

# CLINICAL SITE INFORMATION FORM (CSIF)

## *APTA Department of Physical Therapy Education*

Revised January 2006

### INTRODUCTION:

The primary purpose of the Clinical Site Information Form (CSIF) is for Physical Therapist (PT) and Physical Therapist Assistant (PTA) academic programs to collect information from clinical education sites to:

- Facilitate clinical site selection,
- Assist in student placements,
- Assess the learning experiences and clinical practice opportunities available to students; and
- Provide assistance with completion of documentation required for accreditation.

The CSIF is divided into two sections:

- Part I: Information for Academic Programs (pages 4-16)
  - Information About the Clinical Site (pages 4-6)
  - Information About the Clinical Teaching Faculty (pages 7-10)
  - Information About the Physical Therapy Service (pages 10-12)
  - Information About the Clinical Education Experience (pages 13-16)
- Part II: Information for Students (pages 17-20)

Duplication of requested information is kept to a minimum except when separation of Part I and Part II of the CSIF would omit critical information needed by both students and the academic program. The CSIF is also designed using a check-off format wherever possible to reduce the amount of time required for completion.



**American Physical Therapy Association**

**Department of Physical Therapy Education  
1111 North Fairfax Street  
Alexandria, Virginia 22314**

## DIRECTIONS FOR COMPLETION:

To complete the CSIF go to APTA's website at under "**Education Programs,**" click on "Clinical" and choose "Clinical Site Information Form." This document is available as a Word document.

1. **Save the CSIF on your computer** before entering your facility's information. The title should be the clinical site's zip code, clinical site's name, and the date (e.g., 90210BevHillsRehab10-26-2005). Using this format for titling the document allows the users to quickly identify the facility and most recent version of the CSIF from a folder. Saving the document will preserve the original copy on the disk or hard drive, allowing for ease in updating the document as changes in the clinical site information occurs.
2. **Complete the CSIF thoroughly and accurately.** Use the tab key or arrow keys to move to the desired blank space. The form is comprised of a series of tables to enable use of the tab key for quicker data entry. Use the Comment section to provide additional information as needed.
3. **Save the completed CSIF.**
4. **E-mail the completed CSIF** to each academic program with whom the clinic affiliates (accepts students).
5. In addition, to develop and maintain an accurate and comprehensive national database of clinical education sites, **e-mail a copy of the completed CSIF Word document** to the Department of Physical Therapy Education at [kristinestoneley@apta.org](mailto:kristinestoneley@apta.org).
6. **Update the CSIF on an annual basis** to assist in maintaining accurate and relevant information about your physical therapy service for academic programs, students, and the national database.

**What should I do if my physical therapy service is associated with multiple satellite sites that also provide clinical learning experiences?**

If your physical therapy service is associated with multiple satellite sites that offer a variety of clinical learning experiences, such as an acute care hospital that also provides clinical rotations at associated sports medicine and long-term care facilities, provide information regarding the primary clinical site for the clinical experience on *page 4*. Complete *page 4*, to provide essential information on all additional clinical sites or satellites associated with the primary clinical site. *Please note that if the satellite site(s) offering a clinical experience differs from the primary clinical site, a separate CSIF must be completed for each satellite site. Additionally, if any of the satellite sites have a different CCCE, an abbreviated resume must be completed for each individual serving as CCCE.*

**What should I do if specific items are not applicable to my clinical site or I need to further clarify a response?**

If specific items on the CSIF do not apply to your clinical education site at the time you are completing the form, please leave the item(s) blank. Provide additional information and/or comments in the Comment box associated with the item.

## Table of Contents

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Introduction and Instructions .....	1-2
Clinical Site Information	
Primary Site.....	4
Multi-Center Facilities .....	5
Accreditation/Ownership .....	6
Primary Classification.....	6
Location .....	6
Clinical Teaching Faculty	
Center Coordinators of Clinical Education (CCCEs) – Abbreviated Resume .....	6
Education .....	7
Employment .....	7
Teaching Preparation .....	8
Clinical Instructor	
Information .....	9
Selection Criteria .....	10
Training.....	10
Physical Therapy Service	
Number of Inpatient Beds .....	10
Number of Patients/Clients .....	10
Patient/Client Lifespan and Continuum of Care .....	11
Patient/Client Diagnoses .....	11
Hours of Operation.....	12
Staffing.....	12
Clinical Education Experience	
Special Programs/Activities/Learning Opportunities.....	13
Specialty Clinics .....	13
Health and Educational Providers at the Clinical Site .....	14
Affiliated PT and PTA Education Programs.....	14
Availability of the Clinical Education Experience.....	15
Learning Objectives and Assessments .....	16
Student Information	
Arranging the Experience .....	17
Housing .....	17-18
Transportation .....	19
Meals.....	19
Stipend/Scholarship.....	20
Special Information.....	20
Other.....	20

