

Site: Stanly Regional Medical Center

Section Title	Last Update	Action
CCCE Sign Off	01/28/16 03:33 PM	
<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 checked="" type="checkbox"/> This survey has been reviewed.</div>		
Information For the Academic Program	01/28/16 03:33 PM	
<b>Information For the Academic Program</b>		
<b>Person Completing CSIF:</b> Erica Lee, PT		
<b>E-mail address of person completing CSIF:</b> erica.lee@stanly.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> STANLYREGIONALMEDICALCENTER		
<b>Street Address</b>		
<b>Address:</b> 301 Yadkin Street		
<b>City:</b> Albemarle		
<b>State:</b> NC		
<b>Postal Code:</b> 28001		
<b>Facility Phone</b>		
<b>Phone Number:</b> (704)984-4000		
<b>Ext:</b>		
<b>PT Department Phone</b>		
<b>Phone Number:</b> (704)984-4290		
<b>Ext:</b>		
<b>PT Department Fax</b>		
<b>Phone Number:</b> (704)983-5019		
<b>Clinical Center Web Address:</b> carolinashealthcare.org		
<b>Director of Physical Therapy:</b> Scott Brone, PT		
<b>Center Coordinator of Clinical Education (CCCE) / Contact Person:</b> Erica Lee, PT		
<b>CCCE / Contact Person Phone:</b>		

(704)984-4290

CCCE / Contact Person E-mail:

erica.lee@carolinashealthcare.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

01/28/16 03:33 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:**

Carolinas Healthcare System

**Contact Name:**

**Address**

**Address:**

**City:**

**State:**

**Postal Code:**

**Phone**

**Phone Number:**

**Ext:**

**Fax**

**Phone Number:**

**E-mail:**

**Affiliation Agreement Contract Fulfillment**

**Contact Person:**

Shirley LaHue

**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

01/28/16 03:33 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

01/28/16 03:33 PM

**Clinical Site Primary Classification**

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

Acute Care/Inpatient Hospital Facility

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 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

01/28/16 03:33 PM

Clinical Site Location

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

Rural

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

01/28/16 03:33 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	
Central Piedmont Community College	Charlotte	NC	PTA	
Guilford Technical Community College	Jamestown	NC	PTA	
University of North Carolina at Chapel Hill	Chapel Hill	NC	PT	
East Carolina University	Greenville	NC	PT	
Elon University	Elon	NC	PT	
Western Carolina University	Cullowhee	NC	PT	
Wingate University	Wingate	NC	PT	
Winston Salem State University	Winston-Salem	NC	PT	
Wheeling Jesuit University	Wheeling	WV	PT	
Daemen College	Amherst	NY	PT	
University of Massachusetts - Lowell	Lowell	MA	PT	
University of St. Augustine - FL	St Augustine	FL	PT	
University of St. Augustine - San Diego	San Marcos	CA	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:	Any	Program Name:	
By State:	Any	City:	
		State:	AB
		PT / PTA:	PT
<div>ACCE Demo University, </div> <div>ACCE Demo University, </div> <div>ACCE Demo University, </div> <div>ACCE PTA Demo, </div> <div>ASA College, FL </div> <div>AT Still University of Health Sciences, AZ </div> <div>Academy for Nursing and Health Occupations, FL </div> <div>Adventist University of Health Sciences, FL </div> <div>Alabama State University, AL </div>		<div>Add</div> <div>Clear</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.

Information About the Clinical Teaching Faculty

08/24/16 03:28 AM

### Information About the Clinical Teaching Faculty

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

Name:

Erica A. Lee

Email Address / CPI2 Login:

erica.lee@atriumhealth.org

Present Position (Title, Name of Facility):

PT, Stanly Regional Medical Center

No. of Years as the CCCE

0

No. of Years of Clinical Practice

11

No. of Years of Clinical Teaching

10

No. of Years Working at this Site

10

Check all that apply:



PT



PTA

Licensing/Registration Status

Licensed/Registered

State of Licensure/Registration

NC

License/Registration Number:

9049

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)



OCS



GCS



PCS



NCS



CCS



SCS



ECS



WCS

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

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

**Other credentials:**

**Summary of College and University Education**

(Start with most current)

