



**DEPARTMENT OF VETERANS AFFAIRS
Puget Sound Healthcare System
1660 South Columbian Way
Seattle, WA 98108-1597**

American Lake Division
Tacoma, WA 98493-5000

In Reply Refer To:

Seattle Division
Seattle, WA 98108-1597

May 6th, 2009

Re: Center Site Information Form

Dear Colleagues:

Enclosed you will find an updated Center Site Information Form (CSIF). As required by the APTA, I update this form every two years. I wanted to get these out now so that your students can review our site information in preparation for choosing their clinical internships. I would also like to remind you all that we have two clinical sites that are separated in distance by 45 miles. Please be aware that we may have indicated availability of clinical placements at either the American Lake facility, the Seattle facility or even offered two placements at each of the two facilities. Although, some students have chosen to live in Seattle and commute to American Lake or vice versa, the distance does involve a total of a two hour commute each day. It is also important to understand that the American Lake site is strictly outpatients while the Seattle has both inpatient and outpatient care.

Finally, I'd also like to use this opportunity to introduce Rachel Elkin, PT, DPT who will be assisting me with the student program. She would be available for any student issues that need addressing while I am on annual leave or otherwise unavailable. Her phone number is: (206) 277-6094 or (206) 277-3462 (she will be available at the 6094 number for the next 4-6 months after which her number will be 3462).

Sincerely,

A handwritten signature in cursive script, reading "Valerie Short", is positioned above the typed name.

Valerie Short, PT, MS, CCCE
(206) 277-1772

CLINICAL SITE INFORMATION FORM

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

Initial Date

Revision Date 04/01/09

Person Completing CSIF	Valerie Short, PT, MS				
E-mail address of person completing CSIF	valerie.short@va.gov				
Name of Clinical Center	VA Puget Sound Health Care System				
Street Address	Rehabilitation Care Center, Mailstop 116. 1660 South Columbian Way				
City	Seattle	State	WA	Zip	98105
Facility Phone	(206) 277-1772	Ext.			
PT Department Phone	(206) 277-3462	Ext.			
PT Department Fax	(206) 764-2263				
PT Department E-mail					
Clinical Center Web Address					
Director of Physical Therapy	Nancy Casey, PT, DipMDT				
Director of Physical Therapy E-mail	nancy.Casey@va.gov				
Center Coordinator of Clinical Education (CCCE) / Contact Person	Valerie Short, PT, MS				
CCCE / Contact Person Phone	(206) 277-1772				
CCCE / Contact Person E-mail	valerie.short@va.gov				
APTA Credentialed Clinical Instructors (CI) (List name and credentials)	All VA Staff with exception of one PT.				
Other Credentialed CIs (List name and credentials)					
Indicate which of the following are required by your facility prior to the clinical education experience:	Proof of student health clearance <input checked="" type="checkbox"/> Criminal background check (the VA does this on first day) Child clearance Drug screening <input checked="" type="checkbox"/> First Aid and CPR <input checked="" type="checkbox"/> HIPAA education <input checked="" type="checkbox"/> OSHA education Other:				

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 this table before entering the requested information. Note that you must complete an abbreviated resume for each CCCE.

Name of Clinical Site	VA Puget Sound Health Care System- American Lake Division				
Street Address	American Lake Veteran's Administration, Veteran's Drive				
City	Tacoma	State	WA	Zip	98493
Facility Phone	(253) 582-8440		Ext.		
PT Department Phone	(253) 583-1872		Ext.		
Fax Number	(253) 589-4068	Facility E-mail	ruth.mccauley@va.gov		
Director of Physical Therapy	Naocy Casey, PT, DipMDT		E-mail	naocy.casey@va.gov	
CCCE	Valerie Short, PT, MS		E-mail	valerie.short@va.gov	

Clinical Site Accreditation/Ownership

Yes	No		Date of Last Accreditation/Certification
<input checked="" 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"/>		JCAHO	July 2007
<input checked="" type="checkbox"/>		CARF	December 2006
		Government Agency (eg, CORF, PTIP, rehab agency, state, etc.)	
		Other	
		Which of the following best describes the ownership category for your clinical site? (check all that apply)	
		Corporate/Privately Owned <input checked="" type="checkbox"/> Government Agency Hospital/Medical Center Owned nonprofit Agency Physician/Physician Group Owned PT Owned PT/PTA Owned 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.
- B. Next, if appropriate, check (\checkmark) up to four additional categories that describe the other clinical centers associated with your facility.

