

**CLINICAL SITE INFORMATION FORM (CSIF)**  
**developed by**  
**APTA Department of Physical Therapy Education**

**Why have a consistent Clinical Site Information Form?**

The primary purpose of this form is for Physical Therapist (PT) and Physical Therapist Assistant (PTA) academic programs to collect information from clinical education sites. This information will facilitate clinical site selection, student placements, assessment of learning experiences and clinical practice opportunities available to students; and provide assistance with completion of documentation for accreditation in clinical education.

**How is the form designed?**

The form is divided into two sections, [Information for Academic Programs - Part I](#) (pages 3-14) and [Information for Students - Part II](#) (pages 15-17), to allow ease in retrieval of information for academic programs and for students, especially if the academic program is using a database to manage the information. Duplication of information being requested is kept to a minimum except when separation of Part I and Part II of the form would omit critical information needed by both students and the academic program. The form is also designed using a check-off format wherever possible to reduce the amount of time required for completion. This instrument can be retrieved from APTA's website at [www.apta.org](http://www.apta.org). Simply select the link titled "PT Education", then the link titled "Clinical Education" and choose "Clinical Site Information Form".

Although using a computer to complete the form is not mandatory, it is highly recommended to facilitate legible updates with minimal time investment from your facility. Additionally, the information provided will be more legible to students, academic programs, and the APTA's Department of Physical Therapy Education. The form includes several features designed to streamline navigation, including a hyperlinked [index](#) on page 18. (Please note that several of the hyperlinks contained in the document require your computer to have an open internet connection and a web browser).

If you prefer to complete the form manually, you may download the CSIF from APTA's website (see above). If you do not have access to a computer for this purpose, hard copies of the CSIF are available from the APTA Department of Physical Therapy Education, as well as from all PT and PTA academic programs through their Academic Coordinator of Clinical Education (ACCE).

**What should I do once the form has been completed?**

We encourage you to invest the time to complete the form thoroughly and accurately. Once the form has been completed, the clinical education site may e-mail the instrument to each academic program with which it affiliates, minimizing administrative time and associated costs. **Please remember to make a copy of this form and retain for your records!** To assist in maintaining accurate and relevant information about your physical therapy service for academic programs and students, we encourage you to update this form on an annual basis

In addition, to develop and maintain an accurate and comprehensive national database of clinical education sites, we request that a copy of the completed form be e-mailed to the Department of Physical Therapy Education at [csif@apta.org](mailto:csif@apta.org) or mail to:



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

**DIRECTIONS FOR COMPLETION:**

**If using a computer to complete this form:**

When completing this form, after opening the original form, and before entering your facility's information, **save the form**. The title should be your zip code, your site's name, and the date (eg, 90210BevHillsRehab10-26-99. Please note that the date must be set apart with dashes; if slashes are used, the computer will unsuccessfully search for a directory and return an error message). Saving the document will preserve the original copy on the disk or hard drive, allowing for you to easily update your information. When completing, 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 easier data entry). Enter relevant information only in blank spaces as appropriate to your clinical site.

**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 (for example, corporate hospital mergers) that offer clinical learning experiences, such as an acute care hospital that also provides clinical rotations at associated sports medicine and long-term care facilities, you will need to complete *pages 3 and 4*. On *page 3*, provide the primary clinical site for the clinical experience. On *page 4*, indicate other clinical sites or satellites associated with the primary clinical site. *Please note that if the individual facility information varies with each satellite site that offers a clinical experience, it will be necessary to duplicate a blank CSIF and complete the form for each satellite site that offers different clinical learning experiences.*

**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 form do not apply to your clinical education site at the time you are completing the form, please leave the item blank. Opportunities to provide comments have been made available throughout the form.

