te: Southern New Hampshire Rehabilitation Center - Nashua		
ection Title	Last Update	Action
CCE Sign Off	Never	
CCE Sign Off		
CCCE Sign Off:		
Click the box below to indicate that you have reviewed all sections of your clinical site survey.		
This survey has been reviewed.		
formation For the Academic Program	06/17/13 01:09 PM	
nformation For the Academic Program		
erson Completing CSIF:		
nda Botos		
mail address of person completing CSIF:		
nda.botos@snhhs.org		
ume 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).:	
outhern New Hampshire Rehabilitation Center - Nashua		
reet Address		
ddress:		
50 Amherst St		
ity:		
ashua		
tate:		
Н		
ostal Code:		
1063		
acility Phone Those Number:		
none number: 03)577-8400		
xt:		
f Department Phone		
hone Number:		
3-577-8400 x t:		
f Department Fax		
hone Number:		
3-577-8405		
inical Center Web Address:		
ww.snhmc.org		
rector of Physical Therapy:		
athleen Pierce, PT		
enter Coordinator of Clinical Education (CCCE) / Contact Person:		

(603)577-8489					
CCCE / Contact Person E-mail:					
linda.botos@snhhs.org					
Section Sign Off:					
Click the box below to indicate you have reviewed and finished wi	th this	section of the survey.			
✓ This section has been completed.					
Information About the Corporate/Healthcare Systems Organ	izatio	1		06/17/13 01:09 PM	······
Information About the Corporate/Healthcare Syst	tems	Organization			
If your facility is part of a larger corporation or has multiplication of the second s	ple sit	es or clinical centers, include the contact informatio	on for	the corporate/healthcare system org	anization.
Corporate/Healthcare System Organization:					
Southern New Hampshire Health System					
Contact Name:					
A 3 4					
Address					
Address:					
8 Prospect St					
City:					
Nashua					
State:					
NH					
Postal Code:					
03060					
Phone					
Phone Number:					
Ext:					
Fax					
Phone Number:					
E-mail:					
Affiliation Agreement Contract Fulfillment Contact Person:					
Brenda Shurtleff					
Section Sign Off:					
Click the box below to indicate you have reviewed and finished wi	th this:	section of the survey.			
This section has been completed.					
Clinical Site Accreditation/Ownership				06/17/13 01:09 PM	
*					
Clinical Site Accreditation/Ownership					
Which of the following best describes the ownership categor	y for y	our clinical site? (check all that apply)			
Corporate/Privately Owned		Government Agency	V	Hospital/Medical Center Owned	
		PT Owned		PT/PTA Owned	
Physician /Physician Group Owned		Other			
	×				
Section Sign Off: Click the box below to indicate you have reviewed and finished wi	th this	section of the survey			
Click the box below to indicate you have reviewed and finished wi	ui this	section of the survey.			
This section has been completed.					
Clinical Site Primary Classification				06/17/13 01:09 PM	

Clinical Site Primary Classification	on						
Choose the category that best describe	s how your facility functio	ons the majority (> 50	0%) of the time.				
Ambulatory Care/Outpatient							
appropriate, check () up to four addi	tional categories that desc	cribe the other clinica	al centers associated with yo	ur facility.			
Acute Care/Inpatient Hospital Facili	ity 🔽	Ambulatory Care/O	Jutpatient		ECF/Nursin	g Home/SNF	
Federal/State/County Health		Home Health			Industrial/O	ccupational Health Faci	ility
Multiple Level Medical Center		Private Practice			Rehabilitatio	on/Sub-acute Rehabilita	tion
School/Preschool Program		Wellness/Prevention	n/Fitness Program		Other		
Section Sign Off: Click the box below to indicate you have r	eviewed and finished with thi	is section of the survey.			· 		
This section has been completed.							
linical Site Location					06/17/13	01:09 PM	
Click the box below to indicate you have r	eviewed and finished with thi	is section of the survey.					
filiated PT and PTA Educational Prog					06/17/13	01:09 PM	
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filiated PT and PTA Educational Prog filiated PT and PTA Educational st all PT and PTA education program rogram Name ranklin Pierce University niversity of Massachusetts - Lowell	al Programs	ently affiliate.	Concord		State NH	РТ / РТА РТ	9
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filiated PT and PTA Educational Prog	affiliated with:		Concord Concor	lease enter the p	State NH MA CT RI ME CT CT CT VT MA MA NH ME TOTOgram Infor	PT / PTA PT PT	

