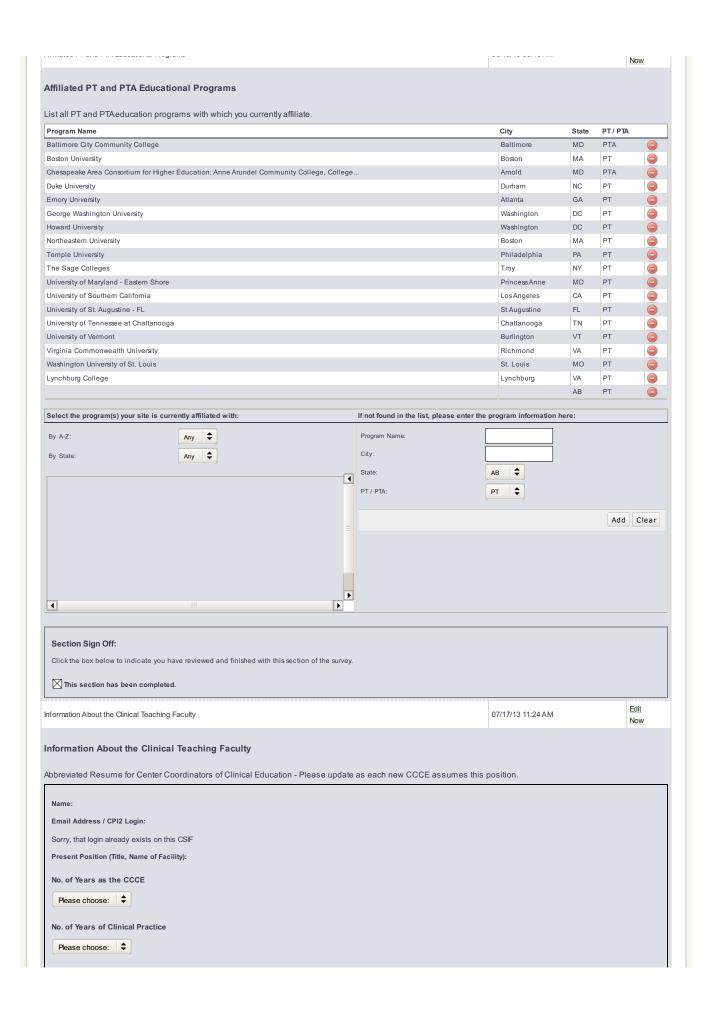
Site Manager Site Survey —

Site: Medstar National Rehabilitation Hospital - Irving Street

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Phone Number: 202-877-1562 Ext: PT Department Fax Phone Number: 202-723-6071 PT Department E-mail: Clinical Center Web Address: medistarnth.org Director of Physical Therapy: Patricia Brown, PT DPT MS Director of Physical Therapy E-mail: patricia.g.brown@medistar.net Patricia Summers, PT MS NCS CCCC / Contact Person Phone:	Ext:		
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Patricia Brown, PT DPT MS Director of Physical Therapy E-mail: patricia.g.brown@medstar.net Center Coordinator of Clinical Education (CCCE) / Contact Person: ### dria Summers, PT MS NCS CCCE / Contact Person Phone:			
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Center Coordinator of Clinical Education (CCCE) / Contact Person: #aria Summers, PT MS NCS CCCE / Contact Person Phone:	Director of Physical Therapy E-mail:		
Varia Summers, PT MS NCS	vatricia.g.brown@medstar.net		
CCCE / Contact Person Phone:	Center Coordinator of Clinical Education (CCCE) / Contact Person:		
	Aaria Summers, PT MS NCS		
02-877-1562	CCE / Contact Person Phone:		
	02-877-1562		

\boxtimes	te which of the following are required by your f	П	Child clearance		Criminal background check	
		_				
	Drug screening		First Aid		HIPAA education	
\boxtimes	OSHA education		Proof of student health clearance		Other	
Clic	tion Sign Off: the box below to indicate you have reviewed and finis this section has been completed.	hed with	this section of the survey.			
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Which	n of the following best describes the ownership o	atego	ory for your clinical site? (check all that apply)			
	Corporate/Privately Owned		Government Agency		Hospital/Medical Center Owned	
	Nonprofit Agency		PT Owned		PT/PTA Owned	
	Physician/Physician Group Owned		Other			
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Clini	cal Site Primary Classification					
Chan	se the category that best describes how your fac	ilies, fi	unctions the majority (> 50%) of the time			
		iiity it	dictions the majority (> 30%) of the time.			
Reh	abilitation/Sub-acute Rehabilitation 💠					
If app					facility.	
	ropriate, check (√) up to four additional categories	that	describe the other clinical centers associated wit	n you		
	ropriate, check (\) up to four additional categories Acute Care/Inpatient Hospital Facility	that	describe the other clinical centers associated with Ambulatory Care/Outpatient		ECF/Nursing Home/SNF	
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	Acute Care/Inpatient Hospital Facility	that	Ambulatory Care/Outpatient			
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No. of Years of Clinical Teaching		
Please choose: •		
No. of Years Working at this Site		
Please choose: Please choose:		
Tease choose.		
Check all that apply:		
D PT D] РТА	
Highest Earned Physical Therapy Degree		
Please choose:		
Highest Earned Degree		
Please choose:		
APTA Credentialed CI		
○ Yes ● No		
APTA Advanced Credentialed CI		
○ Yes ● No		
Other CI Credentialing		
○ Yes ● No		
ABPTS Certified Clinical Specialist (Check all that apply)		
ocs		gcs
□ PCS		NCS
ccs		scs
ECS		wcs
APTA Recognition of Advanced Proficiency for PTAs (Check all that apply)		
Aquatic	П	Musculoskeletal
Cardiopulmonary		Neuromuscular
Geriatric		Pediatrics
Integumentary		
Other credentials:		
Summary of College and University Education		
(Start with most current)		
Summary of Primary Employment		
(For current and previous four positions since graduation from college; start with	most cur	rent)
Continuing Professional Preparation Related Directly to Clinical Teaching Respo	onsibilities	
(for example, academic for credit courses [dates and titles], continuing education		
(3) years)		
Course:		
Provider/Location:		
Date		

Name:
Romina Astifidis
Email Address / CPI2 Login:

romina.a	stifidis@medstar.net		
Present	Position (Title, Name of Facility):		
No. of Yo	ears as the CCCE		
Please	choose: 💠		
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For current and previous four positions since graduation from	n college; start with most current)
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mail Address / CPI2 Login:	
aria.m.summers@medstar.net	
resent Position (Title, Name of Facility):	
enior Physical Therapist / INPATIENT CCCE	
o. of Years as the CCCE	
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o. of Years of Clinical Practice	
24 💠	
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Yes No						
APTA Advanced Credentialed CI						
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Other CI Credentialing						
○ Yes No						
ABPTS Certified Clinical Specialist (Check all that apply)						
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PCS	NCS NCS					
ccs	scs					
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APTA Recognition of Advanced Proficiency for PTAs (Check all that apply)						
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Cardiopulmonary	Neuromuscular					
Geriatric	Pediatrics					
Integumentary						
Other credentials:						
Summary of College and University Education	Summary of College and University Education					
(Start with most current)						
Institution:						
Beaver College						
Period of Study (If the user is currently enrolled, please type in the w ord 'CURRENT' into the box labeled "	Toʻ.)					
From 06/1986 — To 05/1988						
Major:						
Physical Therapy						
Degree:						

