

CLINICAL SITE INFORMATION FORM (CSIF)
developed by
APTA Department of Physical Therapy Education

Why have a consistent Clinical Site Information Form?

The primary purpose of this form is for Physical Therapist (PT) and Physical Therapist Assistant (PTA) academic programs to collect information from clinical education sites. This information will facilitate clinical site selection, student placements, assessment of learning experiences and clinical practice opportunities available to students; and provide assistance with completion of documentation for accreditation in clinical education.

How is the form designed?

The form is divided into two sections, [Information for Academic Programs - Part I](#) (pages 3-14) and [Information for Students - Part II](#) (pages 15-17), to allow ease in retrieval of information for academic programs and for students, especially if the academic program is using a database to manage the information. Duplication of information being requested is kept to a minimum except when separation of Part I and Part II of the form would omit critical information needed by both students and the academic program. The form is also designed using a check-off format wherever possible to reduce the amount of time required for completion. This instrument can be retrieved from APTA's website at www.apta.org. Simply select the link titled "PT Education", then the link titled "Clinical Education" and choose "Clinical Site Information Form".

Although using a computer to complete the form is not mandatory, it is highly recommended to facilitate legible updates with minimal time investment from your facility. Additionally, the information provided will be more legible to students, academic programs, and the APTA's Department of Physical Therapy Education. The form includes several features designed to streamline navigation, including a hyperlinked [index](#) on page 18. (Please note that several of the hyperlinks contained in the document require your computer to have an open internet connection and a web browser).

If you prefer to complete the form manually, you may download the CSIF from APTA's website (see above). If you do not have access to a computer for this purpose, hard copies of the CSIF are available from the APTA Department of Physical Therapy Education, as well as from all PT and PTA academic programs through their Academic Coordinator of Clinical Education (ACCE).

What should I do once the form has been completed?

We encourage you to invest the time to complete the form thoroughly and accurately. Once the form has been completed, the clinical education site may e-mail the instrument to each academic program with which it affiliates, minimizing administrative time and associated costs. **Please remember to make a copy of this form and retain for your records!** To assist in maintaining accurate and relevant information about your physical therapy service for academic programs and students, we encourage you to update this form on an annual basis

In addition, to develop and maintain an accurate and comprehensive national database of clinical education sites, we request that a copy of the completed form be e-mailed to the Department of Physical Therapy Education at csif@apta.org or mail to:



American Physical Therapy Association
Department of Physical Therapy Education
1111 North Fairfax Street
Alexandria, Virginia 22314

DIRECTIONS FOR COMPLETION:

If using a computer to complete this form:

When completing this form, after opening the original form, and before entering your facility's information, **save the form**. The title should be your zip code, your site's name, and the date (eg, 90210BevHillsRehab10-26-99. Please note that the date must be set apart with dashes; if slashes are used, the computer will unsuccessfully search for a directory and return an error message). Saving the document will preserve the original copy on the disk or hard drive, allowing for you to easily update your information. When completing, 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 easier data entry). Enter relevant information only in blank spaces as appropriate to your clinical site.

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 (for example, corporate hospital mergers) that offer clinical learning experiences, such as an acute care hospital that also provides clinical rotations at associated sports medicine and long-term care facilities, you will need to complete **pages 3 and 4**. On **page 3**, provide the primary clinical site for the clinical experience. On **page 4**, indicate other clinical sites or satellites associated with the primary clinical site. ***Please note that if the individual facility information varies with each satellite site that offers a clinical experience, it will be necessary to duplicate a blank CSIF and complete the form for each satellite site that offers different clinical learning experiences.***

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 form do not apply to your clinical education site at the time you are completing the form, please leave the item blank. Opportunities to provide comments have been made available throughout the form.