## CLINICAL SITE INFORMATION FORM

***Part I: Information For the Academic Program***  
**Information About the Clinical Site – Primary**

Initial Date 7/30/07

Revision Date 5/2/09

Person Completing CSIF	Captain Daniel Rhon				
E-mail address of person completing CSIF	daniel.rhon@us.army.mil				
Name of Clinical Center	Madigan Army Medical Center				
Street Address	9040-A Fitzsimmons Blvd.				
City	Tacoma	State	WA	Zip	98431-1100
Facility Phone		Ext.			
PT Department Phone	253-968-0780	Ext.			
PT Department Fax	253-968-1996				
PT Department E-mail	N/A				
Clinical Center Web Address	www.mamc.amedd.army.mil				
Director of Physical Therapy	Lieutenant Colonel Raymond L. Phua				
Director of Physical Therapy E-mail	raymond.phua@amedd.army.mil				
Center Coordinator of Clinical Education (CCCE) / Contact Person	Captain Daniel Rhon				
CCCE / Contact Person Phone	253-968-0780				
CCCE / Contact Person E-mail	Daniel.rhon@us.army.mil				
APTA Credentialed Clinical Instructors (CI) (List name and credentials)	LTC Raymond Phua, PT MAJ Holly Roberts, PT, DPT, GCS Mr. Eric Davis, PT Ms. Julie Spataro, PT, DPT Mr. Brian Hatler, PT, DPT, OCS				
Other Credentialed CIs (List name and credentials)	MAJ Amy Trevino, PT, OCS CPT Daniel Rhon, PT, DPT, DSc, OCS, FAAOMPT CPT Jared Williamson, PT, DPT Mr. Michael Hammond, PT Mr. Steven Travers, PT, OCS Mr. Harry Hayne, PT Ms. Anja Rapp, PT, DPT Mr. Jim Haberstro, PT Mr. Al Woerman, PT				

Indicate which of the following are required by your facility prior to the clinical education experience:

- ☐ Proof of student health clearance
- ☒ Criminal background check
- ☐ Child clearance
- ☐ Drug screening
- ☒ First Aid and CPR
- ☒ HIPAA education
- ☐ OSHA education
- ☒ Other: Please list MAMC temporary employees newcomer's orientation (online)

### Information About Multi-Center Facilities

If your health care system or practice has multiple sites or clinical centers, complete the following table(s) for each of the sites. Where information is the same as the primary clinical site, indicate "SAME." If more than three sites, copy, and paste additional sections of this table before entering the requested information. Note that you must complete an abbreviated resume for each CCCE.

Name of Clinical Site	Nisqually Family Medical Clinic—Physical Therapy Clinic				
Street Address					
City	Fort Lewis	State	WA	Zip	98431
Facility Phone			Ext.		
PT Department Phone	253-966-7472		Ext.		
Fax Number			Facility E-mail		
Director of Physical Therapy	Lieutenant Colonel Raymond Phua		E-mail	raymond.phua@us.army.mil	
CCCE	Captain Holly Roberts		E-mail	holly.roberts@us.army.mil	

Name of Clinical Site	Okubo Family Medical Clinic—Physical Therapy Clinic				
Street Address					
City	Fort Lewis	State	WA	Zip	98431
Facility Phone			Ext.		
PT Department Phone	253-966-7542		Ext.		
Fax Number			Facility E-mail		
Director of Physical Therapy	Lieutenant Colonel Raymond Phua		E-mail	raymond.phua@us.army.mil	
CCCE	Captain Holly Roberts		E-mail	holly.roberts@us.army.mil	

Name of Clinical Site					
Street Address					
City		State		Zip	
Facility Phone			Ext.		
PT Department Phone			Ext.		
Fax Number			Facility E-mail		
Director of Physical Therapy			E-mail		
CCCE			E-mail		