## CLINICAL SITE INFORMATION FORM

### *I. Information About the Clinical Site*

Date 3/25/2008

Person Completing Questionnaire		Robyn Carey			
E-mail address of person completing questionnaire		Robyn.Carey@northsoundpt.com			
Name of Clinical Center	NorthSound Physical Therapy				
Street Address	27500 102 <sup>nd</sup> Avenue NW, Suite 1				
City	Stanwood	State	WA	Zip	98292
Facility Phone	360-629-7528		Ext.	241	
PT Department Phone	360-629-9768		Ext.		
PT Department Fax	360-629-6487				
PT Department E-mail	Becky.rice@northsoundpt.com				
Web Address:	www.northsoundpt.com				
Director of Physical Therapy	Marty Stanton, PT				
Director of Physical Therapy E-mail	Marty.Stanton@northsoundpt.com				
Center Coordinator of Clinical Education (CCCE) / Contact Person	Becky Pursley				
CCCE / Contact Person Phone	360-629-7528, ext. 245				
CCCE / Contact Person E-mail	Becky.Pursley@northsoundpt.com				

**Complete the following table(s) if there are multiple sites that are part of the same health care system or practice. Copy this table before entering information if you need more space.**

Name of Clinical Site	NorthSound Physical Therapy - Stanwood				
Street Address	27500 102 <sup>nd</sup> Ave Suite 1				
City	Stanwood	State	WA	Zip	98292
Facility Phone	(360) 629-9768		Ext.		
PT Department Phone	(360) 629-9768		Ext.		
Fax Number	(360) 629-6487	Facility E-mail			
Director of Physical Therapy	Karl Hedeem, PT		E-mail	<a href="mailto:Karl.hedeem@northsoundpt.com">Karl.hedeem@northsoundpt.com</a>	
Center Coordinator of Clinical Education/contact (CCCE)	Becky Pursley		E-mail	<a href="mailto:Becky.Pursley@northsoundpt.com">Becky.Pursley@northsoundpt.com</a>	

Name of Clinical Site	NorthSound Physical Therapy – Smokey Point				
Street Address	3405 172 <sup>nd</sup> St. Suite 10				
City	Arlington	State	WA	Zip	98223
Facility Phone	(360) 651-8880		Ext.		
PT Department Phone	(360) 651-8880		Ext.		
Fax Number	(360) 651-9975	Facility E-mail			
Director of Physical Therapy	Bart Hawkinson, DPT		E-mail	<a href="mailto:Bart.Hawkinson@northsoundpt.com">Bart.Hawkinson@northsoundpt.com</a>	
Center Coordinator of Clinical Education/contact (CCCE)	Becky Pursley		E-mail	<a href="mailto:Becky.Pursley@northsoundpt.com">Becky.Pursley@northsoundpt.com</a>	

Name of Clinical Site	NorthSound Physical Therapy - Marysville				
Street Address	9516 State Ave Suite B				
City	Marysville	State	WA	Zip	98270
Facility Phone	(360) 658-8857		Ext.		
PT Department Phone	(360) 658-8857		Ext.		
Fax Number	(360) 659-8296	Facility E-mail			
Director of Physical Therapy	John Bielser, PT		E-mail	<a href="mailto:John.bielser@northsoundpt.com">John.bielser@northsoundpt.com</a>	
Center Coordinator of Clinical Education/contact (CCCE)	Becky Pursley		E-mail	<a href="mailto:Becky.Pursley@northsoundpt.com">Becky.Pursley@northsoundpt.com</a>	

Name of Clinical Site	NorthSound Physical Therapy – Lake Stevens				
Street Address	8933 Market Place Suite J				
City	Lake Stevens	State	WA	Zip	98258
Facility Phone	(425) 334-1122		Ext.		
PT Department Phone	(425) 334-1122		Ext.		
Fax Number	(425) 334-1188	Facility E-mail			
Director of Physical Therapy	Tracy Hartley, MPT		E-mail	<a href="mailto:Tracy.Hartley@northsoundpt.com">Tracy.Hartley@northsoundpt.com</a>	
Center Coordinator of Clinical Education/contact (CCCE)	Becky Pursley		E-mail	<a href="mailto:Becky.Pursley@northsoundpt.com">Becky.Pursley@northsoundpt.com</a>	

Name of Clinical Site	NorthSound Physical Therapy – Harbour Pointe				
Street Address	4420 106 <sup>th</sup> St. SW				
City	Mukilteo	State	WA	Zip	98275
Facility Phone	(425) 315-9500		Ext.		
PT Department Phone	(425) 315-9500		Ext.		
Fax Number	(425) 315-0585	Facility E-mail			
Director of Physical Therapy	Jason Rogers, MPT, MS ATC		E-mail	<a href="mailto:Jason.Rogers@northsoundpt.com">Jason.Rogers@northsoundpt.com</a>	
Center Coordinator of Clinical Education/contact (CCCE)	Becky Pursley		E-mail	<a href="mailto:Becky.Pursley@northsoundpt.com">Becky.Pursley@northsoundpt.com</a>	

