

## Site Manager Site Survey —

### Site: Medstar National Rehabilitation Hospital - Irving Street

Section Title	Last Update	
Information For the Academic Program	06/19/13 08:49 AM	<a href="#">Edit Now</a>
<p><b>Information For the Academic Program</b></p> <p><b>Person Completing CSIF:</b> Maria Summers, PT MS NCS</p> <p><b>E-mail address of person completing CSIF:</b> maria.m.summers@medstar.net</p> <p><b>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):</b> Medstar National Rehabilitation Hospital - Irving Street</p> <p><b>Street Address</b></p> <p><b>Address:</b> Medstar National Rehabilitation Hospital Inpatient PT Service 102 Irving Street, NW</p> <p><b>City:</b> Washington</p> <p><b>State:</b> DC</p> <p><b>Postal Code:</b> 20010</p> <p><b>Facility Phone</b></p> <p><b>Phone Number:</b> 202-877-1000</p> <p><b>Ext:</b></p> <p><b>PT Department Phone</b></p> <p><b>Phone Number:</b> 202-877-1562</p> <p><b>Ext:</b></p> <p><b>PT Department Fax</b></p> <p><b>Phone Number:</b> 202-723-6071</p> <p><b>PT Department E-mail:</b></p> <p><b>Clinical Center Web Address:</b> medstarnh.org</p> <p><b>Director of Physical Therapy:</b> Patricia Brown, PT DPT MS</p> <p><b>Director of Physical Therapy E-mail:</b> patricia.g.brown@medstar.net</p> <p><b>Center Coordinator of Clinical Education (CCCE) / Contact Person:</b> Maria Summers, PT MS NCS</p> <p><b>CCCE / Contact Person Phone:</b> 202-877-1562</p> <p><b>CCCE / Contact Person E-mail:</b></p>		

**Indicate which of the following are required by your facility prior to the clinical education experience:**

<input checked="" type="checkbox"/> CPR	<input type="checkbox"/> Child clearance	<input checked="" type="checkbox"/> Criminal background check
<input checked="" type="checkbox"/> Drug screening	<input checked="" type="checkbox"/> First Aid	<input checked="" type="checkbox"/> HIPAA education
<input checked="" type="checkbox"/> OSHA education	<input checked="" type="checkbox"/> Proof of student health clearance	<input type="checkbox"/> 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.

Information About the Corporate/Healthcare Systems Organization

06/19/13 08:49 AM

[Edit Now](#)

**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:**

Medstar Health

**Contact Name:**

**Address**

**Address:**

5565 Sterrett Place

**City:**

Columbia

**State:**

MD

**Postal Code:**

21044

**Phone**

**Phone Number:**

877-772-6505

**Ext:**

**Fax**

**Phone Number:**

**E-mail:**

website: medstarhealth.org

**Affiliation Agreement Contract Fulfillment**

**Contact Person:**

Maria Summers, PT MS NCS

**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

06/19/13 08:49 AM

[Edit Now](#)

**Clinical Site Accreditation/Ownership**

**Is your clinical site certified / accredited?**

Yes  No

Has your clinical site been certified / accredited by:

JCAHO

Yes  No

Date of Last Accreditation Certification

2013

CARF

Yes  No

Date of Last Accreditation Certification

2010

Government Agency (eg, CORF, PTIP, rehab agency, state, etc.)

Yes  No

Other Agency

Yes  No

Which of the following best describes the ownership category for your clinical site? (check all that apply)

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Corporate/Privatey Owned | <input type="checkbox"/> Government Agency | <input type="checkbox"/> Hospital/Medical Center Owned |
| <input type="checkbox"/> Nonprofit Agency                    | <input type="checkbox"/> PT Owned          | <input type="checkbox"/> PT/PTA Owned                  |
| <input type="checkbox"/> Physician/Physician Group Owned     | <input type="checkbox"/> 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.