### Clinical Site Accreditation/Ownership

Yes	No		Date of Last Accreditation/Certification
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is your clinical site certified/ accredited? If no, go to #3.	
		If yes, has your clinical site been certified/accredited by:	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	JCAHO	November 2005
<input type="checkbox"/>	<input type="checkbox"/>	CARF	
<input type="checkbox"/>	<input type="checkbox"/>	Government Agency (eg, CORF, PTIP, rehab agency, state, etc.)	
<input type="checkbox"/>	<input type="checkbox"/>	Other	
		Which of the following best describes the ownership category for your clinical site? (check all that apply)	
		<input type="checkbox"/> Corporate/Private Owned <input checked="" type="checkbox"/> Government Agency <input type="checkbox"/> Hospital/Medical Center Owned <input type="checkbox"/> Nonprofit Agency <input type="checkbox"/> Physician/Physician Group Owned <input type="checkbox"/> PT Owned <input type="checkbox"/> PT/PTA Owned <input type="checkbox"/> Other (please specify)	

### Clinical Site Primary Classification

To complete this section, please:

- A. Place the number 1 (1) beside the category that best describes how your facility functions the majority ( $\geq 50\%$ ) of the time. Click on the drop down box to the left to select the number 1.
- B. Next, if appropriate, check ( $\checkmark$ ) 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 type="checkbox"/>	Industrial/Occupational Health Facility	<input type="checkbox"/>	School/Preschool Program
1 <input type="checkbox"/>	Ambulatory Care/Outpatient	<input checked="" type="checkbox"/>	Multiple Level Medical Center	<input type="checkbox"/>	Wellness/Prevention/Fitness Program
<input checked="" type="checkbox"/>	ECF/Nursing Home/SNF	<input type="checkbox"/>	Private Practice	<input type="checkbox"/>	Other: Specify
<input checked="" type="checkbox"/>	Federal/State/County Health	<input type="checkbox"/>	Rehabilitation/Sub-acute Rehabilitation		

### Clinical Site Location

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

- ☐ Rural  
☐ Suburban  
☒ Urban

## Information About the Clinical Teaching Faculty

### ABBREVIATED RESUME FOR CENTER COORDINATORS OF CLINICAL EDUCATION

*Please update as each new CCCE assumes this position.*

<b>NAME:</b> Captain Daniel Rhon		<b>Length of time as the CCCE:</b> 4 mo	
<b>DATE:</b> (mm/dd/yy) 05/02/09		<b>Length of time as a CI:</b> 4 years	
<b>PRESENT POSITION:</b> Staff Physical Therapist, CCCE Madigan Army Medical Center Physical Therapy Clinic (Title, Name of Facility)		<b>Mark (X) all that apply:</b> <input checked="" type="checkbox"/> PT <input type="checkbox"/> PTA <input type="checkbox"/> Other, specify	<b>Length of time in clinical practice:</b> 6 years
<b>LICENSURE:</b> (State/Numbers) TX 1152687	<b>APTA Credentialed CI</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Other CI Credentialing</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Eligible for Licensure:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Certified Clinical Specialist:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>Area of Clinical Specialization:</b> Orthopaedics (OCS)			
<b>Other credentials:</b> Fellow in American Academy of Orthopaedic Manual Physical Therapists			

### SUMMARY OF COLLEGE AND UNIVERSITY EDUCATION (Start with most current): Tab to add additional rows.

INSTITUTION	PERIOD OF STUDY		MAJOR	DEGREE
	FROM	TO		
Baylor University	2007	2008	Orthopaedics	D.Sc.
Temple University	2005	2007	Physical Therapy	DPT
US Army-Baylor University	2001	2003	Physical Therapy	MPT

### SUMMARY OF PRIMARY EMPLOYMENT (For current and previous four positions since graduation from college; start with most current): Tab to add additional rows.

EMPLOYER	POSITION	PERIOD OF EMPLOYMENT	
		FROM	TO
US Army---Madigan Army Medical Center Tacoma, WA	Staff Physical Therapist, Regional Research Director, CCCE	Feb, 2009	present
US Army---Brooke Army Medical Center San Antonio, TX	Chief, Physical Therapy	Jan, 2007	Jan, 2009
US Army---4 <sup>th</sup> BCT, 4 <sup>th</sup> Infantry Division Baghdad, Iraq	Brigade Physical Therapist	Nov 2005	Dec 2006
US Army - William Beaumont Army Medical Center El Paso, TX	Chief, Outpatient Physical Therapy	June, 2003	Oct, 2005



**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**): Tab to add additional rows.

[illegible]

## CLINICAL INSTRUCTOR INFORMATION

Provide the following information on all PTs or PTAs employed at your clinical site who are CIs. For clinical sites with multiple locations, use one form for each location and identify the location here. Tab to add additional rows.

