

Site: Northeast Rehabilitation Hospital - Salem

Section Title	Last Update	Action
CCCE Sign Off	Never	
<b>CCCE Sign Off</b>		
<div><b>CCCE Sign Off:</b> Click the box below to indicate that you have reviewed all sections of your clinical site survey. <input type="checkbox"/> This survey has been reviewed.</div>		
Information For the Academic Program	10/25/18 07:35 PM	
<b>Information For the Academic Program</b>		
<b>Person Completing CSIF:</b> Timothy Lison		
<b>E-mail address of person completing CSIF:</b> tlison@northeastrehab.com		
<b>Name of Clinical Center (Note: To correct the name of your site, as it appears in both CSIF Web and CPI Web, update it in this field).:</b> Northeast Rehabilitation Hospital - Salem		
<b>Street Address</b>		
<b>Address:</b> 70 Butler St Department of Physical Therapy		
<b>City:</b> Salem		
<b>State:</b> NH		
<b>Postal Code:</b> 03079		
<b>Facility Phone</b>		
<b>Phone Number:</b> 603-681-3600		
<b>Ext:</b>		
<b>PT Department Phone</b>		
<b>Phone Number:</b> 603-681-3160		
<b>Ext:</b>		
<b>PT Department Fax</b>		
<b>Phone Number:</b>		
<b>Clinical Center Web Address:</b>		
<b>Director of Physical Therapy:</b>		
<b>Center Coordinator of Clinical Education (CCCE) / Contact Person:</b> Timothy Lison, PT, MS, CCCE - Inpatient and Outpatient		
<b>CCCE / Contact Person Phone:</b> (603) 890-7680		
<b>CCCE / Contact Person E-mail:</b> tlison@northeastrehab.com		

**Section Sign Off:**

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

☒ This section has been completed.

Information About the Corporate/Healthcare Systems Organization

10/25/18 07:35 PM

**Information About the Corporate/Healthcare Systems Organization**

If your facility is part of a larger corporation or has multiple sites or clinical centers, include the contact information for the corporate/healthcare system organization.

Corporate/Healthcare System Organization:

Contact Name:

Address

Address:

City:

State:

Postal Code:

Phone

Phone Number:

Ext:

Fax

Phone Number:

E-mail:

Affiliation Agreement Contract Fulfillment

Contact Person:

**Section Sign Off:**

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

☒ This section has been completed.

Clinical Site Accreditation/Ownership

10/25/18 07:35 PM

**Clinical Site Accreditation/Ownership**

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

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

**Section Sign Off:**

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

☒ This section has been completed.

Clinical Site Primary Classification

10/25/18 07:35 PM

**Clinical Site Primary Classification**

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

Rehabilitation/Sub-acute Rehabilitation ▼

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

<input type="checkbox"/>	Acute Care/Inpatient Hospital Facility	<input checked="" type="checkbox"/>	Ambulatory Care/Outpatient	<input type="checkbox"/>	ECF/Nursing Home/SNF

<input type="checkbox"/> Federal/State/County Health	<input type="checkbox"/> Home Health	<input type="checkbox"/> Industrial/Occupational Health Facility
<input type="checkbox"/> Multiple Level Medical Center	<input type="checkbox"/> Private Practice	<input checked="" type="checkbox"/> Rehabilitation/Sub-acute Rehabilitation
<input type="checkbox"/> School/Preschool Program	<input type="checkbox"/> Wellness/Prevention/Fitness Program	<input type="checkbox"/> Other

**Section Sign Off:**

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

☒ This section has been completed.

Clinical Site Location

10/25/18 07:35 PM

**Clinical Site Location**

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

Suburban

**Section Sign Off:**

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

☒ This section has been completed.

