ite: VA Boston Healthcare System - West Roxbury		
Section Title	Last Update	Action
CCCE Sign Off	01/03/17 11:05 AM	
CCCE Sign Off		
CCCE Sign Off:		
Click the box below to indicate that you have reviewed all sections of your clinical site survey.		
This survey has been reviewed.		
Information For the Academic Program	01/03/17 11:05 AM	
Information For the Academic Program		
Person Completing CSIF:		
ayna Rogers PT, DPT, MS, CCCE		
E-mail address of person completing CSIF:		
ayna.Rogers@va.gov		
variante 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).:		
/A Boston Healthcare System - West Roxbury		
Street Address		
Address:		
Physical Therapy Dept (117)		
1400 VFW Parkway		
Citra		
City:		
West Roxbury State:		
MA		
Postal Code:		
12132		
22132		
Facility Phone		
Phone Number:		
517-323-7700 Ext:		
36515		
PT Department Phone		
Phone Number:		
Phone Number: 1-857-203-5117		
Phone Number: 1-857-203-5117 Ext: PT Department Fax		
Phone Number: 1-857-203-5117 Ext: PT Department Fax Phone Number:		
Phone Number: -857-203-5117 Ext: T Department Fax Phone Number: -857-203-5680		
Phone Number: 1-857-203-5117 Ext: PT Department Fax Phone Number: 1-857-203-5680 Clinical Center Web Address:		
Phone Number: 1-857-203-5117 Ext: PT Department Fax Phone Number: 1-857-203-5680 Clinical Center Web Address: raww.visn1.med.va.gov		
Phone Number: 1-857-203-5117 Ext: PT Department Fax Phone Number: 1-857-203-5680 Clinical Center Web Address:		

Jayna Rogers, PT, DPT, MS, CCCE/Christina Sole-Plasa PT, D	OPT, N	IS, CCCE			
CCCE / Contact Person Phone:					
(857) 203-5182					
CCCE / Contact Person E-mail:					
Jayna.rogers@va.gov/Christina.Sole-plasa@va.gov					
Section Sign Off:					
Click the box below to indicate you have reviewed and finished with	ith this	section of the survey.			
This section has been completed.					
Information About the Corporate/Healthcare Systems Organ	nizatio	n		01/03/17 11:05 AM	I
Information About the Corporate/Healthcare Sys	tems	Organization			
If your facility is part of a larger corporation or has multi	ple sit	es or clinical centers, include the contact informati	on for	the corporate/healthcare system orga	nization.
Corporate/Healthcare System Organization:					
VA Boston Healthcare System					
Contact Name:					
Jayna Rogers PT, DPT, MS, CCCE/Christina Sole-Plasa PT, D	PT, M	S, CCCE			
Address					
Address:					
1400 VFW Parkway					
City:					
West Roxbury State:					
MA					
Postal Code:					
02132					
Dhome					
Phone Phone Number:					
(617) 323-7700					
Ext:					
35182					
Fax					
Phone Number:					
(857) 203-5680					
E-mail:					
Affiliation Agreement Contract Fulfillment					
Contact Person:					
Jayna Rogers PT, DPT, MS, CCCE					
Section Sign Off:	:41- 41- :				
Click the box below to indicate you have reviewed and finished with	an dus	sector of the survey.			
This section has been completed.				01/03/17 11:05 AM	
Clinical site Acceditation/Ownership				01/05/17 11:05 AM	
Clinical Site Accreditation/Ownership					
Which of the following best describes the ownership categor	ry for y	vour clinical site? (check all that apply)			
Corporate/Privately Owned		Government Agency		Hospital/Medical Center Owned	
Nonprofit Agency		PT Owned		PT/PTA Owned	
Physician/Physician Group Owned		Other			