Name followed by credentials (e.g., Joe Therapist, DPT, OCS Jane Assistant, PTA, BS)	PT/PTA Program from Which CI Graduated	Year of Graduation	Highest Earned Physical Therapy Degree	No. of Years of Clinical Practice	No. of Years of Clinical Teaching	List Certifications KEY: A = APTA credentialing B = Other CI credentialing C = Cert. clinical specialist List others	APTA Member Yes/No	L= Licensed, Number E= Eligible T= Temporary L/E/T Number	State of Licensure
LTC Raymond Phua	Medical College of Georgia	1990	MS	18	14	A	No	L	GA
Maj Amy Trevina	US Army-Baylor University	1995	MPT	13	8	C, CSCS	Yes	L	TX
MAJ Holly Roberts	US Army-Baylor University	2000	DPT	8	6	A, C	Yes	L	MD
CPT Lisa Konitzer	University of Indianapolis	2002	MPT	6	2	C	Yes	L	CO
CPT Daniel Rhon	US Army-Baylor University	2003	DPT/ D.Sc.	6	4	C, FAAAOMPT	Yes	L	TX
CPT Bradley Ritland	US Army-Baylor University	2007	DPT	1	0		Yes	L	MN
CPT Jared Williamson	US Army-Baylor University	2008	DPT	0	0				
Mr. Eric Davis	University of Kansas	1985	BS	23	11	A	Yes	L	GA
Mr. Michael Hammond	US Army-Baylor University	1979	MPT	29	27		Yes	L	CA
Dr. Brian Hatler	US Army-Baylor University	1999	DPT	9	8	A, C	Yes	L	WA

Mr. James Habersro	University of Utah	1982	BS	26	24		Yes	L	WA
Mr. Harry Hayne	Texas Tech	2001	MPT	7	2		No	L	TX
Dr. Julie Spataro	University of Puget Sound	2003	DPT	5	2	A	Yes	L	WA
Dr. Anja Rapp	University of Puget Sound	2005	DPT	3	1		No	L	WA
Mr. Steven Travers	Andrews University	1997	MPT	11	10	C	Yes	L	WA PA
Mr. Allyn Woerman	Children's Hospital, Los Angeles	1970	MMSc	38	34		Yes	L	WA CA

### ***Clinical Instructors***

What criteria do you use to select clinical instructors? **(Mark (X) all that apply):**

<input type="checkbox"/>	APTA Clinical Instructor Credentialing	<input type="checkbox"/>	No criteria
<input type="checkbox"/>	Career ladder opportunity	<input type="checkbox"/>	Other (not APTA) clinical instructor credentialing
<input type="checkbox"/>	Certification/training course	<input checked="" type="checkbox"/>	Therapist initiative/volunteer
<input checked="" type="checkbox"/>	Clinical competence	<input checked="" type="checkbox"/>	Years of experience: Number: > 3
<input type="checkbox"/>	Delegated in job description	<input type="checkbox"/>	Other (please specify):
<input checked="" type="checkbox"/>	Demonstrated strength in clinical teaching		

How are clinical instructors trained? **(Mark (X) all that apply)**

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

### **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	132	Psychiatric center	11
Intensive care	20	Rehabilitation center	
Step down	20	Other specialty centers: Specify	34
Subacute/transitional care unit			
Extended care		<b>Total Number of Beds</b>	217

#### ***Number of Patients/Clients***

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

INPATIENT		OUTPATIENT	
	Individual PT		Individual PT
	Student PT		Student PT
	Individual PTA		Individual PTA
	Student PTA		Student PTA
	PT/PTA Team		PT/PTA Team
17-25	<b>Total patient/client visits per day</b>	200	<b>Total patient/client visits per day</b>

### ***Patient/Client Lifespan and Continuum of Care***

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

1=(0%)    2=(1-25%)    3=(26-50%)    4=(51-75%)    5=(76-100%)

Click on the gray bar under rating to select from the drop down box.

Rating	Patient Lifespan	Rating	Continuum of Care
1	0-12 years	2	Critical care, ICU, acute
1	13-21 years	1	SNF/ECF/sub-acute
5	22-65 years	1	Rehabilitation
1	Over 65 years	5	Ambulatory/outpatient
		1	Home health/hospice
		1	Wellness/fitness/industry

### Patient/Client Diagnoses

1. Indicate the frequency of time typically spent with patients/clients in the primary diagnostic groups (bolded) using the key below:

1 = (0%)    2 = (1-25%)    3 = (26-50%)    4 = (51-75%)    5 = (76-100%)

2. Check (✓) those patient/client diagnostic sub-categories available to the student.

Click on the gray bar under rating to select from the drop down box.

