<table>
<thead>
<tr>
<th>Section Title</th>
<th>Last Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information For the Academic Program</td>
<td>01/31/13 10:33 AM</td>
</tr>
</tbody>
</table>

### Information For the Academic Program

Person Completing CSIF:
Laura Flynn PT, PCS

E-mail address of person completing CSIF:
laura.flynn@vanderbilt.edu

Name of Clinical Center (Note: To correct the name of your site, as it appears in both CSIF Web and CPI Web, update it in this field):
Monroe Carell Jr. Children's Hospital at Vanderbilt

Street Address
Address:
Rehabilitation Services
719 Thompson Lane
Suite 21000

City:
Nashville
State:
TN
Postal Code:
37204

Facility Phone
Phone Number:
615-343-6445
Ext:

PT Department Phone
Phone Number:
615-343-6445
Ext:

PT Department Fax
Phone Number:
615-343-0506

PT Department E-mail:
www.mc.vanderbilt.edu/rehab

Clinical Center Web Address:
www.mc.vanderbilt.edu

Director of Physical Therapy:
Lee Ann Ruffing, MS,HA, MBA

Director of Physical Therapy E-mail:
leean.ruffing@vanderbilt.edu

Center Coordinator of Clinical Education (CCCE) / Contact Person:
Laura Flynn PT, PCS

CCCE / Contact Person Phone:
615-835-5155
Indicate which of the following are required by your facility prior to the clinical education experience:

- [x] CPR
- [x] Drug screening
- [x] OSHA education
- [ ] Child clearance
- [ ] First Aid
- [ ] Proof of student health clearance
- [x] Criminal background check
- [ ] HIPAA education
- [ ] Other

Please explain:
Two TB tests, Vanderbilt Health Screening Form

Information About the Corporate/Healthcare Systems Organization

If your facility is part of a larger corporation or has multiple sites or clinical centers, include the contact information for the corporate/healthcare system organization.

Corporate/Healthcare System Organization:
Monroe Carell Jr Children's Hospital at Vanderbilt
Contact Name:
Laura Flynn PT, PCS
Address:
2200 Children's Way
City:
Nashville
State:
TN
Postal Code:
37232
Phone:
Phone Number:
Ext:
Fax:
Phone Number:
Email:
http://www.childrenshospital.vanderbilt.org/

Affiliation Agreement Contract Fulfillment
Contact Person:

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.

Clinical Site Accreditation/Ownership
Is your clinical site certified / accredited?

- [ ] Yes
- [ ] No

Has your clinical site been certified / accredited by:

- [ ] JCAHO
- [ ] CARF
- [ ] Government Agency (eg, CORF, PTIP, rehab agency, state, etc.)
- [ ] Other Agency

Date of Last Accreditation Certification

07/2012

Which of the following best describes the ownership category 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

Clinical Site Primary Classification

Choose the category that best describes how your facility functions the majority (> 50%) of the time.

- [ ] Multiple Level Medical Center
- [ ] Acute Care/Inpatient Hospital Facility
- [ ] Federal/State/County Health
- [ ] School/Preschool Program
- [ ] Ambulatory Care/Outpatient
- [ ] Home Health
- [ ] Multiple Level Medical Center
- [ ] Private Practice
- [ ] Wellness/Prevention/Fitness Program
- [ ] ECF/Nursing Home/SNF
- [ ] Industrial/Occupational Health Facility
- [ ] Rehabilitation/Sub-acute Rehabilitation
- [ ] Other

Clinical Site Location

Which of the following best describes your clinical site’s location

- [ ] Urban

Section Sign Off:

-This section has been completed.
Affiliated PT and PTA Educational Programs

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

<table>
<thead>
<tr>
<th>Program Name</th>
<th>City</th>
<th>State</th>
<th>PT / PTA</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of St. Augustine - San Diego</td>
<td>San Marcos</td>
<td>CA</td>
<td>PT</td>
</tr>
<tr>
<td>University of Tennessee Health Science Center</td>
<td>Memphis</td>
<td>TN</td>
<td>PT</td>
</tr>
<tr>
<td>University of Tennessee at Chattanooga</td>
<td>Chattanooga</td>
<td>TN</td>
<td>PT</td>
</tr>
<tr>
<td>University of Wisconsin - Madison</td>
<td>Madison</td>
<td>WI</td>
<td>PT</td>
</tr>
<tr>
<td>Volunteer State Community College</td>
<td>Gallatin</td>
<td>TN</td>
<td>PTA</td>
</tr>
<tr>
<td>Walsh University</td>
<td>North Canton</td>
<td>OH</td>
<td>PT</td>
</tr>
<tr>
<td>Washington University of St. Louis</td>
<td>St. Louis</td>
<td>MO</td>
<td>PT</td>
</tr>
<tr>
<td>West Kentucky Community and Technical College</td>
<td>Paducah</td>
<td>KY</td>
<td>PTA</td>
</tr>
<tr>
<td>Northern Arizona University</td>
<td>Flagstaff</td>
<td>AZ</td>
<td>PT</td>
</tr>
<tr>
<td>Northern Illinois University</td>
<td></td>
<td></td>
<td>PT</td>
</tr>
</tbody>
</table>

