org	Berardi, Kathryn	kathryn.berardi2@steward	d.org	
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Do	orion, Janet M	jar	net.dorion@steward.org		
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Sh	nea, Gillian	gill	lian.shea@steward.org		
Sn	nith, Alexandra	sm	nith.alexandra21@gmail.com		
Sn	nith, PT, Alexandra	Ale	exandra.Smith@steward.org		
Ya	an, Jenny	jer	nny.yan@steward.org		
Ziv	wich, Leah	lea	ah.ziwich@steward.org		
	Add New Cl Displaying all 16 Clinical instructor				
	ck the box below to indicate you have reviewed and finished with the box below to indicate you have reviewed and finished with the box below to indicate you have reviewed and finished with the box below to indicate you have reviewed and finished with the box below to indicate you have reviewed and finished with the box below to indicate you have reviewed and finished with the box below to indicate you have reviewed and finished with the box below to indicate you have reviewed and finished with the box below to indicate you have reviewed and finished with the box below to indicate you have reviewed and finished with the box below to indicate you have reviewed and finished with the box below to indicate you have reviewed and finished with the box below the box bel	ith this	section of the survey.		
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Clini What	ical Instructors criteria do you use to select clinical instructors? (Check	call tha		▽	Certification/training course Demonstrated strength in clinical teaching
Clini What	ical Instructors criteria do you use to select clinical instructors? (Check		Career ladder opportunity		
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Step down:			
Subacute/transitional care unit:			
Extended care:			
Other specialty centers:			
LTACH			
Total Number of Beds:			
Invalid			
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		03/05/14 10:10 AM	
Number of Patients/Clients			
Estimate the average number of patient/client visits per day:			
Inpatient	Outpatient		
10-14 Individual PT:	10-14 Individual PT:		
8-10 Student PT:	8-10 Student PT:		
1214	1214		
Individual PTA:	Individual PTA:		
8-12 Student PTA:	8-10 Student PTA:		
PT/PTA Team:	PT/PTA Team:		
3850	3848		
Total patient/client visits per day:	Total patient/client visits per day:		
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Section Sign Off: Click the box below to indicate you have reviewed and finished with this section of the survey.		03/05/14 10:10 AM	
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.		03/05/14 10:10 AM	
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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 Patient/Client Lifespan and Continuum of Care		03/05/14 10:10 AM	
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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 Patient/Client Lifespan and Continuum of Care Indicate the frequency of time typically spent with patients/clients in each of the cate Patient Lifespan 0-12 years Please choose: 13-21 years 11%-25% Cover 65 years 51%-75% Over 65 years		03/05/14 10:10 AM	
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Plea	se choose: 🔻				
,					
Reha	bilitation				
Plea	se choose: 🔻				
Ambı	ılatory/outpatient				
0%	<u>▼</u>				
,	_				
Home	e health/hospice				
Plea	se choose:				
Welln	ess/fitness/industry				
	se choose: 🔻				
_					
Soc	ction Sign Off:				
	k the box below to indicate you have reviewed and finished w	rith this	section of the survey.		
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Patie	nt/Client Diagnoses				03/05/14 10:10 AM
Patie	ent/Client Diagnoses				
Indic	ate the frequency of time typically spent with patier	nts/clie	ents in each of the categories:		
Musc	uloskeletal				
Plea	se choose: 🔻				
YAY1 * 1					
	n Musculoskeletal sub-categories are available to the s			_	
	Acute injury	V	Amputation	V	Arthritis
V	Bone disease/ dysfunction	V	Connective tissue disease/ dysfunction	V	Muscle disease/ dysfunction
V	Musculoskeletal degenerative disease	V	Orthopedic surgery		Other
Neur	o-muscular				
Plea	se choose: 🔻				
	_				
Which	n Neuro-muscular sub-categories are available to the s	tuden	i:		
V	Brain injury	V	Cerebral vascular accident	V	Chronic pain
	Congenital/developmental	V	Neuromuscular degenerative disease	V	Peripheral nerve injury
V	Spinal cord injury	V	Vestibular disorder		Other
Cardi	iovascular-pulmonary				
_	se choose: 🔻				
J. ica					
Which	n Cardiovascular-pulmonary sub-categories are availa	ble to	the student:		
V	Cardiac dysfunction/disease	V	Fitness	V	Lymphedema
V	Peripheral vascular dysfunction/disease	V	Pulmonary dysfunction/disease		Other
Yest					
_	umentary				
Plea	se choose:				
Which	n Integumentary sub-categories are available to the st	udent:			
V	Burns	V	Open wounds	V	Scar formation
Г	Other				
Other	(May cross a number of diagnostic groups)				
Plea	se choose: 🔻				
Which	n other sub-categories are available to the student:				
	Cognitive impairment	D.	General medical conditions	J	General surgery

V	Oncologic conditions		V	Organ transplant		Wellness/Prevention	
	Other						
Clic	etion Sign Off: k the box below to indicate you have reviewed This section has been completed. ng	and finished w	ith this	section of the survey.		03/05/14 10:10 AM	
Staff	ing						
	-						
		Full-time Bu	idgeted	I	Part-time Budgeted	Current Staffing	
PTs		11			1	same	
PTAs	S					same	
Aide	s/Techs	2				same	
Other	,						
Clic	ction Sign Off: tk the box below to indicate you have reviewed This section has been completed.	and finished w	ith this	section of the survey.			