CLINICAL SITE INFORMATION FORM

I. Information About the Clinical Site					Date (3/29/11)	
Person Completing Questionnaire			Janeen Turano			
E-mail address of person completing questionnaire			turanoj@nyp.org			
Name of Clinical Center		NewYork-Presbyterian Hospital, Columbia University Medical Center				
Street Address		180 Fort Washington Avenue, 170A				
City		New York	State	NY	Zip	10032
Facility Phone		212-305-5136		Ext.		
PT Department Phone		212-305-5136		Ext.		
PT Department Fax		212-342-5708				
PT Department E-mail						
Web Address		www.nyprehabmed.org				
Director of Physical Therapy			Theresa Morrone			
Director of Physical Therapy E-mail			morrone@nyp.org			
Center Coordinator of Clinical Education (CCCE) / Contact Person			Janeen Turano			
CCCE / Contact Person Phone			212-305-5136			
CCCE / Contact Person E-mail			turanoj@nyp.org			

Complete the following table(s) if there are multiple sites that are part of the same health care system or practice. Copy this table before entering information if you need more space.

Name of Clinical Site	The Allen Hospital				
Street Address	5141 Broadway				
City	New York	State	NY	Zip	10034
Facility Phone	212-932-4065		Ext.		
PT Department Phone	212-932-4065		Ext.		
Fax Number	212-932-5414	Facility E-mail			
Director of Physical Therapy	Theresa Morrone		E-mail	morrone@nyp.org	
Center Coordinator of Clinical Education/contact (CCCE)	Janeen Turano		E-mail	turanoj@nyp.org	

Name of Clinical Site					
Street Address					
City		State		Zip	
Facility Phone			Ext.		
PT Department Phone			Ext.		
Fax Number		Facility E-mail			
Director of Physical Therapy			E-mail		
Center Coordinator of Clinical Education/contact (CCCE)			E-mail		

Name of Clinical Site					
Street Address					
City		State		Zip	
Facility Phone			Ext.		
PT Department Phone			Ext.		
Fax Number		Facility E-mail			
Director of Physical Therapy			E-mail		
Center Coordinator of Clinical Education/contact (CCCE)			E-mail		

Clinical Site Accreditation/Ownership

Yes	No		Date of Last Accreditation/Certification
X		1. Is your clinical site certified/ accredited? If no, go to #3.	
		2. If yes, by whom?	
X		JCAHO	2008
X		CARF	2008
		Government Agency (eg, CORF, PTIP, rehab agency, state, etc.)	
		Other	
		3. Who or what type of entity owns your clinical site? ___ PT owned <input checked="" type="checkbox"/> Hospital Owned ___ General business / corporation ___ Other (please specify)_____	

4. Place the **number 1** next to your clinical site's primary classification -- noted in **bold type**. Next, if appropriate, mark (X) **up to four additional bold typed categories** that describe other clinical centers associated with your primary classification. Beneath each of the **five possible bold typed categories**, mark (X) the specific learning experiences/settings that best describe that facility.

1	Acute Care/Hospital Facility		Functional Capacity Exam- FCE		spinal cord injury
X	university teaching hospital		Industrial rehab		traumatic brain injury
X	pediatric		other (please specify)	X	Other CERTIFIED STROKE CENTER
X	cardiopulmonary		Federal/State/County Health		School/Preschool Program
X	orthopedic		Veteran's Administration		school system
X	Other REHAB UNIT		Pediatric develop. ctr.		preschool program
X	Ambulatory Care/Outpatient		adult develop. ctr.		early intervention
X	geriatric		other		other
	hospital satellite		Home Health Care		Wellness/Prevention Program
	medicine for the arts		Agency		on-site fitness center
X	orthopedic		Contract service		other
	pain center		Hospital based		Other
X	pediatric		other		international clinical site
	podiatric	X	Rehab/Subacute Rehab		administration
X	sports PT	X	Inpatient		research
	Other		Outpatient		other
	ECF/Nursing Home/SNF		Pediatric		
	Ergonomics	X	Adult		
	work hardening/conditioning		Geriatric		

4a. Which of these best characterizes your clinic's location? Indicate with an 'X'.

rural		suburban		urban	X
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5. If your clinical site provides inpatient care, what are the number of:

~ 1100	Acute beds
	ECF beds
	Long term beds
30	Psych beds
16	Rehab beds
~ 30	Step down beds
	Subacute/transitional care unit
	Other beds (please specify):
~ 1176	Total Number of Beds

II. Information about the Provider of Physical Therapy Service at the Primary Center

6. PT Service hours

Days of the Week	From: (a.m.)	To: (p.m.)	Comments
Monday-Friday	8:30	4:30	Standard schedule is Monday-Friday, 8:30 a.m.-4:30 p.m with reduced staffing on Saturday, Sunday and holidays. Some PTs work alternate schedules, ie. 7:00 a.m.- 3:00 p.m.,
Saturday	8:30	4:30	7:30 a.m.-3:30 p.m., 8:00 a.m.-4:00 p.m., 9:00 a.m.-5:00 p.m. Students
Sunday	8:30	4:30	typically follow a Monday- Friday schedule, but a Sunday- Thursday or Tuesday- Saturday schedule may be required. Will be notified in advance of affiliation.