Affiliated PT and PTA Educational Programs

10/25/18 07:35 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	
Boston University	Boston	MA	PT	
MGHIHP	Boston	MA	PT	
Simmons College	Boston	MA	PT	
Northeastern University	Boston	MA	PT	
Springfield College	Springfield	MA	PT	
University of Massachusetts - Lowell	Lowell	MA	PT	
Franklin Pierce University	Concord	NH	PT	
University of Rhode Island	Kingston	RI	PT	
Quinnipiac University	Hamden	CT	PT	
University of Connecticut	Storrs	CT	PT	
University of Hartford	West Hartford	CT	PT	
University of New England	Portland	ME	PT	
University of Vermont	Burlington	VT	PT	
Franklin Pierce University	Manchester	NH	PT	
MCPHS University	Worcester	MA	PT	
Husson University	Bangor	ME	PT	
Sacred Heart University	Fairfield	CT	PT	

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

By A-Z: Any

By State: Any

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

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

Program Name:

City:

State: AB

PT / PTA: PT

Add Clear

**Section Sign Off:**

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

## Information About the Clinical Teaching Faculty

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

Name:

Timothy Lison

Email Address / CPI2 Login:

tlison@northeastrehab.com

Present Position (Title, Name of Facility):

No. of Years as the CCCE

Please choose: ▼

No. of Years of Clinical Practice

Please choose: ▼

No. of Years of Clinical Teaching

Please choose: ▼

No. of Years Working at this Site

Please choose: ▼

Check all that apply:

<input type="checkbox"/>	PT	<input type="checkbox"/>	PTA
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Licensing/Registration Status

Please choose: ▼

State of Licensure/Registration

Please choose: ▼

License/Registration Number:

Highest Earned Physical Therapy Degree

Masters in Physical Therapy ▼

Highest Earned Degree

Masters degree ▼

APTA Credentialed CI

☒ Yes ☐ No

APTA Advanced Credentialed CI

☐ Yes ☒ No

Other CI Credentialing

☐ Yes ☒ No

ABPTS Certified Clinical Specialist (Check all that apply)

<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
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<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)

<b>Institution:</b>
<b>Period of Study</b>
(If the user is currently enrolled, please type in the word 'CURRENT' into the box labeled 'To'.)
From <input type="text"/> &mdash; To <input type="text"/>
<b>Major:</b>
<b>Degree:</b>

#### Summary of Primary Employment

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

<b>Employer:</b>
<b>Position:</b>
<b>Period of Employment</b>
(If the user is currently employed, please type in the word 'CURRENT' into the box labeled 'To'.)
From <input type="text"/> &mdash; To <input type="text"/>

#### 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)

<b>Course:</b>
<b>Provider/Location:</b>
<b>Date</b>
<input type="text"/>

**Name:**

Heather Hancock

**Email Address / CPI2 Login:**

hhancock@northeastrehab.com

**Present Position (Title, Name of Facility):**

**No. of Years as the CCCE**

Please choose:

**No. of Years of Clinical Practice**

Please choose:

**No. of Years of Clinical Teaching**

Please choose:

**No. of Years Working at this Site**

Please choose:

**Check all that apply:**

<input type="checkbox"/> PT	<input type="checkbox"/> PTA
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**Licensing/Registration Status**Please choose: **State of Licensure/Registration**Please choose: 

License/Registration Number:

**Highest Earned Physical Therapy Degree**Masters in Physical Therapy **Highest Earned Degree**Masters degree **APTA Credentialed CI**☒ Yes ☐ No**APTA Advanced Credentialed CI**☒ Yes ☐ No**Other CI Credentialing**☒ Yes ☐ No

Please explain:

CCCE CCI CPI

**ABPTS Certified Clinical Specialist (Check all that apply)**

<input type="checkbox"/>	OCS	<input type="checkbox"/>	GCS
<input type="checkbox"/>	PCS	<input type="checkbox"/>	NCS
<input type="checkbox"/>	CCS	<input type="checkbox"/>	SCS
<input type="checkbox"/>	ECS	<input type="checkbox"/>	WCS

**APTA Recognition of Advanced Proficiency for PTAs (Check all that apply)**

<input type="checkbox"/>	Aquatic	<input type="checkbox"/>	Musculoskeletal
<input type="checkbox"/>	Cardiopulmonary	<input type="checkbox"/>	Neuromuscular
<input type="checkbox"/>	Geriatric	<input type="checkbox"/>	Pediatrics
<input type="checkbox"/>	Integumentary		

**Other credentials:****Summary of College and University Education**

(Start with most current)

**Institution:****Period of Study**

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

From  &mdash; To **Major:****Degree:****Summary of Primary Employment**

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

**Employer:****Position:****Period of Employment**

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

From  &mdash; To

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

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

Course:

Provider/Location:

Date

**Section Sign Off:**

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

☒ This section has been completed.