Select the program(s) your site is currently affiliated with:

If not found in the list, please enter the program information here:

Select the program(s) your site is currently affiliated with:

<table>
<thead>
<tr>
<th>Program Name</th>
<th>City</th>
<th>State</th>
<th>PT / PTA</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCE Demo University</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AT Still University of Health Sciences, AZ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alabama State University, AL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allegheny College of Maryland, MD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aminco College, TX</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American International College, MA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Andrews University, MI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Angelo State University, TX</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

Information About the Clinical Teaching Faculty

<table>
<thead>
<tr>
<th>Name: Laura Flynn PT, PCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email Address / CPI2 Login: <a href="mailto:laura.flynn@vanderbilt.edu">laura.flynn@vanderbilt.edu</a></td>
</tr>
<tr>
<td>Present Position (Title, Name of Facility): Physical Therapy CCCE, Monroe Carell Jr Children's Hospital</td>
</tr>
</tbody>
</table>

No. of Years as the CCCE: 1

No. of Years of Clinical Practice: 22

No. of Years of Clinical Teaching: 20

No. of Years Working at this Site
Check all that apply:

- [ ] PT
- [ ] PTA

**Licensing/Registration Status**

- [ ] Licensed/Registered

**State of Licensure/Registration**

- [ ] TN

**License/Registration Number:**

- 7153

**Highest Earned Physical Therapy Degree**

- [ ] Bachelor in Physical Therapy

**Highest Earned Degree**

- [ ] Bachelors degree

**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
- [ ] WSC

**APTA Recognition of Advanced Proficiency for PTAs (Check all that apply)**

- [ ] Aquatic
- [ ] Musculoskeletal
- [ ] Cardiopulmonary
- [ ] Neuromuscular
- [ ] Geriatric
- [ ] Pediatrics
- [ ] Integumentary

**Other credentials:**

**Summary of College and University Education**

(Start with most current)

- **Institution:**
  - University of Florida

- **Period of Study**
  - **From:** 08/1985
  - **To:** 08/1989

- **Major:**
  - Physical Therapy

- **Degree:**
  - Bachelor's of Health Science in Physical Therapy
### Summary of Primary Employment

(For current and previous four positions since graduation from college; start with most current)

<table>
<thead>
<tr>
<th>Employer</th>
<th>Position</th>
<th>Period of Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monroe Carell Children's Hospital at Vanderbilt</td>
<td>Physical therapist</td>
<td>From 12/2006 — To current</td>
</tr>
<tr>
<td>Arnold Palmer Hospital for Women and Children</td>
<td>Staff Physical Therapist</td>
<td>From 8/1992 — 1/1999</td>
</tr>
</tbody>
</table>

### 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 three (3) years)

<table>
<thead>
<tr>
<th>Course</th>
<th>Provider/Location</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive Clinical Management Workshop</td>
<td>Utah School of Medicine Nashville, TN</td>
<td>10/13/2012</td>
</tr>
<tr>
<td>Course:</td>
<td>Provider/Location:</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-----------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Using FES to Enhance Walking Abilities in Patients with CNS Dysfunction</td>
<td>Hanger Orthotics and Prosthetics, Nashville, TN</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>1/6-7/2012</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-----------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>APTA CI Education and Credentialing Program</td>
<td>Belmont University, Nashville, TN</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>1/21-22/2012</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-----------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Health, Wellness and Neurologic Recovery through Activity Based Interventions</td>
<td>Beyond Therapy, A Shepherd Center Program, Franklin, TN</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>10/01/2011</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-----------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Torticollis: Diagnosis, Assessment and Treatment of Infants and Children</td>
<td>Education Resources, Karen Karmel-Ross, PT, PCS, LMT, Nashville, TN</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>5/14-15/2010</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-----------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Visual Development and Dysfunction: Implications for Treatment</td>
<td>Teresa Plummer, PhD, MSOT, OTR, ATP, CAPS</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>2/19-20/2010</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-----------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>APTA Section on Pediatrics Annual Conference</td>
<td>Pediatric Section, APTA, Orlando, FL</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>1/10-12/2010</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-----------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Pediatric Vestibular Rehabilitation Assessment and Treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Provider/Location:
Motivations, Gaye Conrin OTD, OTR Jackson, TN
Date
4/17-18/2009

Course:
MOMS 2 Follow up Study
Provider/Location:
National Institute of Child health and Human Development
Date
1/12 - present

Course:
The Neurophysiological Effects of Gait-Activated Functional Electrical Stimulation
Provider/Location:
Vanderbilt Children's Hospital
Date
1/2012 - present

Name:
Email Address / CPI2 Login:
Present Position (Title, Name of Facility):

No. of Years as the CCCE
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: □

Check all that apply:

PT ☐ PTA ☐

Highest Earned Physical Therapy Degree
Bachelor in Physical Therapy

Highest Earned Degree
Bachelors degree

APTA Credentialed CI
Yes ☐ No ☐

APTA Advanced Credentialed CI
Yes ☐ No ☐

Other CI Credentialing
ABPTS Certified Clinical Specialist (Check all that apply)
- OCS
- PCS
- OCS
- ECS

APTA Recognition of Advanced Proficiency for PTAs (Check all that apply)
- Aquatic
- Cardiopulmonary
- Geriatric
- Integumentary

Other credentials:
- Summary of College and University Education
- Summary of Primary Employment
- Continuing Professional Preparation Related Directly to Clinical Teaching Responsibilities

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.