	ction Sign Off:								
	k the box below to indicate you have reviewed and finished w	viui uiis	section of the survey.						
K,	This section has been completed.								
Clinic	al Site Primary Classification						01/03/17	11:05 AM	
Clini	cal Site Primary Classification								
	se the category that best describes how your facility fu	inction	is the majority (> 50%) of	f the time.					
Acut	e Care/Inpatient Hospital Facility								
If app	propriate, check ( ) up to four additional categories that	t descr	ibe the other clinical cen	ters assoc	iated with your faci	lity.			
	Acute Care/Inpatient Hospital Facility		Ambulatory Care/Outpati	ient			ECF/Nursin	ng Home/SNF	
<b>V</b>	Federal/State/County Health		Home Health				Industrial/C	ccupational Health Facili	ity
V	Multiple Level Medical Center	П	Private Practice				Rehabilitatio	on/Sub-acute Rehabilitation	on
	School/Preschool Program	П	Wellness/Prevention/Fitm	ness Program	m		Other		
_						I.—			
6	tion Sim Off								
	ction Sign Off:								
CIIC	k the box below to indicate you have reviewed and finished w	v1u1 th15	section of the survey.						
	This section has been completed.								
Clinic	al Site Location						01/03/17	11:05 AM	
Which Urba	n of the following best describes your clinical site's loca	ation							
6	tion Sim Off								
	ction Sign Off:								
Chi	k the box below to indicate you have reviewed and finished w	with this	section of the survey						
	k the box below to indicate you have reviewed and finished w	vith this	section of the survey.						
	k the box below to indicate you have reviewed and finished w This section has been completed.	vith this	section of the survey.						
		vith this	section of the survey.				01/03/17	11:05 AM	
	This section has been completed.	vith this	section of the survey.				01/03/17	11:05 AM	
Affilia	This section has been completed.	vith this	section of the survey.				01/03/17	11:05 AM	
Affilia <b>Affili</b>	This section has been completed. ted PT and PTA Educational Programs						01/03/17	11:05 AM	
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ACCE Demo University,			
ACCE Demo University,			
ACCEPTA Demo,			
ASA College, FL			
AT Still University of Health Sciences, AZ			
Academy for Nursing and Health Occupations, FL	Ŏ.		
Adventist University of Health Sciences, FL	Ŏ		
Click the box below to indicate you have reviewed and finished with this se viabama state University, AL	ection of the survey.		
▼ This section has been completed.			
formation About the Clinical Teaching Teaching Teaching		01/22/10.07:02 AM	
formation About the Clinical Teaching Faculty		01/22/19 07:08 AM	
formation About the Clinical Teaching Faculty			
obreviated Resume for Center Coordinators of Clinical Education	ion - Please update as each new CCCE ass	umes this position.	
		F	
Name:			
Jayna E. Rogers PT, DPT, MS, CCCE			
Email Address / CPI2 Login:			
jayna.rogers@va.gov			
Present Position (Title, Name of Facility):			
Outpatient Physical Therapist, CCCE, PT Residency Director			
No. of Years as the CCCE			
7			
No. of Years of Clinical Practice			
13			
No. of Years of Clinical Teaching			
9			
No. of Years Working at this Site			
10			
Check all that apply:			
PT PT	PTA		
Licensing/Registration Status			
Licensed/Registered			
State of Licensure/Registration			
MA			
License/Registration Number:			
16612			
Licensing/Registration Status			
Licensing/Registration Status			
Licensed/Registered			
Licensed/Registered  State of Licensure/Registration			
Licensed/Registered			
Licensed/Registered  State of Licensure/Registration			
Licensed/Registered       State of Licensure/Registration       MA       License/Registration Number:			
Licensed/Registered  State of Licensure/Registration MA			
Licensed/Registered  State of Licensure/Registration MA  License/Registration Number:			
Licensed/Registered       State of Licensure/Registration       MA       License/Registration Number:			

Doctor in Physical Therapy		
Highest Earned Degree		
Post-professional Doctor in Physical Therapy (Transition)		
·		
APTA Credentialed CI • Yes • No		
• res () No		
APTA Advanced Credentialed CI		
• Yes O No		
Other CI Credentialing		
• Yes • O No Please explain:		
Residency Program Director		
ABPTS Certified Clinical Specialist (Check all that apply)		CC5
PCS		GCS
CCS PCS		SCS
		wcs
APTA Recognition of Advanced Proficiency for PTAs (Check all that apply)		
Aquatic		Musculoskeletal
Cardiopulmonary		Neuromuscular
Geriatric		Pediatrics
Integumentary		
Institution: Northeastern University		
Period of Study (If the user is currently enrolled, please type in the word 'CURRENT' into the box lai	heled 'To' )	
From 9/97 — To 6/03	beled 10.)	
PT		
Degree:		
Masters of Science in Physical Therapy		
Institution: Simmons College		
Simmons College		
Period of Study		
Period of Study (If the user is currently enrolled, please type in the word 'CURRENT' into the box lab	beled 'To'.)	
Period of Study         (If the user is currently enrolled, please type in the word 'CURRENT' into the box late         From       9/09         — To       5/10	beled 'To'.)	
Period of Study (If the user is currently enrolled, please type in the word 'CURRENT' into the box lat From 9/09 — To 5/10 Major:	beled 'To'.)	
Period of Study (If the user is currently enrolled, please type in the word 'CURRENT' into the box lat From 9/09 & — To 5/10 Major: Physical Therapy	beled 'To'.)	
Period of Study (If the user is currently enrolled, please type in the word 'CURRENT' into the box lat From 9/09 & mdash; To 5/10 Major: Physical Therapy Degree:	beled 'To'.)	
Period of Study (If the user is currently enrolled, please type in the word 'CURRENT' into the box lat From 9/09 & — To 5/10 Major: Physical Therapy	beled 'To'.)	
Period of Study (If the user is currently enrolled, please type in the word 'CURRENT' into the box lat From 9/09 & — To 5/10 Major: Physical Therapy Degree:	beled 'To'.)	