*Clinical Site Accreditation/Ownership*

Yes	No		Date of Last Accreditation/Certification
	x	1. Is your clinical site certified/ accredited? If no, go to #3.	
		2. If yes, by whom?	
		JCAHO	
		CARF	
		Government Agency (eg, CORF, PTIP, rehab agency, state, etc.)	
		Other	
		3. Who or what type of entity owns your clinical site? <input checked="" type="checkbox"/> PT owned <input type="checkbox"/> Hospital Owned <input type="checkbox"/> General business / corporation <input type="checkbox"/> Other (please specify) _____	

4. Place the **number 1** next to your clinical site’s primary classification -- noted in **bold type**. Next, if appropriate, mark (X) **up to four additional bold typed categories** that describe other clinical centers associated with your primary classification. Beneath each of the **five possible bold typed categories**, mark (X) the specific learning experiences/settings that best describe that facility.

	<b>Acute Care/Hospital Facility</b>	Functional Capacity Exam- FCE	spinal cord injury
	university teaching hospital	industrial rehab	traumatic brain injury
	pediatric	other (please specify)	other
	cardiopulmonary	<b>Federal/State/County Health</b>	<b>School/Preschool Program</b>
	orthopedic	Veteran’s Administration	school system
	other	pediatric develop. ctr.	preschool program
1	<b>Ambulatory Care/Outpatient</b>	adult develop. ctr.	early intervention
x	geriatric	other	other
	hospital satellite	<b>Home Health Care</b>	<b>Wellness/Prevention Program</b>
	medicine for the arts	agency	on-site fitness center
x	orthopedic	contract service	other
	pain center	hospital based	<b>Other</b>
	pediatric	other	international clinical site
	podiatric	<b>Rehab/Subacute Rehab</b>	administration
x	sports PT	inpatient	research
x	Other (Women’s Health, Aquatics, Vestibular Rehab)	outpatient	other
	<b>ECF/Nursing Home/SNF</b>	pediatric	
	<b>Ergonomics</b>	adult	
	work hardening/conditioning	geriatric	

4a. Which of these best characterizes your clinic’s location? Indicate with an ‘X’.

rural		suburban	X	urban
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5. If your clinical site provides inpatient care, what are the number of:

	Acute beds
	ECF beds
	Long term beds
	Psych beds
	Rehab beds
	Step down beds
	Subacute/transitional care unit
	Other beds (please specify):
	<b>Total Number of Beds</b>

**II. Information about the Provider of Physical Therapy Service at the Primary Center**

6. PT Service hours

Days of the Week	From: (a.m.)	To: (p.m.)	Comments
Monday	8	7	Lunch 12-1 PM
Tuesday	8	7	Lunch 12-1 PM
Wednesday	8	7	Lunch 12-1 PM
Thursday	8	7	Lunch 12-1 PM
Friday	8	7	Lunch 12-1 PM
Saturday	Closed	Closed	
Sunday	Closed	Closed	

7. Describe the staffing pattern for your facility: Standard 8 hour day \_\_\_ Varied schedules X  
(Enter additional remarks in space below, including description of weekend physical therapy staffing pattern).

Schedules vary including 4 10-hour days, 5 8-hour days, or 3 10-hour days and 2 5-hour days to fill our schedules from 8:00 AM to 7:00 PM

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

	Full-time budgeted	Part-time budgeted
PTs	15	1
PTAs	10	1
Aides/Techs	7	1

9. Estimate an average number of **patients per therapist treated per day** by the provider of physical therapy.

INPATIENT		OUTPATIENT	
	Individual PT	15-18	Individual PT (10 hr day)
	Individual PTA	10-12	Individual PTA (10 hr day)

Total PT service per day	25-50	Total PT service per day
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### III. Available Learning Experiences

10. Please mark (X) the *diagnosis related* learning experiences available at your clinical site:

	Amputations		Critical care/Intensive care	X	Neurologic conditions
X	Arthritis	X	Degenerative diseases		Spinal cord injury
X	Athletic injuries	X	General medical conditions		Traumatic brain injury
	Burns	X	General surgery/ <del>Organ Transplant</del>		Other neurologic conditions
	Cardiac conditions	X	Hand/Upper extremity		Oncologic conditions
	Cerebral vascular accident	X	Industrial injuries	X	Orthopedic/Musculoskeletal
X	Chronic pain/Pain		ICU (Intensive Care Unit)		Pulmonary conditions
	Connective tissue diseases		Mental retardation		Wound Care
	Congenital/Developmental			X	Other (specify below) (Aquatics)

11. Please mark (X) all *special programs/activities/learning opportunities* available to students during clinical experiences, or as part of an independent study.