Clinical Instructor Information

05/14/18 02:03 PM

**Clinical Instructor Information**

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

CI Name Followed By Credentials	CI Username	Actions
Boyle, Brianna	boyle.brianna@gmail.com	
Bulmer, Melissa	mbulmerdpt@gmail.com	
Carlson, Kristen	krislcarlson@gmail.com	
Chau, Vivian	vchau@northeastrehab.com	
Chen, Ted G	tchen@northeastrehab.com	
Davidson, Amy	adavidson@northeastrehab.com	
Davidson, Sarah	sadavidson@northeastrehab.com	
Dine, Debra	ddine@northeastrehab.com	
Engel, Alissa	aengel@northeastrehab.com	
Engel, Sarah	sengel@northeastrehab.com	
Fabian, Erin	efabian26@gmail.com	
Foley, Nicole M	nfoley@northeastrehab.com	
Gaunt, Katie	kgaunt@northeastrehab.com	
Gould-Ruete, Anne	agould@northeastrehab.com	
Hancock, Heather	hhancock@northeastrehab.com	
Holm, Monica	mholm@northeastrehab.com	
Ireland, Kacey M	kireland@northeastrehab.com	
Kalathakis, Megan A	mkalathakis@northeastrehab.com	
Laux, Samantha	slaux@northeastrehab.com	
McHugh, James	jmchugh@northeastrehab.com	
Moulison, Kathryn H	kmoulison@northeastrehab.com	

Moverman, Hannah B	hmoverman@northeastrehab.com
Norton, Jessica	jenorton@northeastrehab.com
Pecoroni, Sarah A	specoroni@northeastrehab.com
Pelletier, Meghan E	megpelletier@gmail.com

[Add New CI](#)

Displaying Clinical instructor 1 - 25 of 35 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

03/01/16 09:49 AM

### Clinical Instructors

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

<input type="checkbox"/>	APTA Clinical Instructor Credentialing	<input type="checkbox"/>	Career ladder opportunity	<input type="checkbox"/>	Certification/ training course
<input checked="" type="checkbox"/>	Clinical competence	<input 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

03/01/16 09:16 AM

### 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:

0

Psychiatric center:

0

Intensive care:

0

Rehabilitation center:

60

Step down:

0

Subacute/transitional care unit:

0

Extended care:

0



Other specialty centers:

0

Total Number of Beds:

60

#### 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

03/01/16 09:16 AM

#### Number of Patients/Clients

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

Inpatient	Outpatient
6	Individual PT:
Individual PT:	
6	Student PT:
Student PT:	
Individual PTA:	Individual PTA:
Student PTA:	Student PTA:
PT/PTA Team:	PT/PTA Team:
12	0
Total patient/client visits per day:	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

03/01/16 09:16 AM

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

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

##### Patient Lifespan

0-12 years

0%

13-21 years

1% - 25%

22-65 years

26% - 50%

Over 65 years

51% - 75%

##### Continuum of Care

Critical care, ICU, acute

Please choose:

SNF/ECF/sub-acute

Please choose:

Rehabilitation

76% - 100%

Ambulatory/outpatient

Please choose: ▼

Home health/hospice

Please choose: ▼

Wellness/fitness/industry

Please choose: ▼

Section Sign Off:

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

☒ This section has been completed.

Patient/Client Diagnoses

03/01/16 09:16 AM

Patient/Client Diagnoses

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

Musculoskeletal

26% - 50% ▼

Which Musculoskeletal sub-categories are available to the student:

<input type="checkbox"/> Acute injury	<input checked="" type="checkbox"/> Amputation	<input type="checkbox"/> Arthritis
<input checked="" type="checkbox"/> Bone disease/ dysfunction	<input checked="" type="checkbox"/> Connective tissue disease/ dysfunction	<input checked="" type="checkbox"/> Muscle disease/ dysfunction
<input checked="" type="checkbox"/> Musculoskeletal degenerative disease	<input checked="" type="checkbox"/> Orthopedic surgery	<input type="checkbox"/> Other