Employer
People First Rehabiliation
Position:
SNFPT
Period of Employment
(If the user is currently employed, please type in the word 'CURRENT' into the box labeled 'To'.)
From 8/03 — To 8/04
Employer:
Carney Hostpital
Position:
Outpatient PT
Period of Employment
(If the user is currently employed, please type in the word 'CURRENT' into the box labeled 'To'.)
From 8/04 — To 9/06
Employer:
VA Boston Healthcare System
Position:
outpatient PT, CCCE
Period of Employment
(If the user is currently employed, please type in the word 'CURRENT' into the box labeled 'To'.)
From 09/07/06 — To CURRENT
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)
(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)
(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:
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: Billing and Coding for Therapy
(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:
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: Billing and Coding for Therapy Provider/Location: Worcester, MA
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: Billing and Coding for Therapy Provider/Location:
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: Billing and Coding for Therapy Provider/Location: Worcester, MA
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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:   Billing and Coding for Therapy   Provider/Location:   Worcester, MA   Date
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: Billing and Coding for Therapy Provider/Location: Worcester, MA Date 
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: Billing and Coding for Therapy  Provider/Location:  Course: Pelvic Floor Rehabiliation 1  Provider/Location: Austin, TX
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:   Biling and Coding for Therapy   Povider/Location:   Worcester, MA   Date   Course:   Course:   Pelvic Floor Rehabiliation 1   Provider/Location:
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: Billing and Coding for Therapy  Provider/Location:  Course: Pelvic Floor Rehabiliation 1  Provider/Location: Austin, TX
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: Billing and Coding for Therapy  Provider/Location:  Course: Pelvic Floor Rehabiliation 1  Provider/Location: Austin, TX
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: Billing and Coding for Therapy  Provider/Location:  Course: Pelvic Floor Rehabiliation 1  Provider/Location: Austin, TX
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:  Course: Pelvic Floor Rehabiliation 1  Provider/Location: Austin, TX Date Date Date Date Date Date Date Date
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: Billing and Coding for Therapy Provider/Location: Worcester, MA Date Course: Pelvic Floor Rehabiliation 1 Provider/Location: Austin, TX Date Course: Course:
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: Billing and Coding for Therapy Provider/Location: Course: Pelvic Floor Rehabiliation 1 Provider/Location: Austin, TX Date Course: Austin, TX Date Course: Pate Course: The Role of the CCCE
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: Billing and Coding for Therapy Provider/Location: Course: Pelvic Floor Rehabiliation 1 Provider/Location: Austin, TX Date Date Date Date Date Date Date Date

Name: Christina Sole-Plasa			
Email Address / CP12 Login: Christina.Sole-Plasa@va.gov			
Present Position (Title, Name of Facility):			
Outpatient PT, CCCE			
No. of Years as the CCCE			
1			
·			
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:			
	PTA		
State of Licensure/Registration           Please choose:             License/Registration Number:			
Highest Earned Physical Therapy Degree			
Doctor in Physical Therapy			
Highest Earned Degree			
Post-professional Doctor in Physical Therapy (Transition)			
APTA Credentialed CI			
• Yes • • No			
APTA Advanced Credentialed CI			
O Yes O No			
Other CI Credentialing			
O Yes O No			
ABPTS Certified Clinical Specialist (Check all that apply) OCS		GCS	
PCS		NCS	
		SCS	
CCS			
CCS ECS			
ECS		WCS	
ECS APTA Recognition of Advanced Proficiency for PTAs (Check all that apply)		WCS	
ECS			

	Geriatric		Pediatrics
	Integumentary		
Other cre	dentials:		
6	follow with files the files of the		
	ry of College and University Education ith most current)		
(oture w			
Institu	tion:		
Period	l of Study		
(If the	e user is currently enrolled, please type in the word 'CURRENT' into the box label	ed 'To'.)	
From	— To		
Major:			
Degree	4		
Institu			
Husso	n College		
Period	l of Study		
(If the	e user is currently enrolled, please type in the word 'CURRENT' into the box label	ed 'To'.)	
From	— To		
Major:			
Physic	cal Therapy		
Degree			
transi	tional Doctor of PT		
	<b>rry of Primary Employment</b> rrent and previous four positions since graduation from college; start with n	ost curre	ent)
	0		
Employ	/er:		
Positio	m:		
Period	l of Employment		
(If the	e user is currently employed, please type in the word 'CURRENT' into the box lab	eled 'To'.	
From	— To		
Employ			
Employ VA Bos	ston Healthcare System		
Positio	•		
	tient PT, CCCE		
Dorio	l of Employment		
	e user is currently employed, please type in the word 'CURRENT' into the box lab	eled 'To'	
	2002 — To current		
Tom			
Contin	uing Professional Preparation Related Directly to Clinical Teaching Responsibili	ties	
	mple, academic for credit courses [dates and titles], continuing education [c	ourses a	nd instructors], research, clinical practice/expertise, etc. in the last three
(3) years	J		
Section	Sign Off:		
	box below to indicate you have reviewed and finished with this section of the survey.		
Thiss	ection has been completed.		
Clinical In	ection has been completed. structor Information		11/28/16 07:49 AM