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	08/24/16 04:01 AM
Information About the Clinical Teaching Faculty	
Abbreviated Resume for Center Coordinators of Clinical Education - Please update as each new CCCE assumes this	is position.
Name:	
Linda Botos	
Email Address / CP12 Login:	
Linda.Botos@snhhs.org	
Present Position (Title, Name of Facility):	
Assistant Director of Rehab	
No. of Years as the CCCE	
No. of Years of Clinical Practice	
27	
No. of Years of Clinical Teaching	
25	
No. of Venue Worldow et this Cite	
No. of Years Working at this Site	
Check all that apply:	
PT PTA	
Licensing/Registration Status	
Please choose:	
State of Licensure/Registration	
Please choose:	
License/Registration Number:	
Highest Earned Physical Therapy Degree	
Bachelor in Physical Therapy	
Highest Earned Degree	
Bachelors degree	
APTA Credentialed CI	
C Yes C No	
APTA Advanced Credentialed CI	
O Yes O No	
Other CI Credentialing	
C Yes C No	
ABPTS Certified Clinical Specialist (Check all that apply)	
ULS GLS	
OCS GCS PCS NCS	

_	Too.		-	11/20
	ECS			WCS
APTA Re	ecognition of Advanced Proficiency for PTAs (Check all t	hat apply)		
	Aquatic			Musculoskeletal
	Cardiopulmonary			Neuromuscular
	Geriatric			Pediatrics
	Integumentary			
Other cre	dentials:			
Summa	ry of College and University Education			
(Start wi	ith most current)			
Institut	tion:			
	l of Study e user is currently enrolled, please type in the word 'CUF	RRENT' into the box labele	ed 'To'.)	
From				
Major:				
Degree	:			
	ry of Primary Employment			
(For cur	rrent and previous four positions since graduation from	om college; start with m	iost curre	nt)
Employ	yer:			
Positio	n:			
Period	l of Employment			
(If the	e user is currently employed, please type in the word 'CU	URRENT' into the box labe	eled 'To'.)	
From	— To			
Continu	ving Professional Propagation Polated Directly to Clinic	al Toophing Posponsibili	tion	
	uing Professional Preparation Related Directly to Clinic mple, academic for credit courses [dates and titles],			d instructors], research, clinical practice/expertise, etc. in the last three
(3) years	-			
Course	:			
	er/Location:			
Date				
Section	Sign Off:			
	box below to indicate you have reviewed and finished with this	s section of the survey.		
This s	ection has been completed.			
	-			00/02/10 10 20 414
Guincai ths	structor Information			08/23/16 10:38 AM
Clinical I	nstructor Information			
Provide t	he following information on all PTs or PTAs employe	ed at your clinical site w	ho are Cl	S.
		I Username		Actions
Ballard,	Kristen kr	isten.ballard@snhhs.org		
Eddy, Jo	odi B joo	di.eddy@snhhs.org		

Ed	lgerton, Mary M	ma	ary.edgerton@snhhs.org		
Fle	etcher, Rhonda F	rhe	onda.fletcher@snhhs.org		
Fh	1et, Nicole	Ni	cole.Fluet@snhhs.org		
Ha	arrison, Amy L	an	ny.harrison@snhmc.org		
	lly, Elizabeth	Eli	zabeth.kelly@snhhs.org		
	ant, Jennifer		nnifer.plant@snhhs.org		
	go, Diane		ane.Rego@snhmc.org		
Riv	viere, Dan	riv	iere.dan@snhhs.org		
Sh	oults, Tamara	tar	mara.shoults@snhhs.org		
Sw	veetser, Christine S	Ch	nristine.Sweetser@snhmc.org		
	Add New CI Displaying all 12 Clinical instructor				
	k the box below to indicate you have reviewed and finished with the box below to indicate you have reviewed and finished with the box been completed.	ith this	section of the survey.		06/17/13 01:12 PM
Clini	cal Instructors				
_	criteria do you use to select clinical instructors? (Check	_		-	
	APTA Clinical Instructor Credentialing Clinical competence		Career ladder opportunity		Certification/training course Demonstrated strength in clinical teaching
	No criteria		Delegated in position description Other (not APTA) clinical instructor credentialing		Therapist initiative/volunteer
	Years of experience		Other		Therapist initiative/ volumeer
How :	are clinical instructors trained? (Check all that apply)				
Г	1:1 individual training (CCCE:CI)		APTA Clinical Instructor Education and Credentialing	Г	Academic for-credit coursework
	Clinical center inservices		Program Continuing education by academic program		Continuing education by consortia
V	No training	Г	Other (not APTA) clinical instructor credentialing program		Professional continuing education (e.g., chapter, CEU
	Other	-		-	course)
Clic	ction Sign Off: k the box below to indicate you have reviewed and finished w This section has been completed.	ith this	section of the survey.		
Inforr	nation About the Physical Therapy Service				06/17/13 01:03 PM
Info	rmation About the Physical Therapy Service				
to yo	ber of Inpatient Beds For clinical sites with inpatient ur facility, please skip and move to the next table.)	t care,	please provide the number of beds available in eac	h of th	e subcategories listed below: (If this does not apply
Acute	care:				
	iatric center:				
	ive care:				
Rehab	ilitation center:				
Step d	own:				
Subac	ute/transitional care unit:				

