

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 (01/29/08)

Person Completing Questionnaire		Franca Gioia, MAPT, CCCE Hope Hunter, PT, CCCE			
E-mail address of person completing questionnaire		Fgioia@nyp.org hlaznick@nyp.org			
Name of Clinical Center		NewYork Weill Cornell Medical Center of NewYork-Presbyterian Hospital			
Street Address		525 E. 68 th Street Box 142			
City		New York	State	NY	Zip 10021
Facility Phone		212.746.1509		Ext.	
PT Department Phone		212.746.1550		Ext.	
PT Department Fax		212.746.8900			
PT Department E-mail		none			
Web Address		none			
Director of Physical Therapy			Carolyn Padiar, PT		
Director of Physical Therapy E-mail			Cpadiar@nyp.org		
Center Coordinator of Clinical Education (CCCE) / Contact Person			Franca Gioia, MAPT Hope Hunter, PT		
CCCE / Contact Person Phone			212.746.1509, 212.746.1573		
CCCE / Contact Person E-mail			Fgioia@nyp.org , hlaznick@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	NOT APPLICABLE				
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	NOT APPLICABLE				
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.	10/02
		2. If yes, by whom?	
X		JCAHO	2005
X		CARF	03/05
		Government Agency (eg, CORF, PTIP, rehab agency, state, etc.)	
		Other	
		3. Who or what type of entity owns your clinical site? <input type="checkbox"/> PT owned <input checked="" type="checkbox"/> Hospital Owned <input type="checkbox"/> General business / corporation <input type="checkbox"/> 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)		other
x	cardiopulmonary		Federal/State/County Health		School/Preschool Program
x	orthopedic		Veteran's Administration		school system
x	other		pediatric develop. ctr.		preschool program
X	Ambulatory Care/Outpatient		adult develop. ctr.		early intervention
x	geriatric		other		other
x	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
	sports PT	x	inpatient		research
x	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
-------	--	----------	--	-------	---

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

776	Acute beds
	ECF beds
	Long term beds
	Psych beds
	Rehab beds
	Step down beds
	Subacute/transitional care unit
22	Other beds (please specify): Rehab Unit
798	Total Number of Beds

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

6. PT Service hours- Varies among the staff and service areas

Days of the Week	From: (a.m.)	To: (p.m.)	Comments
M-F	7:30	6:30	Regular working hours are M-F 8:30-4:30. Most students will keep this schedule. However some staff members have altered schedules ranging from a 7:30 start time to a 6:30 end time. Some staff also have regular weekend hours. A student may be asked to keep their CI's schedule if it is deemed a useful experience for both the student and the service.
Saturday	8:00	6:30	
Sunday	8:00	6:30	

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).

Majority of the staff work M-F 8:30-4:30 with lunch from 12-1. See above comments

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

	Full-time budgeted	Part-time budgeted
PTs	75 total (full/part time)	
PTAs	2	0
Aides/Techs	10	0

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

INPATIENT		OUTPATIENT	
11	Individual PT	10	Individual PT
11	Individual PTA	N/A	Individual PTA
11	Total PT service per day	10	Total PT service per day

III. Available Learning Experiences

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

	Amputations	X	Critical care/Intensive care	X	Neurologic conditions
X	Arthritis	X	Degenerative diseases		Spinal cord injury
	Athletic injuries	X	General medical conditions	X	Traumatic brain injury
X	Burns	X	General surgery/Organ Transplant	X	Other neurologic conditions
X	Cardiac conditions		Hand/Upper extremity	X	Oncologic conditions
X	Cerebral vascular accident		Industrial injuries	X	Orthopedic/Musculoskeletal
X	Chronic pain/Pain	X	ICU (Intensive Care Unit)	X	Pulmonary conditions
	Connective tissue diseases		Mental retardation		Wound Care
	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
X	Aquatic therapy	X	Inservice training/Lectures		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	X	Research experience
	Community/Re-entry activities		Orthotic/Prosthetic fabrication		Screening/Prevention
X	Critical care/Intensive care		Pain management program		Sports physical therapy
	Departmental administration		Pediatric-General (emphasis on):	X	Surgery (observation)
	Early intervention		Classroom consultation	X	Team meetings/Rounds
	Employee intervention		Developmental program	X	Women's Health/OB-GYN
	Employee wellness program		Mental retardation		Work Hardening/Conditioning
X	Group programs/Classes		Musculoskeletal		Wound care
	Home health program		Neurological		Other (specify below)