**Institution:**

**Period of Study**

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

From  &mdash; To

**Major:**

**Degree:**

**Summary of Primary Employment**

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

**Employer:**

**Position:**

**Period of Employment**

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

From  &mdash; To

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

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

**Course:**

**Provider/Location:**

**Date**

**Name:**

Scott Brone

**Email Address / CPI2 Login:**

scott.brone@stanly.org

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

**No. of Years as the CCCE**

Please choose: ▼

**No. of Years of Clinical Practice**

Please choose: ▼

**No. of Years of Clinical Teaching**

Please choose: ▼

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

Please choose: ▼

Check all that apply:

☐

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**

☐ Yes ☒ No

**APTA Advanced Credentialed CI**

☐ Yes ☒ No

**Other CI Credentialing**

☒ Yes ☐ No

Please explain:

CSCS

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

☐

OCS

☐

GCS

☐

PCS

☐

NCS

☐

CCS

☐

SCS

☐

ECS

☐

WCS

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

☐

Aquatic

☐

Musculoskeletal

☐

Cardiopulmonary

☐

Neuromuscular

☐

Geriatric

☐

Pediatrics

☐

Integumentary

Other credentials:

**Summary of College and University Education**

(Start with most current)

Institution:

Period of Study

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

From  &mdash; To

Major:

Degree:

**Summary of Primary Employment**

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

Employer:

Position:

**Period of Employment**

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

From  &mdash; To

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

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

Course:

Provider/Location:

Date

**Section Sign Off:**

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

☒ This section has been completed.

Clinical Instructor Information

05/24/16 06:55 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
Bryan, Christopher R	cbryanpt@yahoo.com	
Bryan, Christopher	christopher.bryan@stanly.org	
Burleson, Daniel S	dbnut8@yahoo.com	
Coats, Amanda M	amanda.coats@stanly.org	
Ehmann, Suzie	suzie.ehmann@stanly.org	
Fraley, PTA, Linda	linda.fraley@stanly.org	
Hendzel, PTA, Regina	regina.hendzel@stanly.org	
Hendzel, PT, DPT, OCS, Lucas J	lucas.hendzel@stanly.org	
Lentz, PTA, Heather	heather.lentz@stanly.org	
Lockamy, PTA, Kelly	kelly.lockamy@stanly.org	
McConlogue, Joanne M	joanne.mcconlogue@stanly.org	
Merritt, PTA, Jodi	jodi.merritt@stanly.org	

Add New CI

Displaying all 12 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

12/19/13 11:46 AM

Clinical Instructors

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

<input type="checkbox"/> APTA Clinical Instructor Credentialing	<input type="checkbox"/> Career ladder opportunity	<input type="checkbox"/> Certification/training course
<input checked="" type="checkbox"/> Clinical competence	<input type="checkbox"/> Delegated in position description	<input 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 checked="" 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	01/28/16 03:35 PM
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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:

50

Psychiatric center:

12

Intensive care:

10

Rehabilitation center:

0

Step down:

0

Subacute/transitional care unit:

0

Extended care:

0

Other specialty centers:

Total Number of Beds:

72

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	01/28/16 03:35 PM
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Number of Patients/Clients

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

<b>Inpatient</b>  10 Individual PT:	<b>Outpatient</b>  8 Individual PT:
--	--



8 Student PT:	6 Student PT:
10 Individual PTA:	8 Individual PTA:
8 Student PTA:	6 Student PTA:
20 PT/PTA Team:	14 PT/PTA Team:
56 Total patient/client visits per day:	42 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

01/28/16 03:35 PM

**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**

1% - 25%

**13-21 years**

1% - 25%

**22-65 years**

26% - 50%

**Over 65 years**

26% - 50%

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

26% - 50%

**SNF/ECF/sub-acute**

0%

**Rehabilitation**

0%

**Ambulatory/outpatient**

51% - 75%

**Home health/hospice**

0%

**Wellness/fitness/industry**

1% - 25%

**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

01/28/16 03:35 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 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