Institution:		
Kenyon College		
Period of Study		
(If the user is currently enrolled, please type in the w ord 'CURRENT' into the box labeled 'To'.)		
From 09/1982 — To 05/1986		
Major:		
Biology		
Degree:		
BA		
Summary of Primary Employment		
For current and previous four positions since graduation from college; start with most current)		
Employer:		
Medstar National Rehabilitation Hospital		
Position:		
Senior Physical Therapist		
Period of Employment		
(If the user is currently employed, please type in the word 'CURRENT' into the box labeled 'To'.)		
From 08/1988 — To CURRENT		
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Continuing Professional Preparation Related Directly to Clinical Teaching Responsibilities or example, academic for credit courses [dates and titles], continuing education [courses and instructors], b) years) Course: Provider/Location: Date ection Sign Off: ick the box below to indicate you have reviewed and finished with this section of the survey. This section has been completed.		Edit
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Continuing Professional Preparation Related Directly to Clinical Teaching Responsibilities or example, academic for credit courses [dates and titles], continuing education [courses and instructors], 8) years) Course: Provider/Location: Date ection Sign Off: lick the box below to indicate you have reviewed and finished with this section of the survey. This section has been completed. cal Instructor Information		Edit
Continuing Professional Preparation Related Directly to Clinical Teaching Responsibilities or example, academic for credit courses [dates and titles], continuing education [courses and instructors], b) years) Course: Provider/Location: Date ection Sign Off: lick the box below to indicate you have reviewed and finished with this section of the survey. This section has been completed. cal Instructor Information nical Instructor Information on all PTs or PTAs employed at your clinical site who are Cls.		Edit
Continuing Professional Preparation Related Directly to Clinical Teaching Responsibilities or example, academic for credit courses [dates and titles], continuing education [courses and instructors], b) years) Course: Provider/Location: Date ection Sign Off: lick the box below to indicate you have reviewed and finished with this section of the survey. This section has been completed. cal Instructor Information vide the following information on all PTs or PTAs employed at your clinical site who are Cts. ame followed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS):		Edit
Continuing Professional Preparation Related Directly to Clinical Teaching Responsibilities or example, academic for credit courses [dates and titles], continuing education [courses and instructors], b) years) Course: Provider/Location: Date ection Sign Off: lick the box below to indicate you have reviewed and finished with this section of the survey. This section has been completed. cal Instructor Information vide the following information on all PTs or PTAs employed at your clinical site who are Cls. ame followed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS): lick Trentrock		Edit
Continuing Professional Preparation Related Directly to Clinical Teaching Responsibilities or example, academic for credit courses [dates and titles], continuing education [courses and instructors], 3) years) Course: Provider/Location: Date ection Sign Off: lick the box below to indicate you have reviewed and finished with this section of the survey. This section has been completed. cal Instructor Information vide the following information on all PTs or PTAs employed at your clinical site who are Cls. ame followed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS): tik Trentrock mail Address / CPI2 Login:		Edit
Continuing Professional Preparation Related Directly to Clinical Teaching Responsibilities for example, academic for credit courses [dates and titles], continuing education [courses and instructors], 3) years) Course: Provider/Location: Date ection Sign Off: lick the box below to indicate you have reviewed and finished with this section of the survey. This section has been completed. ical Instructor Information wide the following information on all PTs or PTAs employed at your clinical site who are Cls. ame followed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS): rik Trentrock mail Address / CPI2 Login: rik Trentrock@medstar.net		
Continuing Professional Preparation Related Directly to Clinical Teaching Responsibilities for example, academic for credit courses [dates and titles], continuing education [courses and instructors], 3) years) Course: Provider/Location:		Edit

2010				
Highest Earned Physical Therapy Degree				
Doctor in Physical Therapy				
Highest Earned Degree				
Professional Doctor in Physical Therapy \$				
No. of Years of Clinical Practice				
3 🗘				
No. of Years of Clinical Teaching				
2 🕏				
No. of Years Working at this Site				
3 🗘				
Licensing/Registration Status				
Licensed/Registered 💠				
License/Registration Number:				
State of Licensure/Registration				
DC \$				
Other CI Credentialing O Yes No ABPTS Certified Clinical Specialist (Check all that apply) OCS PCS CCS ECS		GCS NCS SCS WCS		
APTA Recognition of Advanced Proficiency for PTAs (Check all that apply)				
Aquatic Cardiopulmonary		Musculoskeletal Neuromuscular		
Cardiopulmonary Geriatric		Neuromuscular Pediatrics		
Integumentary				
APTA Member ● Yes ○ No				
Name followed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS): Katie Coningsby Email Address / CPI2 Login: katie.e.fogarty@medstar.net				
PT/PTA Program from Which CI Graduated:				
Virginia Commonwealth University				
Year of Graduation:				

2010						
Highest	t Earned Physical Therapy Degree					
Doctor	r in Physical Therapy					
Highest	t Earned Degree					
60	+ 1					
Profes	ssional Doctor in Physical Therapy					
No. of Y	ears of Clinical Practice					
3	•					
No. of Y	ears of Clinical Teaching					
2						
No. of V	ears Working at this Site					
3	•					
	sing/Registration Status					
Lice	ensed/Registered 💠					
Licens	se/Registration Number:					
State	of Licensure/Registration					
DC	💠					
ADTA C	redentialed CI					
Yes						
	dvanced Credentialed CI					
O Yes	s No					
Other C	CI Credentialing					
O Yes	s No					
ARPTS	Certified Clinical Specialist (Check all that apply)					
_			999			
	ocs		GCS			
	PCS		NCS			
	CCS		SCS			
	ECS	Ш	wcs			
APTA R	ecognition of Advanced Proficiency for PTAs (Check all that apply)					
	Aquatic		Musculoskeletal			
	Cardiopulmonary		Neuromuscular			
	Geriatric		Pediatrics			
	Integumentary					
APTA M	lember					
Yes	● Yes O No					
Name fo	Name followed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS):					
Lauren F	Russell					
Email A	ddress / CPI2 Login:					
lauren.ru	ussell@medstar.net					
PT/PTA F	Program from Which Cl Graduated:					
	ac University					
Quinnipia						
	Graduation:					

Highest Earned Physical Therapy Degree	
Masters in Physical Therapy	
Highest Earned Degree	
Masters degree 💠	
No. of Years of Clinical Practice	
7 🗘	
No. of Years of Clinical Teaching	
6 💠	
No. of Years Working at this Site	
7 🗘	
Licensing/Registration Status	
Licensed/Registered 💠	
License/Registration Number:	
State of Licensure/Registration	
DC \$	
APTA Credentialed CI	
Yes	
APTA Advanced Credentialed CI	
○ Yes ● No	
Other CI Credentialing	
○ Yes ● No	
ABPTS Certified Clinical Specialist (Check all that apply)	
ocs	gcs
PCS	NCS
CCS	scs
ECS	wcs
APTA Recognition of Advanced Proficiency for PTAs (Check all that apply)	
Aquatic	Musculoskeletal
Cardiopulmonary	Neuromuscular
Geriatric	Pediatrics
Integumentary	
APTA Member	
● Yes ○ No	
Name followed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS):	
Chris Grim	
Email Address / CPI2 Login:	
chris.grim@medstar.net	
PT/PTA Program from Which CI Graduated:	
Springfield College	
Year of Graduation: 2009	

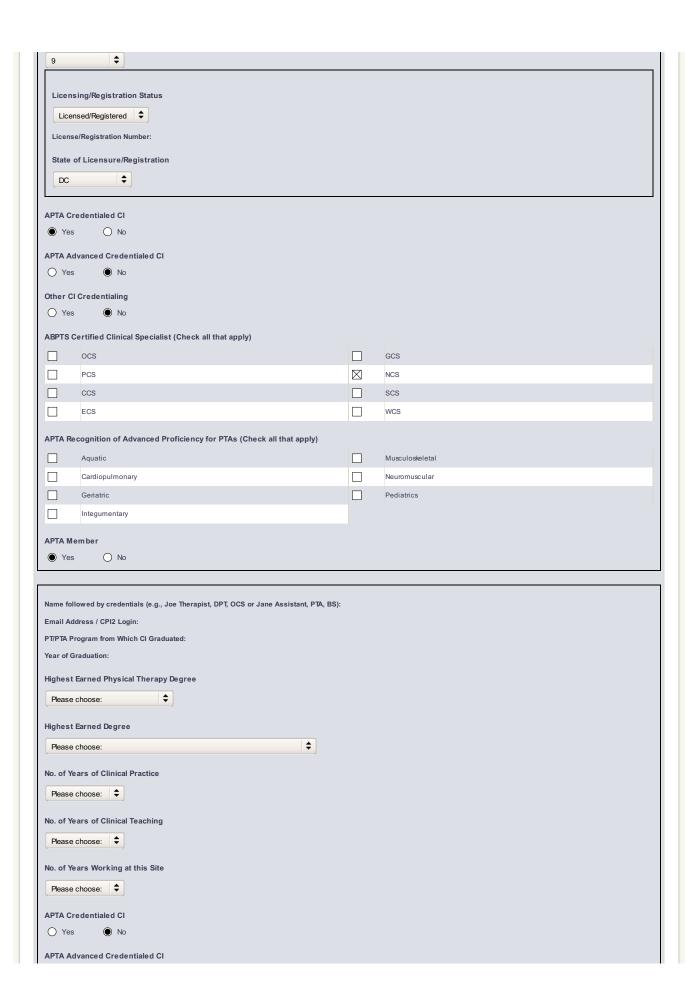
Highest	t Earned Physical Therapy Degree		
Maste	rs in Physical Therapy		
Highest	t Earned Degree		
Maste	rs degree 💠		
No. of Y	ears of Clinical Practice		
4	+		
	ears of Clinical Teaching		
3	•		
No. of Y	ears Working at this Site		
4	💠		
	sing/Registration Status		
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	se/Registration Number:		
State	of Licensure/Registration		
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ΔΡΤΔ С	redentialed CI		
Yes			
ADTA A	dvanced Credentialed CI		
O Yes			
Other C	Cl Credentialing S No		
1	Certified Clinical Specialist (Check all that apply)		999
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	ecognition of Advanced Proficiency for PTAs (Check all that apply)		L
	Aquatic		Musculoskeletal
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	Integumentary		Columb
	lember O No		
● Ye	s O No		
	llowed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS	6):	
Alison S			
	ddress / CPI2 Login: 5.Smith@medstar.net		
	popram from Which Cl Graduated:		
	se University		
	Graduation:		
2008			