<b>(1-5) Musculoskeletal</b>					
3	<input checked="" type="checkbox"/>	Acute injury	3	<input checked="" type="checkbox"/>	Muscle disease/dysfunction
2	<input checked="" type="checkbox"/>	Amputation	2	<input checked="" type="checkbox"/>	Musculoskeletal degenerative disease
2	<input checked="" type="checkbox"/>	Arthritis	3	<input checked="" type="checkbox"/>	Orthopedic surgery
2	<input checked="" type="checkbox"/>	Bone disease/dysfunction		<input type="checkbox"/>	Other: (Specify)
2	<input checked="" type="checkbox"/>	Connective tissue disease/dysfunction			
<b>(1-5) Neuro-muscular</b>					
2	<input checked="" type="checkbox"/>	Brain injury	2	<input checked="" type="checkbox"/>	Peripheral nerve injury
2	<input checked="" type="checkbox"/>	Cerebral vascular accident	1	<input type="checkbox"/>	Spinal cord injury
2	<input checked="" type="checkbox"/>	Chronic pain	2	<input checked="" type="checkbox"/>	Vestibular disorder
1	<input type="checkbox"/>	Congenital/developmental		<input type="checkbox"/>	Other: (Specify)
2	<input checked="" type="checkbox"/>	Neuromuscular degenerative disease			
<b>(1-5) Cardiovascular-pulmonary</b>					
2	<input checked="" type="checkbox"/>	Cardiac dysfunction/disease	2	<input checked="" type="checkbox"/>	Peripheral vascular dysfunction/disease
2	<input checked="" type="checkbox"/>	Fitness		<input type="checkbox"/>	Other: (Specify)
1	<input type="checkbox"/>	Lymphedema			
2	<input checked="" type="checkbox"/>	Pulmonary dysfunction/disease			
<b>(1-5) Integumentary</b>					
1	<input type="checkbox"/>	Burns		<input type="checkbox"/>	Other: (Specify)
1	<input type="checkbox"/>	Open wounds			
2	<input checked="" type="checkbox"/>	Scar formation			
<b>(1-5) Other (May cross a number of diagnostic groups)</b>					
2	<input checked="" type="checkbox"/>	Cognitive impairment	1	<input type="checkbox"/>	Organ transplant
2	<input checked="" type="checkbox"/>	General medical conditions	2	<input checked="" type="checkbox"/>	Wellness/Prevention
2	<input checked="" type="checkbox"/>	General surgery		<input type="checkbox"/>	Other: (Specify)
2	<input checked="" type="checkbox"/>	Oncologic conditions			

### Hours of Operation

Facilities with multiple sites with different hours must complete this section for each clinical center.

Days of the Week	From: (a.m.)	To: (p.m.)	Comments
Monday	0730	1630	Staff training in a.m.
Tuesday	0730	1630	
Wednesday	0730	1630	
Thursday	0730	1630	
Friday	0730	1630	
Saturday	pm		
Sunday	pm		

### ***Student Schedule***

Indicate which of the following best describes the typical student work schedule:

- ☒ Standard 8 hour day  
☐ Varied schedules

Describe the schedule(s) the student is expected to follow during the clinical experience:  
 Students work 0730 - 1630 or same as CI schedule.

### ***Staffing***

Indicate the number of full-time and part-time budgeted and filled positions:

	Full-time budgeted	Part-time budgeted	Current Staffing
PTs	15	0	15
PTAs	21	0	19
Aides/Techs	0	0	0
Others: Specify			

## Information About the Clinical Education Experience

### Special Programs/Activities/Learning Opportunities

Please mark (X) all special programs/activities/learning opportunities available to students.

