

**CLINICAL SITE INFORMATION FORM (CSIF)
For Integrated Rehabilitation Group
Revised September 14, 2009**

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 (eg, 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 addition information as needed. If you need additional space please attach a separate sheet of paper.
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 to the Department of Physical Therapy Education at angelabovd@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.

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CLINICAL SITE INFORMATION FORM

Part I: Information For the Academic Program

Information About the Clinical Site – Primary

Initial Date 2/20/2008
Revision Date

Person Completing CSIF	Jill Glaser				
E-mail address of person completing CSIF	jillg@irgpt.com				
Name of Clinical Center	Integrated Rehabilitation Group				
Street Address	15720 Main Street Suite 230				
City	Mill Creek	State	WA	Zip	98012
Facility Phone	425-316-8046	Ext.			
PT Department Phone	425-316-8046	Ext.			
PT Department Fax	425-338-9637				
PT Department E-mail	jillg@irgpt.com				
Clinical Center Web Address	www.irgpt.com				
Director of Physical Therapy	M. Shannon O'Kelley, MPT				
Director of Physical Therapy E-mail	shannon@irgpt.com				
Center Coordinator of Clinical Education (CCCE) / Contact Person	Caryn Morawek				
CCCE / Contact Person Phone	425-316-8046 x 204				
CCCE / Contact Person E-mail	carynm@irgpt.com				
APTA Credentialed Clinical Instructors (CI) (List name and credentials)	Thomas Namey, MPT				
Other Credentialed CIs (List name and credentials)					
Indicate which of the following are required by your facility prior to the clinical education experience:	<input checked="" type="checkbox"/> Proof of student health clearance <input type="checkbox"/> Criminal background check <input type="checkbox"/> Child clearance <input type="checkbox"/> Drug screening <input checked="" type="checkbox"/> First Aid and CPR <input type="checkbox"/> HIPAA education <input type="checkbox"/> OSHA education <input type="checkbox"/> Other: Please list				

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	Murphy's Corner Physical Therapy				
Street Address	1519 132 nd St SE Suite A				
City	Everett	State	WA	Zip	98208
Facility Phone	425-337-9556		Ext.		
PT Department Phone	425-337-9556		Ext.		
Fax Number	425-357-9186	Facility E-mail			
Director of Physical Therapy	M. Shannon O'Kelley , MPT		E-mail	shannon@irgpt.com	
CCCE	Caryn Morawek		E-mail	carynm@irgpt.com	

Name of Clinical Site	Mukilteo Physical Therapy				
Street Address	11700 Mukilteo Speedway Suite 503				
City	Mukilteo	State	WA	Zip	98275
Facility Phone	425-349-9692		Ext.		
PT Department Phone	425-349-9692		Ext.		
Fax Number	425-349-9694	Facility E-mail			
Director of Physical Therapy	Tom Namey, MPT		E-mail	tomn@irgpt.com	
CCCE	Caryn Morawek		E-mail	carynm@irgpt.com	

Name of Clinical Site	Redmond Ridge Physical Therapy				
Street Address	22500 NE Marketplace Drive Suite 204				
City	Redmond	State	WA	Zip	98053
Facility Phone	425-836-1034		Ext.		
PT Department Phone	425-836-1034		Ext.		
Fax Number	425-836-1037	Facility E-mail			
Director of Physical Therapy	Joe Banach, DPT		E-mail	joeb@irgpt.com	
CCCE	Caryn Morawek		E-mail	carynm@irgpt.com	

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	Arlington Physical Therapy				
Street Address	7728 204 th St. NE Suite A				
City	Arlington	State	WA	Zip	98223
Facility Phone	360-403-8250		Ext.		
PT Department Phone	360-403-8250		Ext.		
Fax Number	360-403-0917	Facility E-mail			
Director of Physical Therapy	Dawn Bostic, PT OCS		E-mail	dawnb@irgpt.com	
CCCE	Caryn Morawek		E-mail	carynm@irgpt.com	

Name of Clinical Site	Granite Falls Physical Therapy				
Street Address	403 W Stanley Street				
City	Granite Falls	State	WA	Zip	98252
Facility Phone	360-691-4835		Ext.		
PT Department Phone	360-691-4835		Ext.		
Fax Number	360-691-2545	Facility E-mail			
Director of Physical Therapy	Robin Ingraham, PT		E-mail	robini@irgpt.com	
CCCE	Caryn Morawek		E-mail	carynm@irgpt.com	

