

Site: Physical Therapy of Cumberland

Section Title	Last Update	Action
CCCE Sign Off	Never	
<div><div>CCCE Sign Off</div><div>Click the box below to indicate that you have reviewed all sections of your clinical site survey.</div><div><input type="checkbox"/> This survey has been reviewed.</div></div>		
Information For the Academic Program	02/05/18 04:56 AM	
<div><div>Information For the Academic Program</div><div><div>Person Completing CSIF:</div><div>E-mail address of person completing CSIF:</div><div>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).:</div><div>Physical Therapy of Cumberland</div><div>Street Address</div><div>Address:</div><div>1764 Mendon Road, Suite 6</div><div>City:</div><div>Cumberland</div><div>State:</div><div>RI</div><div>Postal Code:</div><div>02864</div><div>Facility Phone</div><div>Phone Number:</div><div>Ext:</div><div>PT Department Phone</div><div>Phone Number:</div><div>401-333-9787</div><div>Ext:</div><div>PT Department Fax</div><div>Phone Number:</div><div>Clinical Center Web Address:</div><div>Director of Physical Therapy:</div><div>Center Coordinator of Clinical Education (CCCE) / Contact Person:</div><div>CCCE / Contact Person Phone:</div><div>CCCE / Contact Person E-mail:</div></div></div> <div><div>Section Sign Off</div><div>Click the box below to indicate you have reviewed and finished with this section of the survey.</div><div><input type="checkbox"/> This section has been completed.</div></div>		
Information About the Corporate/Healthcare Systems Organization	02/05/18 04:56 AM	

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

02/05/18 04:56 AM

Clinical Site Accreditation/Ownership

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

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

Section Sign Off:

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

☐ This section has been completed.

Clinical Site Primary Classification

02/05/18 04:56 AM

Clinical Site Primary Classification

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

Please choose:

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

Section Sign Off:

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

☐ This section has been completed.

Clinical Site Location

02/05/18 04:56 AM

Clinical Site Location

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

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.

Affiliated PT and PTA Educational Programs

Never

Affiliated PT and PTA Educational Programs

List all PT and PTA education programs with which you currently affiliate.

Program Name	City	State	PT / PTA
Select the program(s) your site is currently affiliated with:			
By A-Z:	<input type="button" value="Any"/>		
By State:	<input type="button" value="Any"/>		
ACCE Demo University,	<input type="button" value="+"/>		
ACCE Demo University,	<input type="button" value="+"/>		
ACCE Demo University,	<input type="button" value="+"/>		
ACCE PTA Demo,	<input type="button" value="+"/>		
ASA College, FL	<input type="button" value="+"/>		
AT Still University of Health Sciences, AZ	<input type="button" value="+"/>		
Academy for Nursing and Health Occupations, FL	<input type="button" value="+"/>		
Adventist University of Health Sciences, FL	<input type="button" value="+"/>		
Alabama State University, AL	<input type="button" value="+"/>		
If not found in the list, please enter the program information here:			
Program Name:	<input type="text"/>		
City:	<input type="text"/>		
State:	<input type="button" value="AB"/>		
PT / PTA:	<input type="button" value="PT"/>		
			<input type="button" value="Add"/> <input type="button" value="Clear"/>

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

Never

Information About the Clinical Teaching Faculty

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

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

02/05/18 09:56 AM

Clinical Instructor Information

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

CI Name Followed By Credentials	CI Username	Actions
Almeida, Thomas	Tom@ptcumberland.com	
Renaud, PT, Dustin	dustin@ptcumberland.com	

Displaying all 2 Clinical instructor

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

02/05/18 04:56 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 type="checkbox"/>	Clinical competence	<input type="checkbox"/>	Delegated in position description	<input type="checkbox"/>	Demonstrated strength in clinical teaching
<input type="checkbox"/>	No criteria	<input type="checkbox"/>	Other (not APTA) clinical instructor credentialing	<input type="checkbox"/>	Therapist initiative/volunteer
<input type="checkbox"/>	Years of experience	<input type="checkbox"/>	Other		

How are clinical instructors trained? (Check all that apply)

<input type="checkbox"/>	1:1 individual training (CCCE:CI)	<input 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:

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Information About the Physical Therapy Service

02/05/18 04:56 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:

Psychiatric center:

Intensive care:

Rehabilitation center:

Step down:

Subacute/transitional care unit:

Extended care:

Other specialty centers:

Total Number of Beds:

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

Never

Number of Patients/Clients

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

Inpatient	Outpatient
Individual PT:	Individual PT:
Student PT:	Student PT:

Individual PTA:	Individual PTA:
Student PTA:	Student PTA:
PT/PTA Team:	PT/PTA Team:
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

02/05/18 04:56 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**

Please choose: ▼

13-21 years

Please choose: ▼

22-65 years

Please choose: ▼

Over 65 years

Please choose: ▼

Continuum of Care**Critical care, ICU, acute**

Please choose: ▼

SNF/ECF/sub-acute

Please choose: ▼

Rehabilitation

Please choose: ▼

Ambulatory/outpatient

Please choose: ▼

Home health/hospice

Please choose: ▼

Wellness/fitness/industry

Please choose: ▼

Section Sign Off:

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☐ This section has been completed.