Extended care:	
Other specialty centers:	
Total Number of Beds:	
188	
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	06/17/13 01:03 PM
Number of Patients/Clients	
Estimate the average number of patient/client visits per day:	
Inpatient	Outpatient
10-20	10-20
Individual PT:	Individual PT:
Student PT:	Student PT:
Individual PTA:	10-20 Individual PTA:
Student PTA:	Student PTA:
PT/PTA Team:	PT/PTA Team:
1020	2040
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.	
This section has been completed.	06/17/13 01:03 PM
	06/17/13 01:03 PM
Patient/Client Lifespan and Continuum of Care Patient/Client Lifespan and Continuum of Care	
Patient/Client Lifespan and Continuum of Care	
Patient/Client Lifespan and Continuum of Care Patient/Client Lifespan and Continuum of Care	
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Patient/Client Lifespan and Continuum of Care Patient/Client Lifespan and Continuum of Care Indicate the frequency of time typically spent with patients/clients in each of the cate Patient Lifespan 0-12 years Please choose: Image: Imag	

AIIDU	latory/outpatient				
76%	-100%				
Home	health/hospice				
Plea	se choose: 💌				
Welln	ess/fitness/industry				
Plea	se choose: 💌				
Sec	tion Sign Off:				
Clic	k the box below to indicate you have reviewed and finished w	vith this	section of the survey.		
	This section has been completed.				
Patier	t/Client Diagnoses				06/17/13 01:03 PM
Patie	nt/Client Diagnoses				
1 and	nr/onent Diagnoses				
Indica	te the frequency of time typically spent with patier	nts/clie	ents in each of the categories:		
Musc	lloskeletal				
76%	-100%				
Which	Musculoskeletal sub-categories are available to the s	tudent	:		
	Acute injury		Amputation		Arthritis
V	Bone disease/dysfunction		Connective tissue disease/ dysfunction		Muscle disease/dysfunction
	Musculoskeletal degenerative disease		Orthopedic surgery		Other
Neuro	-muscular				
26%	-50%				
Which	Neuro-muscular sub-categories are available to the s	studen	1:		
	Neuro-muscular sub-categories are available to the s Brain injury	1	t: Cerebral vascular accident		Chronic pain
Which	_	studen		V	Chronic pain Peripheral nerve injury
7	Brain injury	V	Cerebral vascular accident		
V V	Brain injury Congenital/developmental Spinal cord injury	V	Cerebral vascular accident Neuromuscular degenerative disease	V	Peripheral nerve injury
V V	Brain injury Congenital/developmental Spinal cord injury ovascular-pulmonary	V	Cerebral vascular accident Neuromuscular degenerative disease	V	Peripheral nerve injury
 ✓ ✓ ✓ Cardi 1% - 	Brain injury Congenital/developmental Spinal cord injury ovascular-pulmonary 25%	X X	Cerebral vascular accident Neuromuscular degenerative disease Vestibular disorder	V	Peripheral nerve injury
✓ ✓ Cardi 1%-	Brain injury Congenital/developmental Spinal cord injury ovascular-pulmonary 25% T Cardiovascular-pulmonary sub-categories are availa	D D D D D	Cerebral vascular accident Neuromuscular degenerative disease Vestibular disorder the student:		Peripheral nerve injury Other
✓ ✓ Cardi 1% - Which	Brain injury Congenital / developmental Spinal cord injury Dvascular-pulmonary 25% Cardiovascular-pulmonary sub-categories are availat Cardiac dysfunction/ disease	able to	Cerebral vascular accident Neuromuscular degenerative disease Vestibular disorder the student: Fitness	V	Peripheral nerve injury Other Lymphedema
✓ ✓ Cardi 1%-	Brain injury Congenital/developmental Spinal cord injury ovascular-pulmonary 25% T Cardiovascular-pulmonary sub-categories are availa	D D D D D	Cerebral vascular accident Neuromuscular degenerative disease Vestibular disorder the student:		Peripheral nerve injury Other
Cardii 1%- Which Integr	Brain injury Congenital/developmental Spinal cord injury ovascular-pulmonary 25% Cardiovascular-pulmonary sub-categories are availan Cardiac dysfunction/disease Peripheral vascular dysfunction/disease	able to	Cerebral vascular accident Neuromuscular degenerative disease Vestibular disorder the student: Fitness	V	Peripheral nerve injury Other Lymphedema
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Pelvic	floor dysfunction								
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Staffir	ıg						06/17/13	01:03 PM	
Staffi	ng								
		Full-time Bu	dgeted		Part-time Budgeted			Current Staffing	
PTs		15			5				
PTAs		4							
Aides	Techs								
Other:									
outer:									
	This section has been completed. nation About the Clinical Education Exper	rience					03/06/12	08:22 AM	
Please	al Programs/Activities/Learning Oppor	rning opportu				-			
	Administration			Aquatic Therapy			Athletic Venu		
	Back School			Biomechanics Lab			Cardiac Reha		
	Community/Re-entry Activities			Critical Care/Intensive Care	:			al Administration	
	Early Intervention			Employee Intervention				Vellness Program	
	Group Programs/ Classes			Home Health Program			Industrial/En		
	Inservice Training/Lectures Orthotic/Prosthetic Fabrication			Neonatal Care Pain Management Program				ne/ECF/SNF lassroom Consultation Emphas	ia
7	Pediatric - Cognitive Impairment Emphasis			Pediatric - Developmental I	Program Emphasis	N	Pediatric - G		15
V V	Pediatric - Musculoskeletal Emphasis		V	Pediatric - Neurological Em			Prevention/		
	Pulmonary Rehabilitation			Quality Assurance/CQI/TQ			Radiology		
	Research Experience			Screening/Prevention			Sports Physic	cal Therapy	
V	Surgery (observation)			Team Meetings/Rounds			Vestibular Re		
7	Women's Health/OB-GYN			Work Hardening/Condition	iing		Wound Care		
	Other								
	alty Clinics								
Please	check all specialty clinics available as stu	dent learning	gexpe	riences.					
7	Arthritis			Balance		Γ	Developmer	ntal	
	Feeding clinic			Hand clinic			Hemophilia	clinic	
	Industry			Neurology clinic			Orthopedic	clinic	
	Pain clinic			Preparticipation sports			Prosthetic/o	orthotic clinic	
	Scoliosis			Screening clinics			Seating/mob	pility clinic	
	Sports medicine clinic			Wellness			Women's he	alth	
	Other								

