Clinical Education Orientation Checklist

This form must be completed and signed by the student and clinical instructor by the end of the first week of the clinical education experience. This checklist is provided to ensure consistent orientation procedures for all students involved in clinical education through EFSC’s Physical Therapist Assistant Program.

Student Name: ___________________________________________ Date: ____________________________

Facility Name: ____________________________________________________________________________

___ 1. Tour of facility/department

___ 2. Emergency Procedures

___ 3. Access to emergency services

___ 4. Handling of body substances and hazardous materials

___ 5. Equipment safety

___ 6. HIPAA polices/procedures for the physical therapy department/facility

___ 7. Billing procedures

___ 8. Scheduling procedures

___ 9. Telephone procedures including cell phone policy

___ 10. Computer use policy

___ 11. Documentation system/procedures

___ 12. Department organization and function

___ 13. Review of goals/objectives of clinical experience

Student Signature: ____________________________________________________________