26% - 50%

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

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

#### Cardiovascular-pulmonary

26% - 50%

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

<input checked="" type="checkbox"/>	Cardiac dysfunction/ disease	<input type="checkbox"/>	Fitness	<input 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 type="checkbox"/>	Burns	<input checked="" type="checkbox"/>	Open wounds	<input type="checkbox"/>	Scar formation
<input type="checkbox"/>	Other				

#### Other (May cross a number of diagnostic groups)

26% - 50%

#### 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 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

01/28/16 03:35 PM

#### Staffing

	Full-time Budgeted	Part-time Budgeted	Current Staffing
PTs	6	1	7
PTAs	5	1	6
Aides/Techs	0	0	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

12/17/13 12:41 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 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 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 type="checkbox"/> Pediatric - Cognitive Impairment Emphasis	<input type="checkbox"/> Pediatric - Developmental Program Emphasis	<input checked="" type="checkbox"/> Pediatric - General
<input type="checkbox"/> Pediatric - Musculoskeletal Emphasis	<input 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 checked="" 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 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 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 checked="" 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 checked="" 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 checked="" 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 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**

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:**

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

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

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

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

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

<input type="checkbox"/>	January	<input type="checkbox"/>	February	<input 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.:

6

Average number of PTA students affiliating per year.:

6

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?:

First, discussion with the student. Second, discussion with ACCE

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 follows another therapist.

#### 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

12/17/13 12:41 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 type="checkbox"/>	Beginning of the clinical experience
<input type="checkbox"/>	Daily	<input type="checkbox"/>	Weekly	<input checked="" type="checkbox"/>	Other

Please explain:

We tend to use the students learning objectives, and discuss as the student requests.

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

01/28/16 04:14 PM

#### Student Requirements

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

☒ Yes ☐ No

Please explain:

Generally, we ask the student to e-mail the CCCE to receive info.

Do students receive the same official holidays as staff?

☒ Yes ☐ No

Please explain:

Does your clinical site require a student interview?

☐ Yes ☒ No

Please explain:

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

8:30 AM ▼

Is a Mantoux TB test (PPD) required?

**a) one step**

☒ Yes ☐ No

**b) two step**

☐ Yes ☒ No

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

☐ Yes ☒ No

Please explain:

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

☐ Yes ☒ No

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

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

☒ Yes ☐ No

Please explain:

Criminal background check is to be sent to Shirley Lehue.

**Is a child abuse clearance required?**

☐ Yes ☒ No

Please explain:

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

☒ Yes ☐ No

Please explain:

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

☒ Yes ☐ No

Please explain:

Urine Drug Screen on site first day

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

☒ Yes ☐ No

Please explain:

If necessary, at student's expense.

**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:**

Shirley Lehue

**Compliance Contact Person Phone Number**

**Phone Number:**

(704)984-4366

**Ext:**

**Compliance Contact Person Email:**

shirley.lehue@stanly.org

**Section Sign Off:**

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

<input checked="" type="checkbox"/> This section has been completed. Special Information		01/28/16 04:14 PM
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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:

Students complete per academic institution

Do you require any additional written or verbal work from the student (e.g., article critiques, journal review, patient/client education handout/brochure)?

☐ Yes ☒ No

Please explain:

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

☐ Yes ☒ No

Will the student have access to the Internet at the clinical site?

☒ Yes ☐ No

Please explain:

Is there a facility/student dress code?

☒ Yes ☐ No

Is emergency health care available for students?

☐ Yes ☐ No

Is the student responsible for emergency health care costs?

☐ Yes ☐ No

Is other non-emergency medical care available to students?

☐ Yes ☐ No

Is the student required to have proof of health insurance?

☐ Yes ☐ No

Is the student required to provide proof of OSHA training?

☐ Yes ☐ No

Is the student required to provide proof of HIPAA training?

☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Yes ☐ No

Can the student receive CPR certification while on-site?

☐ Yes ☐ No

Is the student required to be certified in First Aid?

☐ Yes ☐ No

Can the student receive First Aid certification on-site?

☐ Yes ☐ No

### Section Sign Off:


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

☒ This section has been completed.

Student Schedule	01/28/16 04:14 PM
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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:

The student will follow their CI's schedule.

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"