Patient/Client Diagnoses

02/05/18 04:56 AM

Patient/Client Diagnoses

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


Musculoskeletal

Please choose: ▼

Which Musculoskeletal sub-categories are available to the student:

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


Neuro-muscular

Please choose: 

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

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


Cardiovascular-pulmonary

Please choose: 

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

<input type="checkbox"/>	Cardiac dysfunction/ disease	<input type="checkbox"/>	Fitness	<input type="checkbox"/>	Lymphedema
<input type="checkbox"/>	Peripheral vascular dysfunction/ disease	<input type="checkbox"/>	Pulmonary dysfunction/ disease	<input type="checkbox"/>	Other


Integumentary

Please choose: 

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)

Please choose: 

Which other sub-categories are available to the student:

<input type="checkbox"/>	Cognitive impairment	<input type="checkbox"/>	General medical conditions	<input 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	Never
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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

Special Programs/Activities/Learning Opportunities

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

<input type="checkbox"/>	Administration	<input type="checkbox"/>	Aquatic Therapy	<input type="checkbox"/>	Athletic Venue Coverage
<input type="checkbox"/>	Back School	<input type="checkbox"/>	Biomechanics Lab	<input type="checkbox"/>	Cardiac Rehabilitation
<input 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 type="checkbox"/>	Group Programs/Classes	<input type="checkbox"/>	Home Health Program	<input type="checkbox"/>	Industrial/Ergonomic PT
<input type="checkbox"/>	Inservice Training/Lectures	<input type="checkbox"/>	Neonatal Care	<input type="checkbox"/>	Nursing Home/ ECF/ SNF
<input type="checkbox"/>	Orthotic/Prosthetic Fabrication	<input type="checkbox"/>	Pain Management Program	<input type="checkbox"/>	Pediatric - Classroom Consultation Emphasis
<input type="checkbox"/>	Pediatric - Cognitive Impairment Emphasis	<input type="checkbox"/>	Pediatric - Developmental Program Emphasis	<input type="checkbox"/>	Pediatric - General
<input type="checkbox"/>	Pediatric - Musculoskeletal Emphasis	<input type="checkbox"/>	Pediatric - Neurological Emphasis	<input type="checkbox"/>	Prevention/Wellness
<input type="checkbox"/>	Pulmonary Rehabilitation	<input type="checkbox"/>	Quality Assurance/ CQI/ TQM	<input type="checkbox"/>	Radiology
<input type="checkbox"/>	Research Experience	<input type="checkbox"/>	Screening/Prevention	<input type="checkbox"/>	Sports Physical Therapy
<input type="checkbox"/>	Surgery (observation)	<input type="checkbox"/>	Team Meetings/Rounds	<input 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 type="checkbox"/>	Prosthetic/orthotic clinic
<input type="checkbox"/>	Scoliosis	<input type="checkbox"/>	Screening clinics	<input 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 type="checkbox"/>	Administrators	<input type="checkbox"/>	Alternative therapies	<input type="checkbox"/>	Athletic trainers
<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 type="checkbox"/>	Nurses	<input type="checkbox"/>	Occupational therapists
<input type="checkbox"/>	Physician assistants	<input type="checkbox"/>	Physicians	<input type="checkbox"/>	Podiatrists
<input type="checkbox"/>	Prosthetists / orthotists	<input type="checkbox"/>	Psychologists	<input type="checkbox"/>	Respiratory therapists
<input type="checkbox"/>	Social workers	<input type="checkbox"/>	Special education teachers	<input type="checkbox"/>	Speech/language pathologists
<input type="checkbox"/>	Students from other disciplines	<input type="checkbox"/>	Students from other physical therapy education programs	<input type="checkbox"/>	Therapeutic recreation therapists
<input type="checkbox"/>	Vocational rehabilitation counselors	<input type="checkbox"/>	Other		

Section Sign Off:

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☐ This section has been completed.

Availability of the Clinical Education Experience

02/05/18 04:56 AM

Availability of the Clinical Education Experience

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

Physical Therapist

First Experience:

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

<input type="checkbox"/>	Final Experience	<input type="checkbox"/>	Other	
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PT**Indicate which months you will accept students for any single full-time (36 hrs/wk) clinical experience.**

<input 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

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.:

Average number of PTA students affiliating per year.:

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

☐ Yes ☐ No

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

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

Section Sign Off:

Click the box below to indicate you have reviewed and finished with this section of the survey.
Clinical Site's Learning Objectives and Assessment

02/05/18 04:56 AM

☐ This section has been completed.

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 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 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

02/05/18 04:56 AM

Student Requirements

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

☐ Yes ☐ No

Do students receive the same official holidays as staff?

☐ Yes ☐ No

Does your clinical site require a student interview?

☐ Yes ☐ No

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

Please choose: ▼

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

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

☐ Yes ☐ No

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

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

Is a child abuse clearance required?

☐ Yes ☐ No

Is the student responsible for the cost of required clearances?

☐ Yes ☐ No

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

☐ Yes ☐ No

Is medical testing available on-site for students?

☐ Yes ☐ No

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

02/05/18 04:56 AM

Special Information

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

☐ Yes ☐ No

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

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

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

02/05/18 04:56 AM

Student Schedule

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

Please choose:

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

Is physical therapy provided on the weekends?

☐ Yes ☒ No

Section Sign Off:

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☐ 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"