Health and Educational Providers at the Clinical Site	
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Healt	h and Educational Providers at the Clinical Site				
Pleas	e check all health care and educational providers at y	our clir	nical site students typically observe and/or with whom	they in	iteract.
7	Administrators		Alternative therapies		Athletic trainers
	Audiologists		Dietitians		Enterostomal / wound specialists
	Exercise physiologists		Fitness professionals		Health information technologists
1	Massage therapists		Nurses		Occupational therapists
1	Physician assistants		Physicians		Podiatrists
1	Prosthetists / orthotists	П	Psychologists	Г	Respiratory therapists
1	Social workers		Special education teachers		Speech/language pathologists
T	Students from other disciplines		Students from other physical therapy education programs		Therapeutic recreation therapists
1	Vocational rehabilitation counselors		Other		· · · · · · · · · · · · · · · · · · ·
	c tion Sign Off: It he box below to indicate you have reviewed and finished t	with this	section of the survey.		
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ndic: hysi	cal Therapist Experience:		udents for clinical experiences (Check all that apply).	
7	Full days		Half days		Other
teri	cal Therapist mediate Experiences:		Halfdaus		Other
7	Full days		Half days		Other
ysi	cal Therapist				
7	Final Experience		Internship (6 months or longer)	Г	Specialty experience
]	Other				
iysi	cal Therapist Assistant Experience:				
7	Full days		Half days		Other
teri	cal Therapist Assistant mediate Experiences:	I			
7	Full days		Half days		Other
ıysi	cal Therapist Assistant				
7	Final Experience		Other		
			r		
dica	ate which months you will accept students for any sin	gle full	-time (36 hrs/wk) clinical experience.		
7	January		February		March
7	April		May		June
7	July		August		September
7	October		November		December
dica	ate which months you will accept students for any one	e part-i	time (< 36 hrs/wk) clinical experience.		
7	January		February		March
T	April		May		June
7	July		August		September