Name of Clinical Site	Everett Physical Therapy and Sports Performance Center				
Street Address	2000 Hewitt Ave., #115				
City	Everett	State	WA	Zip	98201
Facility Phone	425-252-3908		Ext.		
PT Department Phone	425-252-3908		Ext.		
Fax Number	425-252-7940	Facility E-mail			
Director of Physical Therapy	Mike McLaury, PTA, ATC		E-mail	mikem@irgpt.com	
CCCE	Caryn Morawek		E-mail	carynm@irgpt.com	

Name of Clinical Site	Silver Lake Physical Therapy				
Street Address	10207 19 th Ave SE				
City	Everett	State	WA	Zip	98208
Facility Phone	425-337-3166		Ext.		
PT Department Phone	425-337-3166		Ext.		
Fax Number	425-836-1037	Facility E-mail			
Director of Physical Therapy	Rhonda Bentson-Becanic, MPT		E-mail	rlondab@irgpt.com	
CCCE	Caryn Morawek		E-mail	carynm@irgpt.com	

Name of Clinical Site	Snohomish Physical Therapy				
Street Address	1830 Bickford Ave., Suite 209				
City	Snohomish	State	WA	Zip	98290
Facility Phone	360-568-7774		Ext.		
PT Department Phone	360-568-7774		Ext.		
Fax Number	360-568-7779	Facility E-mail			
Director of Physical Therapy	Allister Brooks, MPT		E-mail	allisterb@irgpt.com	
CCCE	Caryn Morawek		E-mail	carynm@irgpt.com	

Clinical Site Accreditation/Ownership

Yes	No		Date of Last Accreditation/Certification
<input type="checkbox"/>	<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 type="checkbox"/>	<input type="checkbox"/>	JCAHO	
<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/Privately Owned <input type="checkbox"/> Government Agency <input type="checkbox"/> Hospital/Medical Center Owned <input type="checkbox"/> Nonprofit Agency <input type="checkbox"/> Physician/Physician Group Owned <input checked="" 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 (≥ 50%) of the time.
- B. Next, if appropriate, check (√) up to four additional categories that describe the other clinical centers associated with your facility.

<input type="checkbox"/>	Acute Care/Inpatient Hospital Facility	<input type="checkbox"/>	Industrial/Occupational Health Facility	<input type="checkbox"/>	School/Preschool Program
<input type="checkbox"/>	Ambulatory Care/Outpatient	<input type="checkbox"/>	Multiple Level Medical Center	<input type="checkbox"/>	Wellness/Prevention/Fitness Program
<input type="checkbox"/>	ECF/Nursing Home/SNF	1 <input checked="" type="checkbox"/>	Private Practice	<input type="checkbox"/>	Other: Specify
<input 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.

NAME: Dawn Bostic		Length of time as the CCCE:	
DATE: (mm/dd/yy) 01/20/2009		Length of time as a CI: 2 years	
PRESENT POSITION: Clinic Manager (Title, Name of Facility) Arlington Physical Therapy		Mark (X) all that apply: <input checked="" type="checkbox"/> PT <input type="checkbox"/> PTA <input type="checkbox"/> Other, specify	Length of time in clinical practice: 19 years
LICENSURE: (State/Numbers) WA PT005219	APTA Credentialed CI Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Other CI Credentialing Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Eligible for Licensure: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Certified Clinical Specialist: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Area of Clinical Specialization:			
Other credentials: OCS			

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

INSTITUTION	PERIOD OF STUDY		MAJOR	DEGREE
	FROM	TO		
Eastern Washington University		1990	PT	BS PT

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
Integrated Rehabilitation Group	PT/Clinic Manager	01/01	Present
Performance PT	PT	05/97	12/00
Eagle Rehabilitation	PT	09/90	04/97

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. **Arlington Physical Therapy**

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 credentialed CI B = Other CI credentialed C = Cert. clinical specialist List others	APTA Member Yes/No	Licensure	
								L/E/T Number	State of Licensure
Dawn Bostic, PT, OCS Arlington PT	Eastern WA Univ.	1990	BS/PT	18	2	A	Y PT0000 5219	L	WA

Information About the Clinical Teaching Faculty

ABBREVIATED RESUME FOR CENTER COORDINATORS OF CLINICAL EDUCATION

Please update as each new CCCE assumes this position.