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

- Name followed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS):
  Ellen Argo, PT, PCS, MS, C/NDT

- Email Address / CPI2 Login:
  elizabeth.e.argo@vanderbilt.edu

- PT/PTA Program from Which CI Graduated:
  University of St. Augustine

- Year of Graduation:
  2000

- Highest Earned Physical Therapy Degree
  Masters in Physical Therapy

- Highest Earned Degree
  Masters degree

- No. of Years of Clinical Practice
  13

- No. of Years of Clinical Teaching
  12
No. of Years Working at this Site

Please choose:

<table>
<thead>
<tr>
<th>Licensing/Registration Status</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed/Registered</td>
<td></td>
</tr>
</tbody>
</table>

License/Registration Number:
6762

State of Licensure/Registration

| TN |  |

APTA Credentialed CI

- Yes
- No

APTA Advanced Credentialed CI

- Yes
- No

Other CI Credentialing

- Yes
- No

Please explain:
NDT

ABPTS Certified Clinical Specialist (Check all that apply)

<table>
<thead>
<tr>
<th>OCS</th>
<th>GCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCS</td>
<td>NCS</td>
</tr>
<tr>
<td>CCS</td>
<td>SCS</td>
</tr>
<tr>
<td>ECS</td>
<td>WCS</td>
</tr>
</tbody>
</table>

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):

Amy Rosen, PT, CLT

Email Address / CPI2 Login:
amy.l.rosen@vanderbilt.edu

PT/PTA Program from Which CI Graduated:
Oakland University, Auburn Hills, MI

Year of Graduation:
2000

Highest Earned Physical Therapy Degree

| Masters in Physical Therapy |

Highest Earned Degree

| Masters degree |

No. of Years of Clinical Practice

| 13 |

No. of Years of Clinical Teaching
No. of Years Working at this Site

Please choose:

Licensing/Registration Status
Licensed/Registered

License/Registration Number:
6980

State of Licensure/Registration
TN

APTA Credentialed CI
○ Yes  ○ No

APTA Advanced Credentialed CI
○ Yes  ○ No

Other CI Credentialing
○ Yes  ○ No

Please explain:
Certified Lymphedema Therapist

ABPTS Certified Clinical Specialist (Check all that apply)

☐ OCS  ☐ GCS
☐ PCS  ☐ NCS
☐ OCS  ☐ 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):
Laura B. Bratton, PT, DPT

Email Address / CPI2 Login:
laura.bratton.1@vanderbilt.edu

PT/PTA Program from Which CI Graduated:
University of North Carolina, Chapel Hill

Year of Graduation:
2009

Highest Earned Physical Therapy Degree
Doctor in Physical Therapy

Highest Earned Degree
Professional Doctor in Physical Therapy

No. of Years of Clinical Practice
No. of Years of Clinical Teaching

4

No. of Years Working at this Site

Please choose:

Licensing/Registration Status

Licensed/Registered

License/Registration Number:

8516

State of Licensure/Registration

TN

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

SCS

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):

Kelley H. Siegert Newman DPT, PCS

Email Address / CPI2 Login:

kelley.h.siegert@vanderbilt.edu

PTA Program from Which CI Graduated:

Columbia University

Year of Graduation:

2009

Highest Earned Physical Therapy Degree

Doctor in Physical Therapy

Highest Earned Degree

Professional Doctor in Physical Therapy

No. of Years of Clinical Practice
No. of Years of Clinical Practice: 3
No. of Years of Clinical Teaching: 2

No. of Years Working at this Site
Please choose:

<table>
<thead>
<tr>
<th>Licensing/Registration Status</th>
<th>Licensed/Registered</th>
</tr>
</thead>
</table>

License/Registration Number:
8309

State of Licensure/Registration
TN

APTA Credentialed CI
- Yes   - No

APTA Advanced Credentialed CI
- Yes   - No

Other CI Credentialing
- Yes   - No
Please explain:
American Hippotherapy Association Level II therapist

ABPTS Certified Clinical Specialist (Check all that apply)
- OCS
- PCS
- ECS
- GCS
- NCS
- SCS
- WCS

APTA Recognition of Advanced Proficiency for PTAs (Check all that apply)
- Aquatic
- Cardiopulmonary
- Geriatric
- Integumentary
- Musculoskeletal
- Neuromuscular
- Pediatrics

APTA Member
- Yes   - No

Name followed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS):
Amy McLaurin PT, ATP