<input type="checkbox"/>	Administration	<input type="checkbox"/>	Industrial/ergonomic PT	<input type="checkbox"/>	Quality Assurance/CQI/TQM
<input checked="" type="checkbox"/>	Aquatic therapy	<input checked="" type="checkbox"/>	Inservice training/lectures	<input type="checkbox"/>	Radiology
<input type="checkbox"/>	Athletic venue coverage	<input type="checkbox"/>	Neonatal care	<input type="checkbox"/>	Research experience
<input checked="" type="checkbox"/>	Back school	<input type="checkbox"/>	Nursing home/ECF/SNF	<input type="checkbox"/>	Screening/prevention
<input type="checkbox"/>	Biomechanics lab	<input checked="" type="checkbox"/>	Orthotic/Prosthetic fabrication	<input checked="" type="checkbox"/>	Sports physical therapy
<input type="checkbox"/>	Cardiac rehabilitation	<input type="checkbox"/>	Pain management program	<input checked="" type="checkbox"/>	Surgery (observation)
<input type="checkbox"/>	Community/re-entry activities	<input type="checkbox"/>	Pediatric-general (emphasis on):	<input checked="" type="checkbox"/>	Team meetings/rounds
<input checked="" type="checkbox"/>	Critical care/intensive care	<input type="checkbox"/>	Classroom consultation	<input checked="" type="checkbox"/>	Vestibular rehab
<input type="checkbox"/>	Departmental administration	<input type="checkbox"/>	Developmental program	<input type="checkbox"/>	Women's Health/OB-GYN
<input type="checkbox"/>	Early intervention	<input type="checkbox"/>	Cognitive impairment	<input type="checkbox"/>	Work Hardening/conditioning
<input type="checkbox"/>	Employee intervention	<input checked="" type="checkbox"/>	Musculoskeletal	<input type="checkbox"/>	Wound care
<input type="checkbox"/>	Employee wellness program	<input checked="" type="checkbox"/>	Neurological	<input type="checkbox"/>	Other (specify below)
<input checked="" type="checkbox"/>	Group programs/classes	<input checked="" type="checkbox"/>	Prevention/wellness		
<input type="checkbox"/>	Home health program	<input type="checkbox"/>	Pulmonary rehabilitation		

### Specialty Clinics

Please mark (X) all specialty clinics available as student learning experiences.

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

### *Health and Educational Providers at the Clinical Site*

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

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



### Affiliated PT and PTA Educational Programs

List all PT and PTA education programs with which you currently affiliate. Tab to add additional rows.

[illegible]

### Availability of the Clinical Education Experience

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

Physical Therapist		Physical Therapist Assistant	
First experience: Check all that apply. <input type="checkbox"/> Half days <input checked="" type="checkbox"/> Full days <input type="checkbox"/> Other: (Specify)		First experience: Check all that apply. <input type="checkbox"/> Half days <input checked="" type="checkbox"/> Full days <input type="checkbox"/> Other: (Specify)	
Intermediate experiences: Check all that apply. <input type="checkbox"/> Half days <input checked="" type="checkbox"/> Full days <input type="checkbox"/> Other: (Specify)		Intermediate experiences: Check all that apply. <input type="checkbox"/> Half days <input checked="" type="checkbox"/> Full days <input type="checkbox"/> Other: (Specify)	
<input checked="" type="checkbox"/> Final experience		<input checked="" type="checkbox"/> Final experience	
<input checked="" type="checkbox"/> Internship (6 months or longer)			
<input type="checkbox"/> Specialty experience			

	PT		PTA	
	From	To	From	To
Indicate the range of weeks you will accept students for any single full-time (36 hrs/wk) clinical experience.	4	36	4	12
Indicate the range of weeks you will accept students for any one part-time (< 36 hrs/wk) clinical experience.	0	0	0	0

	PT	PTA
Average number of PT and PTA students affiliating <u>per year</u> . Clarify if multiple sites.	7	6

Yes	No		Comments
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is your clinical site willing to offer reasonable accommodations for students under ADA?	

What is the procedure for managing students whose performance is below expectations or unsafe?  
 Clinic subscribes to adult learning model. Students are progressed based upon their demonstrated levels of didactic and clinical competencies at the discretion of the CI and CCCE. Those with exceptional skills are afforded more challenging opportunities whereas those requiring close supervision are monitored accordingly. We contact the student's DCE early and often, if necessary.

Box will expand to accommodate response.

Answer if the clinical center employs only one PT or PTA.

Explain what provisions are made for students if the clinical instructor is ill or away from the clinical site.

Box will expand to accommodate response.

### *Clinical Site's Learning Objectives and Assessment*

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	1. Does your clinical site provide written clinical education objectives to students? If no, go to # 3.
		2. Do these objectives accommodate:
<input type="checkbox"/>	<input type="checkbox"/>	• The student's objectives?
<input type="checkbox"/>	<input type="checkbox"/>	• Students prepared at different levels within the academic curriculum?
<input type="checkbox"/>	<input type="checkbox"/>	• The academic program's objectives for specific learning experiences?
<input type="checkbox"/>	<input type="checkbox"/>	• Students with disabilities?
<input type="checkbox"/>	<input type="checkbox"/>	3. Are all professional staff members who provide physical therapy services acquainted with the clinical site's learning objectives?

