



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: _____