1	Acute Care/Inpatient Hospital Facility		Industrial/Occupational Health Facility		School/Preschool Program
	Ambulatory Care/Outpatient		Multiple Level Medical Center		Wellness/Prevention/Fitness Program
	ECF/Nursing Home/SNF		Private Practice		Other: Specify
	Federal/State/County Health		Rehabilitation/Sub-acute Rehabilitation		

Clinical Site Location

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

Rural
X 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.

NAME: Valerie Short, PT, MS		Length of time as the CCCE: 14 yrs	
DATE: 04/01/09		Length of time as a CI: 16 yrs	
PRESENT POSITION: Senior Therapist on the inpatient Rehab; involvement in 2 research projects (multi-center trial evaluating the use of robotics for UE dysfunction due to stroke and a CHF and COPD study with use of exercise alone, or exercise and education); Center Coordinator for Clinical Education Seattle Division of the VA Puget Sound Health Care System.		Mark (X) all that apply: X PT <input type="checkbox"/> PTA <input type="checkbox"/> Other, specify	Length of time in clinical practice: 16
LICENSURE: (State/Numbers) Washington: PT00006127	APTA Credentialed CI Yes X	Other CI Credentialing Yes X (Advanced CI credentialing)	
Eligible for Licensure: Yes X No <input type="checkbox"/>		Certified Clinical Specialist: No X	
Area of Clinical Specialization: Neurology (Master's of Science in Physical Therapy- Neurology)			
Other credentials:			

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

INSTITUTION	PERIOD OF STUDY		MAJOR	DEGREE
	FROM	TO		
Samuel Merritt College	12/98	12/05	Physical Therapy	MS
Eastern Washington University	09/91	08/93	Physical Therapy	BS
Whitman College	08/80	05/84	Biology-Environmental Studies	BA

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
VA Puget Sound Health Care System	Senior Therapist, CCCE	08/93	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):

Course	Provider/Location	Date
Advanced Clinical Education Credentialing Program	APTA; Spokane	2/28-03/01/09

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. (* ALVA site) is indicated next to PT/PTA name to indicate that facility site.

Name followed by credentials (eg, 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 credentialled CI B = Other CI credentialling C = Cert. clinical specialist List others	APTA Member Yes/No	I = Licensed, Number E = Eligible T = Temporary L/E/T Number	State of Licensure
Tamara Alexander, DPT	University of Puget Sound	2003	DPT	6	5	A	Yes	PT00009 509	WA
Carol Cowing, PT, CCT	University of Washington	2002	MPT	7	6	A	Yes	PT00009 086	WA
Rachel Elkin, DPT	Creighton University	2007	DPT	1.5	<1	A	Yes	PT00010 560	WA
Ellen Ferris, PT	University of Wisconsin- Madison	1979	PT	30	29	A	Yes	PT00004 059	WA
Dawn Gray, PT, DPT	Medical University of S.C.; Temple University	2002, 2005	MPT, DPT	7	6	A	No	PT00009 012	WA
Jeff Fjестul, PT, MOMT	University of Washington, and Ola Grimsby Instit	1986, 1996	PT, MOMT	23	19	ATC, CSCS, Cert. MDT	No	PT00003 551	WA
Marie Guillet, PT, CLT	Reunus University, France	1979	PT	28	6	A	No	070- 005672	IL
Gary Herrero, PT, MSCS	Loma Linda University	1999	MPT	10	9		No	PT00008 533	WA
Ruth McCauley, PT * ALVA site	University of Wisconsin- Madison	1990	PT	19	17	A	No	PT00005 639	WA

Ken Painter, PT	Cal State University- Long Beach	1994	PT	15	14	A	No	PT00006 642	WA
Mary Ann Renfro PT	Northeastern University	1970	PF	36	23		No	PT00169 0740	RI Nevada
Elaine Fannucchi, MSPT , ATP	Boston University	1994	MSPT	15	14	A	No	PT2070 4	CA

Mike Roelofsen, DPT * ALVA site	University of Puget Sound	2003	DPT	6	4	A	No	PT0000 9260	WA
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Mike Scaroni, PT * ALVA site	University of Puget Sound	1990	PT	19	4	A	No	PT0000 5149	WA
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Meg Sablinsky, PT, DPT	University of the Pacific	2002, 2004	MPT, DPT	7	6	A	No	PT0000 8902	WA
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Valerie Short, PT, MS	Eastern Washington University and Samuel Merritt College	1993, 2005	MS	16	15	A,B	Yes	PT0000 6127	WA
Bernie Starstak, PT	Marquette University	2003	MPT	6	3	A	No	PT0000 10122	WA
Mayne Tabachnick, PT	Thomas Jefferson University	1994	MSPT	15	14	A	No	PT0086 73L	PA
Quynh Trinh, PT	Sacred Heart University	2000	MPT	9	6	A	No	PT0000 8366	WA
Stephanie Vanhoeff, DPT	University of Washington	2007	DPT	2	<1	A	Yes	PT0000 10692	WA
Jennifer Welch, DPT	University of Washington	2006	DPT	3	2	A	Yes	PT0000 10198	WA

