

Site: Swing for the Stars Pediatric Therapy Center, LLC

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	07/10/14 08:29 AM	
<b>Information For the Academic Program</b>		
<b>Person Completing CSIF:</b> Brittany Osbon, PT, DPT, CBIS <b>E-mail address of person completing CSIF:</b> brittany@swingforthestars.com <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> Swing for the Stars Pediatric Therapy Center, LLC		
<b>Street Address</b> <b>Address:</b> 2 Pillsbury Street Suite 404 <b>City:</b> Concord <b>State:</b> NH <b>Postal Code:</b> 03301		
<b>Facility Phone</b> <b>Phone Number:</b> 603-228-7827 <b>Ext:</b>		
<b>PT Department Phone</b> <b>Phone Number:</b> 603-228-7827 <b>Ext:</b>		
<b>PT Department Fax</b> <b>Phone Number:</b> 603-228-7828		
<b>Clinical Center Web Address:</b> www.swingforthestars.com		
<b>Director of Physical Therapy:</b> Executive Director: Jodie Heath, MS, OTR/L		
<b>Center Coordinator of Clinical Education (CCCE) / Contact Person:</b> Laurie Burton, OTR/L		

CCCE / Contact Person Phone:

603-228-7827

CCCE / Contact Person E-mail:

Laurie@swingforthestars.com

**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

07/10/14 08:29 AM

**Information About the Corporate/Healthcare Systems Organization**

If your facility is part of a larger corporation or has multiple sites or clinical centers, include the contact information for the corporate/healthcare system organization.

Corporate/Healthcare System Organization:

Contact Name:

Address

Address:

City:

State:

Postal Code:

Phone

Phone Number:

Ext:

Fax

Phone Number:

E-mail:

Affiliation Agreement Contract Fulfillment

Contact Person:

**Section Sign Off:**

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

☒ This section has been completed.

Clinical Site Accreditation/Ownership

07/10/14 08:29 AM

**Clinical Site Accreditation/Ownership**

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

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

**Section Sign Off:**

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

☒ This section has been completed.

Clinical Site Primary Classification

07/10/14 08:29 AM

**Clinical Site Primary Classification**

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

Private Practice

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

<input type="checkbox"/> Acute Care/ Inpatient Hospital Facility	<input type="checkbox"/> Ambulatory Care/ Outpatient	<input type="checkbox"/> ECF/ Nursing Home/ SNF
<input type="checkbox"/> Federal/ State/ County Health	<input type="checkbox"/> Home Health	<input type="checkbox"/> Industrial/ Occupational Health Facility
<input type="checkbox"/> Multiple Level Medical Center	<input checked="" 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	07/10/14 08:29 AM
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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	07/10/14 08:29 AM
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Affiliated PT and PTA Educational Programs

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

Program Name	City	State	PT / PTA
Select the program(s) your site is currently affiliated with:			
By A- Z:	Any		
By State:	Any		
ACCE Demo University,			
ACCE Demo University,			
ACCE Demo University,			
ACCE PTA Demo,			
ASA College, FL			
AT Still University of Health Sciences, AZ			
Academy for Nursing and Health Occupations, FL			
Adventist University of Health Sciences, FL			
Alabama State University, AL			
If not found in the list, please enter the program information here:			
Program Name:			
City:			
State:	AB		
PT / PTA:	PT		
<div>Add 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	05/24/16 03:16 PM
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Information About the Clinical Teaching Faculty

**Name:**

Brittany Cumba

**Email Address / CPI2 Login:**

Brittany@swingforthestars.com

**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**

Doctor in Physical Therapy ▼

**Highest Earned Degree**

Professional Doctor in Physical Therapy ▼

**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)**

☐

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

01/05/18 07:51 PM

### Clinical Instructor Information

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

CI Name Followed By Credentials

CI Username

Actions

Brown, Kaylene

kaylene@swingforthestars.com

Add New CI

Displaying 1 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

08/15/13 05:12 PM

### Clinical Instructors

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

<input type="checkbox"/>	APTA Clinical Instructor Credentialing	<input type="checkbox"/>	Career ladder opportunity	<input type="checkbox"/>	Certification/ training course
<input type="checkbox"/>	Clinical competence	<input type="checkbox"/>	Delegated in position description	<input type="checkbox"/>	Demonstrated strength in clinical teaching
<input type="checkbox"/>	No criteria	<input type="checkbox"/>	Other (not APTA) clinical instructor credentialing	<input type="checkbox"/>	Therapist initiative/volunteer
<input type="checkbox"/>	Years of experience	<input type="checkbox"/>	Other		

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

<input type="checkbox"/>	1:1 individual training (CCCE:CI)	<input type="checkbox"/>	APTA Clinical Instructor Education and Credentialing Program	<input type="checkbox"/>	Academic for -credit coursework
<input type="checkbox"/>	Clinical center inservices	<input type="checkbox"/>	Continuing education by academic program	<input type="checkbox"/>	Continuing education by consortia
<input type="checkbox"/>	No training	<input type="checkbox"/>	Other (not APTA) clinical instructor credentialing program	<input type="checkbox"/>	Professional continuing education (e.g., chapter, CEU course)
<input type="checkbox"/>	Other				

Section Sign Off:

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

08/15/13 05:19 PM

Information About the Physical Therapy Service

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

Acute care:

Psychiatric center:

Intensive care:

Rehabilitation center:

Step down:

Subacute/transitional care unit:

Extended care:

Other specialty centers:

Total Number of Beds:

0

Section Sign Off:

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

☒ This section has been completed.