Email Address / CPI2 Login:
amy.e.mclaurin@vanderbilt.edu

PTA/PT Program from Which CI Graduated:
UT Chattanooga
Year of Graduation:
1995

Highest Earned Physical Therapy Degree
- Bachelor in Physical Therapy

Highest Earned Degree
Bachelors degree

No. of Years of Clinical Practice
17

No. of Years of Clinical Teaching
15

No. of Years Working at this Site
Please choose:

Licensing/Registration Status
Licensed/Registered

License/Registration Number:
4520

State of Licensure/Registration
TN

APTA Credentialed CI
Yes  No

APTA Advanced Credentialed CI
Yes  No

Other CI Credentialing
Yes  No

Please explain:

ATP, LMT, CFST, CIMI

ABPTS Certified Clinical Specialist (Check all that apply)

<table>
<thead>
<tr>
<th>ATPS Credentialed</th>
<th>OCS</th>
<th>GCS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PCS</td>
<td>NCS</td>
</tr>
<tr>
<td></td>
<td>CCS</td>
<td>SCS</td>
</tr>
<tr>
<td></td>
<td>ECS</td>
<td>WCS</td>
</tr>
</tbody>
</table>

APTA Recognition of Advanced Proficiency for PTAs (Check all that apply)

<table>
<thead>
<tr>
<th>APTA Member</th>
<th>OCS</th>
<th>GCS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PCS</td>
<td>NCS</td>
</tr>
<tr>
<td></td>
<td>CCS</td>
<td>SCS</td>
</tr>
<tr>
<td></td>
<td>ECS</td>
<td>WCS</td>
</tr>
</tbody>
</table>

APTA Member
Yes  No

Name followed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS):
Amy E. Morin, PT, DPT, CSCS

Email Address / CPI2 Login:
amy.e.morin@vanderbilt.edu

PT/PA Program from Which CI Graduated:
Duke University
Year of Graduation:
2008

Highest Earned Physical Therapy Degree
**Highest Earned Degree**

Professional Doctor in Physical Therapy

**No. of Years of Clinical Practice**

5

**No. of Years of Clinical Teaching**

3

**No. of Years Working at this Site**

Please choose:

<table>
<thead>
<tr>
<th>Licensing/Registration Status</th>
<th>Licensed/Registered</th>
</tr>
</thead>
</table>

**Certified Strength and Conditioning Specialist**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**ABPTS Certified Clinical Specialist (Check all that apply)**

<table>
<thead>
<tr>
<th>OCS</th>
<th>GCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCS</td>
<td>NCS</td>
</tr>
<tr>
<td>CPCS</td>
<td>SCS</td>
</tr>
<tr>
<td>ECS</td>
<td>WCS</td>
</tr>
</tbody>
</table>

**APTA Recognition of Advanced Proficiency for PTAs (Check all that apply)**

<table>
<thead>
<tr>
<th>Aquatic</th>
<th>Musculoskeletal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiopulmonary</td>
<td>Neuromuscular</td>
</tr>
<tr>
<td>Geriatric</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>Integumentary</td>
<td></td>
</tr>
</tbody>
</table>

**APTA Member**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Name followed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS):**

Ellen Shaw PT, DPT

**Email Address / CPI2 Login:**

ellen.m.shaw@vanderbilt.edu

**PTA Program from Which CI Graduated:**

Belmont University

**Year of Graduation:**
2011

Highest Earned Physical Therapy Degree
- Doctor in Physical Therapy

Highest Earned Degree
- Professional Doctor in Physical Therapy

No. of Years of Clinical Practice
- 1

No. of Years of Clinical Teaching
- 0

No. of Years Working at this Site
- Please choose:

Licensing/Registration Status
- Licensed/Registered

License/Registration Number:
- 9112

State of Licensure/Registration
- TN

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
- OCS
- NCS
- 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):
- Erin Wolf, PT, DPT

Email Address / CPI2 Login:
- Sorry, that login already exists on this CSIF

PTA Program from Which CI Graduated:
- Washington University School of Medicine in St. Louis

Year of Graduation:
<table>
<thead>
<tr>
<th>Highest Earned Physical Therapy Degree</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor in Physical Therapy</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Highest Earned Degree</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Doctor in Physical Therapy</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No. of Years of Clinical Practice</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No. of Years of Clinical Teaching</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No. of Years Working at this Site</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Please choose:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Licensing/Registration Status</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed/Registered</td>
<td></td>
</tr>
<tr>
<td>License/Registration Number</td>
<td>9142</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State of Licensure/Registration</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>APTA Credentialed CI</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>APTA Advanced Credentialed CI</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other CI Credentialing</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ABPTS Certified Clinical Specialist</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Check all that apply)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>OCS</td>
<td></td>
</tr>
<tr>
<td>PCS</td>
<td></td>
</tr>
<tr>
<td>OCS</td>
<td></td>
</tr>
<tr>
<td>SCS</td>
<td></td>
</tr>
<tr>
<td>ECS</td>
<td></td>
</tr>
<tr>
<td>WCS</td>
<td></td>
</tr>
</tbody>
</table>

| APTA Recognition of Advanced Proficiency for PTAs |  |
| (Check all that apply)                             |  |
|                                                    |  |
| Aquatic                                           |  |
| Cardiopulmonary                                   |  |
| Geriatric                                         |  |
| Integumentary                                     |  |