## **Clinical Instructor Information**

Provi	de the following information on all PTs or PTAs en	ploye	d at your clinical site who are CIs.	
CII	Name Followed By Credentials	CI	Usemame	Actions
Alle	en, Jessica	Jes	sica.Allen@va.gov	
Brit	ntnall, Barbara J	Bar	bara.Brintnall@va.gov	
Bui	ns, Lynn	Lyr	nn.Burns@va.gov	
Cal	ilung PT, MPH, RN, Anthony	ant	hony.calilung@va.gov	
Dei	nnehy PT, DPT, ATP, Denise A	der	nise.dennehy@va.gov	
Flyi	nn, Joanna	joa	nna.flynn@va.gov	
Foy	, Kathryn	Kat	hryn.Foy@va.gov	
Gle	ason-Jennings PT, DPT, NCS, Heatherr	He	ather.Gleason@va.gov	
Gu	erreiro, Hai W	Hai	iWei.Guerreiro@va.gov	
Hill	, DPT, Amy	Am	y.Hill3@va.gov	
Jen	nings, Heather r	hea	ather.jennings@va.gov	
Lys	on, Joanne	Joa	nne.Lyson@va.gov	
Mc	Eleney, Bethany	Bet	hany.Mceleney@va.gov	
Mo	rris PT, DPT, MS, Leeann	lee	ann.morris2@va.gov	
Rog	gers PT, DPT, MS, CCCE, Jayna E	jay	na.rogers@va.gov	
Sole	e-Plasa, Christina	Ch	ristina.Sole-Plasa@va.gov	
The	omas, Murray	The	omas.Murray2@va.gov	
	dd New CI Displaying all 17 Clinical instructor			
	ion Sign Off:			
_	the box below to indicate you have reviewed and finished wi	un unis s	ecuon of the survey.	
<b>V</b> 1	his section has been completed.			 
Clinica	ll Instructors			11/28/16 07:47 AM
Clinic	al Instructors			
What c	riteria do you use to select clinical instructors? (Check	all tha	t apply)	
<b>V</b>	APTA Clinical Instructor Credentialing		Career ladder opportunity	Certification/training course
	Clinical competence		Delegated in position description	Demonstrated strength in clinical teaching
	No criteria		Other (not APTA) clinical instructor credentialing	Therapist initiative/volunteer
V	Years of experience		Other	
How a	re clinical instructors trained? (Check all that apply)			
	1:1 individual training (CCCE:CI)	V	APTA Clinical Instructor Education and Credentialing Program	Academic for-credit coursework
	Clinical center inservices		Continuing education by academic program	Continuing education by consortia
	No training	V	Other (not APTA) clinical instructor credentialing program	Professional continuing education (e.g., chapter, CEU course)
	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		02/24/14 01:52 PM	
Information About the Physical Therapy Service			
Number of Inpatient Beds For clinical sites with inpatient care, please provide the nur to your facility, please skip and move to the next table.)	nber of beds available in each of the	subcategories listed below: (If this do	es not apply
Acute care:			
168			
Psychiatric center:			
Intensive care:			
30			
Rehabilitation center:			
7			
Step down:			
Subacute/transitional care unit:			
Extended care:			
Other specialty centers:			
Total Number of Beds:			
205			
Section Sign Off: Click the box below to indicate you have reviewed and finished with this section of the survey.			
Number of Patients/Clients		02/24/14 01:52 PM	
Number of Patients/Clients			
Estimate the average number of patient/client visits per day:			
Inpatient	Outpatient		
8 Individual PT:	10 Individual PT:		
5 Student PT:	7 Student PT:		
10 Individual PTA:	12 Individual PTA:		
8 Student PTA:	10 Student PTA:		
2 PT/PTA Team:	1 PT/PTA Team:		
33 Total patient/client visits per day:	40 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		02/24/14 01:52 PM	
Patient/Client Lifespan and Continuum of Care			
r utent, enen Enesput und continuum er eure			
Indicate the frequency of time typically spent with patients/clients in each of the cate	gories:		

0-12 y	ears				
13-21	years				
1%-					
22-65	years				
26%	- 50%				
Over	35 years				
51%	- 75%				
Cont	inuum of Care				
Critic	al care, ICU, acute				
51%	- 75%				
SNF/I	CF/sub-acute				
0%					
Reha	bilitation				
1% -	25%				
Ambu	latory/outpatient				
26%	- 50%				
Home	health/hospice				
0%					
Welln	ess/fitness/industry				
0%					
	tion Sign Off: k the box below to indicate you have reviewed and finished w	rith this	section of the survey.		
	This section has been completed.				
	mis section has been completed.				
Patier	nt/Client Diagnoses				02/24/14 01:52 PM
Patie	ent/Client Diagnoses				
Indic	ate the frequency of time typically spent with patier	nts/cli	ents in each of the categories:		
	uloskeletal	1137 015	in our of the cutegories.		
	- 50%				
Which		tudom			
	Musculoskeletal sub-categories are available to the s		Amputation		Arthritis
	Bone disease/dysfunction	V	Connective tissue disease/dysfunction		Muscle disease/dysfunction
	Musculoskeletal degenerative disease		Orthopedic surgery		Other
Neuro	o-muscular				
1% -	25%				
Which	Neuro-muscular sub-categories are available to the s	tuden	t:		
	Brain injury		Cerebral vascular accident		Chronic pain
	Congenital/developmental		Neuromuscular degenerative disease	V	Peripheral nerve injury
	Spinal cord injury		Vestibular disorder		Other
Cardi	ovascular-pulmonary				