Number of Patients/Clients

08/15/13 05:19 PM

Number of Patients/Clients

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

<b>Inpatient</b>	<b>Outpatient</b>
Individual PT:	8 Individual PT:
Student PT:	Student PT:
Individual PTA:	Individual PTA:
Student PTA:	Student PTA:
PT/PTA Team:	PT/PTA Team:
0	8
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

08/15/13 05:19 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

76% - 100%

##### 13-21 years

1% - 25%

##### 22-65 years

0%

##### Over 65 years

0%

#### Continuum of Care

##### Critical care, ICU, acute

0%

##### SNF/ECF/sub-acute

0%

##### Rehabilitation

0%

##### Ambulatory/outpatient

76% - 100%

##### Home health/hospice

0%

##### Wellness/fitness/industry

0%

#### Section Sign Off:

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

☒ This section has been completed.

Patient/Client Diagnoses

08/15/13 05:19 PM

### Patient/Client Diagnoses

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

#### Musculoskeletal

1% - 25%

Which Musculoskeletal sub-categories are available to the student:

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

#### Neuro-muscular

51% - 75%

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

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

Cardiovascular-pulmonary

0%

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

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

Integumentary

0%

Which Integumentary sub-categories are available to the student:

<input type="checkbox"/>	Burns	<input type="checkbox"/>	Open wounds	<input type="checkbox"/>	Scar formation
<input type="checkbox"/>	Other				

Other (May cross a number of diagnostic groups)

1% - 25%

Which other sub-categories are available to the student:

<input type="checkbox"/>	Cognitive impairment	<input type="checkbox"/>	General medical conditions	<input type="checkbox"/>	General surgery
<input type="checkbox"/>	Oncologic conditions	<input type="checkbox"/>	Organ transplant	<input type="checkbox"/>	Wellness/ Prevention
<input checked="" type="checkbox"/>	Other				

Please explain:

Genetic diseases, autism spectrum

#### Section Sign Off:

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

☒ This section has been completed.

Staffing

08/15/13 05:19 PM

#### Staffing

	Full-time Budgeted	Part-time Budgeted	Current Staffing
PTs	1	0	1
PTAs	0	0	0
Aides/Techs	0	0	0
Other: OT/SLP	9	1	0

#### Section Sign Off:

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

☒ This section has been completed.

Information About the Clinical Education Experience

08/15/13 05:29 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 type="checkbox"/> Cardiac Rehabilitation
<input type="checkbox"/> Community/Re-entry Activities	<input type="checkbox"/> Critical Care/Intensive Care	<input type="checkbox"/> Departmental Administration
<input type="checkbox"/> Early Intervention	<input type="checkbox"/> Employee Intervention	<input type="checkbox"/> Employee Wellness Program
<input checked="" 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 type="checkbox"/> Orthotic/Prosthetic Fabrication	<input type="checkbox"/> Pain Management Program	<input type="checkbox"/> Pediatric - Classroom Consultation Emphasis
<input checked="" type="checkbox"/> Pediatric - Cognitive Impairment Emphasis	<input checked="" type="checkbox"/> Pediatric - Developmental Program Emphasis	<input checked="" type="checkbox"/> Pediatric - General
<input checked="" type="checkbox"/> Pediatric - Musculoskeletal Emphasis	<input checked="" type="checkbox"/> Pediatric - Neurological Emphasis	<input type="checkbox"/> Prevention/Wellness
<input type="checkbox"/> Pulmonary Rehabilitation	<input type="checkbox"/> Quality Assurance/CQI/TQM	<input type="checkbox"/> Radiology
<input type="checkbox"/> Research Experience	<input type="checkbox"/> Screening/Prevention	<input type="checkbox"/> Sports Physical Therapy
<input type="checkbox"/> Surgery (observation)	<input type="checkbox"/> Team Meetings/Rounds	<input type="checkbox"/> Vestibular Rehabilitation
<input type="checkbox"/> Women's Health/OB-GYN	<input type="checkbox"/> Work Hardening/Conditioning	<input type="checkbox"/> Wound Care
<input type="checkbox"/> Other		

## Specialty Clinics

Please check all specialty clinics available as student learning experiences.

