

Site: Pappas Rehabilitation Hospital for Children

Section Title	Last Update	Action
CCCE Sign Off	Never	
<p><b>CCCE Sign Off</b></p> <p>CCCE Sign Off:</p> <p>Click the box below to indicate that you have reviewed all sections of your clinical site survey.</p> <p><input type="checkbox"/> This survey has been reviewed.</p>		
Information For the Academic Program	08/29/16 02:56 PM	
<p><b>Information For the Academic Program</b></p> <p><b>Person Completing CSIF:</b> Shelby Joseph, PT</p> <p><b>E-mail address of person completing CSIF:</b> shelby.joseph@state.ma.us</p> <p><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> Pappas Rehabilitation Hospital for Children</p> <p><b>Street Address</b></p> <p><b>Address:</b> 3 Randolph Street</p> <p><b>City:</b> Canton</p> <p><b>State:</b> MA</p> <p><b>Postal Code:</b> 02021</p> <p><b>Facility Phone</b></p> <p><b>Phone Number:</b> 781-828-2440</p> <p><b>Ext:</b></p> <p><b>PT Department Phone</b></p> <p><b>Phone Number:</b> 781-830-8552</p> <p><b>Ext:</b></p> <p><b>PT Department Fax</b></p> <p><b>Phone Number:</b> 781-830-8498</p> <p><b>Clinical Center Web Address:</b></p> <p><b>Director of Physical Therapy:</b> Michelle Sweeney, PT, MA</p> <p><b>Center Coordinator of Clinical Education (CCCE) / Contact Person:</b> Shelby Joseph, PT</p> <p><b>CCCE / Contact Person Phone:</b> 781-830-8553</p>		

CCCE / Contact Person E-mail:

shelby.joseph@state.ma.us

**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

08/29/16 02:56 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

08/29/16 02:56 PM

**Clinical Site Accreditation/Ownership**

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

<input type="checkbox"/> Corporate/Privatey Owned	<input checked="" 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

08/29/16 02:56 PM

**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 checked="" 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 checked="" type="checkbox"/> School/ Preschool Program	<input type="checkbox"/> Wellness/ Prevention/ Fitness Program	<input checked="" type="checkbox"/> Other

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.

Clinical Site Location

08/29/16 02:56 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

08/29/16 02:56 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	<input type="button" value="⊖"/>
Columbia University	New York	NY	PT	<input type="button" value="⊖"/>
Simmons College	Boston	MA	PT	<input type="button" value="⊖"/>
Sacred Heart University	Fairfield	CT	PT	<input type="button" value="⊖"/>
University of Massachusetts - Lowell	Lowell	MA	PT	<input type="button" value="⊖"/>
University of New England	Portland	ME	PT	<input type="button" value="⊖"/>
University of Rhode Island	Kingston	RI	PT	<input type="button" value="⊖"/>
Quinnipiac University	Hamden	CT	PT	<input type="button" value="⊖"/>
Northeastern University	Boston	MA	PT	<input type="button" value="⊖"/>
University of Hartford	West Hartford	CT	PT	<input type="button" value="⊖"/>

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

By A-Z:

By State:

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:

City:

State:

PT / PTA:

**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

08/29/16 03:04 PM

## Information About the Clinical Teaching Faculty

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

**Name:**

Shelby Joseph

**Email Address / CPI2 Login:**

shelby.joseph@state.ma.us

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

Physical Therapist II/CCCE

**No. of Years as the CCCE**

12

**No. of Years of Clinical Practice**

20

**No. of Years of Clinical Teaching**

Please choose:

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

18

**Check all that apply:**

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

Licensed/Registered

**State of Licensure/Registration**

MA

**License/Registration Number:**

10820

**Highest Earned Physical Therapy Degree**

Bachelor in Physical Therapy

**Highest Earned Degree**

Bachelors 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
<input type="checkbox"/>	Cardiopulmonary	<input type="checkbox"/>	Neuromuscular

Geriatric  Pediatrics  
 Integumentary

**Other credentials:**

**Summary of College and University Education**

(Start with most current)

**Institution:**  
University of New England

**Period of Study**  
 (If the user is currently enrolled, please type in the word 'CURRENT' into the box labeled 'To'.)  
 From  &mdash; To

**Major:**  
Physical Therapy

**Degree:**  
BS

**Summary of Primary Employment**

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

**Employer:**  
Commonwealth of MA- Pappas Rehabilitation Hospital for Children

**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:**  
NE-ACCE Consortium training

**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

08/29/16 02:14 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
Adams, Keith M	Keith.Adams@state.ma.us	
Coffey, Jocelyn	jocelyn.m.coffey@state.ma.us	
Ferrando, Faith	faith.s.ferrando@state.ma.us	

Giammanco, Michelle

michelle.giammanco@state.ma.us

Saluti, Sandra

Sandra.saluti@state.ma.us

Sweeney, Michelle

michelle.sweeney@state.ma.us

Add New CI

Displaying all 6 Clinical instructor

**Section Sign Off:**

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This section has been completed.

Clinical Instructors

08/29/16 03:04 PM

**Clinical Instructors**

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

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

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This section has been completed.

Information About the Physical Therapy Service

08/29/16 02:53 PM

**Information About the Physical Therapy Service**

Number of Inpatient Beds For clinical sites with inpatient care, please provide the number of beds available in each of the subcategories listed below: (If this does not apply to your facility, please skip and move to the next table.)