Highest E	Earned Physical Therapy Degree				
Doctor is	n Physical Therapy				
Highoot F	Firmed Degree				
	Earned Degree				
Professi	ional Doctor in Physical Therapy				
No. of Yea	ars of Clinical Practice				
4	•				
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	ars of Clinical Teaching				
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No. of Yea	ars Working at this Site				
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Licens	ing/Registration Status				
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License	e/Registration Number:				
State o	f Licensure/Registration				
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APTA Cre	edentialed CI				
Yes	○ No				
ADTA Adv	vanced Credentialed CI				
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○ Yes No					
	Other CI Credentialing				
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Other CI	Credentialing				
O Yes					
Yes ABPTS Co	No		GCS		
Yes	No Initial Specialist (Check all that apply)		GCS NCS		
Yes ABPTS Co	No No Pertified Clinical Specialist (Check all that apply) OCS	_			
O Yes ABPTS Co	No No PCS No No No No No No No No No N		NCS		
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APTA Rec	No ertified Clinical Specialist (Check all that apply) OCS PCS CCS ECS ECS Cognition of Advanced Proficiency for PTAs (Check all that apply)		NCS SCS WCS		
ABPTS Co	ertified Clinical Specialist (Check all that apply) OCS PCS CCS ECS Cognition of Advanced Proficiency for PTAs (Check all that apply) Aquatic Cardiopulmonary		NCS SCS WCS Musculoskeletal Neuromuscular		
ABPTS Co	ertified Clinical Specialist (Check all that apply) OCS PCS CCS ECS Cognition of Advanced Proficiency for PTAs (Check all that apply) Aquatic Cardiopulmonary Geriatric Integumentary		NCS SCS WCS Musculoskeletal Neuromuscular		
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APTA Reco	ertified Clinical Specialist (Check all that apply) OCS PCS CCS ECS Cognition of Advanced Proficiency for PTAs (Check all that apply) Aquatic Cardiopulmonary Geriatric Integumentary mber No No Divided by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS):		NCS SCS WCS Musculoskeletal Neuromuscular		
APTA Rec	ertified Clinical Specialist (Check all that apply) OCS PCS CCS ECS Cognition of Advanced Proficiency for PTAs (Check all that apply) Aquatic Cardiopulmonary Geriatric Integumentary mber No No Divided by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS):		NCS SCS WCS Musculoskeletal Neuromuscular		
APTA Reco	ertified Clinical Specialist (Check all that apply) OCS PCS CCS ECS Cognition of Advanced Proficiency for PTAs (Check all that apply) Aquatic Cardiopulmonary Geriatric Integumentary mber No No Owed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS): iedemann		NCS SCS WCS Musculoskeletal Neuromuscular		
APTA Reco	ertified Clinical Specialist (Check all that apply) OCS PCS CCS ECS Cognition of Advanced Proficiency for PTAs (Check all that apply) Aquatic Cardiopulmonary Geriatric Integumentary mber No No No No No No No No No N		NCS SCS WCS Musculoskeletal Neuromuscular		
APTA Recommendation of the second sec	ertified Clinical Specialist (Check all that apply) OCS PCS CCS ECS Cognition of Advanced Proficiency for PTAs (Check all that apply) Aquatic Cardiopulmonary Geriatric Integumentary mber No No Divided by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS): iedemann Ideas / CPI2 Login: Stobie@medstar.net ogram from Which CI Graduated:		NCS SCS WCS Musculoskeletal Neuromuscular		
APTA Recommendation of the control o	ertified Clinical Specialist (Check all that apply) OCS PCS CCS ECS ECS Cognition of Advanced Proficiency for PTAs (Check all that apply) Aquatic Cardiopulmonary Geriatric Integumentary mber No No No No No No No No No N		NCS SCS WCS Musculoskeletal Neuromuscular		
APTA Reco	ertified Clinical Specialist (Check all that apply) OCS PCS CCS ECS ECS Cognition of Advanced Proficiency for PTAs (Check all that apply) Aquatic Cardiopulmonary Geriatric Integumentary mber No No No No No No No No No N		NCS SCS WCS Musculoskeletal Neuromuscular		

Doctor	in Physical Therapy		Doctor in Physical Therapy 💠				
Highest	Earned Degree						
60	sional Doctor in Physical Therapy						
	ears of Clinical Practice						
3	<u> </u>						
No. of Y	ears of Clinical Teaching						
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No. of Y	ears Working at this Site						
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Licen	sing/Registration Status						
Lice	nsed/Registered 💠						
Licens	se/Registration Number:						
State	of Licensure/Registration						
DC	•						
APTA C	redentialed CI						
O Yes	s • No						
АРТА А	dvanced Credentialed CI						
O Yes	s • No						
Other C	Cl Credentialing						
O Yes							
ABPTS	Certified Clinical Specialist (Check all that apply)						
	ocs		GCS				
	PCS		NCS				
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	ECS		wcs				
ADTA D	ecognition of Advanced Proficiency for PTAs (Check all that apply)						
_	Aquatic		Musculoskeletal				
	Cardiopulmonary		Neuromuscular				
	Geriatric		Pediatrics				
	Integumentary						
APTA M							
● Tes							
	llowed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS):						
Jessica							
	ddress / CPI2 Login:						
	Eng@medstar.net Program from Which Cl Graduated:						
	ty of Delaw are						
	Graduation:						
2003							
Highest	Earned Physical Therapy Degree						
911631	Highest Earned Physical Therapy Degree						

Docto	or in Physical Therapy	
Highes	st Earned Degree	
	essional Doctor in Physical Therapy	
No of	Years of Clinical Practice	
10	Tolking Tractice	
	Years of Clinical Teaching	
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No. of	Years Working at this Site	
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Lice	nsing/Registration Status	
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	nse/Registration Number:	
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	Credentialed CI	
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Other Ye	CI Credentialing es No	
_	Certified Clinical Specialist (Check all that apply) OCS	GCS
	PCS	NCS
	ccs	SCS
	ECS	wcs
APTA I	Recognition of Advanced Proficiency for PTAs (Check all that apply)	
	Aquatic	Musculoskeletal
	Cardiopulmonary	Neuromuscular
	Geriatric	Pediatrics
	Integumentary	
APTA I	Member	
● Ye	es O No	
Name f	followed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS):	
	Address / CPI2 Login:	
	that login already exists on this CSIF Program from Which Cl Graduated:	
	Graduation:	
Highes	st Earned Physical Therapy Degree	
	or in Physical Therapy	
60	st Earned Degree	
Meas	se choose:	