When do the CCCE and/or Cf typically discuss the clinical site's learning objectives with students?  
(Mark (X) all that apply)

<input checked="" type="checkbox"/>	Beginning of the clinical experience	<input checked="" type="checkbox"/>	At mid-clinical experience
<input type="checkbox"/>	Daily	<input checked="" type="checkbox"/>	At end of clinical experience
<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? (Mark (X) all that apply)

<input checked="" type="checkbox"/>	Written and oral mid-evaluation	<input checked="" type="checkbox"/>	Ongoing feedback throughout the clinical
<input checked="" type="checkbox"/>	Written and oral summative final evaluation	<input checked="" type="checkbox"/>	As per student request in addition to formal and ongoing written & oral feedback
<input checked="" type="checkbox"/>	Student self-assessment throughout the clinical	<input type="checkbox"/>	

**OPTIONAL:** Please feel free to use the space provided below to share additional information about your clinical site (eg, strengths, special learning opportunities, clinical supervision, organizational structure, clinical philosophies of treatment, pacing expectations of students [early, final]).

Our facility primarily works with orthopedic patients of all ages. There is an orthopedic surgeon residency program in the hospital, so we see many post-operative patients. Since we work with active duty soldiers, our goal is to return our patients to a full active lifestyle so we often function in a similar capacity to an athletic training facility. Neurorehab and pediatric patients, however, are fairly infrequent.

Box will expand to accommodate response.

## Part II. Information for Students

Use the check (✓) boxes provided for Yes/No responses. For all other responses or to provide additional detail, please use the Comment box.

### *Arranging the Experience*

Yes	No		Comments
<input type="checkbox"/>	<input checked="" type="checkbox"/>	1. Do students need to contact the clinical site for specific work hours related to the clinical experience?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Do students receive the same official holidays as staff?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Does your clinical site require a student interview?	
		4. Indicate the time the student should report to the clinical site on the first day of the experience.	0730
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Is a Mantoux TB test (PPD) required? a) one step _____ (✓ check) b) two step _____ (✓ check) If yes, within what time frame?	two step
<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Is a Rubella Titer Test or immunization required?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Are any other health tests/immunizations required prior to the clinical experience? If yes, please specify:	Hep A
		8. How is this information communicated to the clinic? Provide fax number if required.	fax or mail fax (253) 968-1996
		9. How current are student physical exam records required to be?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	10. Are any other health tests or immunizations required on-site? If yes, please specify:	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. Is the student required to provide proof of OSHA training?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. Is the student required to provide proof of HIPAA training?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. Is the student required to provide proof of any other training prior to orientation at your facility? If yes, please list.	Newcomer's Orientation (information provided to student)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	14. Is the student required to attest to an understanding of the benefits and risks of Hepatitis-B immunization?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	15. Is the student required to have proof of health insurance?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16. Is emergency health care available for students?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	a) Is the student responsible for emergency health care costs?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	17. Is other non-emergency medical care available to students?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. Is the student required to be CPR certified? (Please note if a specific course is required).	BLS



Yes	No		Comments
<input checked="" type="checkbox"/>	<input type="checkbox"/>	a) Can the student receive CPR certification while on-site?	Military only
<input type="checkbox"/>	<input checked="" type="checkbox"/>	19. Is the student required to be certified in First Aid?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	a) Can the student receive First Aid certification on-site?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. Is a criminal background check required (e.g., Criminal Offender Record Information)? If yes, please indicate which background check is required and time frame.	National check
<input type="checkbox"/>	<input checked="" type="checkbox"/>	21. Is a child abuse clearance required?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	22. Is the student responsible for the cost or required clearances?	Must be initiated a minimum of 6 months prior to the affiliation if using MAMC forms
<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. Is the student required to submit to a drug test? If yes, please describe parameters.	Military only as mandated by commander
<input type="checkbox"/>	<input checked="" type="checkbox"/>	24. Is medical testing available on-site for students?	
		25. Other requirements: (On-site orientation, sign an ethics statement, sign a confidentiality statement.)	