7. Describe the staffing pattern for your facility: Standard 8 hour day X Varied schedules _____
(Enter additional remarks in space below, including description of weekend physical therapy staffing pattern).

When staff member works a weekend day, he/she has one weekday off in the same work week.

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

	Full-time budgeted	Part-time budgeted
PTs	69	12
PTAs	0	0
Aides/Techs	8	0

9. Estimate an average number of **patients per therapist treated per day** by the provider of physical therapy.

INPATIENT		OUTPATIENT	
8-10	Individual PT	8-10	Individual PT
	Individual PTA		Individual PTA
8-10	Total PT service per day	8-10	Total PT service per day

III. Available Learning Experiences

10. Please mark (X) the *diagnosis related* learning experiences available at your clinical site:

X	Amputations	X	Critical care/Intensive care	X	Neurologic conditions
X	Arthritis	X	Degenerative diseases	X	Spinal cord injury
X	Athletic injuries	X	General medical conditions		Traumatic brain injury
	Burns	X	General surgery/Organ Transplant	X	Other neurologic conditions
X	Cardiac conditions	X	Hand/Upper extremity	X	Oncologic conditions
X	Cerebral vascular		Industrial injuries	X	Orthopedic/Musculoskeletal
X	Chronic pain/Pain	X	ICU (Intensive Care Unit)	X	Pulmonary conditions
X	Connective tissue diseases	X	Mental retardation		Wound Care
X	Congenital/Developmental				Other (specify below)

11. Please mark (X) all *special programs/activities/learning opportunities* available to students during clinical experiences, or as part of an independent study.

	Administration		Industrial/Ergonomic PT		Prevention/Wellness
	Aquatic therapy	X	Inservice training/Lectures	X	Pulmonary rehabilitation
	Back school		Neonatal care	X	Quality Assurance/CQI/TQM
	Biomechanics lab		Nursing home/ECF/SNF		Radiology
X	Cardiac rehabilitation		On the field athletic injury		Research experience
	Community/Re-entry activities		Orthotic/Prosthetic fabrication	X	Screening/Prevention
X	Critical care/Intensive care		Pain management program	X	Sports physical therapy
	Departmental administration		Pediatric-General (emphasis on):	X	Surgery (observation)
	Early intervention		Classroom consultation	X	Team meetings/Rounds
X	Employee intervention	X	Developmental program		Women's Health/OB-GYN
	Employee wellness program	X	Mental retardation		Work Hardening/Conditioning
X	Group programs/Classes	X	Musculoskeletal		Wound care
	Home health program	X	Neurological	X	Other (specify below) VESTIBULAR REHAB, POSSIBLY SOME EXPOSURE TO LYMPHEDEMA MANAGEMENT PROGRAM

12. Please mark (X) all *Specialty Clinics* available as student learning experiences.

	Amputee clinic		Neurology clinic		Screening clinics
	Arthritis		Orthopedic clinic		Developmental
	Feeding clinic		Pain clinic		Scoliosis
	Hand clinic		Preparticipation in sports		Sports medicine clinic
	Hemophilia Clinic		Prosthetic/Orthotic clinic	X	Other (specify below) * MONTHLY AMPUTEE SUPPORT GROUP
	Industry	X	Seating/Mobility clinic		Muscular Dystrophy Clinic