Clinical Site Primary Classification

06/19/13 08:49 AM

[Edit](#)  
[Now](#)

Clinical Site Primary Classification

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

Rehabilitation/Sub-acute Rehabilitation

If appropriate, check (✓) up to four additional categories that describe the other clinical centers associated with your facility.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Acute Care/Inpatient Hospital Facility | <input type="checkbox"/> Ambulatory Care/Outpatient         | <input type="checkbox"/> ECF/Nursing Home/SNF                               |
| <input type="checkbox"/> Federal/State/County Health            | <input type="checkbox"/> Home Health                        | <input type="checkbox"/> Industrial/Occupational Health Facility            |
| <input type="checkbox"/> Multiple Level Medical Center          | <input type="checkbox"/> Private Practice                   | <input checked="" type="checkbox"/> Rehabilitation/Sub-acute Rehabilitation |
| <input type="checkbox"/> School/Preschool Program               | <input type="checkbox"/> Wellnss/Prevention/Fitness Program | <input type="checkbox"/> 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.

Clinical Site Location

06/19/13 08:49 AM

[Edit](#)  
[Now](#)

Clinical Site Location

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

Urban

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.

Affiliated PT and PTA Educational Programs

06/19/13 08:49 AM

[Edit](#)

### Affiliated PT and PTA Educational Programs

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

Program Name	City	State	PT / PTA	
Baltimore City Community College	Baltimore	MD	PTA	
Boston University	Boston	MA	PT	
Chesapeake Area Consortium for Higher Education: Anne Arundel Community College, College...	Arnold	MD	PTA	
Duke University	Durham	NC	PT	
Emory University	Atlanta	GA	PT	
George Washington University	Washington	DC	PT	
Howard University	Washington	DC	PT	
Northeastern University	Boston	MA	PT	
Temple University	Philadelphia	PA	PT	
The Sage Colleges	Troy	NY	PT	
University of Maryland - Eastern Shore	Princess Anne	MD	PT	
University of Southern California	Los Angeles	CA	PT	
University of St. Augustine - FL	St. Augustine	FL	PT	
University of Tennessee at Chattanooga	Chattanooga	TN	PT	
University of Vermont	Burlington	VT	PT	
Virginia Commonwealth University	Richmond	VA	PT	
Washington University of St. Louis	St. Louis	MO	PT	
Lynchburg College	Lynchburg	VA	PT	
		AB	PT	

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

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

By A-Z:

Any

By State:

Any

Program Name:

City:

State:

AB

PT / PTA:

PT

Add Clear

#### 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

07/17/13 11:24 AM

Edit  
Now

### Information About the Clinical Teaching Faculty

Abbreviated Resume for Center Coordinators of Clinical Education - Please update as each new CCCE assumes this position.

Name:

Email Address / CPI2 Login:

Sorry, that login already exists on this CSIF

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

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

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 current)

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)

Course:

Provider/Location:

Date

Name:

Romina Astifidis

Email Address / CPI2 Login:

romina.astifidis@medstar.net

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

Licensing/Registration Status

Please choose: ▾

State of Licensure/Registration

Please choose: ▾

License/Registration Number:

Highest Earned Physical Therapy Degree

Masters in Physical Therapy ▾

Highest Earned Degree

Masters degree ▾

APTA Credentialed CI

Yes

No

APTA Advanced Credentialed CI

Yes

No

Other CI Credentialing

Yes

No

Please explain:

CHT

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

Other credentials:

Summary of College and University Education

(Start with most current)

Institution:

Period of Study

(If the user is currently enrolled, please type in the word 'CURRENT' into the box labeled 'To'.)

From  — To

Major:

Degree:

#### Summary of Primary Employment

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

Employer:

Position:

Period of Employment

(If the user is currently employed, please type in the word 'CURRENT' into the box labeled 'To'.)