<input type="checkbox"/> Arthritis	<input type="checkbox"/> Balance	<input type="checkbox"/> Developmental
<input type="checkbox"/> Feeding clinic	<input type="checkbox"/> Hand clinic	<input type="checkbox"/> Hemophilia clinic
<input type="checkbox"/> Industry	<input type="checkbox"/> Neurology clinic	<input type="checkbox"/> Orthopedic clinic
<input type="checkbox"/> Pain clinic	<input type="checkbox"/> Preparticipation sports	<input type="checkbox"/> Prosthetic/orthotic clinic
<input type="checkbox"/> Scoliosis	<input type="checkbox"/> Screening clinics	<input type="checkbox"/> Seating/mobility clinic
<input type="checkbox"/> Sports medicine clinic	<input type="checkbox"/> Wellness	<input type="checkbox"/> Women's health
<input type="checkbox"/> Other		

## Health and Educational Providers at the Clinical Site

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

<input type="checkbox"/> Administrators	<input type="checkbox"/> Alternative therapies	<input type="checkbox"/> Athletic trainers
<input type="checkbox"/> Audiologists	<input type="checkbox"/> Dietitians	<input type="checkbox"/> Enterostomal / wound specialists
<input type="checkbox"/> Exercise physiologists	<input type="checkbox"/> Fitness professionals	<input type="checkbox"/> Health information technologists
<input type="checkbox"/> Massage therapists	<input type="checkbox"/> Nurses	<input checked="" type="checkbox"/> Occupational therapists
<input type="checkbox"/> Physician assistants	<input type="checkbox"/> Physicians	<input type="checkbox"/> Podiatrists
<input type="checkbox"/> Prosthetists / orthotists	<input type="checkbox"/> Psychologists	<input type="checkbox"/> Respiratory therapists
<input type="checkbox"/> Social workers	<input type="checkbox"/> Special education teachers	<input checked="" type="checkbox"/> Speech/language pathologists
<input checked="" type="checkbox"/> Students from other disciplines	<input type="checkbox"/> Students from other physical therapy education programs	<input type="checkbox"/> Therapeutic recreation therapists
<input type="checkbox"/> Vocational rehabilitation counselors	<input type="checkbox"/> Other	

### Section Sign Off:

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

08/15/13 05:29 PM

## Availability of the Clinical Education Experience

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

Physical Therapist  
First Experience:

<input type="checkbox"/> Full days	<input type="checkbox"/> Half days	<input checked="" type="checkbox"/> Other
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Please explain:

Observation, non full time clinical rotation.

#### Physical Therapist

##### Intermediate Experiences:

<input checked="" type="checkbox"/> Full days	<input checked="" type="checkbox"/> Half days	<input checked="" type="checkbox"/> Other
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Please explain:

Observation, non full time clinical rotation.

#### Physical Therapist

<input checked="" type="checkbox"/> Final Experience	<input type="checkbox"/> Internship (6 months or longer)	<input checked="" type="checkbox"/> Specialty experience
<input type="checkbox"/> Other		

#### Physical Therapist Assistant

##### First Experience:

<input type="checkbox"/> Full days	<input type="checkbox"/> Half days	<input checked="" type="checkbox"/> Other
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Please explain:

Observation, non full time clinical rotation.

#### Physical Therapist Assistant

##### Intermediate Experiences:

<input checked="" type="checkbox"/> Full days	<input checked="" type="checkbox"/> Half days	<input checked="" type="checkbox"/> Other
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Please explain:

Observation, non full time clinical rotation.

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

0

Average number of PTA students affiliating per year.:

0

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

☒ Yes      ☐ No

Please explain:

Reasonable accommodations at no expense to the clinic unless otherwise approved by executive director before hand.

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

Initial collaboration with student, CI, and communication with ACCE/CCE. If this is not initially successful by midterm, a formal written plan is created to establish goals to keep patients safe as well as to improve the student's opportunity to pass the affiliation.

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 allowed to come to clinic and complete assigned projects, work on in-service project, complete documentation, and observe other disciplines. If there is a planned absence by the CI, other arrangements may be made on a case by case basis as available (observation of surgery, observation of neuromotor clinic, etc.)

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 Assessment08/15/13 05:29 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 checked="" type="checkbox"/> At end of clinical experience	<input checked="" type="checkbox"/> At mid-clinical experience	<input checked="" type="checkbox"/> Beginning of the clinical experience
<input 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 Requirements07/21/16 08:18 AM

Student Requirements

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

☒ Yes      ☐ No

Please explain:

At this time, full time students will work M-Th from 7:30am-6:00pm with 30min for lunch break. Part time students and observation hours are on a case by case basis.

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:

In person interview preferred to student can be acquainted with the facility, however phone interviews will be accepted for long distant students.

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

7:30 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 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.):

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

Compliance Contact Person Name:

Compliance Contact Person Phone Number

Phone Number:

Ext:

Compliance Contact Person Email:

#### Section Sign Off:

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

☒ This section has been completed.

## Special Information

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

☒ Yes ☐ No

Please explain:

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

☒ Yes ☐ No

Please explain:

Formal program can be provided upon request for student review prior to student beginning their affiliation.

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

☒ Yes ☐ No

Please explain:

Student can miss up to 3 days for a 12 week clinical, all days >3 must be made up.

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

☒ Yes ☐ No

Please explain:

Student will have free access to internet, will be provided with a flash drive for clinic paperwork, be provided with a student workroom area, and must provide their own laptop/tablet computer.

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

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:

Monday, Tuesday, Wednesday, Thursday 7:30am-6pm with lunch from 12:00-12:30pm

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"