nforr	mation About the Clinical Education Expe	rience				 03/05/14 10:13 AM	
	rmation About the Clinical Educati	_	ince				
Speci Pleas		rtunities		s available to students. Aquatic Therapy		Athletic Venue Coverage	
Speci Pleas	al Programs/Activities/Learning Oppor	rtunities				Athletic Venue Coverage Cardiac Rehabilitation	
Speci Please	al Programs/Activities/Learning Oppor e check all special programs/activities/lea Administration Back School Community/Re-entry Activities	rtunities	unities	Aquatic Therapy Biomechanics Lab Critical Care/Intensive Care	:	Cardiac Rehabilitation Departmental Administration	
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Speci	al Programs/Activities/Learning Oppor e check all special programs/activities/lea Administration Back School Community/Re-entry Activities Early Intervention Group Programs/Classes Inservice Training/Lectures Orthotic/Prosthetic Fabrication Pediatric - Cognitive Impairment Emphasis Pediatric - Musculoskeletal Emphasis Pulmonary Rehabilitation Research Experience Surgery (observation) Women's Health/OB-GYN Other Salty Clinics e check all specialty clinics available as stu	rtunities arning opport	unities	Aquatic Therapy Biomechanics Lab Critical Care/Intensive Care Employee Intervention Home Health Program Neonatal Care Pain Management Program Pediatric - Developmental I Pediatric - Neurological Em Quality Assurance/CQI/TQ Screening/Prevention Team Meetings/Rounds Work Hardening/Condition	Program Emphasis uphasis M	Cardiac Rehabilitation Departmental Administration Employee Wellness Program Industrial/Ergonomic PT Nursing Home/ECF/SNF Pediatric - Classroom Consultation Employee Wellness Radiology Sports Physical Therapy Vestibular Rehabilitation Wound Care	phasis
Speci	al Programs/Activities/Learning Oppon e check all special programs/activities/lea Administration Back School Community/Re-entry Activities Early Intervention Group Programs/Classes Inservice Training/Lectures Orthotic/Prosthetic Fabrication Pediatric - Cognitive Impairment Emphasis Pediatric - Musculoskeletal Emphasis Pulmonary Rehabilitation Research Experience Surgery (observation) Women's Health/OB-GYN Other alty Clinics e check all specialty clinics available as stu	rtunities arning opport	unities	Aquatic Therapy Biomechanics Lab Critical Care/Intensive Care Employee Intervention Home Health Program Neonatal Care Pain Management Program Pediatric - Developmental I Pediatric - Neurological Em Quality Assurance/CQI/TQ Screening/Prevention Team Meetings/Rounds Work Hardening/Condition	Program Emphasis uphasis M	Cardiac Rehabilitation Departmental Administration Employee Wellness Program Industrial/Ergonomic PT Nursing Home/ECF/SNF Pediatric - Classroom Consultation Employee General Prevention/Wellness Radiology Sports Physical Therapy Vestibular Rehabilitation Wound Care	ohasis
Please	al Programs/Activities/Learning Oppore e check all special programs/activities/lea Administration Back School Community/Re-entry Activities Early Intervention Group Programs/Classes Inservice Training/Lectures Orthotic/Prosthetic Fabrication Pediatric - Cognitive Impairment Emphasis Pediatric - Musculoskeletal Emphasis Pulmonary Rehabilitation Research Experience Surgery (observation) Women's Health/OB-GYN Other alty Clinics e check all specialty clinics available as sturnitis Feeding clinic	rtunities arning opport	unities	Aquatic Therapy Biomechanics Lab Critical Care/Intensive Care Employee Intervention Home Health Program Neonatal Care Pain Management Program Pediatric - Developmental I Pediatric - Neurological Em Quality Assurance/CQI/TQ Screening/Prevention Team Meetings/Rounds Work Hardening/Condition Priences. Balance Hand clinic	Program Emphasis uphasis M	Cardiac Rehabilitation Departmental Administration Employee Wellness Program Industrial/Ergonomic PT Nursing Home/ECF/SNF Pediatric - Classroom Consultation Employee Wellness Radiology Sports Physical Therapy Vestibular Rehabilitation Wound Care Developmental Hemophilia clinic	phasis