Acute care:

Psychiatric center:

Intensive care:

Rehabilitation center:

90

Step down:

Subacute/transitional care unit:

Extended care:

Other specialty centers:

Total Number of Beds:

90

**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**

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 Total patient/client visits per day:	0 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**

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

**Patient Lifespan****0-12 years**

26% - 50%

**13-21 years**

51% - 75%

**22-65 years**

1% - 25%

**Over 65 years**

0%

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

0%

**SNF/ECF/sub-acute**

0%

**Rehabilitation**

76% - 100%

**Ambulatory/outpatient**

1% - 25%

**Home health/hospice**

0%

**Wellness/fitness/industry**

0%

**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 08/29/16 02:53 PM

**Patient/Client Diagnoses**

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

**Musculoskeletal**

51% - 75%

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 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 type="checkbox"/> Brain injury	<input type="checkbox"/> Cerebral vascular accident	<input type="checkbox"/> Chronic pain
<input checked="" type="checkbox"/> Congenital/ developmental	<input checked="" 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**

0%

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**

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)

0%

Which other sub-categories are available to the student:

<input checked="" 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 08/29/16 02:53 PM

**Staffing**

	Full-time Budgeted	Part-time Budgeted	Current Staffing
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PTs	7	7
PTAs	1	0
Aides/Techs	4	4
Other:		
AA	1	0

**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

08/29/16 02:48 PM

**Information About the Clinical Education Experience**

Special Programs/Activities/Learning Opportunities

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

<input type="checkbox"/> Administration	<input type="checkbox"/> Aquatic Therapy	<input type="checkbox"/> Athletic Venue Coverage
<input type="checkbox"/> Back School	<input type="checkbox"/> Biomechanics Lab	<input 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 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 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 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 checked="" type="checkbox"/> Neurology clinic	<input checked="" type="checkbox"/> Orthopedic clinic
<input type="checkbox"/> Pain clinic	<input type="checkbox"/> Preparticipation sports	<input checked="" type="checkbox"/> Prosthetic/orthotic clinic
<input type="checkbox"/> Scoliosis	<input type="checkbox"/> Screening clinics	<input checked="" type="checkbox"/> Seating/mobility clinic
<input type="checkbox"/> Sports medicine clinic	<input type="checkbox"/> Wellness	<input type="checkbox"/> Women's health
<input type="checkbox"/> Other		

Health and Educational Providers at the Clinical Site

Please check all health care and educational providers at your clinical site students typically observe and/or with whom they interact.

<input checked="" type="checkbox"/> Administrators	<input checked="" 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 checked="" type="checkbox"/> Nurses	<input checked="" type="checkbox"/> Occupational therapists
<input type="checkbox"/> Physician assistants	<input checked="" 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 checked="" type="checkbox"/> Social workers	<input checked="" 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:**

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This section has been completed.

Availability of the Clinical Education Experience

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**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 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
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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 checked="" type="checkbox"/> January	<input checked="" type="checkbox"/> February	<input checked="" 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.

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<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.:

1-2

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?:

CCCE and CI will identify issues with the school and determine the appropriate action that needs to take place.

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.):

Other PT within the dept provide coverage for the student.

#### 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

08/29/16 02:48 PM

#### 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 checked="" type="checkbox"/> Beginning of the clinical experience
<input checked="" type="checkbox"/> Daily	<input checked="" type="checkbox"/> Weekly	<input type="checkbox"/> Other

Indicate which of the following methods are typically utilized to inform students about their clinical performance? (Check all that apply)

<input checked="" type="checkbox"/> As per student request in addition to formal and ongoing written & oral feedback	<input checked="" type="checkbox"/> Ongoing feedback throughout the clinical	<input type="checkbox"/> Student self-assessment throughout the clinical
<input checked="" type="checkbox"/> Written and oral mid-evaluation	<input checked="" type="checkbox"/> Written and oral summative final evaluation	<input type="checkbox"/> Other

#### Section Sign Off:

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This section has been completed.

Student Requirements

08/29/16 02:56 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.

8:00 AM

Is a Mantoux TB test (PPD) required?

a) one step

Yes  No

b) two step

Yes  No

Is a Rubella Titer Test or immunization required?

Yes  No

Please explain:

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

Yes  No

Please explain:

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

Flu Shot strongly encouraged. A physical along with immunization records need to submitted

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

one year

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

Yes  No

Please explain:

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

Yes  No

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

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

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

Yes  No

Please explain:

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

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.):

Mantoux 2 step can be done, if student has not had it completed prior to clinical. A CORI must be submitted by our facility 1 month prior to the start date. CCCE will send paperwork to student. The student will also participate in a 2-day on-site facility wide orientation

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.

Special Information

This section has been completed.

08/29/16 02:56 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

Please explain:

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

Yes  No

Please explain:

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

Yes  No

Please explain:

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

Yes  No

Please explain:

**Is the student required to provide proof of OSHA training?**

Yes  No

Please explain:

**Is the student required to provide proof of HIPAA training?**

Yes  No

Please explain:

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

Yes  No

Please explain:

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

Yes  No

Please explain:

**Can the student receive CPR certification while on-site?**

Yes  No

Please explain:

**Is the student required to be certified in First Aid?**

Yes  No

Please explain:

**Can the student receive First Aid certification on-site?**

Yes  No

Please explain:

**Section Sign Off:**

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

This section has been completed.

Student Schedule

08/29/16 02:56 PM

**Student Schedule**

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

Varied schedules

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

The schedule will be provided to the student 2-3 weeks prior to start date. If a student needs to know earlier, then they can contact PRHC. Typically is 8-9 hrs Mon-Thurs and a shorter day on Friday.

**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"