

Site: St. Joseph Hospital - Nashua

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	01/02/12 04:19 PM	
<b>Information For the Academic Program</b>		
<b>Person Completing CSIF:</b> Jennifer Rand		
<b>E-mail address of person completing CSIF:</b> jrand@sjnh.org		
<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> St. Joseph Hospital - Nashua		
<b>Street Address</b>		
<b>Address:</b> 172 Kinsley Street		
<b>City:</b> Nashua		
<b>State:</b> NH		
<b>Postal Code:</b> 03060		
<b>Facility Phone</b>		
<b>Phone Number:</b> 603-882-3000		
<b>Ext:</b>		
<b>PT Department Phone</b>		
<b>Phone Number:</b> 603-595-3076		
<b>Ext:</b>		
<b>PT Department Fax</b>		
<b>Phone Number:</b>		
<b>Clinical Center Web Address:</b> www.stjosephhospital.com		
<b>Director of Physical Therapy:</b> Robert Hayes, PT, DPT		
<b>Center Coordinator of Clinical Education (CCCE) / Contact Person:</b> Jennifer Rand, MPT		
<b>CCCE / Contact Person Phone:</b> 603-889-7465		

CCCE / Contact Person E-mail:

jrand@sjnhh.org

**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

01/02/12 04:19 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:**

St. Joseph Healthcare

**Contact Name:**

Jennifer Rand

**Address**

**Address:**

172 Kinsley Street

**City:**

Nashua

**State:**

NH

**Postal Code:**

03060

**Phone**

**Phone Number:**

603-882-3000

**Ext:**

**Fax**

**Phone Number:**

**E-mail:**

**Affiliation Agreement Contract Fulfillment**

**Contact Person:**

Jennifer Rand

**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

01/02/12 04:19 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 type="checkbox"/>	Government Agency	<input checked="" 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

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

Ambulatory Care/Outpatient

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

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

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

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

Program Name	City	State	PT / PTA	
Northeastern University	Boston	MA	PT	
Simmons College	Boston	MA	PT	
Springfield College	Springfield	MA	PT	
Husson University	Bangor	ME	PT	
University of New England	Portland	ME	PT	
University of Vermont	Burlington	VT	PT	
Boston University	Boston	MA	PT	
American International College	Springfield	MA	PT	
Quinnipiac University	Hamden	CT	PT	
University of Rhode Island	Kingston	RI	PT	
Franklin Pierce University	Concord	NH	PT	
Hesser College	Manchester	NH	PTA	
University of Massachusetts - Lowell	Lowell	MA	PT	

Select the program(s) your site is currently affiliated with:	If not found in the list, please enter the program information here:
By A-Z: <div>Any</div>	Program Name: <input type="text"/>
By State: <div>Any</div>	City: <input type="text"/>
	State: <div>AB</div>
	PT / PTA: <div>PT</div>
	<div>AddClear</div>

ACCE Demo University,		
ACCE Demo University,		
ACCE Demo University,		
Section Sign Off:		
ACCE PTA Demo,		
Click the box below to indicate you have reviewed and finished with this section of the survey.		
ASA College, FL		
AT Still University of Health Sciences, AZ		
✓ This section has been completed.		
Academy for Nursing and Health Occupations, FL		

Information About the Clinical Teaching Faculty		08/24/16 03:28 AM
Alabama State University, AL		

## Information About the Clinical Teaching Faculty

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

### Name:

Jennifer Rand

### Email Address / CP12 Login:

jrand@sjnh.org

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

Physical Therapist, St. Joseph Hospital Physical Therapy - Hudson

### No. of Years as the CCCE

4

### No. of Years of Clinical Practice

11

### No. of Years of Clinical Teaching

10

### No. of Years Working at this Site

11

### Check all that apply:

☒ PT ☐ PTA

### Licensing/Registration Status

Licensed/Registered

### State of Licensure/Registration

NH

### License/Registration Number:

2564

### 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
<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)

<p><b>Institution:</b></p> <p>Notre Dame College</p> <p><b>Period of Study</b></p> <p>(If the user is currently enrolled, please type in the word 'CURRENT' into the box labeled 'To'.)</p> <p>From <input type="text" value="9/1994"/> &amp;mdash; To <input type="text" value="5/2000"/></p> <p><b>Major:</b></p> <p>Biology/ Physical Therapy</p> <p><b>Degree:</b></p> <p>Bachelor of Science, Master of Physical Therapy</p>
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**Summary of Primary Employment**