	Administration		Industrial/Ergonomic PT	X	Prevention/Wellness
X	Aquatic therapy	X	In-services training/Lectures		Pulmonary rehabilitation
	Back school		Neonatal care		Quality Assurance/CQI/TQM
	Biomechanics lab		Nursing home/ECF/SNF		Radiology
	Cardiac rehabilitation		On the field athletic injury		Research experience
	Community/Re-entry activities		Orthotic/Prosthetic fabrication	X	Screening/Prevention
	Critical care/Intensive care		Pain management program	X	Sports physical therapy
	Departmental administration		Pediatric-General (emphasis on):		Surgery (observation)
	Early intervention		Classroom consultation		Team meetings/Rounds
	Employee intervention		Developmental program	X	Women's Health/OB-GYN
	Employee wellness program		Mental retardation	X	Work Hardening/Conditioning
X	Group programs/Classes	X	Musculoskeletal		Wound care
	Home health program	X	Neurological		Other (specify below)
X	Vestibular	X	Sport specific HS camps		

12. Please mark (X) all *Specialty Clinics* available as student learning experiences.

	Amputee clinic		Neurology clinic		Screening clinics
X	Arthritis	X	Orthopedic clinic		Developmental
	Feeding clinic		Pain clinic		Scoliosis
	Hand clinic	X	Preparticipation in sports		Sports medicine clinic
	Hemophilia Clinic		Prosthetic/Orthotic clinic	X	Other (specify below)
	Industry		Seating/Mobility clinic	X	Aquatics, women's health, vestibular



13. Please mark (X) all *health professionals* at your clinical site with whom students might observe and/or interact.

X	Administrators		Health information technologists		Psychologists
X	Alternative Therapies		Nurses		Respiratory therapists
X	Athletic trainers		Occupational therapists		Therapeutic recreation therapists
	Audiologists		Physicians (list specialties)		Social workers
	Dietitians		Physician assistants		Special education teachers
	Enterostomal Therapist		Podiatrists		Vocational rehabilitation counselors
X	Exercise physiologists		Prosthetists /Orthotists		Others (specify below)

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

University of Washington	
University of Puget Sound	
Eastern Washington University	
Pacific University	
Whatcom Community College	
University of Utah	

15. What criteria do you use to select clinical instructors? (mark (X) all that apply):

X	APTA Clinical Instructor Credentialing		Demonstrated strength in clinical teaching
X	Career ladder opportunity		No criteria
	Certification/Training course	X	Therapist initiative/volunteer
X	Clinical competence	X	Years of experience
	Delegated in job description		Other (please specify)

16. How are clinical instructors trained? (mark (X) all that apply)

	1:1 individual training (CCCE:CI)		Continuing education by consortia
X	Academic for-credit coursework		No training
X	APTA Clinical Instructor Credentialing	X	Professional continuing education (eg, chapter, CEU course)
X	Clinical center in-services		Other (please specify)
	Continuing education by academic program		

17. On pages 9 and 10 please provide information about individual(s) serving as the CCCE(s), and on pages 11 and 12 please provide information about individual(s) serving as the CI(s) at your clinical site.