13. Please mark (X) all *health professionals* at your clinical site with whom students might observe and/or interact.

	Administrators		Health information technologists	X	Psychologists
	Alternative Therapies	X	Nurses	X	Respiratory therapists
	Athletic trainers	X	Occupational therapists	X	Therapeutic recreation therapists
	Audiologists	X	Physicians (list specialties) – diverse range	X	Social workers
X	Dietitians	X	Physician assistants		Special education teachers
X	Enterostomal Therapist	X	Podiatrists		Vocational rehabilitation counselors
	Exercise physiologists	X	Prosthetists /Orthotists	X	Others (specify below) NURSE PRACTITIONERS, SPEECH-LANGUAGE PATHOLOGISTS

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

Boston University	PT
Columbia University	PT
Emory University	PT
Hunter College	PT
Ithaca College	PT
Long Island University	PT
New York Medical College	PT
New York University	PT
Sacred Heart University	PT
Stony Brook University	PT
Touro College	PT

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

	APTA Clinical Instructor Credentialing	X	Demonstrated strength in clinical teaching
	Career ladder opportunity		No criteria
	Certification/Training course	X	Therapist initiative/volunteer
X	Clinical competence	X	Years of experience
X	Delegated in job description		Other (please specify)

16. How are clinical instructors trained? (mark (X) all that apply)

X	1:1 individual training (CCCE:CI)		Continuing education by consortia
	Academic for-credit coursework		No training
X	APTA Clinical Instructor Credentialing	X	Professional continuing education (eg, chapter, CEU course)
X	Clinical center inservices	X	Other (please specify) INPUT FROM CI'S SUPERVISOR, ADVANCED CLINICIAN, OTHER STAFF EXPERIENCED WITH CLIN ED
	Continuing education by academic program		

17. On *pages 9 and 10* please provide information about individual(s) serving as the CCCE(s), and on *pages 11 and 12* please provide information about individual(s) serving as the CI(s) at your clinical site.

**ABBREVIATED RESUME FOR CENTER COORDINATORS OF CLINICAL
EDUCATION**

Please update as each new CCCE assumes this position.

NAME: Janeen Turano		Length of time as the CCCE: since 3/03
DATE: (mm/dd/yy) 1/31/11		Length of time as the CI:
PRESENT POSITION: (Title, Name of Facility) Center Coordinator of Clinical Education New York-Presbyterian Hospital Columbia University Medical Center	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: 20 years
LICENSURE: (State/Numbers) NYS 011499		Credentialed Clinical Instructor: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Eligible for Licensure: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Certified Clinical Specialist:
		Area of Clinical Specialization:
		Other credentials:

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

INSTITUTION	PERIOD OF STUDY		MAJOR	DEGREE
	FROM	TO		
Columbia University	9/88	5/90	Physical Therapy	M.S.
State University of New York at Binghamton	8/84	5/88	Biology	B.A.

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
New York-Presbyterian Hospital	Center Coordinator of Clinical Education	3/03	Present
	Supervisor of Physical Therapy, Inpatient Rehabilitation Unit	1994	2003
	Assistant Supervisor/Senior Physical Therapist-Pediatrics	1992	1994
	Staff Physical Therapist – Outpatient and Inpatient areas	1990	1992

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 five years):

CCCE's curriculum vitae are available upon request.	

17. All of the PTs in our facility either serve as clinical instructors (CI) for PT students once they have a permanent license and meet departmental standards to serve as CIs or directly supervise those that do.

- The years of experience of our staff members range from new graduates to 25 or more years.
- There are no PTAs currently employed.

APTA Certified Clinical Specialists

Lori Buck, PT, MS, CCS
Theresa Morrone, PT, MS, CCS
Kim Stravrolakes, PT, MA, MS, CCS
Denise Vilotijevic, PT, MS, CCS
David Zimmel, PT, MS, CCS

Jennifer Rubinacci, PT, DPT, GCS
Eric Schaum, PT, MPT, GCS
Jennifer Teyfel-Freestone, PT, DPT, GCS

Joan Gilmore, PT, MS, NCS
Ilsa Sandel, PT, MS, NCS
Akanshka Verma, PT, MA, NCS

Ed Calem, PT, DPT, MS, OCS
Robert Goldstein, PT, BS, MA, OCS
Brian Gugliuzza, PT, MS, OCS
LaRae Klarenbeek-Mitchell, PT, DPT, OCS