PHYSICAL THERAPIST ASSISTANTS

Mac Convento, PTA * ALVA site	Green River Community College	1997	AA	10	7			No	PI 600409 88	WA
Linda Fancy, PTA * ALVA site	Green River Community College	1995	AA	12	1		A	No		
Karen Smith, PTA	New York University	1986	AA	21	14		A	No	7486	OR WA
Mencey Townsend, PTA	St. Phillip's College	1983	AA	15	6		A	No		

Clinical Instructors

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

	APTA Clinical Instructor Credentialing		No criteria
	Career ladder opportunity		Other (not APTA) clinical instructor credentialing
	Certification/training course		Therapist initiative/volunteer
X	Clinical competence	X	Years of experience: Number: 1 year
	Delegated in job description		Other (please specify):
	Demonstrated strength in clinical teaching		

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

X	1:1 individual training (CCCE:CI) (inservice)	X	Continuing education by consortia
	Academic for-credit coursework		No training
X	APTA Clinical Instructor Education and Credentialing Program		Other (not APTA) clinical instructor credentialing program
X	Clinical center inservices	X	Professional continuing education (eg, chapter, CEU course)
	Continuing education by academic program		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	112	General and Geriatric Psychology Unit	14
Intensive care (CCU: 8; SICU: 10; MICU: 10)	28	Rehabilitation center	12
Step down	6	Post-Traumatic Stress Disorder Unit	14
Community Living Center: Subacute rehab and short-stay skilled therapy	24	Addictions Treatment Center	6
Hospice beds: 10, Respite: 4	14	Total Number of Beds	230

Number of Patients/Clients

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

INPATIENT		OUTPATIENT	
8-10	Individual PT	8-10	Individual PT
8-10	Student PT	8-10	Student PT (CI does not take patients)
8-10	Individual PTA	18	Individual PTA (groups: knee, shoulder)
8-10	Student PTA	18	Student PTA (CI does not take patients)
	PT/PTA Team		PT/PTA Team
32-40	Total patient/client visits per day	52-56	Total patient/client visits per day

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%)

Rating	Patient Lifespan	Rating	Continuum of Care
1	0-12 years	4	Critical care, ICU, acute
2	13-21 years	3,4	SNF/ECF/sub-acute
4	22-65 years	3,4	Rehabilitation
3	Over 65 years	4	Ambulatory/outpatient
		4	Home health/hospice
			Wellness/fitness/industry

Patient/Client Diagnoses

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

(1-5)	Musculoskeletal		
2	Acute injury	2	Muscle disease/dysfunction
3	Amputation	3	Musculoskeletal degenerative disease
3	Arthritis	4	Orthopedic surgery
2	Bone disease/dysfunction		Other: (Specify)
2	Connective tissue disease/dysfunction		
(1-5)	Neuro-muscular		
2	Brain injury	2	Peripheral nerve injury
3	Cerebral vascular accident	3	Spinal cord injury
4	Chronic pain	2	Vestibular disorder
1	Congenital/developmental		Other: (Specify)
3	Neuromuscular degenerative disease		
(1-5)	Cardiovascular-pulmonary		
3	Cardiac dysfunction/disease	4	Peripheral vascular dysfunction/disease
1	Fitness		Other: (Specify)
2	Lymphedema		
3	Pulmonary dysfunction/disease		
(1-5)	Integumentary		
1	Burns		Other: (Specify)
2	Open wounds		
2	Scar formation		
(1-5)	Other (May cross a number of diagnostic groups)		
3	Cognitive impairment	2	Organ transplant
4	General medical conditions	2	Wellness/Prevention
3	General surgery		Other: (Specify)
3	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	7:30	5:00	There is one outpt PT who works 7:00 – 7:30 Monday, Wednesdays and Fridays.
Tuesday	7:30	5:00	
Wednesday	7:30	5:00	
Thursday	7:30	5:00	There is another outpt PT who works 6:30 – 3:00.
Friday	7:30	5:00	
Saturday	8:00	4:30	
Sunday			

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:

The student usually follows the schedule of the CI, with occasional exceptions where the student may work with another CI during the time that their own CI is not working a particular day or part of a day.