<table>
<thead>
<tr>
<th>APTA Member</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

Name followed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS):

Cherri Rooks, MSPT

Email Address / CPI2 Login:
cherri.rooks@vanderbilt.edu

PTA Program from Which CI Graduated:
Andrew’s University
Year of Graduation:
1997

Highest Earned Physical Therapy Degree
Masters in Physical Therapy

Highest Earned Degree
Masters degree

No. of Years of Clinical Practice
14

No. of Years of Clinical Teaching
14

No. of Years Working at this Site

Licensing/Registration Status
Licensed/Registered

License/Registration Number:
7204

State of Licensure/Registration
TN

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
- PCS
- CCS
- ECS

APTA Recognition of Advanced Proficiency for PTAs (Check all that apply)
- Aquatic
- Cardiopulmonary
- Geriatric
- Integumentary
- Musculoskeletal
- Neuromuscular
- Pediatrics
- Wrist and Carpal Tunnel

APTA Member
Yes
No

Name followed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS):

Email Address / CPI2 Login:

PTA Program from Which CI Graduated:

Year of Graduation:

Highest Earned Physical Therapy Degree
### Clinical Instructors

What criteria do you use to select clinical instructors? (Check all that apply)

- [ ] APTA Clinical Instructor Credentialing
- [ ] Career ladder opportunity
- [ ] Certification/training course
### Clinical competence
- Delegated in position description
- Demonstrated strength in clinical teaching
- No criteria
- Other (not APTA) clinical instructor credentialing
- Therapist initiative/volunteer
- Years of experience
- Other

**Number of Years of Experience pertinent to Clinical Instructor Selection**

1

### How are clinical instructors trained? (Check all that apply)
- 1:1 individual training (CCCE:CI)
- 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 program
- Professional continuing education (e.g., chapter CEU course)
- Other

### Information About the Physical Therapy Service

**Number of Inpatient Beds**

<table>
<thead>
<tr>
<th>Subcategory</th>
<th>Number of Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute care:</td>
<td>222</td>
</tr>
<tr>
<td>Psychiatric center:</td>
<td></td>
</tr>
<tr>
<td>Intensive care:</td>
<td>36</td>
</tr>
<tr>
<td>Rehabilitation center:</td>
<td></td>
</tr>
<tr>
<td>Step down:</td>
<td></td>
</tr>
<tr>
<td>Subacute/transitional care unit:</td>
<td></td>
</tr>
<tr>
<td>Extended care:</td>
<td></td>
</tr>
<tr>
<td>Other specialty centers:</td>
<td></td>
</tr>
<tr>
<td><strong>Total Number of Beds:</strong></td>
<td><strong>258</strong></td>
</tr>
</tbody>
</table>

**Number of Patients/ Clients**

<table>
<thead>
<tr>
<th>Subcategory</th>
<th>Inpatient</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual PT:</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Student PT:</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Individual PTA:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student PTA:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Patient/Client Lifespan and Continuum of Care

Indicate the frequency of time typically spent with patients/clients in each of the categories:

### Patient Lifespan

**0-12 years**
51% - 75%

**13-21 years**
26% - 50%

**22-65 years**
0%

**Over 65 years**
0%

### Continuum of Care

**Critical care, ICU, acute**
76% - 100%

**SNF/ECF/sub-acute**
0%

**Rehabilitation**
0%

**Ambulatory/outpatient**
76% - 100%

**Home health/hospice**
0%

**Wellness/fitness/industry**
0%

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.
### Musculoskeletal

<table>
<thead>
<tr>
<th>Sub-category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute injury</td>
<td>51% - 75%</td>
</tr>
<tr>
<td>Bone disease/dysfunction</td>
<td>51% - 75%</td>
</tr>
<tr>
<td>Musculoskeletal degenerative disease</td>
<td>51% - 75%</td>
</tr>
<tr>
<td>Amputation</td>
<td>51% - 75%</td>
</tr>
<tr>
<td>Connective tissue disease/dysfunction</td>
<td>51% - 75%</td>
</tr>
<tr>
<td>Muscle disease/dysfunction</td>
<td>51% - 75%</td>
</tr>
<tr>
<td>Orthopedic surgery</td>
<td>51% - 75%</td>
</tr>
<tr>
<td>Other</td>
<td>51% - 75%</td>
</tr>
</tbody>
</table>

### Neuro-muscular

<table>
<thead>
<tr>
<th>Sub-category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brain injury</td>
<td>51% - 75%</td>
</tr>
<tr>
<td>Congenital/developmental</td>
<td>51% - 75%</td>
</tr>
<tr>
<td>Spinal cord injury</td>
<td>51% - 75%</td>
</tr>
<tr>
<td>Cerebral vascular accident</td>
<td>51% - 75%</td>
</tr>
<tr>
<td>Neuromuscular degenerative disease</td>
<td>51% - 75%</td>
</tr>
<tr>
<td>Peripheral nerve injury</td>
<td>51% - 75%</td>
</tr>
<tr>
<td>Vestibular disorder</td>
<td>51% - 75%</td>
</tr>
<tr>
<td>Other</td>
<td>51% - 75%</td>
</tr>
</tbody>
</table>