Elizabeth Alfonso, PT, DPT, PCS
Robin Winn, PT, MS, PCS

Advanced Clinicians

Lori Buck, PT, MS, CCS – Cardiopulmonary Inpatients
Ed Calem, PT, DPT, MS, OCS – Orthopedics (Outpatients)
Ilsa Sandel, PT, MS, NCS – Inpatient Rehabilitation
Eric Schaum, PT, MPT, GCS – Acute Care

Specialty Certifications

NDT

Ilsa Sandel, PT, MS, NCS - Adult NDT Certification
Robin Winn, PT, MS, PCS - NDT Trained in Pediatrics and Advanced Baby Treatment

Vestibular (Competency)

Christos Raptis, PT, DPT

Andrea Smith, PT, DPT

Lymphedema

Tania Alarcon-Montalvo, PT, MS, LLCC

Bryan Birbiglia, PT, DPT, CLT

Jennifer Teyfel-Freestone, PT, DPT, CSCS, CLT-LANA

Kim Shankman, PT, DPT, CLT

APTA Credentialed Clinical Instructors

Elizabeth Alfonso, PT, DPT, PCS

Jennifer Battaglia, PT, MS

Shoshana Davis, PT, DPT

Edwige Fourcand, PT, MS

Linda Gundersen, PT, MS

Manisha Joshi, PT

Maria Limongello, PT, DPT

Wai May Lee, PT

Alina Muchnik, PT, DPT, MS

Lesley Quinsay, PT, DPT, MS

David Ruderman, PT, DPT

Peter Scala, PT, MS

Eric Schaum, PT, MPT, GCS

Jennifer Teyfel-Freestone, PT, DPT, CSCS, CLT-LANA

Janeen Turano, PT, MS

The following represents the physical therapy programs attended by our staff:

- Boston University
- College of Staten Island
- Columbia University
- Hahnemann University
- Hunter College
- Ithaca College
- Long Island University
- MGH Institute of Health Professions
- New York Institute of Technology
- New York Medical College
- New York University
- Sacred Heart University
- St. Augustine University
- State University of New York, Health Sciences, Brooklyn, NY

- State University of New York at Buffalo
- Stony Brook University
- Temple University
- Touro College
- University of Colorado Health Sciences Center
- University of Indianapolis
- University of Medicine and Dentistry of New Jersey
- Upstate Medical University

CLINICAL INSTRUCTOR INFORMATION

Provide the following information on all PTs or PTAs employed at your clinical site **who are CIs**.

Name	School from Which CI Graduated	PT/PTA	Year of Graduation	No. of Years of Clinical Practice	No. of Years of Clinical Teaching	Credentialed CI Specialist Certification Other	L= Licensed, Number E= Eligible T= Temporary	
							L/E/T Number	State of Licensure

(Continued on next page)

CLINICAL INSTRUCTOR INFORMATION (continued)

Name	School from Which CI Graduated	PT/PTA	Year of Graduation	No. of Years of Clinical Practice	No. of Years of Clinical Teaching	Credentialed CI Specialist Certification Other	L= Licensed, Number E= Eligible T= Temporary	
							L/E/T Number	State of Licensure

18. Indicate professional educational levels at which you accept PT and PTA students for clinical experiences (**mark (X) all that apply**).

Physical Therapist		Physical Therapist Assistant	
X	First experience		First experience
X	Intermediate experiences		Intermediate experiences
X	Final experience		Final experience
X	Internship		

	PT		PTA	
	From	To	From	To
19. Indicate the range of weeks you will accept students for any single full-time (36 hrs/wk) clinical experience.	6	18	0	0
20. 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
21. Average number of PT and PTA students affiliating <u>per year</u> .	35	

22. What is the procedure for managing students with exceptional qualities that might affect clinical performance (eg, outstanding students, students with learning/performance deficits, learning disability, physically challenged, visually impaired)?

Our facility discusses any necessary accommodations for students who have disclosed physical and/or learning disabilities prior to commencement of the affiliation. The facility is also accessible as a barrier free environment.

The CCCE discusses performance issues with the CI, student and ACCE as they present themselves during the affiliation. All involved parties will participate in developing a learning contract as deemed necessary.

23. **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.