### *Housing*

Yes	No		Comments
<input checked="" type="checkbox"/>	<input type="checkbox"/>	26. Is housing provided for male students? (If no, go to #32)	US Army-Baylor only
<input checked="" type="checkbox"/>	<input type="checkbox"/>	27. Is housing provided for female students? (If no, go to #32)	US Army-Baylor only
		28. What is the average cost of housing?	\$50-55/night
		29. Description of the type of housing provided:	BOQ/Guest Lodge
		30. How far is the housing from the facility?	3 miles
		31. Person to contact to obtain/confirm housing:	
		Name:	
		Address:	
		City:	State: Zip:

		Phone:	E-mail:	
<b>Yes</b>	<b>No</b>			
		32. If housing is <b>not</b> provided for either gender:		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	a) Is there a contact person for information on housing in the area of the clinic? Please list contact person and phone #.		CCCE or CI (253) 968-0780
<input type="checkbox"/>	<input checked="" type="checkbox"/>	b) Is there a list available concerning housing in the area of the clinic? If yes, please attach to the end of this form.		

### Transportation

<b>Yes</b>	<b>No</b>		<b>Comments</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	33. Will a student need a car to complete the clinical experience?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	34. Is parking available at the clinical center?	
		a) What is the cost for parking?	0
<input type="checkbox"/>	<input checked="" type="checkbox"/>	35. Is public transportation available?	
		36. How close is the nearest transportation (in miles) to your site?	
		a) Train station?	NA miles
		b) Subway station?	NA miles
		c) Bus station?	at hospital miles
		d) Airport?	30 miles
		37. Briefly describe the area, population density, and any safety issues regarding where the clinical center is located. large urban	
		38. Please enclose a map of your facility, specifically the location of the department and parking. <b>Travel directions can be obtained from several travel directories on the internet.</b> (e.g., Google Maps, Yahoo, MapQuest, Expedia).	

### Meals

<b>Yes</b>	<b>No</b>		<b>Comments</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	39. Are meals available for students on-site? (If no, go to #40)	
		Breakfast (if yes, indicate approximate cost)	\$2.00
		Lunch (if yes, indicate approximate cost)	\$3.00
		Dinner (if yes, indicate approximate cost)	\$4.00
<input checked="" type="checkbox"/>	<input type="checkbox"/>	40. Are facilities available for the storage and preparation of food?	microwave, refrigerator, freezer



### Stipend/Scholarship

Yes	No		Comments
<input type="checkbox"/>	<input checked="" type="checkbox"/>	41. Is a stipend/salary provided for students? If no, go to #43.	
		a) How much is the stipend/salary? (\$ / week)	
<input type="checkbox"/>	<input type="checkbox"/>	42. Is this stipend/salary in lieu of meals or housing?	
		43. What is the minimum length of time the student needs to be on the clinical experience to be eligible for a stipend/salary?	

### Special Information

Yes	No		Comments
<input checked="" type="checkbox"/>	<input type="checkbox"/>	44. Is there a facility/student dress code? If no, go to # 45. If yes, please describe or attach.	
		a) Specify dress code for men:	Professional--no t-shirts or jeans
		b) Specify dress code for women:	same
<input checked="" type="checkbox"/>	<input type="checkbox"/>	45. Do you require a case study or inservice from all students (part-time and full-time)?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	46. Do you require any additional written or verbal work from the student (e.g., article critiques, journal review, patient/client education handout/brochure)?	per individual CI
<input type="checkbox"/>	<input checked="" type="checkbox"/>	47. Does your site have a written policy for missed days due to illness, emergency situations, other? If yes, please summarize.	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	48. Will the student have access to the Internet at the clinical site?	

### Other Student Information

Yes	No		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	49. Do you provide the student with an on-site orientation to your clinical site?	
(mark X below)		a) Please indicate the typical orientation content by marking an X by all items that are included.	
<input checked="" type="checkbox"/>	Documentation/billing	<input checked="" type="checkbox"/>	Review of goals/objectives of clinical experience
<input checked="" type="checkbox"/>	Facility-wide or volunteer orientation	<input checked="" type="checkbox"/>	Student expectations
<input type="checkbox"/>	Learning style inventory	<input type="checkbox"/>	Supplemental readings
<input checked="" type="checkbox"/>	Patient information/assignments	<input checked="" type="checkbox"/>	Tour of facility/department
<input checked="" type="checkbox"/>	Policies and procedures (specifically outlined plan for emergency responses)	<input type="checkbox"/>	Other (specify below – e.g., bloodborne pathogens, hazardous materials, etc.)
<input checked="" type="checkbox"/>	Quality assurance		
<input type="checkbox"/>	Reimbursement issues		
<input checked="" type="checkbox"/>	Required assignments (e.g., case study, diary/log, inservice)		

***In appreciation...***

Many thanks for your time and cooperation in completing the CSIF and continuing to serve the physical therapy profession as clinical mentors and role models. Your contributions to learners' professional growth and development ensure that patients/clients today and tomorrow receive high-quality patient/client care services.