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

<p><b>Employer:</b></p> <p>St. Joseph Hospital</p> <p><b>Position:</b></p> <p>Physical Therapist</p> <p><b>Period of Employment</b></p> <p>(If the user is currently employed, please type in the word 'CURRENT' into the box labeled 'To'.)</p> <p>From <input type="text" value="11/6/2000"/> &amp;mdash; To <input type="text" value="CURRENT"/></p>
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**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)

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

Clinical Instructor Information

02/09/17 11:52 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
Arndt, David	darndt@sjnhh.org	
Boucher, Amy	aboucher@sjnhh.org	
Brown, Rebecca K	rbrown@sjnhh.org	
Conn, DPT, Candice	cconn@sjnhh.org	
Cote, PTA, Maryse	mcote@sjnhh.org	
Denaro, PT, Beth	bdenaro@sjnhh.org	
Dodds, DPT, Heather E	hdodds@sjnhh.org	
Duquette, DPT, Ellen	eduquette@sjnhh.org	
Elliott, Alison	Aelliott@sjnhh.org	
Elliott, Alison	Aelliott@sjnhh.org	
Engelsman, PT, DPT, Beth A	bengelsman@sjnhh.org	
Forbes, DPT, Christopher	chforbes@sjnhh.org	
Frohman, Beth	beth.frohman@gmail.com	
Gendreau, PT, Tracy A	wildthing21768@comcast.net	
Lyttle, PT, Jane	jlyttle@sjnhh.org	
Peretti, DPT, Angie	aperetti@sjnhh.org	
Simonis, Melissa	msimonis@sjnhh.org	
West, MSPT, Michele	mwest@sjnhh.org	
<div><div>Add New CI</div>Displaying all 18 Clinical instructor</div>		

#### 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		05/25/12 08:47 AM			
<b>Clinical Instructors</b>					
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 checked="" 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

01/04/12 10:15 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:**

103

**Psychiatric center:**

18

**Intensive care:**

10

**Rehabilitation center:**

14

**Step down:**

**Subacute/transitional care unit:**

**Extended care:**

**Other specialty centers:**

**Total Number of Beds:**

145

**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

01/04/12 10:15 AM

**Number of Patients/Clients**

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

Inpatient	Outpatient
depends on number of hours worked	depends on number of hours worked
Individual PT:	Individual PT:
Student PT:	Student PT:
Individual PTA:	Individual PTA:
Student PTA:	Student PTA:
PT/PTA Team:	PT/PTA Team:
Invalid	Invalid
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

01/04/12 10:15 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****13-21 years****22-65 years****Over 65 years****Continuum of Care****Critical care, ICU, acute****SNF/ECF/sub-acute****Rehabilitation****Ambulatory/outpatient****Home health/hospice****Wellness/fitness/industry****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

01/04/12 10:15 AM

**Patient/Client Diagnoses**

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

**Musculoskeletal****Which Musculoskeletal sub-categories are available to the student:**

<input checked="" type="checkbox"/>	Acute injury	<input checked="" type="checkbox"/>	Amputation	<input checked="" 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****Which Neuro-muscular sub-categories are available to the student:**

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

**Cardiovascular-pulmonary**



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

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

**Integumentary**

1% - 25%

**Which Integumentary sub-categories are available to the student:**

<input checked="" type="checkbox"/>	Burns	<input checked="" type="checkbox"/>	Open wounds	<input checked="" 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 checked="" type="checkbox"/>	Oncologic conditions	<input type="checkbox"/>	Organ transplant	<input checked="" 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

01/04/12 10:15 AM

**Staffing**

	Full-time Budgeted	Part-time Budgeted	Current Staffing
PTs	30	15	
PTAs	3	0	
Aides/Techs	1	0	
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