No of Vo						
No. of Years of Clinical Practice						
Hease c	Please choose: \$					
No. of Yea	ars of Clinical Teaching					
Please c	hoose: 💠					
No of Yes	ars Working at this Site					
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APTA Cre	dentialed CI					
O Yes	No					
APTA Adv	vanced Credentialed CI					
O Yes	● No					
Other CI (Credentialing					
O Yes	No					
ABPTS Ce	ertified Clinical Specialist (Check all that apply)					
	ocs		GCS			
	PCS		NCS			
	ccs		scs			
	ECS		wcs			
ADTA Do a	cognition of Advanced Proficiency for PTAs (Check all that apply)					
			Musculoskeletal			
	Aquatic Cardiopulmonary		Neuromuscular			
	Geriatric		Pediatrics			
	Integumentary		rediants			
	integuironary					
APTA Me						
O Yes	○ No					
Name follo	wed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS):					
Cara Hosle	er-Smythe					
	ress / CPI2 Login:					
	r-smythe@medstar.net					
	ogram from Which CI Graduated:					
Year of Gra	of Kentucky					
2001	aquation:					
	arned Physical Therapy Degree					
Masters	in Physical Therapy					
Highest E	arned Degree					
Masters	degree 💠					
No. of Yes	ars of Clinical Practice					
11						
	+					
	•					
	ars of Clinical Teaching					
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O Yes	o No	
Other C	I Credentialing	
O Yes		
A PDTS (Certified Clinical Specialist (Check all that apply)	
		200
	OCS	GCS
	PCS	NCS
	CCS	SCS
	ECS	WCS
APTA Re	ecognition of Advanced Proficiency for PTAs (Check all that apply)	
	Aquatic	Musculoskeletal
	Cardiopulmonary	Neuromuscular
	Geriatric	Pediatrics
	Integumentary	
APTA M		
O Yes	S O No	
Name fol	llowed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS):	
Alison Sr		
	Idress / CPI2 Login:	
	Smith@Medstar.net	
	rogram from Which Cl Graduated:	
	e University	
	Graduation:	
2008		
2000		
Highest	Earned Physical Therapy Degree	
Doctor	in Physical Therapy 💠	
Highest	Earned Degree	
60		
Profes	sional Doctor in Physical Therapy	
No. of Ye	ears of Clinical Practice	
4	‡	
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No. of Ye	ears of Clinical Teaching	
3	\$	
No. of Ye	ears Working at this Site	
4	•	
APTA Cr	redentialed CI	
Yes	s No	
APTA A	dvanced Credentialed CI	
O Yes	s • No	
Other C	I Credentialing	
O Yes		
ABPTS (Certified Clinical Specialist (Check all that apply)	
	ocs	GCS
		No.
	PCS	NCS

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APTA R	ecognition of Advanced Proficiency for PTAs (Check all that apply)		
	Aquatic		Musculoskeletal
	Cardiopulmonary		Neuromuscular
	Geriatric		Pediatrics
	Integumentary		
4 DT 4 14			
● Ye	lember s ONo		
O TE	S O INC		
Name fo	illowed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS):		
Maria M.	Summers		
Email A	ddress / CPI2 Login:		
maria.p.	marchetti@medstar.net		
PT/PTA	Program from Which Cl Graduated:		
Beaver	College (now Arcadia University)		
Year of	Graduation:		
1988			
Highes	t Earned Physical Therapy Degree		
	rs in Physical Therapy		
· · · · · · · · · · · · · · · · · · ·	(San Hysea Histopy		
Highes	t Earned Degree		
Maste	rs degree		
No. of V	ears of Clinical Practice		
	♦		
24			
No. of Y	ears of Clinical Teaching		
22	•		
No. of Y	ears Working at this Site		
24	•		
	sing/Registration Status		
Lice	ensed/Registered 💠		
Licen	se/Registration Number:		
State	of Licensure/Registration		
DC	💠		
APTA C	redentialed CI		
Ye	s O No		
ADTA A	dvanced Credentialed CI		
O Ye			
	CI Credentialing		
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ABPTS	Certified Clinical Specialist (Check all that apply)		
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	PCS	\boxtimes	NCS
	ccs		scs

	ECS		wcs
APTA Re	ecognition of Advanced Proficiency for PTAs (Check all that apply)		
	Aquatic		Musculoskeletal
	Cardiopulmonary		Neuromuscular
	Geriatric		Pediatrics
	Integumentary		
APTA M	ember		
Yes	O No		
Name fol	lowed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS):		
Gina Vau	ıl		
Email Ad	Idress / CPI2 Login:		
Gina.Vau	ıl@medstar.net		
РТ/РТА Р	rogram from Which Cl Graduated:		
Thomas .	Jefferson University		
	Graduation:		
2001			
2001			
Highest	Earned Physical Therapy Degree		
Master	s in Physical Therapy		
Highest	Earned Degree		
Master	s degree 💠		
No. of Ye	ears of Clinical Practice		
11	💠		
No. of Ye	ears of Clinical Teaching		
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No. of Ye	ears Working at this Site		
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Licens	sing/Registration Status		
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Licens	e/Registration Number:		
State	of Licensure/Registration		
DC	 		
APTA Cr	redentialed CI		
Yes			
105	J		
APTA Ac	dvanced Credentialed CI		
O Yes	No		
Other Cl	l Credentialing		
O Yes			
Tes	• 10		
ABPTS C	Certified Clinical Specialist (Check all that apply)		
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	ecognition of Advanced Proficiency for PTAs (Check all that apply)			
	ecognition of Advanced Frontiericy for FTA's (Check all that apply)			
	Aquatic		Musculoskeletal	
	Cardiopulmonary		Neuromuscular	
	Geriatric		Pediatrics	
	Integumentary			
APTA M				
Yes	No			
Name fol	lowed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS):			
Jessica E	Eng			
Email Ad	ldress / CPI2 Login:			
jessica.e	ng@medstar.net			
PT/PTA P	rogram from Which Cl Graduated:			
Universit	y of Delaw are			
Year of G	raduation:			
2003				
Highest	Earned Physical Therapy Degree			
Doctor	in Physical Therapy			
Highest	Earned Degree			
Profes	sional Doctor in Physical Therapy			
	*			
No. of Ye	ears of Clinical Practice			
9	+			
No. of Ye	ears of Clinical Teaching			
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No. of Ye	ears Working at this Site			
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ADTA C	edentialed Ci			
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Yes				
Yes APTA Ac	dvanced Credentialed CI			
Yes	dvanced Credentialed CI			
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YesAPTA AcYesOther CYes	dvanced Credentialed CI No Credentialing No			
Yes APTA Ac Yes Other C Yes ABPTS C	dvanced Credentialed CI No I Credentialing No Certified Clinical Specialist (Check all that apply)		GCS	
Yes APTA Ac Yes Other C Yes ABPTS C	dvanced Credentialed CI No I Credentialing No Certified Clinical Specialist (Check all that apply) OCS		GCS	
APTA Ac Yes Other C Yes ABPTS C	dvanced Credentialed CI No Credentialing No Certified Clinical Specialist (Check all that apply) OCS PCS		NCS	
Yes APTA AC Yes Other C Yes ABPTS C	dvanced Credentialed CI No Credentialing No Certified Clinical Specialist (Check all that apply) OCS PCS CCS		NCS SCS	
Yes APTA Ac Yes Other C Yes ABPTS C	dvanced Credentialed CI No Credentialing No Certified Clinical Specialist (Check all that apply) OCS PCS		NCS	
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Yes APTA Ac Yes Other C Yes ABPTS C	dvanced Credentialed CI No I Credentialing No Certified Clinical Specialist (Check all that apply) OCS PCS CCS ECS		NCS SCS	
Yes APTA AC Yes Other C Yes ABPTS C	dvanced Credentialed CI No I Credentialing No Certified Clinical Specialist (Check all that apply) OCS PCS CCS ECS ECS ecognition of Advanced Proficiency for PTAs (Check all that apply)		NCS SCS WCS	
Yes APTA Ac Yes Other C Yes ABPTS C	dvanced Credentialed CI No I Credentialing No Certified Clinical Specialist (Check all that apply) OCS PCS CCS ECS ECS cognition of Advanced Proficiency for PTAs (Check all that apply) Aquatic		NCS SCS WCS Musculoskeletal	

● Yes	s O No	
Name 6		
	llowed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS):	
Alison C		
	ddress / CPI2 Login:	
	uneo@medstar.net	
	Program from Which CI Graduated:	
	stern University Graduation:	
2003	Statutus.	
Highest	t Earned Physical Therapy Degree	
Maste	rs in Physical Therapy	
Highest	t Earned Degree	
Post-p	rofessional Doctor in Physical Therapy (Transition)	
	ears of Clinical Practice	
9	•	
No. of Y	ears of Clinical Teaching	
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No. of Y	ears Working at this Site	
9	 	
Licen	sing/Registration Status	
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Licens	se/Registration Number:	
State	of Licensure/Registration	
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АРТА С	redentialed CI	
Yes	s O No	
APTA A	dvanced Credentialed CI	
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Other C	Cl Credentialing	
O Yes		
	Certified Clinical Specialist (Check all that apply)	
	ocs	GCS
	PCS	NCS
	CCS	SCS
	ECS	WCS
APTA R	ecognition of Advanced Proficiency for PTAs (Check all that apply)	
	Aquatic	Musculoskeletal
	Cardiopulmonary	Neuromuscular
	Geriatric	Pediatrics
	Integumentary	
APTA M	lember	