**ABBREVIATED RESUME FOR CENTER COORDINATORS OF CLINICAL  
EDUCATION**

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

<b>NAME:</b> Tracy Hartley, MPT		<b>Length of time as the CCCE:</b>
<b>DATE:</b> (mm/dd/yy) 02/13/2008		<b>Length of time as the CI:</b> 7 years
<b>PRESENT POSITION:</b> (Title, Name of Facility) Clinical Manager-NorthSound Physical Therapy Lake Stevens Clinic	<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>  17 years
<b>LICENSURE:</b> (State/Numbers) WA State #PT00005403		<b>Credentialed Clinical Instructor:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Eligible for Licensure:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<b>Certified Clinical Specialist:</b>
		<b>Area of Clinical Specialization:</b>
		<b>Other credentials:</b>

**\*\*\*PLEASE SEE ATTACHED WASHINGTON PRACTITIONER APPLICATION\*\*\***

**SUMMARY OF COLLEGE AND UNIVERSITY EDUCATION (start with most current):**

INSTITUTION	PERIOD OF STUDY		MAJOR	DEGREE
	FROM	TO		
University of Puget Sound	1988	1991	Physical Therapy	Masters
University of Puget Sound	1984	1988	Physiology	B.S.

**SUMMARY OF PRIMARY EMPLOYMENT (For current and previous four positions since graduation from college; start with most current):**

EMPLOYER	POSITION	PERIOD OF EMPLOYMENT	
		FROM	TO
NorthSound Physical Therapy	Clinical Manager	11/01	Present
Life Care	Rehab Director	1996	11/01
Sun Rehab	Facility Director	1993	1996

<b>NAME: Becky Rice, PT</b>		<b>Length of time as the CCCE:</b>
<b>DATE: (mm/dd/yy) 02/13/2008</b>		<b>Length of time as the CI: 3 years</b>
<b>PRESENT POSITION:</b> (Title, Name of Facility) Clinical Manager NorthSound Physical Therapy - Stanwood	<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>  <b>15 years</b>
<b>LICENSURE:</b> (State/Numbers) WA State #00006033		<b>Credentialed Clinical Instructor:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Eligible for Licensure:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<b>Certified Clinical Specialist:</b>
		<b>Area of Clinical Specialization:</b> <b>Women's Health</b>
		<b>Other credentials:</b>

**\*\*\*PLEASE SEE ATTACHED WASHINGTON PRACTITIONER APPLICATION\*\*\***

**SUMMARY OF COLLEGE AND UNIVERSITY EDUCATION (start with most current):**

INSTITUTION	PERIOD OF STUDY		MAJOR	DEGREE
	FROM	TO		
Andrews University	06/92	06/93	Physical Therapy	MS, PT
Andrews University		06/92	Anatomy & Physiology	BS

**SUMMARY OF PRIMARY EMPLOYMENT (For current and previous four positions since graduation from college; start with most current):**

EMPLOYER	POSITION	PERIOD OF EMPLOYMENT	
		FROM	TO
NorthSound Physical Therapy	Assistant Clinical Manager	08/19/02	Current
Physiotherapy Associates	Clinical Manager	01/01	08/02
Good Shepherd Physical Therapy	Physical Therapist	08/98	01/01
St Mary Medical Center	Physical Therapy	08/93	08/98

<b>NAME: John Bielser, PT</b>		<b>Length of time as the CCCE:</b>
<b>DATE: (mm/dd/yy) 02/13/2008</b>		<b>Length of time as the CI: 13 years</b>
<b>PRESENT POSITION:</b> (Title, Name of Facility) Clinical Manager - NorthSound Physical Therapy Marysville Clinic	<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: 19</b>
<b>LICENSURE:</b> (State/Numbers) WA State #PT00004090		<b>Credentialed Clinical Instructor:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Eligible for Licensure:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<b>Certified Clinical Specialist:</b>
		<b>Area of Clinical Specialization:</b>
		<b>Other credentials:</b>

**\*\*\*PLEASE SEE ATTACHED WASHINGTON PRACTITIONER APPLICATION\*\*\***

**SUMMARY OF COLLEGE AND UNIVERSITY EDUCATION (start with most current):**

INSTITUTION	PERIOD OF STUDY		MAJOR	DEGREE
	FROM	TO		
Eastern Washington University		1989	Physical Therapy	B.S.