01/03/12 09:29 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 type="checkbox"/>	Community/ Re-entry Activities	<input checked="" type="checkbox"/>	Critical Care/ Intensive Care	<input checked="" type="checkbox"/>	Departmental Administration
<input type="checkbox"/>	Early Intervention	<input checked="" type="checkbox"/>	Employee Intervention	<input type="checkbox"/>	Employee Wellness Program
<input checked="" type="checkbox"/>	Group Programs/ Classes	<input checked="" 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 type="checkbox"/>	Pediatric - Cognitive Impairment Emphasis	<input checked="" type="checkbox"/>	Pediatric - Developmental Program Emphasis	<input 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 checked="" type="checkbox"/>	Surgery (observation)	<input checked="" type="checkbox"/>	Team Meetings/Rounds	<input checked="" type="checkbox"/>	Vestibular Rehabilitation
<input checked="" type="checkbox"/>	Women's Health/OB-GYN	<input type="checkbox"/>	Work Hardening/Conditioning	<input checked="" 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 checked="" type="checkbox"/>	Balance	<input checked="" 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 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 checked="" 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 checked="" type="checkbox"/>	Health information technologists
<input checked="" 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 type="checkbox"/>	Prosthetists / orthotists	<input type="checkbox"/>	Psychologists	<input checked="" type="checkbox"/>	Respiratory therapists
<input checked="" 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 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

01/03/12 09:29 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 checked="" 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 checked="" type="checkbox"/>	Full days	<input type="checkbox"/>	Half days	<input type="checkbox"/>	Other
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**Physical Therapist Assistant  
Intermediate Experiences:**

☒ Full days ☐ Half days ☐ Other

**Physical Therapist Assistant**

☒ Final Experience ☐ 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 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

PTA

**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 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

**Average number of PT students affiliating per year.:**

10-15

**Average number of PTA students affiliating per year.:**

1-2

**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?:**

Consultation with CCCE/ACCE, implementation of an Action Plan

**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.):**

The student will be supervised by an alternative 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 Site's Learning Objectives and Assessment

01/03/12 09:29 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 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 checked="" 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:

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

☒ This section has been completed.

Student Requirements

11/04/15 12:49 PM

### Student Requirements

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

☒ Yes ☐ No

Please explain:

The student should contact the CCCE to obtain CI name and contact information. The student should contact the CI for specific work hours related to the clinical experience.

Do students receive the same official holidays as staff?

☒ Yes ☐ No

Please explain:

Official holidays include New Years Day, Memorial Day, July 4th, Labor Day, Thanksgiving, Christmas

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.

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 the clinical experience? If yes, please specify:

☒ Yes ☐ No

Please explain:

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

This information should be sent to the CCCE via mail or faxed to 603-889-7125 at least 8 weeks prior to the start of the clinical experience. The CCCE

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

Immunizations: MMR titre, Varicella titre, Tetanus (within 10 years), Hep B Titre, 2 consecutive Mantoux tests (current year and previous year), Flu vaccine

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

Please explain:

Student is required to complete online net learning modules prior to the start of the experience.

**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

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.):**

Once the medical information is received by the CCCE it will be forwarded to Pat Moysenko. Pat Moysenko will email the student to notify him/her of any missing required information. The student will be assigned online Net Learning Modules. The student will be assigned a date to attend hospital orientation which is held every other Monday from 7 to 3.

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

**Compliance Contact Person Name:**

Pat Moysenko

**Compliance Contact Person Phone Number**

**Phone Number:**

603-595-5300

**Ext:**

66072

**Compliance Contact Person Email:**

pmoysenko@sjnh.org

#### 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

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#### Special Information

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

☒ Yes ☐ No

Please explain:

A 30 to 60 minute inservice is required at CI discretion.

**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:

At CI discretion.

**Does your site have a written policy for missed days due to illness, emergency situations, other? If yes, please summarize.**

☒ Yes ☐ No

Please explain:

Typically follow the school policy for missed days.

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

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#### 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:

Follow the assigned schedule of the CI without negotiation.

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"