NAME: Mark Boede		Length of time as the CCCE:	
DATE: (mm/dd/yy) 01/20/2009		Length of time as a CI: 2 year	
PRESENT POSITION: Clinic Director (Title, Name of Facility) Murphy's Corner Physical Therapy		Mark (X) all that apply: <input checked="" type="checkbox"/> PT <input type="checkbox"/> PTA <input type="checkbox"/> Other, specify	Length of time in clinical practice: 8 years
LICENSURE: (State/Numbers) WA PT008740	APTA Credentialed CI Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Other CI Credentialing Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Eligible for Licensure: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Certified Clinical Specialist: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Area of Clinical Specialization:			
Other credentials:			

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

INSTITUTION	PERIOD OF STUDY		MAJOR	DEGREE
	FROM	TO		
University of Washington	09/99	12/01	PT	MS

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
Integrated Rehabilitation Group	PT	10/05	Present
Northlake Rehab	PT	12/01	10/05

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. **Murphy's Corner Physical Therapy**

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 credentialed CI 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
Mark Boede, MPPT Murphy's Corner PT	University of WA	2001	MPT	7	2		N	L PT0000 8740	WA

Information About the Clinical Teaching Faculty

ABBREVIATED RESUME FOR CENTER COORDINATORS OF CLINICAL EDUCATION

Please update as each new CCCE assumes this position.

NAME: Rhonda Bentson-Becanic		Length of time as the CCCE:	
DATE: (mm/dd/yy) 01/20/2009		Length of time as a CI: 3 years	
PRESENT POSITION: Clinic Manager (Title, Name of Facility) Silver Lake Physical Therapy		Mark (X) all that apply: <input checked="" type="checkbox"/> PT <input type="checkbox"/> PTA <input type="checkbox"/> Other, specify	Length of time in clinical practice: 8 years
LICENSURE: (State/Numbers) WA PT009480	APTA Credentialed CI Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Other CI Credentialing Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Eligible for Licensure: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Certified Clinical Specialist: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Area of Clinical Specialization:			
Other credentials:			

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

INSTITUTION	PERIOD OF STUDY		MAJOR	DEGREE
	FROM	TO		
University of Mary	08/00	10/01	PT	MS

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
Integrated Rehabilitation Group	PT/Clinic Manager	08/04	Present
Rehab Works	PT	07/02	07/04

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. **Silver Lake Physical Therapy**

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 credentialed CI B = Other CI credentialing C = Cert. clinical specialist List others	APTA Member Yes/No	L= Licensed, Number E= Eligible T= Temporary	
								I/E/T Number	State of Licensure
Rbonda Beutson-Becanic, MPT Silver Lake PT	Univ. of Mary	2001	MPT	7	3		N	L PT0000 9480	WA

CONTINUING EDUCATION

Therapist Name: Rhonda Bentson-Becanic, PT

<u>COURSE NAME</u>	<u>PRESENTER</u>	<u>LOCATION</u>	<u>DATE</u>	<u>CONTACT HOURS</u>
Orientation to LTC: Compliance, Billing and Documentation	Karen McElroy, OT	State of Pennsylvania	12/4/2002	6.0
Positioning in LTC: Considerations for Screening, Eval, and Treatment	Estelle Strydom, OT	State of Pennsylvania	01/18/2003	7.0
PPS Essentials: Managing Minutes and More	Karen McElroy, OT	State of Pennsylvania	03/17/2004	3.0
Current Concepts for the Knee & Shoulder- NASMI	Danny Smith	Seattle, WA	1/28 & 29/2005	20
Orthopedic Rehabilitation of the Knee & Shoulder	Jean Shinnors	Seattle, WA	2/18/2005	6
Plantar Fasciitis	Todd Skiles, DPM	Everett, WA	4/21/2005	1
Applied Techniques of Manual Therapy	Great Lakes Seminars	Seattle, WA	9/24 & 25/2005	16
The Running Course	Matt Walsh, PT	Everett, WA	1/14-15/2006	14
Chain Reaction Transformation	Gary Gray, PT David Tiberio, PhD, PT, OCS	Portland, OR	3/30-4/1/2006	21
Fundamental Kinesio Taping Techniques KT1	Jim Wallis ATC, CKTI	Everett, WA	5/20-21/06	8
Mgmt Tools for Private Practice	John Wallace	Everett, WA	9/29/06	6.5
"When The Feet Hit The Ground...Everything Changes"	American Physical Rehab Ntwk.	Seattle, WA	10/27/06-10/29/06	22
Following the Functional Path	Vern Gambetta	Seattle, WA	02/17/07 - 02/18/07	16
Evidence In Motion-Evidence-based Examination & Selected Interventions for pts. w/cervical spine disorders	Robert E. Boyles, PT, DSc, OCS, FAAOM PT	IRG, Everett, WA	9/29/07	15.0
Mgmt Tools for Private Practice	John Wallace	Everett, WA	8/13/08	6
Evaluation & Rehabilitation of the Runner	Matt Walsh	Everett, WA	10/24-25/2008	11.0
Tapping into the HealthCare Customer	Lynn Steffes	Everett, WA	1/13/09	3.5
Assessment of the Lumbopelvic Hip Complex	Tony Varela	Everett, WA	4/26/09	6

Information About the Clinical Teaching Faculty

ABBREVIATED RESUME FOR CENTER COORDINATORS OF CLINICAL EDUCATION

Please update as each new CCCE assumes this position.