**SUMMARY OF PRIMARY EMPLOYMENT (For current and previous four positions since graduation from college; start with most current):**

EMPLOYER	POSITION	PERIOD OF EMPLOYMENT	
		FROM	TO
NorthSound Physical Therapy	Owner-Clinical Manager	1997	Current
Eagle Rehab/Theracare	Clinical Manger-PT	1990	1996
Monroe Physical Therapy	Physical Therapist	1989	1990
Therapists Unlimited	Physical Therapist	1996	1997

<b>NAME: Anthony Johns</b>		<b>Length of time as the CCCE:</b>
<b>DATE: (mm/dd/yy) 02/13/2008</b>		<b>Length of time as the CI:</b> 3 years
<b>PRESENT POSITION:</b> (Title, Name of Facility) Clinical Mgr. - NorthSound Physical Therapy- Marysville Clinic	<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> 7 years
<b>LICENSURE:</b> (State/Numbers) WA State #PT00008688		<b>Credentialed Clinical Instructor:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Eligible for Licensure:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<b>Certified Clinical Specialist:</b>
		<b>Area of Clinical Specialization:</b>
		<b>Other credentials:</b>

**\*\*\*PLEASE SEE ATTACHED WASHINGTON PRACTITIONER APPLICATION\*\*\***

**SUMMARY OF COLLEGE AND UNIVERSITY EDUCATION (start with most current):**

INSTITUTION	PERIOD OF STUDY		MAJOR	DEGREE
	FROM	TO		
University of Washington	1999	2001		MPT
Eastern Washington University	1994	1996	Physical Education	B.S.

**SUMMARY OF PRIMARY EMPLOYMENT (For current and previous four positions since graduation from college; start with most current):**

EMPLOYER	POSITION	PERIOD OF EMPLOYMENT	
		FROM	TO
NorthSound Physical Therapy	Assistant Clinical Manager	12/2002	Current
North Shore Physical Therapy	Physical Therapist	12/01	12/02

<b>NAME: Jason Rogers, MPT, ATC</b>		<b>Length of time as the CCCE:</b>
<b>DATE: (mm/dd/yy) 01/24/2008</b>		<b>Length of time as the CI:</b>
<b>PRESENT POSITION:</b> (Title, Name of Facility) Clinical Mgr. - NorthSound Physical Therapy Harbour Pointe Clinic	<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>  7 years
<b>LICENSURE:</b> (State/Numbers) WA State #PT00009758		<b>Credentialed Clinical Instructor:</b> Yes ___ No <input checked="" type="checkbox"/>
<b>Eligible for Licensure:</b> Yes <input checked="" type="checkbox"/> No ___		<b>Certified Clinical Specialist:</b>
		<b>Area of Clinical Specialization:</b>
		<b>Other credentials:</b>

**\*\*\*PLEASE SEE ATTACHED WASHINGTON PRACTITIONER APPLICATION\*\*\***

**SUMMARY OF COLLEGE AND UNIVERSITY EDUCATION (start with most current):**

INSTITUTION	PERIOD OF STUDY		MAJOR	DEGREE
	FROM	TO		
University of Delaware	2000	2002	Physical Therapy	Masters
Brigham Young University	1990 1997	1991 2000	Physical Education	B.S.

**SUMMARY OF PRIMARY EMPLOYMENT (For current and previous four positions since graduation from college; start with most current):**

EMPLOYER	POSITION	PERIOD OF EMPLOYMENT	
		FROM	TO
NorthSound Physical Therapy	Clinical Manager	1/2008	Present
Terrio Therapy – Fitness	Clinical Manager	7/2005	12/2007
Delano Regional Medical Center	Physical Therapist	1/2005	7/2005
NorthSound Physical Therapy	Physical Therapist	3/2004	1/2005
Midland Health and Rehab	Physical Therapist	9/2002	3/2004

<b>NAME: Bart R. Hawkinson, DPT</b>		<b>Length of time as the CCCE:</b>
<b>DATE: (mm/dd/yy) 2/13/2008</b>		<b>Length of time as the CI: 2 years</b>
<b>PRESENT POSITION:</b> (Title, Name of Facility) Clinical Mgr. - NorthSound Physical Therapy Smokey Point Clinic	<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: 6 years</b>
<b>LICENSURE:</b> (State/Numbers) WA State #PT00009758		<b>Credentialed Clinical Instructor:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Eligible for Licensure:</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<b>Certified Clinical Specialist:</b>
		<b>Area of Clinical Specialization:</b>
		<b>Other credentials:</b>

**\*\*\*PLEASE SEE ATTACHED WASHINGTON PRACTITIONER APPLICATION\*\*\***

**SUMMARY OF COLLEGE AND UNIVERSITY EDUCATION (start with most current):**

INSTITUTION	PERIOD OF STUDY		MAJOR	DEGREE
	FROM	TO		
University of Puget Sound	2002	2005	Physical Therapy	Doctorate
Western Washington University	1999	2002	Pre-Physical Therapy	B.S.