Speci Speci	al Programs/Activities/Learning Oppor e check all special programs/activities/lea Administration Back School Community/Re-entry Activities Early Intervention Group Programs/ Classes Inservice Training/Lectures Orthotic/Prosthetic Fabrication Pediatric - Cognitive Impairment Emphasis Pulmonary Rehabilitation Research Experience Surgery (observation) Women's Health/OB-GYN Other Salty Clinics e check all specialty clinics available as study Arthritis Feeding clinic Industry	rtunities arning opport	unities	Aquatic Therapy Biomechanics Lab Critical Care/Intensive Care Employee Intervention Home Health Program Neonatal Care Pain Management Program Pediatric - Developmental I Pediatric - Neurological Em Quality Assurance/CQI/TQ Screening/Prevention Team Meetings/Rounds Work Hardening/Condition Periences. Balance Hand clinic Neurology clinic	Program Emphasis uphasis M	Cardiac Rehabilitation Departmental Administration Employee Wellness Program Industrial/Ergonomic PT Nursing Home/ECF/SNF Pediatric - Classroom Consultation Employees Pediatric - General Prevention/Wellness Radiology Sports Physical Therapy Vestibular Rehabilitation Wound Care Developmental Hemophilia clinic Orthopedic clinic	phasis
Please Figure 1 Figure 1	al Programs/Activities/Learning Oppon e check all special programs/activities/lea Administration Back School Community/Re-entry Activities Early Intervention Group Programs/Classes Inservice Training/Lectures Orthotic/Prosthetic Fabrication Pediatric - Cognitive Impairment Emphasis Pediatric - Musculoskeletal Emphasis Pulmonary Rehabilitation Research Experience Surgery (observation) Women's Health/OB-GYN Other alty Clinics e check all specialty clinics available as stu Arthritis Feeding clinic Industry Pain clinic	rtunities arning opport	unities	Aquatic Therapy Biomechanics Lab Critical Care/Intensive Care Employee Intervention Home Health Program Neonatal Care Pain Management Program Pediatric - Developmental I Pediatric - Neurological Em Quality Assurance/CQI/TQ Screening/Prevention Team Meetings/Rounds Work Hardening/Condition Priences. Balance Hand clinic Neurology clinic Preparticipation sports	Program Emphasis uphasis M	Cardiac Rehabilitation Departmental Administration Employee Wellness Program Industrial/Ergonomic PT Nursing Home/ECF/SNF Pediatric - Classroom Consultation Employee Wellness Radiology Sports Physical Therapy Vestibular Rehabilitation Wound Care Developmental Hemophilia clinic Orthopedic clinic Prosthetic/orthotic clinic	ohasis
Special Please	al Programs/Activities/Learning Oppor e check all special programs/activities/lea Administration Back School Community/Re-entry Activities Early Intervention Group Programs/ Classes Inservice Training/Lectures Orthotic/Prosthetic Fabrication Pediatric - Cognitive Impairment Emphasis Pulmonary Rehabilitation Research Experience Surgery (observation) Women's Health/OB-GYN Other Salty Clinics e check all specialty clinics available as study Arthritis Feeding clinic Industry	rtunities arning opport	unities	Aquatic Therapy Biomechanics Lab Critical Care/Intensive Care Employee Intervention Home Health Program Neonatal Care Pain Management Program Pediatric - Developmental I Pediatric - Neurological Em Quality Assurance/CQI/TQ Screening/Prevention Team Meetings/Rounds Work Hardening/Condition Periences. Balance Hand clinic Neurology clinic	Program Emphasis uphasis M	Cardiac Rehabilitation Departmental Administration Employee Wellness Program Industrial/Ergonomic PT Nursing Home/ECF/SNF Pediatric - Classroom Consultation Employees Pediatric - General Prevention/Wellness Radiology Sports Physical Therapy Vestibular Rehabilitation Wound Care Developmental Hemophilia clinic Orthopedic clinic	phasis

Healt	th and Educational Providers at the Clinical Site				
Pleas	e check all health care and educational providers at yo	our clin	ical site students typically observe and/or with whom	they in	iteract.