PTA Indicate which months you will accept students for any single (36 brs/wk) clinical experience. Image: Im	
Image: Second	
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Image: AprilImage: MayImage: MayIm	
Image: Constraint of the second of the se	
Cotober November December	
Indicate which months you will accept students for any one part-time (< 36 hrs/wk) clinical experience.	
🔽 January 🔽 February 🔽 March	
April May June	
✓ July ✓ August ✓ September	
✓ October ✓ November ✓ December	
Average number of PT students affiliating per year.:	
3-5	
Average number of PTA students affiliating per year.:	
2	
Is your clinical site willing to offer reasonable accommodations for students under ADA?	
• Yes • No Please explain:	
riedse explain.	
What is the procedure for managing students whose performance is below expectations or unsafe?:	
contact ACCE and request meeting	
contact ACCE and request meeting 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.):	
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Do students need to contact the clinical site for specific work Yes C No Please explain:	hours	related to the clinical experience?		
Do students receive the same official holidays as staff?				
• Yes • No Please explain:				
Does your clinical site require a student interview?				
O Yes O No				
Please explain:				
Indicate the time the student should report to the clinical site	e on th	e first day of the experience.		
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 Please explain:				
Are any other health tests/immunizations required prior to	he clir	ical experience? If yes, please specify:		
O Yes O No				
How is this information communicated to the clinic? Provide fax m	umberi	frequired.:		
How current are student physical exam records required to be?:				
withing the year				
withing the year				
Are any other health tests or immunizations required on-site	e? If ye	s, please specify:		
O Yes O No				
Is the student required to provide proof of any other trainin	g prio	to orientation at your facility? If yes, please list.		
O Yes O No				
Indicate which of the following are required by your facility	orior t	o the clinical education experience:		
Child clearance		Criminal background check		Drug screening
HIPAA education		OSHA education		Proof of student health clearance
Other Other				
Is a criminal background check required (e.g., Criminal Offe	nder F	second Information)? If yes, please indicate which had	karour	nd check is required and time frame
	iluci i	ecord information, in yes, prease indicate which bac	kgroui	in creck is required and time traine.
• Yes • No Please explain:				
Is a child abuse clearance required?				
-				
C Yes C No Please explain:				
Is the student responsible for the cost of required clearance	s?			
• Yes • No				
Please explain:				
Is the student required to submit to a drug test? If yes, pleas	e desc	ribe parameters.		
• Yes • No Please explain:				
10 Panel Drug screen				
10 Panel Drug screen Is medical testing available on-site for students?				
Is medical testing available on-site for students?	sign a	confidentiality statement.):		

Compliance Contact Person Name:						
Compliance Contact Person Phone Number						
Phone Number:						
Ext:						
Compliance Contact Person Email:						
Section Sim Off						
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 08/06/15 02:58 PM						
Special Information						
Do you require a case study or inservice from all students (part-time and full-time)?						
• Yes • No Please explain:						
topic chosen by student and CI						
Do you require any additional written or verbal work from the student (e.g., article critiques, journal review, patient/client education handout/brochure)?						
Please explain:						
Does your site have a written policy for missed days due to illness, emergency situations, other? If yes, please summarize.						
C Yes O No						
Will the student have access to the Internet at the clinical site?						
© Yes O No						
Please explain:						
Is there a facility/student dress code?						
© Yes O No						
Is emergency health care available for students?						
C Yes C No						
Is the student responsible for emergency health care costs?						
C Yes C No						
Is other non-emergency medical care available to students?						
O Yes O No						
Is the student required to have proof of health insurance?						
O Yes O No						
Is the student required to provide proof of OSHA training?						
C Yes C No						
Is the student required to provide proof of HIPAA training?						
C Yes C No						
Is the student required to attest to an understanding of the benefits and risks of Hepatitis-B immunization?						
C Yes C No						
Is the student required to be CPR certified? (Please note if a specific course is required). O Yes O No						
Can the student receive CPR certification while on-site?						
Is the student required to be certified in First Aid?						
C Yes C No						
Can the student receive First Aid certification on-site?						

O Yes	0	No
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Section Sign Off:

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

▼ This section has been completed.

Student Schedule

08/06/15 02:58 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:

 $\operatorname{per}\operatorname{CI}\operatorname{schedule}$

Is physical therapy provided on the weekends?

O Yes O No

Section Sign Off:

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

▼ This section has been completed.

"Key fields have been marked with an asterisks. Please see the CSIF Web Help Manual for more details about Key Fields"

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