	25%							
Which	Cardiovascular-pulmonary sub-categori	ies are availa	ble to	the student:				
	Cardiac dysfunction/disease			Fitness			Lymphedema	
	Peripheral vascular dysfunction/disease		9	Pulmonary dysfunction/dis	sease		Other	
integu	mentary							
0%								
Which	Integumentary sub-categories are availa	able to the str	idanti					
_	Burns	able to the sti	_	Open wounds			Scar formation	
	Other		L	Open woulds			Scalionnauon	
	outer							
Other	(May cross a number of diagnostic group	s)						
1% - 2	25%							
Which	other sub-categories are available to the	student:						
7	Cognitive impairment		7	General medical conditions	3		General surgery	
7	Oncologic conditions			Organ transplant			Wellness/Prevention	
	Other							
Staffin Staffi							02/24/14 01:52 PM	
Jum								
		Full-time Bu	ıdgeted	I	Part-time Budgeted		Current Staffin	g
		Full-time Bu	ıdgeted	I	Part-time Budgeted		Current Staffin	ıg
PTAs			ıdgeted	I				ıg
PTAs	/Techs	8	udgeted		3		11	ıg
PTAs Aides		8	udgeted	I	3		11	ıg
PTAs Aides		8	udgeted	I	3		11	ıg
PTAs Aides Other:		8	udgeted		3		11	g
PTAs Aides Other: Sect		8			3		11	ıg
PTAs Aides Other: Sect Click	tion Sign Off:	8			3		11	g
Other: Sect Click	tion Sign Off: the box below to indicate you have reviewed a	8 1 and finished wi			3		11	ng
PTAs Aides Other: Click Click	tion Sign Off: the box below to indicate you have reviewed a This section has been completed.	8 1 and finished wi	ith this		3			g
PTAs Aides Other: Click Click	tion Sign Off: the box below to indicate you have reviewed a his section has been completed. nation About the Clinical Education Exper	8 1 and finished wi rience on Experie	ith this		3			g
PTAs Aides Other: Click Click Click I I I I I I I I I I I I I I I I I I I	tion Sign Off: the box below to indicate you have reviewed a his section has been completed. nation About the Clinical Education Exper mation About the Clinical Education	8 1 and finished wi rience on Experie tunities	ith this nce	section of the survey.	3			g
PTAs Aides Other: Click Inform Inform	tion Sign Off: the box below to indicate you have reviewed a his section has been completed. nation About the Clinical Education Exper mation About the Clinical Education l Programs/Activities/Learning Oppor	8 1 and finished wi rience on Experie tunities	ith this nce	section of the survey.	3			g
PTAs Aides Other: Click Inform Specia Specia	tion Sign Off: the box below to indicate you have reviewed a his section has been completed. In ation About the Clinical Education Exper mation About the Clinical Education I Programs/Activities/Learning Oppor check all special programs/activities/lear	8 1 and finished wi rience on Experie tunities	ith this nce unities	section of the survey.	3		02/24/14 01:56 PM	g
PTAs Aides Other: Click Inform Inform	tion Sign Off: the box below to indicate you have reviewed a his section has been completed. nation About the Clinical Education Exper mation About the Clinical Education il Programs/Activities/Learning Oppor check all special programs/activities/lear Administration	8 1 and finished wi rience on Experie tunities	nce	section of the survey.	3 0		11         1 <t< td=""><th></th></t<>	
PTAs Aides Other: Click Inform Specia Specia Please V	tion Sign Off: the box below to indicate you have reviewed a his section has been completed. ation About the Clinical Education Exper mation About the Clinical Education d Programs/Activities/Learning Oppor check all special programs/activities/lear Administration Back School	8 1 and finished wi rience on Experie tunities	ith this nce	section of the survey.	3 0		02/24/14 01:56 PM         Athletic Verue Coverage         Cardiac Rebabilitation	n
PTAs Aides Other: Click Inform Specia Specia Specia Please I I I I I I I I I I I I I I I I I I I	tion Sign Off: the box below to indicate you have reviewed a his section has been completed. ation About the Clinical Education Exper mation About the Clinical Education al Programs/Activities/Learning Oppor check all special programs/activities/lear Administration Back School Community/Re-entry Activities Early Intervention Group Programs/Classes	8 1 and finished wi rience on Experie tunities	ith this nce unities	section of the survey.	3 0		02/24/14 U1:56 PM         Athletic Verue Coverage         Cardiac Re-bilitation         Departmental Administration         Employee Wellness Program         Industrial/Ergonomic PT	n
PTAs Aides Other: Click Click Inform Specia Specia	tion Sign Off: the box below to indicate you have reviewed a his section has been completed. This section has been completed. The ation About the Clinical Education Experimation About the Clinical Education ation About the Clinical Education	8 1 and finished wi rience on Experie tunities	ith this nce	section of the survey. savailable to students. Aquatic Therapy Biomechanics Lab Critical Care / Intensive Care Employee Intervention		<b>V</b> <b>V</b>	02/24/14       1         02/24/14       1         02/24/14       1:56 PM	