✓	Administrators		Alternative therapies		Athletic trainers
	Audiologists	V	Dietitians	✓	Enterostomal / wound specialists
	Exercise physiologists		Fitness professionals		Health information technologists
	Massage therapists	V	Nurses	V	Occupational therapists
V	Physician assistants	V	Physicians	✓	Podiatrists
V	Prosthetists / orthotists	V	Psychologists	V	Respiratory therapists
V	Social workers		Special education teachers	V	Speech/language pathologists
V	Students from other disciplines	V	Students from other physical therapy education programs		Therapeutic recreation therapists
П	Vocational rehabilitation counselors		Other		
Clic	ction Sign Off: the box below to indicate you have reviewed and finished w This section has been completed. ability of the Clinical Education Experience	vith this	section of the survey.		03/05/1410:13 AM
Avail	lability of the Clinical Education Experience				
ndic	ate educational levels at which you accept PT and P	TA stu	dents for clinical experiences (Check all that apply)		
	ical Therapist Experience:				
	Full days	V	Half days	✓	Other
None	e explain:				
	rated clinical experiences				
	ical Therapist mediate Experiences:				
V	Full days		Half days	V	Other
Pleas	e explain:				
nter	grated clinical experiences				
Physi	cal Therapist				
7	Final Experience	V	Internship (6 months or longer)		Specialty experience
	Other				
	cal Therapist Assistant				
	Experience:	_	L		
	Full days		Half days		Other
	ical Therapist Assistant mediate Experiences:				
V	Full days		Half days		Other
Physi	ical Therapist Assistant				
Filysi √	Final Experience		Other		
 	i mai Experience		Other		
PT					
Indica	ate which months you will accept students for any sing	gle full-	time (36 hrs/wk) clinical experience.		
V	January	V	February	✓	March
V	April	V	May	✓	June
V	July	V	August	V	September

	October		November		December
Indica	ate which months you will accept students for any one	part-ti	me (< 36 hrs/wk) clinical experience.		
V	January	V	February	V	March
V	April	V	May	V	June
V	July	V	August	V	September
V	October	V	November	V	December
IV.	October	IV.	- Control of the cont		Becomber
PTA					
Indica	ate which months you will accept students for any sing	le full-	time (36 hrs/wk) clinical experience.		
V	January	V	February	✓	March
V	April	V	May	V	June
V	July	V	August	V	September
	October	V	November	V	December
i.v.		14		I.V.	
Indica	ate which months you will accept students for any one	part-ti	me (< 36 hrs/wk) clinical experience.		
✓	January	V	February	✓	March
✓	April	V	May	V	June
V	July	V	August	V	September
☑	October	V	November	V	December
	ge number of PT students affiliating per year.:				
Sec	n what provisions are made for students if the clinical instructor for the PT will be assigned to be the clinical instructor for the ction Sign Off: the box below to indicate you have reviewed and finished we will be the completed.	at time	period.	enter en	nploys only one PT or PTA.):
	ins section has been completed.				
Clinic	al Site's Learning Objectives and Assessment				03/05/14 10:13 AM
Clini	cal Site's Learning Objectives and Assessmen	t			
	your clinical site provide written clinical education obj	ectives	to students?		
⊙ Y	es C No				
Are al	ll professional staff members who provide physical the es	erapy s	ervices acquainted with the clinical site's learning obje	ectives	?
When	do the CCCE and/or CI typically discuss the clinical sit	te's lea	rning objectives with students? (Check all that apply)		
Г	At end of clinical experience	П	At mid-clinical experience	V	Beginning of the clinical experience
	Daily		Weekly		Other
	- Lang		recent		Oute
Indica	ate which of the following methods are typically utilized	d to inf	form students about their clinical performance? (Chec	k all th	aat apply)
V	As per student request in addition to formal and ongoing written & oral feedback	V	Ongoing feedback throughout the clinical	V	Student self-assessment throughout the clinical
V	Written and oral mid-evaluation	V	Written and oral summative final evaluation		Other
1		T.			

Section Sign Off:				
Click the box below to indicate you have reviewed and finished with	th this	section of the survey.		
This section has been completed.				
udent Requirements				06/11/15 08:51 PM
tudent Requirements				
	house	valeted to the clinical experience?		
o students need to contact the clinical site for specific work l Yes No	nours	related to the clinical experiences		
ease explain:				
n information packet with hours, dress code, directions, CI's e sent out 3-4 weeks prior to starting the affiliation.	name	e, parking information, and suggested topics to brus	sh up on p	prior to starting will
o students receive the same official holidays as staff?				
Yes O No lease explain:				
oes your clinical site require a student interview?				