Staffing

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

	Full-time budgeted	Part-time budgeted	Current Staffing
PTs	23	2	26
PTAs	5		5
Aides/Techs			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.

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

Specialty Clinics

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

	Arthritis		Orthopedic clinic		Screening clinics
	Balance	X	Pain clinic		Developmental
	Feeding clinic	X	Prosthetic/orthotic clinic		Scoliosis
	Hand clinic		Seating/mobility clinic		Preparticipation sports
	Hemophilia clinic		Sports medicine clinic		Wellness
	Industry		Women's health		Other (specify below)
	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.

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

Affiliated PT and PTA Educational Programs

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

Program Name	City and State	PT	PTA
University of Puget Sound	Tacoma, Washington	X	
University of Washington	Seattle, Washington	X	
Eastern Washington University	Spokane, Washington	X	
Pacific University	Forest Grove, Oregon	X	
University of Montana	Missoula, Montana	X	
Idaho State University	Pocatello, Idaho	X	
University of the Pacific	Stockton, California	X	
Samuel Merritt College	Oakland, California	X	
University of Utah	Salt Lake City, Utah	X	
Duke University	Durham, North Carolina	X	
Marquette University	Milwaukee, Wisconsin	X	
Medical University of South Carolina	Greenville, South Carolina	X	
University of St. Augustine	St. Augustine, Florida	X	
Green River Community College	Auburn, Washington		X
Whatcom Community College	Bellingham, Washington		X
PIMA	Seattle, Washington	<input type="checkbox"/>	X
Spokane Falls Community College	Spokane, Washington	<input type="checkbox"/>	X
Lake Washington Technical College	Seattle, Washington	<input type="checkbox"/>	X

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. X Full days Other: (Specify)		First experience: Check all that apply. X Full days Other: (Specify)
	Intermediate experiences: Check all that apply. X Full days Other: (Specify)		Intermediate experiences: Check all that apply. X Full days Other: (Specify)
	X Final experience		X Final experience
	X Internship (6 months or longer)		
	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.	1 week	24 weeks	1 week	7 weeks
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 per year. Clarify if multiple sites. (not including 1-2 week experiences)	Seattle: 10-16; American Lake: 2	Seattle: 2; American Lake: 2

Yes	No		Comments
X		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?

Involvement of the Academic Coordinator of Clinical Education where a behavioral contract would be generated.

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.

A replacement CI from another service or another CI on the service will act as a supervisor.

Clinical Site's Learning Objectives and Assessment

Yes	No	
X		1. Does your clinical site provide written clinical education objectives to students? If no, go to # 3.
		2. Do these objectives accommodate:
X		• The student's objectives? (as communicated by student)
	X	• Students prepared at different levels within the academic curriculum?
X		• The academic program's objectives for specific learning experiences? (as communicated by school)
X		• Students with disabilities? (as arranged)
X		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 CI typically 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
X	Weekly		Other

Indicate which of the following methods are typically utilized to inform students about their clinical performance? **(Mark (X) all that apply)**

X	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		

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]).

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
	X	1. Do students need to contact the clinical site for specific work hours related to the clinical experience?	CCCE will indicate in intro letter.
X		2. Do students receive the same official holidays as staff?	All Federal holidays
X (*)	X	3. Does your clinical site require a student interview?	• For those interested in stipend for two rotations at our site.

		4. Indicate the time the student should report to the clinical site on the first day of the experience.	7:30 - 8:00 am
X	<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?	
<input type="checkbox"/>	X	6. Is a Rubella Titer Test or immunization required?	
X		7. Are any other health tests/immunizations required prior to the clinical experience? If yes, please specify:	MMR, Hep B highly recommended.
		8. How is this information communicated to the clinic? Provide fax number if required.	
		9. How current are student physical exam records required to be?	Within a year.
	X	10. Are any other health tests or immunizations required on-site? If yes, please specify:	
	X	11. Is the student required to provide proof of OSHA training?	Expected
	X	12. Is the student required to provide proof of HIPAA training?	Expected
	X	13. Is the student required to provide proof of any other training prior to orientation at your facility? If yes, please list.	
	X	14. Is the student required to attest to an understanding of the benefits and risks of Hepatitis-B immunization?	
	X	15. Is the student required to have proof of health insurance?	
X		16. Is emergency health care available for students?	
	X	a) Is the student responsible for emergency health care costs?	
X		17. Is other non-emergency medical care available to students?	
X		18. Is the student required to be CPR certified? (Please note if a specific course is required).	