Г	Pediatric - Musculoskeletal Emphasis		Pediatric - Neurological Emphasis		Prevention/Wellness
	Pulmonary Rehabilitation		Quality Assurance/CQI/TQM		Radiology
•	Research Experience		Screening/Prevention	V	Sports Physical Therapy
V	Surgery (observation)	V	Team Meetings/Rounds		Vestibular Rehabilitation
V	Women's Health/OB-GYN		Work Hardening/Conditioning		Wound Care
	Other				
Speed	alty Clinica				
spec	alty Clinics				
Pleas	e check all specialty clinics available as student learnin	ıg expe	riences.		
	Arthritis		Balance		Developmental
	Feeding clinic		Hand clinic		Hemophilia clinic
	Industry		Neurology clinic		Orthopedic clinic
	Pain clinic		Preparticipation sports		Prosthetic/orthotic clinic
	Scoliosis		Screening clinics		Seating/mobility clinic
	Sports medicine clinic		Wellness		Women's health
	Other				
Heal	th and Educational Providers at the Clinical Site				
Pleas	e check all health care and educational providers at vo	our clin	ical site students typically observe and/or with whom	they in	teract.
	Administrators		Alternative therapies		Athletic trainers
<b>V</b>	Audiologists		Dietitians		Enterostomal / wound specialists
	Exercise physiologists		Fitness professionals		Health information technologists
	Massage therapists		Nurses		Occupational therapists
	Physician assistants		Physicians	V	Podiatrists
7	Prosthetists / orthotists		Psychologists		Respiratory therapists
Production of the local division of the loca					Speech/language pathologists
V	Social workers		Special education teachers		Speecii/ language paulologists
<b>V</b>	Social workers Students from other disciplines		Special education teachers Students from other physical therapy education programs	<b>V</b>	Therapeutic recreation therapists
<b>V</b> V					
▼ ▼ See	Students from other disciplines		Students from other physical therapy education programs Other		
See Clic	Students from other disciplines Vocational rehabilitation counselors Etion Sign Off: ek the box below to indicate you have reviewed and finished v This section has been completed.		Students from other physical therapy education programs Other		Therapeutic recreation therapists
See Clic	Students from other disciplines Vocational rehabilitation counselors ction Sign Off: ck the box below to indicate you have reviewed and finished v		Students from other physical therapy education programs Other		
See Clic Avail	Students from other disciplines Vocational rehabilitation counselors Etion Sign Off: ek the box below to indicate you have reviewed and finished v This section has been completed.		Students from other physical therapy education programs Other		Therapeutic recreation therapists
See Clic Avail	Students from other disciplines Vocational rehabilitation counselors Ction Sign Off: Ex the box below to indicate you have reviewed and finished v This section has been completed. Ability of the Clinical Education Experience Rability of the Clinical Education Experience	vith this	Students from other physical therapy education programs Other section of the survey.		Therapeutic recreation therapists
Sec Clic Clic Avail Avail	Students from other disciplines Vocational rehabilitation counselors Ction Sign Off: Ex the box below to indicate you have reviewed and finished v This section has been completed. Ability of the Clinical Education Experience Rability of the Clinical Education Experience	vith this	Students from other physical therapy education programs Other		Therapeutic recreation therapists
See Clic Variation Availa Availa Indic Physis	Students from other disciplines Vocational rehabilitation counselors  ction Sign Off: Ex the box below to indicate you have reviewed and finished v  This section has been completed. ability of the Clinical Education Experience lability of the Clinical Education Experience ate educational levels at which you accept PT and H ical Therapist	PTA stu	Students from other physical therapy education programs Other section of the survey.		Therapeutic recreation therapists
Sec Clic Clic Avail Avail Indic Physi First Physi	Students from other disciplines Vocational rehabilitation counselors  ction Sign Off: Ex the box below to indicate you have reviewed and finished v  This section has been completed.  ability of the Clinical Education Experience Iability of the Clinical Education Experience ate educational levels at which you accept PT and I  ical Therapist Experience: Full days ical Therapist	vith this	Students from other physical therapy education programs Other section of the survey.		Therapeutic recreation therapists          02/24/14 01:56 PM
See Clic Clic Avail Avail Indic Physi First Physi Inter	Students from other disciplines Vocational rehabilitation counselors Ction Sign Off: Ext the box below to indicate you have reviewed and finished w This section has been completed. External ability of the Clinical Education Experience External educational levels at which you accept PT and F Experience: Full days External therapist External ext	PTA stu	Students from other physical therapy education programs Other section of the survey. dents for clinical experiences (Check all that apply) Half days		Therapeutic recreation therapists          02/24/14 01:56 PM         Other
See Clid Clid Availa Availa Indice Physis Inder Physis Inter	Students from other disciplines Vocational rehabilitation counselors  ction Sign Off: Ex the box below to indicate you have reviewed and finished v  This section has been completed.  ability of the Clinical Education Experience Iability of the Clinical Education Experience ate educational levels at which you accept PT and I  ical Therapist Experience: Full days ical Therapist	PTA stu	Students from other physical therapy education programs Other section of the survey.		Therapeutic recreation therapists          02/24/14 01:56 PM
See Clid Clid Availa Availa Indice Physis Inder Physis Inter	Students from other disciplines Vocational rehabilitation counselors Ction Sign Off: Ext the box below to indicate you have reviewed and finished w This section has been completed. Extination of the Clinical Education Experience Experience Experience: Full days Full days	PTA stu	Students from other physical therapy education programs Other section of the survey. dents for clinical experiences (Check all that apply) Half days		Therapeutic recreation therapists          02/24/14 01:56 PM         Other
See Clic Clic Avail Avail Indic Physi Inter Physi	Students from other disciplines Vocational rehabilitation counselors  ction Sign Off: the box below to indicate you have reviewed and finished v  This section has been completed.  ability of the Clinical Education Experience ate educational levels at which you accept PT and H  cal Therapist Experience: Full days cal Therapist Full days	PTA stu	Students from other physical therapy education programs Other section of the survey. dents for clinical experiences (Check all that apply) Half days Half days		Therapeutic recreation therapists         02/24/14 01:56 PM         02/24/14 01:56 PM         Other         Other
See Clic Availa Availa Availa Availa Indic Physi Physi Physi Physi Physi	Students from other disciplines   Vocational rehabilitation counselors   Stice Sign Off:   State Sign Off: <th>PTA stu</th> <td>Students from other physical therapy education programs Other section of the survey. dents for clinical experiences (Check all that apply) Half days Half days</td> <td></td> <td>Therapeutic recreation therapists         02/24/14 01:56 PM         02/24/14 01:56 PM         Other         Other</td>	PTA stu	Students from other physical therapy education programs Other section of the survey. dents for clinical experiences (Check all that apply) Half days Half days		Therapeutic recreation therapists         02/24/14 01:56 PM         02/24/14 01:56 PM         Other         Other
See Clic Clic Clic Avail: Avail: Avail: Indic Physi Inter Physi Physi Physi	Students from other disciplines   Vocational rehabilitation counselors   Stion Sign Off:   ethe box below to indicate you have reviewed and finished were the box below to indicate you	PTA stu	Students from other physical therapy education programs Other section of the survey. dents for clinical experiences (Check all that apply) Half days Half days		Therapeutic recreation therapists         02/24/14 01:56 PM         02/24/14 01:56 PM         Other         Other