Neuro-muscular

51% - 75% ▼

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

<input checked="" type="checkbox"/> Brain injury	<input checked="" type="checkbox"/> Cerebral vascular accident	<input type="checkbox"/> Chronic pain
<input 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 type="checkbox"/> Vestibular disorder	<input type="checkbox"/> Other

Cardiovascular-pulmonary

26% - 50% ▼

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

<input checked="" type="checkbox"/> Cardiac dysfunction/ disease	<input type="checkbox"/> Fitness	<input 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)

1% - 25% ▼

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 type="checkbox"/> Oncologic conditions	<input type="checkbox"/> Organ transplant	<input type="checkbox"/> Wellness/ Prevention
<input type="checkbox"/> Other		

**Section Sign Off:**

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

☒ This section has been completed.

Staffing

03/01/16 09:16 AM

**Staffing**

	Full-time Budgeted	Part-time Budgeted	Current Staffing
PTs			
PTAs			
Aides/Techs			
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**

03/01/16 09:44 AM

**Information About the Clinical Education Experience**

## Special Programs/Activities/Learning Opportunities

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

<input type="checkbox"/> Administration	<input checked="" type="checkbox"/> Aquatic Therapy	<input type="checkbox"/> Athletic Venue Coverage
<input type="checkbox"/> Back School	<input type="checkbox"/> Biomechanics Lab	<input checked="" type="checkbox"/> Cardiac Rehabilitation
<input checked="" type="checkbox"/> Community/Re-entry Activities	<input 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 checked="" type="checkbox"/> Group Programs/Classes	<input type="checkbox"/> Home Health Program	<input type="checkbox"/> Industrial/Ergonomic PT
<input checked="" type="checkbox"/> Inservice Training/Lectures	<input type="checkbox"/> Neonatal Care	<input type="checkbox"/> Nursing Home/ECF/SNF
<input 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 checked="" type="checkbox"/> Pediatric - Developmental Program Emphasis	<input checked="" type="checkbox"/> Pediatric - General
<input checked="" type="checkbox"/> Pediatric - Musculoskeletal Emphasis	<input checked="" type="checkbox"/> Pediatric - Neurological Emphasis	<input type="checkbox"/> Prevention/Wellness
<input checked="" type="checkbox"/> Pulmonary Rehabilitation	<input type="checkbox"/> Quality Assurance/CQI/TQM	<input type="checkbox"/> Radiology
<input type="checkbox"/> Research Experience	<input type="checkbox"/> Screening/Prevention	<input type="checkbox"/> Sports Physical Therapy
<input type="checkbox"/> Surgery (observation)	<input checked="" type="checkbox"/> Team Meetings/Rounds	<input checked="" type="checkbox"/> Vestibular Rehabilitation
<input type="checkbox"/> Women's Health/OB-GYN	<input type="checkbox"/> Work Hardening/Conditioning	<input 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 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
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<input 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 type="checkbox"/>	Physician assistants	<input type="checkbox"/>	Physicians	<input type="checkbox"/>	Podiatrists
<input checked="" type="checkbox"/>	Prosthetists / orthotists	<input checked="" type="checkbox"/>	Psychologists	<input checked="" type="checkbox"/>	Respiratory therapists
<input type="checkbox"/>	Social workers	<input type="checkbox"/>	Special education teachers	<input checked="" type="checkbox"/>	Speech/language pathologists
<input checked="" type="checkbox"/>	Students from other disciplines	<input checked="" type="checkbox"/>	Students from other physical therapy education programs	<input checked="" type="checkbox"/>	Therapeutic recreation therapists
<input 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

03/01/16 09:44 AM

#### Availability of the Clinical Education Experience

Indicate educational levels at which you accept PT and PTA students for clinical experiences (Check all that apply).