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		Pre-participation in sports		Sports medicine clinic
X	Hemophilia Clinic	X	Prosthetic/Orthotic clinic		Other (specify below)
	Industry		Seating/Mobility clinic		

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

X	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)	X	Social workers
X	Dietitians	X	Physician assistants		Special education teachers
	Enterostomal Therapist		Podiatrists		Vocational rehabilitation counselors
	Exercise physiologists	X	Prosthetists /Orthotists		Others (specify below)

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

Columbia University	CUNY - Hunter College
Ithaca College	SUNY – HSC Stony Brook
Mercy College	SUNY – HSC Syracuse
University of St. Augustine	Long Island University
Touro College	Thomas Jefferson University
Temple University	New York University
College of Staten Island	Utica College
Quinnipiac College	

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 (at least 1)
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		Professional continuing education (eg, chapter, CEU course)
X	Clinical center inservices		Other (please specify)
	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: Hope Hunter, PT		Length of time as the CCCE: since 4/07
DATE: (1/29/08)		Length of time as the CI: since 1991
PRESENT POSITION: Supervisor Physical Therapist Burn Service Co-CCCE NYPH- Weill Cornell 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: 17
LICENSURE: NYS		Credentialed Clinical Instructor: Yes _____ No <input checked="" type="checkbox"/> X
Eligible for Licensure: Yes _____ No _____		Certified Clinical Specialist:
		Area of Clinical Specialization: Burns
		Other credentials:

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

INSTITUTION	PERIOD OF STUDY		MAJOR	DEGREE
	FROM	TO		
CUNY Hunter College	9/88	8/90	PT	BS
CUNY Hunter College	9/86	6/88	prereq	
Bergan Community College	9/84	6/86	Biology	
SUNY Buffalo	8/83	6/84		

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
NewYork-Presbyterian Hospital	Co-CCCE	4/07	present
	PT Supervisor	2/96	present
	Senior PT	11/93	2/96
	Staff PT	9/90	11/93

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

Please update as each new CCCE assumes this position.

NAME: Franca Gioia		Length of time as co-CCCE: since 1999
DATE: : (1/29/08)		Length of time as the CI: since 1991
PRESENT POSITION: (Title, Name of Facility) Co-CCCE, Program Coordinator	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: 18 years
LICENSURE: (State/Numbers) NYS 011492		Credentialed Clinical Instructor: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Eligible for Licensure: Yes <input type="checkbox"/> No <input type="checkbox"/>		Certified Clinical Specialist: NO
		Area of Clinical Specialization: Orthopedics/Musculoskeletal
		Other credentials: Master of Arts

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

INSTITUTION	PERIOD OF STUDY		MAJOR	DEGREE
	FROM	TO		
New York University	1/95	5/97	Pathokinesiology	MA
SUNY HSC Brooklyn (Downstate)	6/88	5/90	Physical Therapy	BS
SUNY Stony Brook	9/85	5/88	(prerequisites)	none

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	Supervisor/Program Coordinator /Co-CCCE	5/97	present
PhysioSports Center West	Staff Therapist	10/96	5/97
New York (Presbyterian) Hospital	Senior PT- Research	9/95	9/96
New York (Presbyterian) Hospital	Staff Therapist	6/90	9/95

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):

Course: Writing Case Reports for Publication	NYPTA Conference 10/06
Course: Current Issues in Medicare Reimbursement and Compliance	NYPTA Conference 10/06
Course: Evidence in Practice: Bringing it all Together	NYPTA Conference 10/06
APTA CI Credentialing Course	NYC 6/2006
Publications and teaching positions held	
Adjunct Professor, Long Island University	Musculoskeletal Medical Sciences Course-Spring 1999
Laboratory Assistant, New York University	Therapeutic Exercise I, Fall 1997 and Fall 1998
Laboratory Assistant, Hunter College	Cardiopulmonary Physical Therapy, 1994-1998
Laboratory Assistant, American Physical Rehabilitation Network	"When the Foot Hits the Ground" Dec 1995
Publication: APTA J of Women's Health	Exercise Knowledge, Beliefs and Behaviors in a Population of Adult NYC Women; 12/99
Publication: J of Back and Musculoskeletal Rehabilitation	The Value of Pain Drawings in the Care of Back and Neck Pain; 1997
Editorial Staff for The New York Hospital-Center for Women's Healthcare: <i>Food and Fitness Advisor</i>	

17. All of the physical therapists in our facility serve as clinical instructors (CI) for PT students once they have a permanent license and at least one year of clinical experience. They complete a departmental orientation process and receive regular guidance from the CCCE's. The years of experience of our staff members ranges from new graduates to 30 or more years.