NAME: Joseph Banach		Length of time as the CCCE:	
DATE: (mm/dd/yy) 01/20/2009		Length of time as a CI: 2 year	
PRESENT POSITION: Clinic Manager (Title, Name of Facility) Redmond Ridge Physical Therapy		Mark (X) all that apply: <input checked="" type="checkbox"/> PT <input type="checkbox"/> PTA <input type="checkbox"/> Other, specify	Length of time in clinical practice: 7 years
LICENSURE: (State/Numbers) WA PT008980	APTA Credentialed CI Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Other CI Credentialing Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Eligible for Licensure: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Certified Clinical Specialist: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Area of Clinical Specialization:			
Other credentials: CSCS			

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

INSTITUTION	PERIOD OF STUDY		MAJOR	DEGREE
	FROM	TO		
Arizona School of Health Sciences	08/99	08/02	PT	DPT

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
Integrated Rehabilitation Group	PT/ Clinic Manager	01/05	Present
Lake Vue Gardens Convalescent Center	PT	11/02	01/05
Olympic PT	PT	08/02	12/03

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. **Redmond Ridge Physical Therapy**

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 credentialed CI B = Other CI credentialing C = Cert. clinical specialist List others	APTA Member Yes/No	L= Licensed, Number	
								F= Eligible	I= Temporary
								L/E/T Number	State of Licensure
Joseph Banach, DPT Redmond Ridge PT	Grand Canyon Univ.	1998	DPT	9	2	C	Y	L PT0000 8980	WA

CONTINUING EDUCATION

Therapist Name: Joe Banach, PT

<u>COURSE NAME</u>	<u>PRESENTER</u>	<u>LOCATION</u>	<u>DATE</u>	<u>CONTACT HOURS</u>
Essentials of Manual Therapy	Dave McCune	Olympic Physical Therapy	5/18 & 19/2002	12
Reactivating Health in Neck and Shoulders	Carol Welch	Olympic Physical Therapy Bellevue, WA	10/12 & 13/2002	14
The Mulligan Concept	Donald Reordan	Olympic Physical Therapy Bellevue, WA	12/7 & 8/2002	14
Manual Therapy Management of the Lumbopelvic Region	Dave McCune	Olympic Physical Therapy	2/8 & 9/2003	14
Australian Approach to Lumbopelvic Segmental Stability	Dave McCune	Olympic Physical Therapy	3/15 & 16/2003	12
MT-1: Basic Peripheral	Clare Jones	OHSU Hospital, Portland, OR	11/14-16/2003	21
NDT Approach: Assessing & Treating For Improved Function	Steve Anderson & Beth Tarduno	Swedish Medical Center, Providence Campus	4/24 & 25/2004	14
Geriatric Therapeutic Exercise: Making Exercises Worth It	Mark Trffas	Seattle, WA	8/13-15/2004	20
The Mulligan Concept-Spinal & Peripheral Manual Therapy Treatment Techniques: Upper Quadrant	Don Reordan	Olympic Physical Therapy	6/22-23/2002	14
Mat Muscle Activation Techniques	Dr. Len Kravitz	Seattle, WA	8/7/2005	
Chain Reaction Transformation	Gary Gray, PT David Tiberio, PhD, PT, OCS	Portland, OR	3/30- 4/1/2006	21
Mgmt Tools for Private Practice	John Wallace	Everett, WA	9/29/06	6.5
Following the Functional Path	Vern Gambetta	Seattle, WA	2/17-18/2007	16
Evidence IN Motion, Evidence-based Examination & Selected Interventions for pts. w/cervical	Dr Robert E. Boyles, PT, DSc, OCS,	IRG Everett, WA	9/29/07	15.0

Information About the Clinical Teaching Faculty

ABBREVIATED RESUME FOR CENTER COORDINATORS OF CLINICAL EDUCATION

Please update as each new CCCE assumes this position.