**SUMMARY OF PRIMARY EMPLOYMENT (For current and previous four positions since graduation from college; start with most current):**

EMPLOYER	POSITION	PERIOD OF EMPLOYMENT	
		FROM	TO
NorthSound Physical Therapy	Clinical Manager	2/2007	Present
NorthSound Physical Therapy	Physical Therapist	5/2005	2/2007





### CLINICAL INSTRUCTOR INFORMATION

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

Name	School from Which CI Graduated	PT/PTA	Year of Graduation	No. of Years of Clinical Practice	No. of Years of Clinical Teaching	Credentialed CI Specialist Certification Other	L= Licensed, Number E= Eligible T= Temporary	
							L/E/T Number	State of Licensure
Tracy Hartley, PT	UPS	PT	1991	17	4	NA	L 00005403	WA
John Bielser, PT	EWU	PT	1989	19	12	NA	L 00004090	WA
Marty Stanton, PT	EWU	PT	1989	19	12	NA	L 00005038	WA
Becky Rice, MS, PT	Andrews University	PT	1993	15	4	NA	L 00006033	WA
Tony Johns, MPT	University of Washington	PT	2001	7	3	NA	L 00008688	WA
Bart Hawkinson, DPT	UPS	PT	2005	3	1	NA	L 00009758	WA
Jason Rogers, MPT, ATC	Univ. of Delaware	PT	2002	6	2	ATC	L 00009144	WA

(Continued on next page)

**CLINICAL INSTRUCTOR INFORMATION (continued)**

Name	School from Which CI Graduated	PT/PTA	Year of Graduation	No. of Years of Clinical Practice	No. of Years of Clinical Teaching	Credentialed CI Specialist Certification Other	L= Licensed, Number E= Eligible T= Temporary	
							L/E/T Number	State of Licensure

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

Physical Therapist		Physical Therapist Assistant	
X	First experience	X	First experience
X	Intermediate experiences	X	Intermediate experiences
X	Final experience	X	Final experience
X	Internship		

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

	PT	PTA
21. Average number of PT and PTA students affiliating <u>per year</u> .	6 company wide	6 company wide

22. What is the procedure for managing students with exceptional qualities that might affect clinical performance (eg, outstanding students, students with learning/performance deficits, learning disability, physically challenged, visually impaired)?

In order to provide equal employment and advancement opportunities to all individuals, employment decisions at NSPT will be based on merit, qualifications, and abilities. NSPT does not discriminate in employment opportunities or practices on the basis of race, color, religion, sex, national origin, age, disability, or any other characteristic protected by law.

NSPT will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship. This policy governs all aspects of employment, including selection, job assignment, compensation, discipline, termination, and access to benefits and training.

23. **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.

N/A

Yes	No	
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	X	24. Does your clinical site provide written clinical education objectives to students? If no, go to # 27.
		25. Do these objectives accommodate:
		the student's objectives?
		students prepared at different levels within the academic curriculum?
		academic program's objectives for specific learning experiences?
		students with disabilities?
		26. Are all professional staff members who provide physical therapy services acquainted with the site's learning objectives?

27. When do the CCCE and/or CI discuss the clinical site's learning objectives with students?

**(mark (X) all that apply)**

X	Beginning of the clinical experience	X	At mid-clinical experience
	Daily	X	At end of clinical experience
	Weekly	X	Other – As Needed

28. How do you provide the student with an evaluation of his/her performance? **(mark (X) all that apply)**

	Written and oral mid-evaluation	X	Ongoing feedback throughout the clinical
X	Written and oral summative final evaluation	X	As per student request in addition to formal and ongoing written & oral feedback
X	Student self-assessment throughout the clinical		

Yes	No	
	X	29. Do you require a specific student evaluation instrument other than that of the affiliating academic program? If yes, please specify:

**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]).**

### Information for Students - Part II

#### I. Information About the Clinical Site

Yes	No	
X		1. Do students need to contact the clinical site for specific work hours related to the clinical experience?
X		2. Do students receive the same official holidays as staff?
	X	3. Does your clinical site require a student interview?
	8:00 AM	4. Indicate the time the student should report to the clinical site on the first day of the experience:

*Medical Information*

Yes	No		Comments
X		5. Is a Mantoux TB test required? a) one step <u>X</u> b) two step ___	
		5a. If yes, within what time frame? PRIOR TO AFFILIATION	
X		6. Is a Rubella Titer Test or immunization required?	
	X	7. Are any other health tests/immunizations required prior to the clinical experience? a) If yes, please specify:	
		8. How current are student physical exam records required to be?	
	X	9. Are any other health tests or immunizations required on-site? a) If yes, please specify:	
	X	10. Is the student required to provide proof of OSHA training?	
X		11. Is the student required to attest to an understanding of the benefits and risks of Hepatitis-B immunization?	
X		12. Is the student required to have proof of health insurance? a) Can proof be on file with the academic program or health center?	
X		13. Is emergency health care available for students? a) Is the student responsible for emergency health care costs?	
X		14. Is other non-emergency medical care available to students?	
X		15. Is the student required to be CPR certified? (Please note if a specific course is required). a) Can the student receive CPR certification while on-site?	If clinic training is in progress.
	X	16. Is the student required to be certified in First Aid? a) Can the student receive First Aid certification on-site?	
Yes	No		Comments

X		17. Is a criminal background check required (eg, Criminal Offender Record Information)?	
X		a) Is the student responsible for this cost?	
	X	18. Is the student required to submit to a drug test?	
	X	19. Is medical testing available on-site for students?	

*Housing*

Yes	No			Comments
	X	20. Is housing provided for male students?		
	X	for female students? (If no, go to #26)		
\$		21. What is the average cost of housing?		
		22. If housing is <b>not</b> provided for either gender:		
		a) Is there a contact person for information on housing in the area of the clinic? (Please list contact person and phone #).		
		b) Is there a list available concerning housing in the area of the clinic? If yes, please attach to the end of this form.		
		23. Description of the type of housing provided:		
		24. How far is the housing from the facility?		
		25. Person to contact to obtain/confirm housing:		
		Name:		
		Address:		
		City:	State:	Zip:

*Transportation*

Yes	No			
X		26. Will a student need a car to complete the clinical experience?		
X		27. Is parking available at the clinical center?		
\$0		a) What is the cost?		
X		28. Is public transportation available?		
		29. How close is the nearest bus stop (in miles) to your site?		1 block
		a) train station?		5-15 miles
		b) subway station?		N/A
		30. Briefly describe the area, population density, and any safety issues regarding where the clinical center is located.		
		31. Please enclose printed directions and/or a map to your facility. <b>Travel directions can be obtained from several travel directories on the internet. (eg, <a href="#">Delorme</a>, <a href="#">Microsoft</a>, <a href="#">Yahoo</a>).</b>		

*Meals*

Yes	No		Comments
	X	32. Are meals available for students on-site? (If no, go to #33)	
		Breakfast (if yes, indicate approximate cost)	\$ _____
		Lunch (if yes, indicate approximate cost)	\$ _____
		Dinner (if yes, indicate approximate cost)	\$ _____
X		a) Are facilities available for the storage and preparation of food?	

*Stipend/Scholarship*

Yes	No		Comments
	X	33. Is a stipend/salary provided for students? If no, go to #36	
		a) How much is the stipend/salary? (\$ / week)	
		34. Is this stipend/salary in lieu of meals or housing?	
		35. 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
X		36. Is there a student dress code? If no, go to # 37.	
		a) Specify dress code for men:	<i>Business casual, no jeans</i>
		b) Specify dress code for women:	<i>Business casual/ no jeans</i>
X		37. Do you require a case study or inservice from all students?	
X		38. Does your site have a written policy for missed days due to illness, emergency situations, other?	

*Other Student Information*

Yes	No		
X		39. Do you provide the student with an on-site orientation to your clinical site?	
<b>(mark X)</b>		a) What does the orientation include? <b>(mark (X) all that apply)</b>	
X	Documentation/billing	X	Required assignments (eg, case study, diary/log, inservice)
X	Learning style inventory	X	Review of goals/objectives of clinical experience
X	Patient information/assignments	X	Student expectations
X	Policies and procedures		Supplemental readings
X	Quality assurance	X	Tour of facility/department
	Reimbursement issues		Other (specify below)

**In appreciation...**

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

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