Yes No				
Name followed by conducting (c. v. les Thomasia DDT 000 as less Assistant DTA DD)				
Name followed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS): Katherine Whang				
Email Address / CPI2 Login:				
kw hang@hallmarkhealth.org				
PT/PTA Program from Which Cl Graduated:				
Year of Graduation:				
Higher & Formed Dhysical Theorem Decree				
	lighest Earned Physical Therapy Degree			
Masters in Physical Therapy 🗘				
Highest Earned Degree				
Masters degree				
No. of Years of Clinical Practice				
Please choose: 💠				
No. of Years of Clinical Teaching				
Please choose: 💠				
No. of Years Working at this Site				
Please choose: 💠				
Licensing/Registration Status				
Please choose:				
License/Registration Number:				
State of Licensure/Registration				
Please choose: •				
APTA Credentialed CI				
◯ Yes No				
APTA Advanced Credentialed CI				
Yes No				
Other Cl Credentialing Yes No No				
ABPTS Certified Clinical Specialist (Check all that apply)				
		GCS		
PCS		NCS		
CCS		SCS		
ECS		wcs		
APTA Recognition of Advanced Proficiency for PTAs (Check all that apply)				
Aquatic		Musculoskeletal		
Cardiopulmonary		Neuromuscular		
Geriatric		Pediatrics		
Integumentary				
APTA Member				
○ Yes ○ No				

Γ

Name followed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS):						
Meaghan Minzy	Meaghan Minzy					
Email Address / CPI2 Login:						
Meaghan.D.Minzy@medstar.net						
PT/PTA Program from Which Cl Graduated:						
Boston University						
Year of Graduation:						
2010						
Highest Earned Physical Therapy Degree						
Doctor in Physical Therapy						
Highest Earned Degree						
Professional Doctor in Physical Therapy						
No. of Years of Clinical Practice						
2 •						
No. of Years of Clinical Teaching						
1 🗘						
No. of Years Working at this Site						
2						
2						
Licensing/Registration Status						
Licensed/Registered \$						
License/Registration Number:						
State of Licensure/Registration						
DC 💠						
APTA Credentialed CI						
● Yes ○ No						
APTA Advanced Credentialed CI						
○ Yes ● No						
Other CI Credentialing						
○ Yes No						
ABPTS Certified Clinical Specialist (Check all that apply)						
ocs		GCS				
□ PCS		NCS				
□ ccs		SCS				
ECS		wcs				
	_					
APTA Recognition of Advanced Proficiency for PTAs (Check all that apply)						
Aquatic		Musculoskeletal				
Cardiopulmonary		Neuromuscular				
Geriatric		Pediatrics				
Integumentary						
APTA Member						
Yes No						

Gillian C. Blaney	
Email Address / CPI2 Login:	
Gillian.C.Blaney@Medstar.net	
PT/PTA Program from Which CI Graduated:	
Thomas Jefferson University	
Year of Graduation:	
2010	
Highest Earned Physical Therapy Degree	
Doctor in Physical Therapy 💠	
Highest Earned Degree	
Professional Doctor in Physical Therapy	
No. of Years of Clinical Practice	
2 💠	
No. of Years of Clinical Teaching	
1 🕏	
No. of Years Working at this Site	
2	
Licensing/Registration Status	
Licensed/Registered 💠	
License/Registration Number:	
State of Licensure/Registration	
DC ‡	
APTA Credentialed CI	
● Yes ○ No	
APTA Advanced Credentialed CI	
◯ Yes No	
Other CI Credentialing	
○ Yes ● No	
ABPTS Certified Clinical Specialist (Check all that apply)	
ocs	GCS
PCS	NCS
ccs	SCS
ECS	wcs
APTA Recognition of Advanced Proficiency for PTAs (Check all that apply)	
Aquatic	Musculoskeletal
Cardiopulmonary	Neuromuscular
Geriatric	Pediatrics
Integumentary	
APTA Member	
Yes No	
0 100	

Shaya Meyer		
Email Address / CPI2 Login:		
shayamariedpt@yahoo.com		
PT/PTA Program from Which CI Graduated:		
Year of Graduation:		
Highest Earned Physical Therapy Degree		
Doctor in Physical Therapy 💠		
Highest Earned Degree		
Please choose:		
No. of Years of Clinical Practice		
Please choose: \$		
No. of Years of Clinical Teaching		
Please choose: 💠		
No. of Years Working at this Site		
Please choose: 💠		
Licensing/Registration Status		
Rease choose:		
License/Registration Number:		
State of Licensure/Registration		
Please choose: 💠		
APTA Credentialed CI Yes No APTA Advanced Credentialed CI Yes No Other CI Credentialing Yes No		
ABPTS Certified Clinical Specialist (Check all that apply)		
ocs		ccs
PCS PCS		ICS
ccs		GCS
ECS	U v	vcs
APTA Recognition of Advanced Proficiency for PTAs (Check all that apply)		
Aquatic	N	Musculoskeletal
Cardiopulmonary		leuromuscular
Geriatric	P	Pediatrics
Integumentary		
APTA Member		
○ Yes ○ No		
Section Sign Off: Click the box below to indicate you have reviewed and finished with this section of the survey.		
☐ This section has been completed.		

Jinica	Instructors				07/17/13 11:24 AM	<u>Now</u>
Clini	cal Instructors					
Vhat	criteria do you use to select clinical instructors? (Check	all that apply)			
\boxtimes	APTA Clinical Instructor Credentialing		Career ladder opportunity	\boxtimes	Certification/training course	
	Clinical competence		Delegated in position description	\boxtimes	Demonstrated strength in clinical teaching	J
	No criteria		Other (not APTA) clinical instructor credentialing	\boxtimes	Therapist initiative/volunteer	
\boxtimes	Years of experience		Other			
dum h	er of Years of Experience pertinent to Clinical Ins	tructo	r Salaction			
	Tears of Experience pertinent to clinical ins	sti ucto	of Selection			
1						
low a	are clinical instructors trained? (Check all that ap	ply)				
\boxtimes	1:1 individual training (CCCE:CI)	\boxtimes	APTA Clinical Instructor Education and Credentialing Program		Academic for-credit coursework	
	Clinical center inservices		Continuing education by academic program		Continuing education by consortia	
	No training		Other (not APTA) clinical instructor credentialing	П	Professional continuing education (e.g., c	hapter, CEL
	Other		program		course)	
	Other					
	This section has been completed.					Edit
nform	ation About the Physical Therapy Service	e			01/11/13 11:07 AM	Edit Now
Information of the second of t	ation About the Physical Therapy Service mation About the Physical Therapy Service per of Inpatient Beds For clinical sites with inpatie to your facility, please skip and move to the next to care: iatric center: ive care: illitation center:	nt care	e, please provide the number of beds available in	each c		Now
Inform Numb apply Acute Psych Intens Rehab I37 Step d Subac Extend I37 Sec Clic	ation About the Physical Therapy Service mation About the Physical Therapy Service per of Inpatient Beds For clinical sites with inpatie to your facility, please skip and move to the next to care: iatric center: ive care: iilitation center: iown: ute/transitional care unit: ded care: specialty centers: lumber of Beds:	nt care		each c		Now.
nform nform Numb apply Acute Psych ntens Rehab 37 Step d Subac Extend Other Gotal N 137	ation About the Physical Therapy Service mation About the Physical Therapy Service per of Inpatient Beds For clinical sites with inpatie to your facility, please skip and move to the next to care: iatric center: ive care: illitation center: ded care: specialty centers: lumber of Beds: ction Sign Off: k the box below to indicate you have reviewed and finish	nt care		each c		Now
nform nform nform nform nform number ntens	ation About the Physical Therapy Service mation About the Physical Therapy Service per of Inpatient Beds For clinical sites with inpatie to your facility, please skip and move to the next to care: iatric center: ive care: iditation center: ute/transitional care unit: ded care: specialty centers: lumber of Beds: ction Sign Off: k the box below to indicate you have reviewed and finish This section has been completed. er of Patients/Clients ber of Patients/Clients	nt care		each c	of the subcategories listed below: (If the	Now.
nform nform nform nform nform number ntens	ation About the Physical Therapy Service mation About the Physical Therapy Service per of Inpatient Beds For clinical sites with inpatie to your facility, please skip and move to the next to care: iatric center: ive care: iditation center: ive care: iditation center: ute/transitional care unit: ded care: specialty centers: lumber of Beds: ction Sign Off: k the box below to indicate you have reviewed and finish This section has been completed.	nt care		each c	of the subcategories listed below: (If the	Now.