##### Physical Therapist

###### First Experience:

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

###### Intermediate Experiences:

<input type="checkbox"/>	Full days	<input type="checkbox"/>	Half days	<input type="checkbox"/>	Other
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##### Physical Therapist

<input checked="" type="checkbox"/>	Final Experience	<input type="checkbox"/>	Internship (6 months or longer)	<input type="checkbox"/>	Specialty experience
<input type="checkbox"/>	Other				

##### Physical Therapist Assistant

###### First Experience:

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

###### Intermediate Experiences:

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

##### Physical Therapist Assistant

<input 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 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 type="checkbox"/>	December

PTA

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

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

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

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

Average number of PT students affiliating per year.:

23

Average number of PTA students affiliating per year.:

0

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

☒ Yes ☐ No

Please explain:

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

Direct 1:1 supervision and education with incident reports being filed. Meetings with CCCE/ACCE/DCE as necessary

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.):

Additional CI's are present at most sites and utilized to cover the therapist. In addition, every effort is made to match a student to a CI that does not have an extended vacation planned during the affiliation.

#### 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

03/01/16 09:44 AM

#### Clinical Site's Learning Objectives and Assessment

Does your clinical site provide written clinical education objectives to students?

☒ Yes ☐ No

Are all professional staff members who provide physical therapy services acquainted with the clinical site's learning objectives?

☒ Yes ☐ No

When do the CCCE and/or CI typically discuss the clinical site's learning objectives with students? (Check all that apply)

<input type="checkbox"/> At end of clinical experience	<input type="checkbox"/> At mid-clinical experience	<input type="checkbox"/> Beginning of the clinical experience
<input type="checkbox"/> Daily	<input 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 type="checkbox"/> Ongoing feedback throughout the clinical	<input type="checkbox"/> Student self-assessment throughout the clinical
<input type="checkbox"/> Written and oral mid-evaluation	<input type="checkbox"/> Written and oral summative final evaluation	<input type="checkbox"/> Other

#### Section Sign Off:

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

☒ This section has been completed.

Student Requirements

06/11/15 08:04 PM

#### Student Requirements

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

☒ Yes ☐ No

Please explain:

**Do students receive the same official holidays as staff?**

☒ Yes ☐ No

Please explain:

**Does your clinical site require a student interview?**

☐ Yes ☒ No

Please explain:

**Indicate the time the student should report to the clinical site on the first day of the experience.**

8:30 AM ▼

**Is a Mantoux TB test (PPD) required?**

**a) one step**

☐ Yes ☐ No

**b) two step**

☒ Yes ☐ No

**Is a Rubella Titer Test or immunization required?**

☒ Yes ☐ No

Please explain:

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

☒ Yes ☐ No

Please explain:

drug test

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

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

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

☒ Yes ☐ No

Please explain:

flu

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

☐ Yes ☒ No

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

<input type="checkbox"/>	Child clearance	<input type="checkbox"/>	Criminal background check	<input type="checkbox"/>	Drug screening
<input type="checkbox"/>	HIPAA education	<input type="checkbox"/>	OSHA education	<input type="checkbox"/>	Proof of student health clearance
<input type="checkbox"/>	Other				

**Is a criminal background check required (e.g., Criminal Offender Record Information)? If yes, please indicate which background check is required and time frame.**

☒ Yes ☐ No

Please explain:

**Is a child abuse clearance required?**

☐ Yes ☒ No

Please explain:

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

☒ Yes ☐ No

Please explain:

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

☒ Yes ☐ No

Please explain:

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

☐ Yes ☒ No

Please explain:

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

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

Compliance Contact Person Name:

Compliance Contact Person Phone Number

Phone Number:

Ext:

Compliance Contact Person Email:

#### Section Sign Off:

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

☒ This section has been completed.

Special Information

06/11/15 08:04 PM

#### 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:

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

Is the student responsible for emergency health care costs?

☐ Yes ☐ No

Is other non-emergency medical care available to students?

☐ Yes ☐ No

Is the student required to have proof of health insurance?

☐ Yes ☐ No

Is the student required to provide proof of OSHA training?

☐ Yes ☐ No

Is the student required to provide proof of HIPAA training?

☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

Can the student receive CPR certification while on-site?

☐ Yes ☐ No

Is the student required to be certified in First Aid?

☐ Yes ☐ No

Can the student receive First Aid certification on-site?

☐ Yes ☐ No

**Section Sign Off:**

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

☒ This section has been completed.

**Student Schedule**

06/11/15 08:04 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:

8:45 AM- 5:15 PM

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"