Yes	No		Comments
X		a) Can the student receive CPR certification while on-site?	If available
	X	19. Is the student required to be certified in First Aid?	
	X	a) Can the student receive First Aid certification on-site?	
X		20. Is a criminal background check required (eg, Criminal Offender Record Information)? If yes, please indicate which background check is required and time frame.	VA does criminal background check including finger-printing.
	X	21. Is a child abuse clearance required?	

	X	22. Is the student responsible for the cost or required clearances?	
	X	23. Is the student required to submit to a drug test? If yes, please describe parameters.	
	X	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
X (*)		26. Is housing provided for male students? (If no, go to #32)			* Only available at American Lake facility- Free
X (*)		27. Is housing provided for female students? (If no, go to #32)			Only available at American Lake facility- Free
		28. What is the average cost of housing?			\$500 – if renting room in house, or \$750 – 900 in apartment
		29. Description of the type of housing provided:			The free housing at American Lake is dormitory style.
		30. How far is the housing from the facility?			On site for ALVA students
		31. Person to contact to obtain/confirm housing:			This housing is only available for those students choosing an affiliation at the American Lake division. Housing does not apply for those students affiliating at the Seattle division.
		Name: Ruth McCauley, PT			
		Address: American Lake Veteran's Administration, Veteran's Drive			
		City: Tacoma	State: WA	Zip: 98493	
		Phone: (253) 583-1872	E-mail: Ruth.Mccauley@va.gov		
Yes	No				Comments
		32. If housing is not provided for either gender:			
X		a) Is there a contact person for information on housing in the area of the clinic? Please list contact person and phone #. Valerie Short (206) 277-1772; Valerie.short@va.gov			Can call or email for inquires regarding housing for Seattle students

Transportation

Yes	No		Comments
	X	33. Will a student need a car to complete the clinical experience?	Bus transportation available
X		34. Is parking available at the clinical center?	
		a) What is the cost for parking?	Free
X		35. Is public transportation available?	Bus to front and back doors at Seattle division
		36. How close is the nearest transportation (in miles) to your site?	
		a) Train station?	4 miles
		b) Subway station?	No subway
		c) Bus station?	Front door delivery
		d) Airport?	6 miles
		37. Briefly describe the area, population density, and any safety issues regarding where the clinical center is located. Located just south of downtown ~4 miles in the Beacon Hill neighborhood which is relatively safe.	
		38. Please enclose a map of your facility, specifically the location of the department and parking. Travel directions can be obtained from several travel directories on the internet. (eg, <u>Delorme</u> , <u>Microsoft</u> , <u>Yahoo</u> , <u>Mapquest</u>).	

Meals

Yes	No		Comments
X		39. Are meals available for students on-site? (If no, go to #40)	Not dinner
		Breakfast (if yes, indicate approximate cost)	\$2.50 - \$3.00
		Lunch (if yes, indicate approximate cost)	\$5.00
		Dinner (if yes, indicate approximate cost)	No dinner available
X		40. Are facilities available for the storage and preparation of food?	Refrigerator, full kitchen

Stipend/Scholarship

Yes	No		Comments
X		41. Is a stipend/salary provided for students? If no, go to #43.	Two stipends available for local programs- must interview.
		a) How much is the stipend/salary?	~12.00 per hour
	X	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?	20 - 24 weeks (can do back to back internships on two different services)

Special Information

Yes	No		Comments
X		44. Is there a facility/student dress code? If no, go to # 45. If yes, please describe or attach.	Professional attire; jeans allowed on Fridays.
		a) Specify dress code for men:	
		b) Specify dress code for women:	
X		45. Do you require a case study or inservice from all students (part-time and full-time)?	Either case study or inservice
	X	46. Do you require any additional written or verbal work from the student (eg, article critiques, journal review, patient/client education handout/brochure)?	At the discretion of the clinical instructor.
	X	47. Does your site have a written policy for missed days due to illness, emergency situations, other? If yes, please summarize.	We follow the school's requirements. There is ample opportunity to make-up days on Saturdays.
X		48. Will the student have access to the Internet at the clinical site?	

Other Student Information

Yes	No		
X		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.	
		Documentation/billing	Review of goals/objectives of clinical experience
X		Facility-wide or volunteer orientation (for students interning 12 wks & longer)	Student expectations
		Learning style inventory	Supplemental readings
		Patient information/assignments	X Tour of facility/department
X		Policies and procedures (specifically outlined plan for emergency responses)	X Other (specify below - eg, bloodborne pathogens, hazardous materials, etc.) Risk Management; and other miscellaneous items such as parking, lunch hour, required meetings, absences, phones, copy and fax machine, etc.
		Quality assurance	
		Reimbursement issues	
		Required assignments (eg, case study, diary/log, inservice)	