NAME: Thomas Namey		Length of time as the CCCE:	
DATE: (mm/dd/yy) 01/20/2009		Length of time as a CI: 2 year	
PRESENT POSITION: Clinic Manager (Title, Name of Facility) Mukilteo Physical Therapy		Mark (X) all that apply: <input checked="" type="checkbox"/> PT <input type="checkbox"/> PTA <input type="checkbox"/> Other, specify	Length of time in clinical practice: 7 years
LICENSURE: (State/Numbers) WA PT008962	APTA Credentialed CI Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Other CI Credentialing Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Eligible for Licensure: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Certified Clinical Specialist: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Area of Clinical Specialization:			
Other credentials:			

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

INSTITUTION	PERIOD OF STUDY		MAJOR	DEGREE
	FROM	TO		
University of Pittsburgh	06/00	04/02	PT	MS

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
Integrated Rehabilitation Group	PT/Clinic Manager	05/06	Present
Everett Bone and Joint	PT	01/04	05/06
Evergreen Hospital	PT	07/02	12/03

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. Mukilteo Physical Therapy

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 credentialed CI B = Other CI credentialed C = Cert. clinical specialist List others	APTA Member Yes/No	L= Licensed, Number	
								L/E/T Number	State of Licensure
Tom Nancey, MPT Mukilteo PT	Univ. of Pittsburgh	2002	MPT	7	2	A,C	Y	L PT0000 8962	WA

CONTINUING EDUCATION

Therapist Name: Tom Namey, PT

<u>COURSE NAME</u>	<u>PRESENTER</u>	<u>LOCATION</u>	<u>DATE</u>	<u>CONTACT HOURS</u>
An Update on the Evaluation & Treatment of Vestibular Disorders		Pittsburgh, PA	2/24/2001	7
Winning Reimbursement Strategies for Sports Medicine		Teleconference	3/25/2003	1.5
Level 1-500 Differential Diagnosis	Steve Allen, PT	Portland, OR	5/9-11/2003	21
NAIOMT 500-Level 1 Differential Diagnosis Part B	Steve Allen, PT	Portland, OR	6/6-8/2003	21
Management of the Bicycling Athlete	Chris Peterson, DO Erik Moen, PT Ryan Miller	Bellevue, WA	10/29/2003	2
Sports Medicine & the Athlete	Larry Pedegana, MD Neil Roberts, MD Elias Khalfayan, MD	Evergreen Hospital – Kirkland, WA	11/18/2003	2
Musculoskeletal & Sports Medicine		University of WA - Seattle, WA	3/20-21/2004	10.25
Preview 2020		Las Vegas, NV	11/19-21/2004	18
Musculoskeletal & Sports Medicine		University of WA – Seattle, WA	4/2-3/2005	11.25
Sports Specific Rehabilitation	Robert Donatelli, PT	Scottsdale, AZ	6/4-5/2005	16
Advanced Team Physician Course		San Diego, CA	12/1-4/2005	20
Mgmt Tools for Private Practice	John Wallace	Everett, WA	9/29/06	6.5
Following the Functional Path	Vern Gambetta	Seattle, WA	2/17-18/2007	16
Mgmt Tools for Private Practice	John Wallace	Everett, WA	8/13/08	3
Evaluation & Rehabilitation of the runner	Matt Walsh	Everett, WA	10/24-25/08	3

Information About the Clinical Teaching Faculty

ABBREVIATED RESUME FOR CENTER COORDINATORS OF CLINICAL EDUCATION

Please update as each new CCCE assumes this position.

NAME: Allister Brookes		Length of time as the CCCE:	
DATE: (mm/dd/yy) 01/20/2009		Length of time as a CI: 2 years	
PRESENT POSITION: Clinic Manager (Title, Name of Facility) Snohomish Physical Therapy		Mark (X) all that apply: <input checked="" type="checkbox"/> PT <input type="checkbox"/> PTA <input type="checkbox"/> Other, specify	Length of time in clinical practice: 8 years
LICENSURE: (State/Numbers) WA PT008506	APTA Credentialed CI Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Other CI Credentialing Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Eligible for Licensure: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Certified Clinical Specialist: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Area of Clinical Specialization:			
Other credentials:			

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

INSTITUTION	PERIOD OF STUDY		MAJOR	DEGREE
	FROM	TO		
University of Saint Augustine	05/99	05/01	PT	MS

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
Snohomish Physical Therapy (IRG Affiliate)	PT/Owner/Clinic Mgr	06/03	Present
PhysioTherapy Associates	PT	06/01	06/03

CLINICAL INSTRUCTOR INFORMATION

Provide the following information on all PTs or PTA's 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. **Snohomish Physical Therapy**

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 credentialed CI B = Other CI credentialing C = Cert. clinical specialist List others	APTA Member Yes/No	L= Licensed, Number	
								F= Eligible I= Temporary	L/E/T Number
Allister Brookes, MPT Snohomish PT	Univ. of Washington	1998	MPT	10	2			L PT0000 8506	WA

Information About the Clinical Teaching Faculty

ABBREVIATED RESUME FOR CENTER COORDINATORS OF CLINICAL EDUCATION

Please update as each new CCCE assumes this position.