5-6 Individual PT	Individual PT:		
4-5	Student PT:		
Student PT:			
Individual PTA: Student PTA:	Individual PTA: Student PTA:		
PT/PTA Team:	PT/PTA Team:		
101	0		
Total patient/client visits per day:	Total patient/client visits per day:		
2 // 2/ 2/			
Section Sign Off: Click the box below to indicate you have reviewed and finished with this section of the sur	vey.		
☐ This section has been completed.			
Mills section has been completed.			
Patient/Client Lifespan and Continuum of Care		01/11/13 11:07 AM	Edit Now
Patient/Client Lifespan and Continuum of Care			
	-4		
Indicate the frequency of time typically spent with patients/clients in each of the c	ategories.		
Patient Lifespan			
0-12 years			
1% - 25%			
13-21 years			
1% - 25%			
22-65 years			
51% - 75%			
Our SE ways			
Over 65 years 51% - 75%			
31/6-13/6			
Continuum of Care			
Critical care, ICU, acute			
0% 🗘			
SNF/ECF/sub-acute			
0% 💠			
Rehabilitation			
76% - 100%			
Am bulatory/outpatient			
0% \$			
Home health/hospice			
[0%			
Wellness/fitness/industry			
0% 💠			
Section Sign Off.			
Section Sign Off: Click the box below to indicate you have reviewed and finished with this section of the sur	vey.		
☐ This section has been completed.			
N min section has been completed.			

Patient/Client Diagnoses						01/11/13 11:07 AM	Edit Now
Patient/Client Diagnos	es						
Indicate the frequency of ti	me typically spent with pat	tients/clie	ents in each of the catego	ories:			
Musculoskeletal							
26% - 50%							
Which Musculoskeletal su	ıb-categories are available	to the s	tudent:				
Acute injury		\boxtimes	Amputation		Art	hritis	
Bone disease/dysfunct	ion	\boxtimes	Connective tissue disease	/dysfunction	Mu	scle disease/dysfunction	
Musculoskeletal deger	nerative disease	\boxtimes	Orthopedic surgery		Oth	ner	
Neuro-muscular							
51% - 75%							
Which Neuro-muscular su	n-categories are available		tudent: Cerebral vascular accider	nt .		ronic pain	
Brain injury Congenital/developme	ental		Neuromuscular degenerat			ronic pain ripheral nerve injury	
Spinal cord injury	Sitter		Vestibular disorder	ave discuss	Ott		
Cardiovas cular-pulm onar	/						
26% - 50%							
Which Cardiovascular-pul	monary sub-categories ar	e availab	le to the student:				
Cardiac dysfunction/di	isease		Fitness			nphedema	
Peripheral vascular dy	sfunction/disease		Pulmonary dysfunction/dis	se a se	Ott	ner	
Integumentary							
1% - 25%							
170 2070							
Which Integumentary sub	-categories are available t	o the stu	ıdent:		_		
Burns			Open wounds		Sc	ar formation	
Other							
Other (May cross a number	er of diagnostic groups)						
51% - 75%							
Which other sub-categoric	es are available to the stu	dent:					
Cognitive impairment			General medical conditio	ns	⊠ Ge	neral surgery	
Oncologic conditions			Organ transplant			ellness/Prevention	
Other							
Section Sign Off:							
Click the box below to indic	ate you have reviewed and fir	ished with	n this section of the survey.				
This section has been	completed.						
Hours of Operation						D1/11/13 11:07 AM	Edit
rissing of Operation					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7.7.7.7.7 TI.O7 AWI	Now
Hours of Operation							
Facilities with multiple site	es with different hours mus	st comple	ete this section for each	clinical center.			
	From:			To:		Comments:	
Monday	7:30			5:00		Inpatient- main hospital	

T	From:	То:	Comments:
Tuesday	7:30	5:00	Inpatient- main hospital
	From:	То:	Comments:
Wednesday	7:30	5:00	Inpatient- main hospital
	From:	То:	Comments:
Thursday	7:30	5:00	Inpatient- main hospital
	From:	To:	Comments:
Friday	7:30	5:00	Inpatient- main hospital
	From:	То:	Comments:
Saturday	8:30	4:30	Inpatient- main hospital
	From:	To:	Comments:
Sunday	n/a		Pts seen on Sunday as needed

Section Sign Off:

Click the box below to indicate you have reviewed and finished with this section of the survey.

This section has been completed.

Student Schedule 01/11/13 11:07 AM Edit Now

Student Schedule

Indicate which of the following best describes the typical student work schedule:

Standard 8 hour day

 $\label{eq:decomposition} \textbf{Describe the schedule(s) the student is expected to follow during the clinical experience:}$

Standard 8 hour day; students are also required to work 1-2 Saturdays in exchange for days off during the work week. Number of satudays worked depends on length of affil and student performance.

Section Sign Off:

Click the box below to indicate you have reviewed and finished with this section of the survey.

This section has been completed.

 Staffing
 01/11/13 11:07 AM
 Edit Now

Staffing

	Full-time Budgeted	Part-time Budgeted	Current Staffing
PTs	25	0	25
PTAs	0	0	0
Aides/Techs	5	0	5
Other:			

Section Sign Off:

Click the box below to indicate you have reviewed and finished with this section of the survey.

igspace This section has been completed.

Information About the Clinical Education Experience $01/11/13 \ 11:05 \ AM \qquad \qquad \frac{Edit}{Now}$