APTA Certified Clinical Specialists

Francine Mignano, PT, CCS
Tracy Maltz, PT, DPT, OCS
Danielle Gall, PT, NCS
Lisa Shatz, PT, CCS
Alexander C. Bagley, PT, CCS
Alina Hedaya, PT, OCS
Allison Dorfman, PT, OCS
Alyssa Padiad, PT, OCS
Michele Gres, PT

Specialty Certifications

NDT Certification

Holly Batistick, PT
Carole Blueweiss, PT
Dori Elton, PT
Matthew Gaines, PT
Danielle Gall, PT
Theodora Gianoumis, PT
Jennifer Kim, PT
Aida Osis, PT
Lisa Shatz, PT
Kathryn Saylor, PT
Tena Vizner, PT
Aida Osis, PT
Tammy Noren, PT

Neuro-IFRAH Certified

Jan Labelson, PT
Erica Kraut, PT
Gemma Alquero, PT

McKenzie (MDT)

Carole Blueweiss, PT
Elise Carney, PT
Allison Dorfman, PT
Tracy Maltz, PT, DPT, OCS
Alina Hedaya, PT, OCS
Luigi, Leone, PT

Feldenkrais

Carole Blueweiss, PT

Vestibular Certification

Meryl Cohen, PT
Danielle Gall, PT
Alyssa Padial, PT
Kathryn Saylor, PT
Lindsay Berman, PT

Lymphedema Certification

Meryl Cohen, PT
Nicole Cunha, PT, DPT

Certified Hand Therapist

Roberta York Hawkins, PT

APTA Credentialed Clinical Instructors

Franca Gioia, PT
Shalini Desai, PT
Jan Labelson, PT
Kathryn Saylor, PT
Julie Khan, PT
Vickey Patel, PT
Nicole Psomas, PT
Maithili Manassis, PT

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

- Boston University
- College of Staten Island
- Chatham College
- Columbia University
- Hahnemann University
- Hunter College

- Ithaca College
- LaGuardia Community College (PTA)
- Long Island University
- Mercy College
- New York Medical College
- New York University
- Northeastern University
- Nova Southeastern University
- Sacred Heart University
- Simmons College
- Springfield College
- St. Augustine University
- SUNY Health Sciences Center at Brooklyn
- SUNY Health Sciences Center at Stony Brook
- Temple University
- Thomas Jefferson University
- Touro College
- University of Illinois- Chicago
- University of Vermont
- University of Medicine and Dentistry of New Jersey
- Upstate Medical University
- Utica College

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	
	First experience		First experience
X	Intermediate experiences		Intermediate experiences
X	Final experience	X	Final experience
	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.	8	20	6	8
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> .	25	0

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)?

The hospital is architecturally designed for barrier free access and meets the ADA requirements. We follow guidelines and recommendations provided by the ACCE, if applicable. We will develop learning contracts with students and ACCE for students with performance deficits.

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.

N/A

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		Other

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]).

Clinical Education Philosophy Statement

The therapists at NewYork-Presbyterian Hospital believe the clinical affiliation period is a critical link between the academic and professional career of the physical therapy student. We are committed to providing quality learning experiences and guidance for the student to develop his/her skills in becoming a vital, responsible member of the profession.

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?
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: 8:45 am on the first day for orientation

Medical Information

Yes	No		Comments
X		5. Is a Mantoux TB test required? a) one step _____ b) two step _____	
		5a. If yes, within what time frame?	Within 1 year
X		6. Is a Rubella Titer Test or immunization required?	
X		7. Are any other health tests/immunizations required prior to the clinical experience? a) If yes, please specify:	Hepatitis B, Rubeola (Measles), Varicella Within 1 year
		8. How current are student physical exam records required to be?	
	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?	
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? a) Can proof be on file with the academic program or health center?	
X		13. Is emergency health care available for students? 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). a) Can the student receive CPR certification while on-site?	
	X	16. Is the student required to be certified in First Aid? 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?	
	X	19. Is medical testing available on-site for students?	