	al Therapist Assistant nediate Experiences:				
	Full days		Half days		Other
Dhuci	al Thoronist Assistant				
	al Therapist Assistant Final Experience		Other		
	r mai Experience				
РТ					
Indica	te which months you will accept students for any sing	le full-	time (36 hrs/wk) clinical experience.		
	January		February		March
	April		Мау		June
	July				September
	October		November		December
Indica	te which months you will accept students for any one	part-ti	me (< 36 hrs/wk) clinical experience.		
	January		February		March
	April		Мау		June
	July		August		September
	October		November		December
PTA					
Indica	te which months you will accept students for any sing	le full-	time (36 hrs/wk) clinical experience.		
	January				March
	April				June
	July		August	☑	September
	October		November		December
Indica	te which months you will accept students for any one	nart-ti	me (< 36 hrs/wk) clinical experience		
	January		-	Г	March
	April		May		June
	July		August		September
	October		November		December
Averag	e number of PT students affiliating per year.:				
8-10	GI				
Averag	e number of PTA students affiliating per year.:				
1-2					
Is you	r clinical site willing to offer reasonable accommodation	ons for	students under ADA?		
• Ye	explain:				
	the procedure for managing students whose performance is	below	expectations or unsafe?:		
	a critical incident report, setting weekly goals, involvin		-		
Explain	what provisions are made for students if the clinical instruc	tor is il	l or away from the clinical site. (Answer if the clinical cer	nter en	nploys only one PT or PTA.):
stude	nts are provided coverage from another experienced cl	inical i	nstructor		
	tion Sign Off:				
Clic	the box below to indicate you have reviewed and finished w	1th this	section of the survey.		
	his section has been completed.				
Clinic	al Site's Learning Objectives and Assessment				02/24/14 01:56 PM
Clini	al Site's Learning Objectives and Assessmen	t			
Does	rour clinical site provide written clinical education obj	ectives	to students?		