Information About the Clinical Education Experience

ck School mmunity/Re-entry Activities rly Intervention pup Programs/Classes ervice Training/Lectures hotic/Prosthetic Fabrication diatric - Cognitive Impairment Emphasis diatric - Musculoskeletal Emphasis imonary Rehabilitation search Experience rgery (observation) men's Health/OB-GYN		Biomechanics Lab Critical Care/Intensive Care Employee Intervention Home Health Program Neonatal Care Pain Management Program Pediatric - Developmental Program Emphasis Pediatric - Neurological Emphasis Quality Assurance/CQI/TQM Screening/Prevention Team Meetings/Rounds Work Hardening/Conditioning		Cardiac Rehabilitation Departmental Administration Employee Wellness Program Industrial/Ergonomic PT Nursing Home/ECF/SNF Pediatric - Classroom Consultation Emphasis Pediatric - General Prevention/Wellness Radiology Sports Physical Therapy
hy Intervention pup Programs/Classes ervice Training/Lectures hotic/Prosthetic Fabrication diatric - Cognitive Impairment Emphasis diatric - Musculoskeletal Emphasis imonary Rehabilitation search Experience rgery (observation) men's Health/OB-GYN		Employee Intervention Home Health Program Neonatal Care Pain Management Program Pediatric - Developmental Program Emphasis Pediatric - Neurological Emphasis Quality Assurance/CQI/TQM Screening/Prevention Team Meetings/Rounds		Employee Wellness Program Industrial/Ergonomic PT Nursing Home/ECF/SNF Pediatric - Classroom Consultation Emphasis Pediatric - General Prevention/Wellness Radiology
pup Programs/Classes ervice Training/Lectures hotic/Prosthetic Fabrication diatric - Cognitive Impairment Emphasis diatric - Musculoskeletal Emphasis Imonary Rehabilitation search Experience rgery (observation) men's Health/OB-GYN		Home Health Program Neonatal Care Pain Management Program Pediatric - Developmental Program Emphasis Pediatric - Neurological Emphasis Quality Assurance/CQI/TQM Screening/Prevention Team Meetings/Rounds		Industrial/Ergonomic PT Nursing Home/ECF/SNF Pediatric - Classroom Consultation Emphasis Pediatric - General Prevention/Wellness Radiology
ervice Training/Lectures hotic/Prosthetic Fabrication diatric - Cognitive Impairment Emphasis diatric - Musculoskeletal Emphasis Imonary Rehabilitation search Experience rgery (observation) men's Health/OB-GYN		Neonatal Care Pain Management Program Pediatric - Developmental Program Emphasis Pediatric - Neurological Emphasis Quality Assurance/CQI/TQM Screening/Prevention Team Meetings/Rounds		Nursing Home/ECF/SNF Pediatric - Classroom Consultation Emphasis Pediatric - General Prevention/Wellness Radiology
hotic/Prosthetic Fabrication diatric - Cognitive Impairment Emphasis diatric - Musculoskeletal Emphasis imonary Rehabilitation search Experience rgery (observation) men's Health/OB-GYN		Pain Management Program Pediatric - Developmental Program Emphasis Pediatric - Neurological Emphasis Quality Assurance/CQI/TQM Screening/Prevention Team Meetings/Rounds		Pediatric - Classroom Consultation Emphasis Pediatric - General Prevention/Wellness Radiology
diatric - Cognitive Impairment Emphasis diatric - Musculoskeletal Emphasis imonary Rehabilitation search Experience rgery (observation) men's Health/OB-GYN		Pediatric - Developmental Program Emphasis Pediatric - Neurological Emphasis Quality Assurance/CQI/TQM Screening/Prevention Team Meetings/Rounds		Pediatric - General Prevention/Wellness Radiology
diatric - Musculoskeletal Emphasis imonary Rehabilitation search Experience rgery (observation) men's Health/OB-GYN		Pediatric - Neurological Emphasis Quality Assurance/CQI/TQM Screening/Prevention Team Meetings/Rounds		Prevention/Wellness Radiology
monary Rehabilitation search Experience rgery (observation) men's Health/OB-GYN		Quality Assurance/CQI/TQM Screening/Prevention Team Meetings/Rounds		Radiology
search Experience rgery (observation) men's Health/OB-GYN		Screening/Prevention Team Meetings/Rounds		
rgery (observation) men's Health/OB-GYN ner		Team Meetings/Rounds		Sports Physical Therapy
men's Health/OB-GYN ner				
ner		Work Hardening/Conditioning		Vestibular Rehabilitation
				Wound Care
Clinica				
neck all specialty clinics available as student	earnin	g experiences. Balance		
				Hemophilia clinic
				Orthopedic clinic
				Prosthetic/orthotic clinic
				Seating/mobility clinic
			_	Women's health
	Н	No. include		, and the second
	at you		with wh	
diologists		Dietitians		Athletic trainers Enterostomal / wound specialists
ulologists		Dietitians		
omico physiologista		Eitnem professionale		
ercise physiologists		Fitness professionals		Health information technologists
ssage therapists		Nurses		Health information technologists Occupational therapists
ssage therapists ysician assistants		Nurses Physicians		Health information technologists Occupational therapists Podiatrists
ssage therapists ysician assistants sthetists / orthotists		Nurses Physicians Psychologists		Health information technologists Occupational therapists Podiatrists Respiratory therapists
ssage therapists ysician assistants		Nurses Physicians		Health information technologists Occupational therapists Podiatrists
iii	ding clinic ustry n clinic fliosis rts medicine clinic er d Educational Providers at the Clinical Site eck all health care and educational providers	ding clinic	ding clinic	ding clinic

	Full days		Half days		Other
Physi	cal Therapist				
Intern	nediate Experiences:				
	Full days		Half days		Other
Physi	cal Therapist				
	Final Experience		Internship (6 months or longer)		Specialty experience
	Other				
Physi	cal Therapist Assistant				
	Experience:				
	Full days		Half days		Other
	cal Therapist Assistant nediate Experiences:				
	Full days		Half days		Other
Physi	cal Therapist Assistant				
	Final Experience		Other		
	·				
PT					
Indica	nte which months you will accept students for any	/ singl	e full-time (36 hrs/wk) clinical experience.		
	January		February		March
	April		May		June
	July		August		September
	October		November		December
Indica	te which months you will accept students for any	one	part-time (< 36 hrs/wk) clinical experience.		
	January		February		March
	April	\boxtimes	May	\boxtimes	June
	July		August		September
	October		November		December
PTA					
Indica	ate which months you will accept students for any	/ singl	e full-time (36 hrs/wk) clinical experience.		
	January		February		March
	April	\boxtimes	Мау	\boxtimes	June
	July		August		September
	October		November		December
Indica	ite which months you will accept students for any	/ one i	part-time (< 36 hrs/wk) clinical experience		
	January		February		March
	April		May		June
	July		August		September
	October	\boxtimes	November	\boxtimes	December
Avera	ge number of PT students affiliating per year.:				
17					
	ge number of PTA students affiliating per year.:				
0					
ls you	r clinical site willing to offer reasonable accomm	odatio	ns for students under ADA?		
Y					
Please	explain:				
	scuss with school. Accomodations can include providing				
What i	s the procedure for managing students whose performa	nce is	below expectations or unsafe?:		

Expla	in what provisions are made for students if the clinical i		developed, ongoing feedback provided. School involved tor is ill or away from the clinical site.	as indic	cated.	
	er if the clinical center employs only one PT or PTA.): stitute Cl is assigned for the necessary lengh of time.					
Clic	ction Sign Off: k the box below to indicate you have reviewed and finishe This section has been completed.	ed with	this section of the survey.			
Clinica	l Site's Learning Objectives and Assessment				01/11/13 11:05 AM	Edit Now
Clini	cal Site's Learning Objectives and Assessm	ent				
Does	your clinical site provide written clinical education 'es No	n obje	ctives to students?			
Are a		cal the	rapy services acquainted with the clinical site's le	arning	g objectives?	
When	do the CCCE and/or CI typically discuss the clinic	al site	's learning objectives with students? (Check all th	at app	oly)	
	At end of clinical experience		At mid-clinical experience	\boxtimes	Beginning of the clinical experience	
\boxtimes	Daily	\boxtimes	Weekly		Other	
ndica	ate which of the following methods are typically ut	tilized	to inform students about their clinical performance	e? (C	heck all that apply)	
\boxtimes	As per student request in addition to formal and ongoing written & oral feedback	\boxtimes	Ongoing feedback throughout the clinical	\boxtimes	Student self-assessment throughout the c	linical
\boxtimes	Written and oral mid-evaluation	\boxtimes	Written and oral summative final evaluation		Other	
Clic	ction Sign Off: k the box below to indicate you have reviewed and finishe This section has been completed.	ed with	this section of the survey.			
Arran	ging the Experience			***************************************	01/11/13 11:02 AM	Edit Now
Arra	nging the Experience					NOW
• \	udents need to contact the clinical site for specific Yes No e explain:	c worl	k hours related to the clinical experience?			
Vork	hours vary depending on Cl. Shifts are M-F either 7:30-4;	; 8-4:30	0 or 8:30-5PM			
Do st	udents receive the same official holidays as staff?	?				
● \ Please	res No e explain:					
Stude	nts/staff are off: New Year's Day; MLK Birthday; Memoria	al Day;	Fourth of July; Labor Day; Thanksgiving Day; Christmas	Day.		
Does	your clinical site require a student interview?					
O N	∕es No explain:					
ndica	ate the time the student should report to the clinic	cal site	e on the first day of the experience.			
8:00	AM 💠					
ls a	Mantoux TB test (PPD) required?					
_	e step					
\bigcirc)	′es No					

b) two step
● Yes O No
Is a Rubella Titer Test or immunization required?
Yes
Please explain:
Proof of immunity of the following: Measles, Mumps and German Measles (Rubella) by providing documentation of two (2) MMR vaccines; or two (2) Measles, one (1) Rubella and one Mumps, or laboratory evidence of immunity. (Persons born before 1957 require documentation of (1) MMR vaccine).
Are any other health tests/immunizations required prior to the clinical experience? If yes, please specify:
Yes
Please explain:
Evidence of a positive history of chicken pox (varicella) disease, laboratory evidence of immunity, or documentation of immunization with two (2) doses of chickenpox vaccine.
How is this information communicated to the clinic? Provide fax number if required.:
mail or fax: 202-723-6071
How current are student physical exam records required to be?:
Students must have a normal physical examination performed within (12) months prior to start date (must be updated anually). Components of the physical should include examination of the head, eyes, ears, nose, throat, heart, lungs, abdomen, neurological and musculoskeletal systems.
Are any other health tests or immunizations required on-site? If yes, please specify:
Yes
Please explain:
Annual Flu shot provided free of charge if student affiliating when it is being offered (Oct-Dec)
Is the student required to provide proof of OSHA training?
Yes
Please explain:
Is the student required to provide proof of HIPAA training?
Yes
Please explain:
Is the student required to provide proof of any other training prior to orientation at your facility? If yes, please list.
○ Yes No
Is the student required to attest to an understanding of the benefits and risks of Hepatitis-Bimmunization?
Yes
Please explain:
Documentation of completion of Hepatitis B, or if the individual declines the vaccine, a signed statement of declination.
Is the student required to have proof of health insurance?
● Yes ○ No
Please explain:
Is emergency health care available for students?
Yes
Please explain:
Emergency Dept at Medstar Washington Hospital Center across the street from Medstar National Rehabilitation Hospital
Is the student responsible for emergency health care costs?
● Yes ○ No
Please explain:
Is other non-emergency medical care available to students?
● Yes ○ No
Please explain:
In house and through occupational health.
Is the student required to be CPR certified? (Please note if a specific course is required).
● Yes ○ No
Please explain:
University/student must provide current CPR certificate
Can the student receive CPR certification while on-site?