NAME: Robin Ingraham		Length of time as the CCCE:	
DATE: (mm/dd/yy) 01/20/2009		Length of time as a CI:	
PRESENT POSITION: Clinic Manager (Title, Name of Facility) Granite Falls Physical Therapy		Mark (X) all that apply: <input checked="" type="checkbox"/> PT <input type="checkbox"/> PTA <input type="checkbox"/> Other, specify	Length of time in clinical practice: 30 years
LICENSURE: (State/Numbers) WA PT002442	APTA Credentialed CI Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Other CI Credentialing Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Eligible for Licensure: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Certified Clinical Specialist: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Area of Clinical Specialization:			
Other credentials:			

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

INSTITUTION	PERIOD OF STUDY		MAJOR	DEGREE
	FROM	TO		
University of Puget Sound		09/79	PT	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
Integrated Rehabilitation Group	PT/Clinic Manager	02/99	Present
HealthSouth	PT	12/96	01/99
Channing PT	PT	09/84	12/96
Grays Harbor Home Health	PT	08/82	09/84

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. Granite Falls Physical Therapy

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 credentialed CI B = Other CI credentialing C = Cert. clinical specialist List others	APTA Member Yes/No	Licensure	
								L/E/T Number	State of Licensure
Robin Ingraham, PT Granite Falls PT	Univ. of Puget Sound.	1979	BS/PT	30			N	L PT0000 2442	WA

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: 5+
<input type="checkbox"/>	Delegated in job description	<input type="checkbox"/>	Other (please specify):
<input type="checkbox"/>	Demonstrated strength in clinical teaching		

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

<input type="checkbox"/>	1:1 individual training (CCCE:CI)	<input checked="" type="checkbox"/>	Continuing education by consortia
<input type="checkbox"/>	Academic for-credit coursework	<input type="checkbox"/>	No training
<input 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 (eg, 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 N/A

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	0	Psychiatric center	0
Intensive care	0	Rehabilitation center	0
Step down	0	Other specialty centers: Specify	0
Subacute/transitional care unit	0		
Extended care	0	Total Number of Beds	0

Number of Patients/Clients

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

INPATIENT		OUTPATIENT	
0	Individual PT	10-16	Individual PT
0	Student PT	5+	Student PT
0	Individual PTA	10-16	Individual PTA
0	Student PTA	5+	Student PTA
0	PT/PTA Team	20-32	PT/PTA Team
	Total patient/client visits per day	10-16	Total patient/client visits per day per PT/PTA

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
	0-12 years		Critical care, ICU, acute
2	13-21 years		SNF/ECF/sub-acute
4	22-65 years		Rehabilitation
2	Over 65 years	5	Ambulatory/outpatient
			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	
<input type="checkbox"/>	Acute injury	<input type="checkbox"/> Muscle disease/dysfunction
<input type="checkbox"/>	Amputation	<input type="checkbox"/> Musculoskeletal degenerative disease
<input checked="" type="checkbox"/>	Arthritis	<input checked="" type="checkbox"/> Orthopedic surgery
<input type="checkbox"/>	Bone disease/dysfunction	<input checked="" type="checkbox"/> Other: (Specify) Orthopedic injuries
<input type="checkbox"/>	Connective tissue disease/dysfunction	
(1-5)	Neuro-muscular	
<input type="checkbox"/>	Brain injury	<input type="checkbox"/> Peripheral nerve injury
<input type="checkbox"/>	Cerebral vascular accident	<input type="checkbox"/> Spinal cord injury
<input checked="" type="checkbox"/>	Chronic pain	<input checked="" type="checkbox"/> Vestibular disorder
<input type="checkbox"/>	Congenital/developmental	<input type="checkbox"/> Other: (Specify)
<input type="checkbox"/>	Neuromuscular degenerative disease	
(1-5)	Cardiovascular-pulmonary	
<input type="checkbox"/>	Cardiac dysfunction/disease	<input type="checkbox"/> Peripheral vascular dysfunction/disease
<input checked="" type="checkbox"/>	Fitness	<input type="checkbox"/> Other: (Specify)
<input checked="" type="checkbox"/>	Lymphedema	
<input type="checkbox"/>	Pulmonary dysfunction/disease	
(1-5)	Integumentary	
<input type="checkbox"/>	Burns	<input type="checkbox"/> Other: (Specify)
<input type="checkbox"/>	Open wounds	
<input type="checkbox"/>	Scar formation	
(1-5)	Other (May cross a number of diagnostic groups)	
<input type="checkbox"/>	Cognitive impairment	<input type="checkbox"/> Organ transplant
<input type="checkbox"/>	General medical conditions	<input type="checkbox"/> Wellness/Prevention
<input type="checkbox"/>	General surgery	<input type="checkbox"/> Other: (Specify)
<input 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	7:00	7:00	Slight variation between clinics
Tuesday	7:00	7:00	
Wednesday	7:00	7:00	
Thursday	7:00	7:00	
Friday	7:00	7:00	
Saturday	CL	CL	
Sunday	CL	CL	

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:

Schedule will be determined by CI and student to ensure the student receives a complete learning experience.

