

EASTERN FLORIDA STATE COLLEGE PHYSICAL THERAPIST ASSISTANT PROGRAM CLINICAL SITE FORM

Name of Facility:

Date:

Clinical Coordinator Clinical Education (CCCE) is the person at the facility who will be responsible for the clinical education process of the student. Please write name and credentials.

Facility Address: (include city, state, and zip code)

Phone Number:

Extension:

Fax Number:

E-mail Address:

Website:

All EFSC PTA students will have the following criteria completed prior to their clinical practicum:

- Proof of health clearance and required vaccinations (TDP, MMR, Hepatitis B, Varicella, Influenza, TB)
- Drug screen and background check
- First aid and CPR certified
- HIPAA and OSHA educated
- Personal health insurance
- Professional liability insurance

If your clinical facility has other specific requirements than those listed above, please specify below:

Which of the following best describes the ownership category for your clinical site?

Corporate/privately owned	Government Agency	Hospital
Physician owned	PT/PTA owner	Other

Which of the following best describes the type of facility you are:

Acute care/Inpatient	Industrial/Occupational Health
School/Pre-School Program	Ambulatory Care/Outpatient
Multiple-level Medical Center	Wellness/Prevention Program
Nursing Home/SNF	Private Practice
Home Health Care	Federal/State/County Health
Sub-acute Rehabilitation	

Which best describes your location site?

Rural	Suburban	Urban
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Please select which days your clinical facility is seeing physical therapy patients.

Monday	Tuesday	Wednesday	Thursday	Friday
Saturday	Sunday			

What are your hours of operation? (Please specify if variation between days of the week.)

Please indicate the number of Physical Therapy Department Staff at your clinical facility:

Full-time PT	Full-time PTA	Full-time Aide/Tech
Part-time PT	Part-time PTA	Part-time Aide/Tech
PRN PT	PRN PTA	PRN Aide/Tech

Please select all special programs/activities/learning opportunities available to students.

Administration	Industrial/ergonomic PT	Quality Assurance/CQI/TQM
Aquatic Therapy	Inservice Training/Lectures	Radiology
Athletic venue coverage	Neonatal care	Research experience
Back school	Nursing Home/ECF/SNF	Screening/prevention
Biomechanics Lab	Orthotic/Prosthetic	Sports PT
Cardiac	Pain Management	Surgery (observation)
Community/Re-entry	Pediatric	Team meetings/rounds
Critical Care/ICU	Classroom consultation	Vestibular Rehab
Departmental Administration	Developmental Program	Women's Health/OBGYN
Early Intervention	Cognitive Impairment	Work Hardening
Employee Intervention	Musculoskeletal	Wound Care
Employee Wellness	Neurological	Group Programs/Classes
Prevention/Wellness	Home Health	Pulmonary Rehab
Other (please specify)		

Please select all specialty clinics available as student learning experiences.

Arthritis	Balance	Pain Clinic
Developmental	Feeding Clinic	Prosthetic/Orthotic
Scoliosis	Hand Clinic	Seating/Mobility
Pre-participation Sports	Hemophilia Clinic	Sports Medicine Clinic
Wellness	Industry	Women's Health
Other		

Please select all health care and educational providers at your clinical facility students typically observe and/or with whom they interact.

Administrators	Massage Therapist	SLP
Nurses	Social Workers	Athletic Trainers
OT	Special Education	Audiologists
Physicians/PAs	Wound Specialist	Podiatrists
Exercise Physiologists	Prosthetists/Orthotists	Vocational Rehab
Fitness Professionals	Psychologists	Health Information Tech
Respiratory Therapists	Other	

OPTIONAL: Please feel free to use the space provided below to share additional information about your clinical site. For example, strengths, special learning opportunities, clinical supervision, organizational structure, clinical philosophies of treatment, pacing expectations of students, etc.

Please provide the following information on all PTs and PTAs employed at your clinical site who are classified as Clinical Instructors.

Name followed by credentials

PT/PTA Program in which CI graduated

Year of Graduation

License #

Highest earned physical therapy degree

of years of Clinical Practice

of years of Clinical Teaching

CI Certifications (if any)

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