Let the student required to be certified in Pirst Aldr? Yes	O Yes Please explain:	No								
Reason explain Can the student receive First Ald certification on-site? Or Yos	Is the student	required to be certified in First Aid?								
Can the student reacher Pirst Ald cartification on site? Ores	O Yes	● No								
Please replace No No No No No No No N	Please explain:									
Nasa or criminal background check required (e.g., Griminal Offender Record Information)? If yes, please indicate which background check is required and time frame. **Book**	Can the stude	t receive First Aid certification on-site?								
Receive with the control of the following provided for the cost of required clearances? Also, the student responsible for the cost of required clearances? For land background clear the cost of required clearances? For land background clear the student responsible for the cost of required clearances? For land background clear the cost of required clearances? For land background clear the cost of required clearances? For land background clear the cost of required clearances? For land land background clearance required to submit to a drug test? If yes, please describe parameters. For land land land land land land land land	_	● No								
Piscos acquires Orisinal background check must cover the prior areves (Pyears. Mast show student has sever been convicted of the following Mardar, Arnos. Assault, beliefly, assault and before, assault with a diarperous everyon, memorin threats to do bothly harm burglary robbey; winceports, that frost, foregree, established and beliefly assault assault beliefly or sexual above, child above or careful for all the students or described and such assault above. In the students of the students or careful for all the students or sexual above, child above or careful for all the students of careful for all the students or careful for all	Is a criminal ba	ckground check required (e.g., Criminal Offender Record Information)? If yes, please indicate which ba	ckground check is required and time	frame.						
Assauth, labery, assauth and batter, assauth with a disapprove weapon, may here no thereids to do bothy herms burglary, robbery, kithingparp; theful transfer of cruely to challers unlear of a better than the batter of the cost of required clearances? is a child abuse clearance required? is the student responsible for the cost of required clearances? is the student responsible for the cost of required clearances? is the student required to submit to a drug test? If yes, please describe parameters. is the student required to submit to a drug test? If yes, please describe parameters. is the student required to submit to a drug test? If yes, please describe parameters. is the student required to submit to a drug test? If yes, please describe parameters. is the student required to submit to a drug test? If yes, please describe parameters. is the student required to submit to a drug test? If yes, please describe parameters. is a child abuse clearance required to submit to a drug test? If yes, please describe parameters. is the student required to submit to a drug test? If yes, please describe parameters. is the student required to submit to a drug test? If yes, please describe parameters. is the student required to submit to a drug test? If yes, please describe parameters. is the student required to submit to a drug test? If yes, please describe parameters. is the student required to submit to a drug test? If yes, please describe parameters. is the student required to submit to a drug test? If yes, please describe parameters. is the student required to submit to a drug test? If yes, please describe parameters. is the student required to submit to a drug test? If yes, please describe parameters. is the student required to submit to a drug test? If yes, please describe parameters. is the student required to submit to a drug test? If yes, please describe parameters. is the student required to submit to a drug test? If yes, please describe parameters. is a did a student required to submit test? Is	_	○ No								
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Person to contact to obtain/confirm housing: Name:								
Address:								
Address:								
Autress.								
City:								
State:								
Postal Code:								
Phone: Phone Number:								
Ext:								
E-mail:								
E-mail: If housing is not provided:								
	e list contact nerson and phone #							
Is there a contact person for information on housing in the area of the clinic? Please list contact person and phone #. No								
Please explain:								
Email Marti Carroll, PT DPT MS NCS CCCE at: martha.carroll@medstar.net We do not have a housing list, but we can provide suggestions regarding areas in which to look for housing that are near the hospital.								
Is there a list available concerning housing in the area of the clinic? If yes, please lis Yes No	t nousing available in the area.							
Section Sign Off:								
Click the box below to indicate you have reviewed and finished with this section of the survey.								
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Transportation		01/11/13 11:02 AM	Edit Now					
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Briefly describe the area, population density, and any safety issues regarding where the clinical center is located. (If you would like to copy and paste this information from another source, highlight the information you would like to copy and then type 'Ctrl-c' on your keyboard to copy. Put your cursor in the text box and then type 'Ctrl-v' on your keyboard to paste the information.):

Urban setting Please provide website links for maps to your facility, parking, and department locations. Travel directions can be obtained from several travel directories on the internet. (e.g., Google							
Maps, Yahoo, MapQuest, Expedia): See Medstar National Rehabilitation Hospital w ebsite: medstarnrh.org							
Section Sign Off: Click the box below to indicate you have reviewed and finished with this section of the survey. This section has been completed.							
Meals	01/11/13 11:02 AM	Edit Now					
Meals							
Are meals available for students on-site?							
Yes No							
Breakfast							
● Yes ○ No							
Lunch							
Yes No							
Dinner							
○ Yes							
Are facilities available for the storage and preparation of food?							
● Yes ○ No Please explain:							
Refrigator and microw aves in staff area.							
Section Sign Off:							
Click the box below to indicate you have reviewed and finished with this section of the survey.							
☑ This section has been completed.							
Stipend/Scholarship	01/11/13 11:02 AM	Edit Now					
Stipend/Scholarship							
Is a stipend/salary provided for students?							
○ Yes No							
What is the minimum length of time the student needs to be on the clinical experience to be eligible for a stipend/salary?	?:						
hours							
Counting Class City							
Section Sign Off: Click the box below to indicate you have reviewed and finished with this section of the survey.							
This section has been completed.		P.Jit					
Special Information	01/11/13 11:02 AM	Edit Now					
Special Information							
Is there a facility/student dress code?							
● Yes ○ No							
Do you require a case study or inservice from all students (part-time and full-time)?							
Inservice required for full-time students only							

Do yo	u require any additional written or verbal work fr	om th	e student (e.g., article critiques, journal review, p	atient/	client education handout/brochure)?					
O Y	∕es No e explain:									
Does your site have a written policy for missed days due to illness, emergency situations, other? If yes, please summarize.										
Misse	d days are usually made up on Saturdays. Situations ad	dresse	ed on a case by case basis.							
Will th	ne student have access to the Internet at the clini	cal sit	te?							
Nease	es No									
We use an electronic medical record, so all students are assigned a tough book computer for their use during the affiliation.										
Section Sign Off:										
Clic	k the box below to indicate you have reviewed and finish	ed with	this section of the survey.							
	This section has been completed.									
Other	Student Information				01/11/13 11:02 AM	Edit Now				
Other Student Information Do you provide the student with an on-site orientation to your clinical site? No Please indicate the typical orientation content by checking all items that are included.										
\boxtimes	Documentation/billing	\boxtimes	Facility-wide or volunteer orientation	\boxtimes	Learning style inventory					
\boxtimes	Patient information/assignments	\boxtimes	Policies and procedures (specifically outlined plan for emergency responses)	\boxtimes	Quality assurance					
\boxtimes	Reimbursement issues	\boxtimes	Required assignments (e.g., case study, diary/log, inservice)		Review of goals/objectives of clinical expe	rience				
\boxtimes	Student expectations	\boxtimes	Supplemental readings	\boxtimes	Tour of facility/department					
	Other									
	explain:									
All students attend hospital-w ide orientation at the start of their affiliation. CCCE will notify student of date they will attend. We also use a comprehensive student orientation checklist that Cl/CCCE will go through with student.										
Section Sign Off: Click the box below to indicate you have reviewed and finished with this section of the survey.										
☐ This section has been completed.										
	Week of the control of		W							
	"Key fields have been mar	ked w	ith an asterisks. Please see the CSIF Web Help Manual fo	r more	details about Key Fields"					