### Cardiovascular-pulmonary

<table>
<thead>
<tr>
<th>Sub-category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac dysfunction/disease</td>
<td>1% - 25%</td>
</tr>
<tr>
<td>Peripheral vascular dysfunction/disease</td>
<td>1% - 25%</td>
</tr>
<tr>
<td>Fitness</td>
<td>1% - 25%</td>
</tr>
<tr>
<td>Pulmonary dysfunction/disease</td>
<td>1% - 25%</td>
</tr>
<tr>
<td>Lymphedema</td>
<td>1% - 25%</td>
</tr>
<tr>
<td>Other</td>
<td>1% - 25%</td>
</tr>
</tbody>
</table>

### Integumentary

<table>
<thead>
<tr>
<th>Sub-category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burns</td>
<td>1% - 25%</td>
</tr>
<tr>
<td>Open wounds</td>
<td>1% - 25%</td>
</tr>
<tr>
<td>Scar formation</td>
<td>1% - 25%</td>
</tr>
<tr>
<td>Other</td>
<td>1% - 25%</td>
</tr>
</tbody>
</table>

### Other (May cross a number of diagnostic groups)

<table>
<thead>
<tr>
<th>Sub-category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive impairment</td>
<td>26% - 50%</td>
</tr>
<tr>
<td>General medical conditions</td>
<td>26% - 50%</td>
</tr>
<tr>
<td>General surgery</td>
<td>26% - 50%</td>
</tr>
<tr>
<td>Organ transplant</td>
<td>26% - 50%</td>
</tr>
<tr>
<td>Wellness/Prevention</td>
<td>26% - 50%</td>
</tr>
<tr>
<td>Other</td>
<td>26% - 50%</td>
</tr>
</tbody>
</table>

---

### Hours of Operation

Facilities with multiple sites with different hours must complete this section for each clinical center.

<table>
<thead>
<tr>
<th>Day</th>
<th>From:</th>
<th>To:</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>7</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td>7</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td>7</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>
### Student Schedule

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

- **Varied schedules**

Describe the schedule(s) the student is expected to follow during the clinical experience:

Student schedule will follow clinical instructor schedule which may be typical 8 hour schedule (5 days/week) or 4 - 10 hour days. By the end of full time clinical affiliation, student will be expected to be able to manage therapist’s caseload with direct supervision from clinical instructor.

### Staffing

<table>
<thead>
<tr>
<th></th>
<th>Full-time Budgeted</th>
<th>Part-time Budgeted</th>
<th>Current Staffing</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTs</td>
<td>19</td>
<td>3</td>
<td>22</td>
</tr>
<tr>
<td>PTAs</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Aides/Techs</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Information About the Clinical Education Experience

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

- [ ] Administration
- [x] Aquatic Therapy
- [ ] Athletic Venue Coverage
- [ ] Back School
- [ ] Biomechanics Lab
- [ ] Cardiac Rehabilitation
<table>
<thead>
<tr>
<th>Community/Re-entry Activities</th>
<th>Critical Care/Intensive Care</th>
<th>Departmental Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Intervention</td>
<td>Employee Intervention</td>
<td>Employee Wellness Program</td>
</tr>
<tr>
<td>Group Programs/Classes</td>
<td>Home Health Program</td>
<td>Industrial/Ergonomic PT</td>
</tr>
<tr>
<td>Inservice Training/Lectures</td>
<td>Neonatal Care</td>
<td>Nursing Home/ECF/SNF</td>
</tr>
<tr>
<td>Orthotic/Prosthetic Fabrication</td>
<td>Pain Management Program</td>
<td>Pediatric - Classroom Consultation Emphasis</td>
</tr>
<tr>
<td>Pediatric - Cognitive Impairment Emphasis</td>
<td>Pediatric - Developmental Program Emphasis</td>
<td>Pediatric - General</td>
</tr>
<tr>
<td>Pediatric - Musculoskeletal Emphasis</td>
<td>Pediatric - Neurological Emphasis</td>
<td>Prevention/Wellness</td>
</tr>
<tr>
<td>Pulmonary Rehabilitation</td>
<td>Quality Assurance/CQI/TQM</td>
<td>Radiology</td>
</tr>
<tr>
<td>Research Experience</td>
<td>Screening/Prevention</td>
<td>Sports Physical Therapy</td>
</tr>
<tr>
<td>Surgery (observation)</td>
<td>Team Meetings/Rounds</td>
<td>Vestibular Rehabilitation</td>
</tr>
<tr>
<td>Women's Health/OB-GYN</td>
<td>Work Hardening/Conditioning</td>
<td>Wound Care</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Specialty Clinics**

Please check all specialty clinics available as student learning experiences.