Staffing

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

	Full-time budgeted	Part-time budgeted	Current Staffing
PTs	1	1	Average for a clinic
PTAs	1		
Aides/Techs	1	2	
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 type="checkbox"/>	Inservice training/lectures	<input type="checkbox"/>	Radiology
<input checked="" type="checkbox"/>	Athletic venue coverage	<input type="checkbox"/>	Neonatal care	<input type="checkbox"/>	Research experience
<input 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 type="checkbox"/>	Surgery (observation)
<input type="checkbox"/>	Community/re-entry activities	<input type="checkbox"/>	Pediatric-general (emphasis on):	<input type="checkbox"/>	Team meetings/rounds
<input 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 checked="" 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 type="checkbox"/>	Neurological	<input type="checkbox"/>	Other (specify below)
<input type="checkbox"/>	Group programs/classes	<input 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 checked="" 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 checked="" type="checkbox"/>	Wellness
<input type="checkbox"/>	Industry	<input checked="" 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 checked="" type="checkbox"/>	Massage therapists	<input type="checkbox"/>	Speech/language pathologists
<input type="checkbox"/>	Alternative therapies: List:	<input type="checkbox"/>	Nurses	<input type="checkbox"/>	Social workers
<input checked="" type="checkbox"/>	Athletic trainers	<input checked="" type="checkbox"/>	Occupational therapists/HAND	<input type="checkbox"/>	Special education teachers
<input type="checkbox"/>	Audiologists	<input type="checkbox"/>	Physicians (list specialties)	<input type="checkbox"/>	Students from other disciplines
<input checked="" type="checkbox"/>	Dietitians @ 2 Clinics	<input type="checkbox"/>	Physician assistants	<input checked="" type="checkbox"/>	Students from other physical therapy education programs
<input type="checkbox"/>	Enterostomal /wound specialists	<input type="checkbox"/>	Podiatrists	<input type="checkbox"/>	Therapeutic recreation therapists
<input checked="" type="checkbox"/>	Exercise physiologists	<input checked="" type="checkbox"/>	Prosthetists / <u>orthotists</u>	<input type="checkbox"/>	Vocational rehabilitation counselors
<input checked="" type="checkbox"/>	Fitness professionals	<input type="checkbox"/>	Psychologists	<input type="checkbox"/>	Others (specify below)
<input type="checkbox"/>	Health information technologists	<input type="checkbox"/>	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
Eastern Washington University	Cheney, WA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A.T. Still University Arizona School of Health Sciences	Mesa, AZ	<input checked="" type="checkbox"/>	<input type="checkbox"/>
U. of Mississippi Medical Center	Jackson, MS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Azusa Pacific University	Azusa, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chapman University	Orange, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Idaho State University	Pocatello, ID	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Loma Linda University	Loma Linda, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
University of Mary	Bismarck, ND	<input checked="" type="checkbox"/>	<input type="checkbox"/>
University of Puget Sound	Tacoma, WA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
University of St. Augustine	St. Augustine, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
University of Southern California	Los Angeles, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
University of Utah	Salt Lake City, UT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
University of Washington	Seattle, WA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lake Washington Technical College	Kirkland, WA	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Whatcom Community College	Bellingham, WA	<input type="checkbox"/>	<input checked="" type="checkbox"/>
University of Montana	Missoula, MT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

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	
<input type="checkbox"/> First experience: Check all that apply. <input type="checkbox"/> Half days <input type="checkbox"/> Full days <input type="checkbox"/> Other: (Specify)		<input type="checkbox"/> First experience: Check all that apply. <input type="checkbox"/> Half days <input type="checkbox"/> Full days <input type="checkbox"/> Other: (Specify)	
<input checked="" type="checkbox"/> Intermediate experiences: Check all that apply. <input checked="" type="checkbox"/> Half days <input checked="" type="checkbox"/> Full days <input type="checkbox"/> Other: (Specify)		<input checked="" type="checkbox"/> Intermediate experiences: Check all that apply. <input checked="" 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.				
Indicate the range of weeks you will accept students for any one part-time (< 36 hrs/wk) clinical experience.				