Yes © No				
ease explain:				
dicate the time the student should report to the clinical site	on th	e first day of the experience.		
_				
s a Mantoux TB test (PPD) required?				
one step Yes No				
Yes O No				
a Rubella Titer Test or immunization required?				
Yes C No				
ease explain:				
MR				
re any other health tests/immunizations required prior to the Yes O No	he cli	nical experience? If yes, please specify:		
ease explain:				
varicella vaccines or positive titer				
ow is this information communicated to the clinic? Provide fax nu mail or standard mail	mber	it required.:		
ow current are student physical exam records required to be?:				
fithin the past year				
re any other health tests or immunizations required on-site	? If ye	es, please specify:		
Yes • No				
the student required to provide proof of any other training	g prio	r to orientation at your facility? If yes, please list.		
Yes • No				
dicate which of the following are required by your facility p	_	•	_	
		Criminal background check OSHA education		Drug screening Proof of student health clearance
Other				
a criminal background check required (e.g., Criminal Offen Yes O No	ıder l	Record Information)? If yes, please indicate which b	ackgrou	nd check is required and time frame.
, 100 % 110				

Is a child abuse clearance required?		
C Yes © No		
Please explain:		
Is the student responsible for the cost of required clearances?		
© Yes © No Please explain:		
Teusecapum		
Is the student required to submit to a drug test? If yes, please describe parameters.		
C Yes O No		
Is medical testing available on-site for students?		
C 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 informati	ion below:	
Compliance Contact Person Name:		
Compliance Contact Person Phone Number		
Phone Number:		
Ext:		
Compliance Contact Person Email:		
Section Sign Off:		
Click the box below to indicate you have reviewed and finished with this section of the survey.		
▼ This section has been completed.		
Special Information	06/11/15 08:51 PM	
Special Information		
Do you require a case study or inservice from all students (part-time and full-time)?		
• Yes • No Please explain:		
Students provide an inservice to staff towards the end of the affiliation. They are given a case study to do a	t home near the beginning of the	
affiliation.		
Doyourequireanyadditionalwrittenorverbalworkfromthestudent(e.g.,articlecritiques,journalreviews,fromthestudent)	ew, patient/client education handout/brochure)?	
C Yes © No		
Please explain:		
Does your site have a written policy for missed days due to illness, emergency situations, other? If yes, please the policy for missed days due to illness, emergency situations, other? If yes, please the policy for missed days due to illness, emergency situations, other? If yes, please the policy for missed days due to illness, emergency situations, other? If yes, please the policy for missed days due to illness, emergency situations, other? If yes, please the policy for missed days due to illness, emergency situations, other? If yes, please the policy for missed days due to illness, emergency situations, other? If yes, please the policy for missed days due to illness, emergency situations, others are the policy for missed days due to illness, emergency situations, others are the policy for missed days due to illness. The policy for missed days due to illness, emergency for missed days due to illness, emergency for missed days due to illness. The policy for missed days due to illness, emergency for missed days due to illness days days due to illness days days due to illness days days days days days days days da	ase summarize.	
C Yes C No		
Will the student have access to the Internet at the clinical site?		
€ Yes C No		
Please explain:		
Is there a facility/student dress code?		
€ Yes C No		
Is emergency health care available for students?		
C Yes C No		
Is the student responsible for emergency health care costs?		
C Yes C No		
Is other non-emergency medical care available to students?		
C Yes C No		
Is the student required to have proof of health insurance?		
C Yes C No		
Is the student required to provide proof of OSHA training?		
James Francisco Community		
C Yes C No		

Is the student required to provide proof of HIPAA training?	
C Yes C No	
Is the student required to attest to an understanding of the benefits and risks of Hepatitis-B immunization?	
C Yes C No	
Is the student required to be CPR certified? (Please note if a specific course is required).	
C Yes C No	
Can the student receive CPR certification while on-site?	
C Yes C No	
Is the student required to be certified in First Aid?	
C Yes C No	
Can the student receive First Aid certification on-site?	
C Yes C No	
Section Sign Off:	
Click the box below to indicate you have reviewed and finished with this section of the survey.	
▼ This section has been completed.	
▼ This section has been completed.	
This section has been completed. Student Schedule	06/11/15 08:51 PM
Student Schedule	06/11/15 08:51 PM
	06/11/15 08:51 PM
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Student Schedule Student Schedule Indicate which of the following best describes the typical student work schedule:	06/11/15 08:51 PM
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"Key fields have been marked with an asterisks. Please see the CSIF Web Help Manual for more details about Key Fields"