<table>
<thead>
<tr>
<th>Arthritis</th>
<th>Balance</th>
<th>Developmental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeding clinic</td>
<td>Hand clinic</td>
<td>Hemophilia clinic</td>
</tr>
<tr>
<td>Industry</td>
<td>Neurology clinic</td>
<td>Orthopedic clinic</td>
</tr>
<tr>
<td>Pain clinic</td>
<td>Preparticipation sports</td>
<td>Prosthetic/orthotic clinic</td>
</tr>
<tr>
<td>Scoliosis</td>
<td>Screening clinics</td>
<td>Seating/mobility clinic</td>
</tr>
<tr>
<td>Sports medicine clinic</td>
<td>Wellness</td>
<td>Women's health</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please explain:
Adoption clinic, Down Syndrome and Spina Bifida Clinic, Brachial Plexus clinic

**Health and Educational Providers at the Clinical Site**

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

<table>
<thead>
<tr>
<th>Administrators</th>
<th>Alternative therapies</th>
<th>Athletic trainers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audiologists</td>
<td>Dietitians</td>
<td>Enterostomal / wound specialists</td>
</tr>
<tr>
<td>Exercise physiologists</td>
<td>Fitness professionals</td>
<td>Health information technologists</td>
</tr>
<tr>
<td>Massage therapists</td>
<td>Nurses</td>
<td>Occupational therapists</td>
</tr>
<tr>
<td>Physician assistants</td>
<td>Physicians</td>
<td>Podiatrists</td>
</tr>
<tr>
<td>Prosthetists / orthotists</td>
<td>Psychologists</td>
<td>Respiratory therapists</td>
</tr>
<tr>
<td>Social workers</td>
<td>Special education teachers</td>
<td>Speech/language pathologists</td>
</tr>
<tr>
<td>Students from other disciplines</td>
<td>Students from other physical therapy education programs</td>
<td>Therapeutic recreation therapists</td>
</tr>
<tr>
<td>Vocational rehabilitation counselors</td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

**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.

**Availability of the Clinical Education Experience**

Indicate educational levels at which you accept PT and PTA students for clinical experiences (Check all that apply).

**Physical Therapist First Experience:**

<table>
<thead>
<tr>
<th>Full days</th>
<th>Half days</th>
<th>Other</th>
</tr>
</thead>
</table>

Please explain:
First experience - one day per week observation and limited handling provided to local schools only.

### Physical Therapist
#### Intermediate Experiences:
- [ ] Full days
- [ ] Half days
- [ ] Other

#### Final Experience
- [x] Internship (6 months or longer)
- [x] Specialty experience
- [ ] Other

Please explain:
Priority given to final affiliation experiences of 8 weeks or longer.

### Physical Therapist Assistant
#### First Experience:
- [ ] Full days
- [ ] Half days
- [ ] Other

### Physical Therapist Assistant
#### Intermediate Experiences:
- [ ] Full days
- [ ] Half days
- [ ] Other

### Physical Therapist Assistant
#### Final Experience
- [ ] Other

PT
- Indicate which months you will accept students for any single full-time (36 hrs/wk) clinical experience.
  - [x] January
  - [x] February
  - [x] March
  - [x] April
  - [x] May
  - [x] June
  - [x] July
  - [x] August
  - [x] September
  - [x] October
  - [x] November
  - [x] December

- Indicate which months you will accept students for any one part-time (< 36 hrs/wk) clinical experience.
  - [x] January
  - [x] February
  - [x] March
  - [x] April
  - [x] May
  - [x] June
  - [x] July
  - [x] August
  - [x] September
  - [x] October
  - [x] November
  - [x] December

PTA
- Indicate which months you will accept students for any single full-time (36 hrs/wk) clinical experience.
  - [ ] January
  - [ ] February
  - [ ] March
  - [ ] April
  - [ ] May
  - [ ] June
  - [ ] July
  - [ ] August
  - [ ] September
  - [ ] October
  - [ ] November
  - [ ] December

- Indicate which months you will accept students for any one part-time (< 36 hrs/wk) clinical experience.
  - [ ] January
  - [ ] February
  - [ ] March
  - [ ] April
  - [ ] May
  - [ ] June
  - [ ] July
  - [ ] August
  - [ ] September
  - [ ] October
  - [ ] November
  - [ ] December

Average number of PT students affiliating per year: 15
Average number of PTA students affiliating per year: 0

Is your clinical site willing to offer reasonable accommodations for students under ADA?
Prior notice of accommodations needed are required.

What is the procedure for managing students whose performance is below expectations or unsafe?

Notification of problem with allowed time to make corrections, if problem persists, conference with student, CI, CCCE and school administration.