	PT	PTA
Average number of PT and PTA students affiliating <u>per year</u> . Clarify if multiple sites.	3-4	0-2

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?
1) Verbal counseling, 2) Written counseling and call to school

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.
If student is at a one PT clinic, administration will try to find an available PT or PTA at another clinic in the group.

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 checked="" 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 CI 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 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 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]).

Integrated Rehabilitation Group has great cross-section of the different schools of thought on physical therapy. Our Clinical Instructors are interested in giving physical therapy students a complete experience in an outpatient clinic setting. Our goal is to help further the education of future physical therapists.

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 checked="" type="checkbox"/>	<input 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.	Varies depending on clinic
<input type="checkbox"/>	<input checked="" 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"/>	<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 offered prior to the clinical experience? If yes, please specify: We offer to pay for the HBV series	
		8. How is this information communicated to the clinic? Provide fax number if required.	Attn: Jill Glaser 425-338-9637
		9. How current are student physical exam records required to be?	N/A
<input type="checkbox"/>	<input checked="" type="checkbox"/>	10. Are any other health tests or immunizations required on-site? If yes, please specify:	
<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	13. Is the student required to provide proof of any other training prior to orientation at your facility? If yes, please list.	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	14. Is the student required to attest to an understanding of the benefits and risks of Hepatitis-B immunization?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	15. Is the student required to have proof of health insurance?	
<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	18. Is the student required to be CPR certified? (Please note if a specific course is required).	

Yes	No		Comments
<input checked="" type="checkbox"/>	<input type="checkbox"/>	a) Can the student receive CPR certification while on-site?	If present during semi-annual training class.
<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 type="checkbox"/>	<input checked="" type="checkbox"/>	20. Is a criminal background check required (eg, Criminal Offender Record Information)? If yes, please indicate which background check is required and time frame.	
<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?	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	23. Is the student required to submit to a drug test? If yes, please describe parameters.	
<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.)	Clinical HIPPA requirements and a confidentiality statement.

Housing

Yes	No		Comments
<input type="checkbox"/>	<input checked="" type="checkbox"/>	26. Is housing provided for male students? (If no, go to #32)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	27. Is housing provided for female students? (If no, go to #32)	
		28. What is the average cost of housing?	
		29. Description of the type of housing provided:	
		30. How far is the housing from the facility?	
		31. Person to contact to obtain/confirm housing:	
		Name:	
		Address:	
		City:	State: Zip:
		Phone:	E-mail:

Yes	No		Comments
		32. If housing is not 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 #.	
<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

Yes	No		Comments
<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?	\$0.00
<input checked="" type="checkbox"/>	<input type="checkbox"/>	35. Is public transportation available?	Check with local clinic for distance from clinic.
		36. How close is the nearest transportation (in miles) to your site?	
		a) Train station?	miles
		b) Subway station?	miles
		c) Bus station?	miles
		d) Airport?	miles
		37. Briefly describe the area, population density, and any safety issues regarding where the clinical center is located. Clinics are located in suburban and rural locations throughout Snohomish County (15-45 miles north of Seattle).	
		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, Delorme, Microsoft, Yahoo, Mapquest).	

Meals

Yes	No		Comments
<input type="checkbox"/>	<input checked="" type="checkbox"/>	39. Are meals available for students on-site? (If no, go to #40)	
		Breakfast (if yes, indicate approximate cost)	
		Lunch (if yes, indicate approximate cost)	
		Dinner (if yes, indicate approximate cost)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	40. Are facilities available for the storage and preparation of food?	Refrigerator at clinic

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?	N/A
		43. What is the minimum length of time the student needs to be on the clinical experience to be eligible for a stipend/salary?	N/A

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:	Business casual-slacks and a Polo shirt.
		b) Specify dress code for women:	Business casual-slacks and a Polo shirt.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	45. Do you require a case study or inservice from all students (part-time and full-time)?	Depends on the student and the CI
<input type="checkbox"/>	<input checked="" type="checkbox"/>	46. Do you require any additional written or verbal work from the student (eg, article critiques, journal review, patient/client education handout/brochure)?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	47. Does your site have a written policy for missed days due to illness, emergency situations, other? If yes, please summarize.	Inform CI 24 hours prior to missing day.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	48. Will the student have access to the Internet at the clinical site?	Business use only

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 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 type="checkbox"/>	Policies and procedures (specifically outlined plan for emergency responses)	<input checked="" type="checkbox"/>	Other (specify below - eg, bloodborne pathogens, hazardous materials, etc.) blood borne pathogens and hazardous materials
<input checked="" type="checkbox"/>	Quality assurance		
<input checked="" type="checkbox"/>	Reimbursement issues		
<input type="checkbox"/>	Required assignments (eg, 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.