⊙ Yes ⊂ No

Are all professional staff members who provide physical the	erapy	services acquainted with the clinical site's learning obj	ective	s?
• Yes • • No				
When do the CCCE and/or CI typically discuss the clinical sit	te's lea	arning objectives with students? (Check all that apply)		
At end of clinical experience	V	At mid-clinical experience		Beginning of the clinical experience
Daily		Weekly		Other
Indicate which of the following methods are typically utilize	d to in	form students about their clinical performance? (Che	ck all tl	hat apply)
As per student request in addition to formal and ongoing	V	Ongoing feedback throughout the clinical	V	Student self-assessment throughout the clinical
written & oral reeuback				-
Written and oral mid-evaluation		Written and oral summative final evaluation		Other
Section Sign Off:				
Click the box below to indicate you have reviewed and finished w	iui unis	section of the survey.		
This section has been completed.				
Student Requirements				06/16/15 11:38 AM
Student Requirements				
statent requirements				
Do students need to contact the clinical site for specific work	chour	s related to the clinical experience?		
O Yes O No Please explain:				
The VA sends a packet of application materials. Within that p	backet	there is a welcome letter indicating the specifics of the	clinica	al instructor's work
day. Student will then have access to CI and CCCE contact in	nforma	ation.		
Do students receive the same official holidays as staff?				
• Yes • No				
Please explain:				
Does your clinical site require a student interview?				
O Yes O No Please explain:				
Indicate the time the student should report to the clinical sit	o on t	the first day of the experience		
8:00 AM	le on t	ie in st day of the experience.		
Is a Mantoux TB test (PPD) required?				
a) one step				
• Yes • No				
b) two step				
C Yes C No				
is a Rubella Titer Test or immunization required?				
• Yes • No				
Please explain:				
Are any other health tests/immunizations required prior to	the cli	nical experience? If yes, please specify:		
O Yes O No				
How is this information communicated to the clinic? Provide fax n	umber	if required.:		
How current are student physical exam records required to be?: within one year				
Are any other health tests or immunizations required on-sit	e? If y	es, please specify:		
C Yes C No				
Is the student required to provide proof of any other training	ng prio	r to orientation at your facility? If yes, please list.		
• Yes • No Please explain:				
The students must fingerprinting done at the VA campus, or	nline e	ducation and I-9 form completion prior to beginning th	neir ext	perience.
orre-ore at the treampus, or		Prior to beginning th		

Indicate which of the following are required by your facility prior to the clinical education experience: Child clearance Criminal background check Drug screening HIPAA education Proof of student health clearance OSHA education 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. C Yes ⊙ No Is a child abuse clearance required? C Yes No Please explain: Is the student responsible for the cost of required clearances? O Yes No Please explain: Is the student required to submit to a drug test? If yes, please describe parameters. C Yes No Is medical testing available on-site for students? No C Yes 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 06/16/15 11:38 AM Special Information Do you require a case study or inservice from all students (part-time and full-time)? Yes 🖸 No Please explain: full time students only 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 the discretion of the clinical instructor Does your site have a written policy for missed days due to illness, emergency situations, other? If yes, please summarize. Yes 🔿 No Please explain: Students are required to make up time missed if greater than 3 days. Will the student have access to the Internet at the clinical site? • Yes O No Please explain: Is there a facility/student dress code? ⊙ Yes O No Is emergency health care available for students? O Yes O No

Is the student responsible for emergency health care costs?
O Yes O No
Is other non-emergency medical care available to students?
C Yes O No
Is the student required to have proof of health insurance?
O Yes O No
Is the student required to provide proof of OSHA training?
Is the student required to provide proof of HIPAA training?
O Yes O No
Is the student required to attest to an understanding of the benefits and risks of Hepatitis-B immunization?
O Yes O No
Is the student required to be CPR certified? (Please note if a specific course is required).
C Yes O No
Can the student receive CPR certification while on-site?
O Yes O No
Is the student required to be certified in First Aid?
O Yes O No
Can the student receive First Aid certification on-site?
O Yes O No
Section Sign Off:
Section Sign Off: Click the box below to indicate you have reviewed and finished with this section of the survey.
Click the box below to indicate you have reviewed and finished with this section of the survey.
Click the box below to indicate you have reviewed and finished with this section of the survey.          This section has been completed.         Student Schedule       06/16/15 11:38 AM
Click the box below to indicate you have reviewed and finished with this section of the survey.  This section has been completed.
Click the box below to indicate you have reviewed and finished with this section of the survey.          This section has been completed.         Student Schedule       06/16/15 11:38 AM
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:
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
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   Exercibe the schedule(s) the student is expected to follow during the clinical experience:
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
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  Varied schedules  Describe the schedule(s) the student is expected to follow during the clinical experience: inpatient PTs work 8 hour days with occasional weekend rotation, outpatient PT works Monday-Friday, divided between 2 therapists. No
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