Explain what provisions are made for students if the clinical instructor is ill or away from the clinical site. (Answer if the clinical center employs only one PT or PTA):

Students will follow another therapist or visit specialty clinics if primary CI is away from the clinical site.
Is a Mantoux TB test (PPD) required?

a) one step
   - Yes
   - No

b) two step
   - Yes
   - No

Is a Rubella Titer Test or immunization required?
   - Yes
   - No

Please explain:

Are any other health tests/immunizations required prior to the clinical experience? If yes, please specify:
   - Yes
   - No

Please explain:

MMR vaccine/titer varicella vaccine/titer series of 3 Hep B vaccine and immunity or refusal, tetanus booster with 10 years is recommended

How is this information communicated to the clinic? Provide fax number if required:
   Fax number 615-343-0506

How current are student physical exam records required to be:
   within 12 months of clinical placement

Are any other health tests or immunizations required on-site? If yes, please specify:
   - Yes
   - No

Is the student required to provide proof of OSHA training?
   - Yes
   - No

Please explain:

Is the student required to provide proof of HIPAA training?
   - Yes
   - No

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-B Immunization?
   - Yes
   - No

Please explain:

Is the student required to have proof of health insurance?
   - Yes
   - No

Please explain:

Is emergency health care available for students?
   - Yes
   - No

Please explain:

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:

Is the student required to be CPR certified? (Please note if a specific course is required).
   - Yes
   - No

Please explain:

Can the student receive CPR certification while on-site?
   - Yes
   - No

Please explain:

Is the student required to be certified in First Aid?
   - Yes
   - No
Can the student receive First Aid certification on-site?

- Yes
- No

Is a criminal background check required (e.g., Criminal Offender Record Information)? If yes, please indicate which background check is required and timeframe.

- Yes
- No

School shall check and verify the following: social security trace and address verification, sexual offender database search, county criminal conviction search report, and education verification. VUMC does not require a copy, just that it is completed and negative for all offenses.

Is a child abuse clearance required?

- Yes
- No

As part of background check, see above.

Is the student responsible for the cost of required clearances?

- Yes
- No

Is the student required to submit to a drug test? If yes, please describe parameters.

- Yes
- No

Is medical testing available on-site for students?

- Yes
- No

Other requirements: (On-site orientation, sign an ethics statement, sign a confidentiality statement):

- On-site orientation
- If an individual is responsible for Compliance items, please fill out the Compliance contact information below:

  Compliance Contact Person Name:

  Compliance Contact Person Phone Number
  Phone Number:
  Ext:

  Compliance Contact Person Email:

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.

Housing

Is housing provided?

- Yes
- No

Which genders are housing provided for?

- Female
- Male

What is the average cost of housing?:

Description of the type of housing provided:

How far is the housing from the facility?:

miles

Person to contact to obtain/confirm housing:

Name:

Address:

Address:
If housing is not provided:

Is there a contact person for information on housing in the area of the clinic? Please list contact person and phone #.

☐ Yes  ☐ No
Please explain:
Laura Flynn PT, PCS laura.flynn@vanderbilt.edu

Is there a list available concerning housing in the area of the clinic? If yes, please list housing available in the area.

☐ Yes  ☐ No
Please explain:
Refer to website prior to clinical for updated housing information

Transportation

Will a student need a car to complete the clinical experience?

☐ Yes  ☐ No
Please explain:
Car is not necessary, but helpful.

Is parking available at the clinical center?

☐ Yes  ☐ No

Is public transportation available?

☐ Yes  ☐ No
Please explain:
bus service available from limited areas to VCH and One Hundred Oaks facilities.

How close is the nearest transportation (in miles) to your site?

<table>
<thead>
<tr>
<th>Type</th>
<th>Miles</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Train station</td>
<td>N/A</td>
</tr>
<tr>
<td>b) Subway station</td>
<td>N/A</td>
</tr>
<tr>
<td>c) Bus station</td>
<td>1</td>
</tr>
<tr>
<td>d) Airport</td>
<td>15</td>
</tr>
</tbody>
</table>

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, safe for walking/jogging, campus security present and available

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):

www.vanderbilt.edu/rehab follow link to student information
## Meals

**Are meals available for students on-site?**
- Yes
- No

### Breakfast
- Yes
- No

### Lunch
- Yes
- No

### Dinner
- Yes
- No

**Are facilities available for the storage and preparation of food?**
- Yes
- No

Please explain:
Staff lounge with refrigerator and microwave

---

## 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

---

## 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)?**
- Yes
- No

Please explain:
To be determined by student prior to midterm and apply to setting.

**Do you require any additional written or verbal work from the student (e.g., article critiques, journal review, patient/client education handout/brochure)?**
- Yes
- No

Please explain:

**Does your site have a written policy for missed days due to illness, emergency situations, other? If yes, please summarize.**
- Yes
- No

Please explain:
Students are required to make up more than 2 missed days during a clinical affiliation.

Will the student have access to the Internet at the clinical site?

- Yes
- No

Please explain:

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.

Other Student Information

Do you provide the student with an on-site orientation to your clinical site?

- Yes
- No

Please indicate the typical orientation content by checking all items that are included.

- Documentation/billing
- Facility-wide or volunteer orientation
- Learning style inventory
- Patient information/assignments
- Policies and procedures (specifically outlined plan for emergency response)
- Quality assurance
- Reimbursement issues
- Required assignments (e.g., case study, diary/log, inservice)
- Review of goals/objectives of clinical experience
- Student expectations
- Supplemental readings
- Tour of facility/department
- Other

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.