Housing

Yes	No		Comments
	X	20. Is housing provided for male students?	
	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 #).	
		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:	
		24. How far is the housing from the facility?	
		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?	Mass transit available
X		27. Is parking available at the clinical center?	
		a) What is the cost?	
		\$ 20/day approx	
X		28. Is public transportation available?	
		29. How close is the nearest bus stop (in miles) to your site?	1 block away
		a) train station? Penn Station/ Grand Central Station	Available by subway
		b) subway station?	4 Avenues away
		30. Briefly describe the area, population density, and any safety issues regarding where the clinical center is located.	NYC, highly populated, safe neighborhood.
		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).	Located on Upper East Side of Manhattan. Please use internet travel directories.

Meals

Yes	No		Comments
X		32. Are meals available for students on-site? (If no, go to #33)	Cafeteria, deli, diners, restaurants
X		Breakfast (if yes, indicate approximate cost)	\$ 2-5
X		Lunch (if yes, indicate approximate cost)	\$4-10
X		Dinner (if yes, indicate approximate cost)	\$8-25
X		a) Are facilities available for the storage and preparation of food?	Refrigerator/microwave in the department

Stipend/Scholarship

Yes	No		Comments
	X	33. Is a stipend/salary provided for students? If no, go to #36	
NA		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>See attached policy</i>
		a) Specify dress code for men:	
		b) Specify dress code for women:	
X		37. Do you require a case study or inservice from all students?	
	X	38. Does your site have a written policy for missed days due to illness, emergency situations, other?	We follow the school's policy.

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) –Fire Safety Training

**Dress Code for Clinical Rehabilitation Medicine Staff
New York-Presbyterian Hospital/Weill Cornell Medical Center**

POLICY: All staff should have neat conservative clothing with visible identification

PURPOSE: To present a professional appearance

APPLICABILITY: Physical therapy and occupational therapy staff treating patients

PROCEDURE:

- Professional, conservative dress and hem length; neat and tidy appearance
- Business, casual for men (e.g. collared shirts, ties optional)
- Shoes or clean leather sneakers (in basic colors); No open-toed shoes with bare feet
- Identification tags must be visible
- Lab coats are encouraged, especially at bedside
- No blue jeans or faded colored jeans
- No walking shorts or “capri” pants
- No leggings
- Legs should be appropriately covered
- “Scrubs” may be worn by staff working with patients at bedside who may have the potential for becoming soiled with bodily secretions during treatment
- “Scrub” color must be royal blue (except on the burn service)
- All staff are responsible for the purchase of his/her own “scrubs” (except on the burn service)
- Hair should be neat and pulled back if needed when working with patients
- Fingernails should be appropriate to ensure the comfort of the patient during handling. No artificial nail enhancements are permitted.

RESPONSIBILITY: Physical and Occupational Therapy Managers, Rehabilitation Coordinator

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.

Index

<u>Saving the Completed Form</u>	Page 2
<u>Affiliated PT and PTA Educational Programs</u>	Page 8
<u>Arranging the Experience</u>	Page 22
<u>Required Background</u>	Page 22
<u>Required Medical Tests</u>	Page 20
<u>Available Learning Experiences</u>	
<u>Diagnosis</u>	Page 7
<u>Health Professionals on Site</u>	Page 7
<u>Specialty Clinics</u>	Page 7
<u>Special Programs/Activities/Learning Opportunities</u>	Page 7
<u>Center Coordinators of Clinical Education (CCCEs)</u>	Pages 9-12
<u>Education</u>	
<u>Employment Summary</u>	
<u>Information</u>	
<u>Teaching Preparation</u>	
<u>Clinical Instructors</u>	
<u>Information</u>	Page 13-15
<u>Selection Criteria</u>	Page 8
<u>Training</u>	Page 8
<u>Clinical Site Accreditation</u>	Page 5
<u>Clinical Site Ownership</u>	Page 5
<u>Clinical Site Primary Classification</u>	Page 5
<u>Information about the Clinical Site</u>	Page 3
<u>Information about Physical Therapy Service</u>	
<u>at Primary Center</u>	Page 6
<u>Satellite Site Information</u>	NA
<u>Physical Therapy Service</u>	
<u>Hours</u>	Page 6
<u>Number of Patients</u>	Page 6
<u>Staffing</u>	Page 6
<u>Student Information</u>	Pages 21-23
<u>Housing</u>	Page 23
<u>Meals</u>	Page 22
<u>Other</u>	Page 23
<u>Stipends</u>	Page 22
<u>Transportation</u>	Page 21