Yes	No	
	X	24. Does your clinical site provide written clinical education objectives to students? If no, go to # 27.
		25. Do these objectives accommodate :
		the student's objectives?
		students prepared at different levels within the academic curriculum?
		academic program's objectives for specific learning experiences?
		students with disabilities?
		26. Are all professional staff members who provide physical therapy services acquainted with the site's learning objectives?

27. When do the CCCE and/or CI 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
X	Daily	X	At end of clinical experience
X	Weekly	X	Other : AS NECESSARY

28. How do you provide the student with an evaluation of his/her 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		

Yes	No	
	X	29. Do you require a specific student evaluation instrument other than that of the affiliating academic program? If yes, please specify:

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]).

Our facility is a dynamic, fast-paced environment due to the complexity of our patients and the actual size of our medical center. This makes for a very rigorous clinical affiliation in any of our physical therapy rotations. Students on inpatient affiliations will often find themselves moving through numerous units to see patients and obtain necessary equipment. In addition, a large portion of our patient population can be non-English speaking (with Spanish as the most frequently encountered language in those cases). This may further challenge students as well as provide an opportunity for them to make use of interpreters as needed. Finally, our facility utilizes computerized documentation for all patient populations.

It is a wonderful teaching hospital with much to offer, but these factors should be taken into consideration when assigning a student to such a demanding environment.

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Information for Students - Part II

I. Information About the Clinical Site

Yes	No	
	X	1. Do students need to contact the clinical site for specific work hours related to the clinical experience? AN ORIENTATION PACKET IS SENT TO STUDENT AHEAD OF TIME
X		2. Do students receive the same official holidays as staff?
	X	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: 8:30 A.M.

Medical Information

Yes	No		Comments
X		5. Is a Mantoux TB test required? a) one step_____ b) two step__ X _____	The first PPD within 12 months of affiliation and the second PPD within one month of affiliation. Positive PPD requires documentation of such and evidence of negative chest x-ray within one year of (+) PPD result with subsequent documented yearly symptom checks.
		5a. If yes, within what time frame?	
X		6. Is a Rubella Titer Test or immunization required?	
X		7. Are any other health tests/immunizations required prior to the clinical experience?	One-time titers for measles (rubeola), rubella, varicella and mumps with certification of immunity required against measles (rubeola), rubella and varicella (or booster required). One-time titer for hepatitis B antigen and antibody (or statement of vaccine declination) and hepatitis C antibody.
		a) If yes, please specify:	Physical examination within one year of affiliation
		8. How current are student physical exam records required to be?	Within one year prior to start of the affiliation
	X	9. Are any other health tests or immunizations required on-site?	
		a) If yes, please specify:	
X		10. Is the student required to provide proof of OSHA training?	(NOTE: SUBMISSION OF THE FACILITY'S HEALTH CLEARANCE

			CERTIFICATION RIDER BY THE SCHOOL 30 DAYS IN ADVANCE OF AFFILIATION SERVES AS PROOF OF MEDICAL CLEARANCE. PROOF OF INFECTION CONTROL AND HIPAA TRAINING TO ALSO BE PROVIDED; NO ADDITIONAL MEDICAL FORMS NEED BE SUBMITTED)
X		11. Is the student required to attest to an understanding of the benefits and risks of Hepatitis-B immunization?	
X		12. Is the student required to have proof of health insurance?	
X		a) Can proof be on file with the academic program or health center?	
X		13. Is emergency health care available for students?	
X		a) Is the student responsible for emergency health care costs?	
	X	14. Is other non-emergency medical care available to students?	
X		15. Is the student required to be CPR certified? (Please note if a specific course is required).	CPR certification preferred, but not required as it is of our staff
	X	a) Can the student receive CPR certification while on-site?	
	X	16. Is the student required to be certified in First Aid?	
	X	a) Can the student receive First Aid certification on-site?	
Yes	No		Comments
	X	17. Is a criminal background check required (eg, Criminal Offender Record Information)?	
		a) Is the student responsible for this cost?	
X		18. Is the student required to submit to a drug test?	9 drug panel urine toxicology
	X	19. Is medical testing available on-site for students?	

Housing

Yes	No		Comments
	X	20. Is housing provided for male students?	Housing is variable and limited – students can contact CCCE for resources as needed
	X	for female students? (If no, go to #26)	
NA		21. What is the average cost of housing?	
		22. If housing is not provided for either gender:	
		a) Is there a contact person for information on housing in the area of the clinic? (Please list contact person and phone #).	Refer to PT student manual nyprehabmed.org/education for

		housing information
	b) Is there a list available concerning housing in the area of the clinic? If yes, please attach to the end of this form.	
	23. Description of the type of housing provided:	University or private apartments
	24. How far is the housing from the facility?	varies
	25. Person to contact to obtain/confirm housing:	
	Name:	
	Address:	
	City:	State: Zip:

Transportation

Yes	No		
	X	26. Will a student need a car to complete the clinical experience?	Generally accessible with mass transit from NY, NJ and CT
X		27. Is parking available at the clinical center?	
		a) What is the cost?	Public garages in neighborhood cost about \$9.00/day; on-site hospital parking is at least \$20.00-25.00/day
X		28. Is public transportation available?	
		29. How close is the nearest bus stop (in miles) to your site?	In front of hospital
		a) train station? Pennsylvania Station (for Long Island Railroad) and Grand Central and Harlem stations for Metro North	Accessible by subway
		b) subway station?	In front of hospital (A and 1 trains on W. 168 th and Broadway)
		30. Briefly describe the area, population density, and any safety issues regarding where the clinical center is located.	Located in Washington Heights area of Manhattan (heavily populated, safe in immediate vicinity of medical center)
		31. Please enclose printed directions and/or a map to your facility. Travel directions can be obtained from several travel directories on the internet. (eg, Delorme, Microsoft, Yahoo).	<i>Directions to our campus which is located in Washington Heights, Manhattan, NY can be obtained on our websites at nyp.org or nyprehabmed.org</i>

Meals

Yes	No		Comments
X		32. Are meals available for students on-site? (If no, go to #33)	
X		Breakfast (if yes, indicate approximate cost)	\$ 3.00-5.00
X		Lunch (if yes, indicate approximate cost)	\$ 4.00-8.00 _____
X		Dinner (if yes, indicate approximate cost)	\$ 4.00-8.00 _____
X		a) Are facilities available for the storage and preparation of food?	Cafeterias are on site; restaurants/delis in neighborhood. Each PT area has microwave/refrigerator.

Stipend/Scholarship

Yes	No		Comments
	X	33. Is a stipend/salary provided for students? If no, go to #36	
		a) How much is the stipend/salary? (\$ / week)	
		34. Is this stipend/salary in lieu of meals or housing?	
		35. What is the minimum length of time the student needs to be on the clinical experience to be eligible for a stipend/salary?	

Special Information

Yes	No		Comments
X		36. Is there a student dress code? If no, go to # 37.	<i>No open-toed shoes, jeans or halter tops; no finger nail enhancements</i>
		a) Specify dress code for men:	<i>All students are expected to abide by staff's dress code and are advised of this in advance. A white lab jacket is required in all areas except Pediatrics..</i>
		b) Specify dress code for women:	<i>If desired, jade, hunter or emerald green scrubs permitted in all inpatient areas except Pediatrics</i>
X		37. Do you require a case study or inservice from all students?	<i>We require a case study presentation.</i>
	X	38. Does your site have a written policy for missed days due to illness, emergency situations, other?	<i>We follow the academic program's attendance policy</i>

Other Student Information

Yes	No		
X		39. Do you provide the student with an on-site orientation to your clinical site?	
(mark X)		a) What does the orientation include? (mark (X) all that apply)	
X	Documentation/billing	X	Required assignments (eg, case study, diary/log, inservice)
X	Learning style inventory	X	Review of goals/objectives of clinical experience
X	Patient information/assignments	X	Student expectations
X	Policies and procedures	X	Supplemental readings
	Quality assurance	X	Tour of facility/department
X	Reimbursement issues	X	Other (specify below) Mandated fire safety and annual hospital training CD to be obtained from DCE/ACCE and completed prior to affiliation's start.

In appreciation...

Many thanks for your time and cooperation in completing the CSIF and continuing to serve the physical therapy profession as clinical teachers and role models. Your contributions to students' professional growth and development ensure that patients today and tomorrow receive high-quality patient care services.

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