From  — To

#### 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)

Course:

Provider/Location:

Date

Name:

Maria Summers, PT MS NCS

Email Address / CPI2 Login:

maria.m.summers@medstar.net

Present Position (Title, Name of Facility):

Senior Physical Therapist / INPATIENT CCCE

No. of Years as the CCCE

No. of Years of Clinical Practice

No. of Years of Clinical Teaching

No. of Years Working at this Site

Check all that apply:

PT  PTA

Licensing/Registration Status

Licensed/Registered

State of Licensure/Registration

DC

License/Registration Number:

PT

Licensing/Registration Status

Licensed/Registered

State of Licensure/Registration

VA

License/Registration Number:

Highest Earned Physical Therapy Degree

Masters in Physical Therapy

Highest Earned Degree

Masters 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)

- |                              |   |
|------------------------------|---|
| <input type="checkbox"/> OCS | <input type="checkbox"/> GCS            |
| <input type="checkbox"/> PCS | <input checked="" type="checkbox"/> NCS |
| <input type="checkbox"/> CCS | <input type="checkbox"/> SCS            |
| <input type="checkbox"/> ECS | <input type="checkbox"/> WCS            |

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

- |  |  |
|--|--|
| <input type="checkbox"/> Aquatic         | <input type="checkbox"/> Musculoskeletal |
| <input type="checkbox"/> Cardiopulmonary | <input type="checkbox"/> Neuromuscular   |
| <input type="checkbox"/> Geriatric       | <input type="checkbox"/> Pediatrics      |
| <input type="checkbox"/> Integumentary   |  |

Other credentials:

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 word 'CURRENT' into the box labeled 'To'.)

From 06/1986 — To 05/1988

Major:

Physical Therapy

Degree:



MS PT

**Institution:**

Kenyon College

**Period of Study**

(If the user is currently enrolled, please type in the word '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

**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)

**Course:**

**Provider/Location:**

**Date**

**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

07/17/13 11:24 AM

[Edit](#)  
[Now](#)

**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):**

Erik Trentrock

**Email Address / CPI2 Login:**

Erik.Trentrock@medstar.net

**PT/PTA Program from Which CI Graduated:**

Arcadia University

**Year of Graduation:**

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

APTA Credentialed CI

Yes  No

APTA Advanced Credentialed CI

Yes  No

Other CI Credentialing

Yes  No

ABPTS Certified Clinical Specialist (Check all that apply)

<input type="checkbox"/> OCS	<input type="checkbox"/> GCS
<input type="checkbox"/> PCS	<input type="checkbox"/> NCS
<input type="checkbox"/> CCS	<input type="checkbox"/> SCS
<input type="checkbox"/> ECS	<input type="checkbox"/> WCS

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

<input type="checkbox"/> Aquatic	<input type="checkbox"/> Musculoskeletal
<input type="checkbox"/> Cardiopulmonary	<input type="checkbox"/> Neuromuscular
<input type="checkbox"/> Geriatric	<input type="checkbox"/> Pediatrics
<input type="checkbox"/> 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:

## 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

## APTA Credentialed CI

Yes  No

## APTA Advanced Credentialed CI

Yes  No

## Other CI Credentialing

Yes  No

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

<input type="checkbox"/> OCS	<input type="checkbox"/> GCS
<input type="checkbox"/> PCS	<input type="checkbox"/> NCS
<input type="checkbox"/> CCS	<input type="checkbox"/> SCS
<input type="checkbox"/> ECS	<input type="checkbox"/> WCS

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

<input type="checkbox"/> Aquatic	<input type="checkbox"/> Musculoskeletal
<input type="checkbox"/> Cardiopulmonary	<input type="checkbox"/> Neuromuscular
<input type="checkbox"/> Geriatric	<input type="checkbox"/> Pediatrics
<input type="checkbox"/> Integumentary	

## APTA Member

Yes  No

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

Lauren Russell

## Email Address / CPI2 Login:

lauren.russell@medstar.net

## PT/PTA Program from Which CI Graduated:

Quinnipiac University

## Year of Graduation:

2006

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  No

APTA Advanced Credentialed CI

Yes  No

Other CI Credentialing

Yes  No

ABPTS Certified Clinical Specialist (Check all that apply)

- |                              |                              |
|------------------------------|------------------------------|
| <input type="checkbox"/> OCS | <input type="checkbox"/> GCS |
| <input type="checkbox"/> PCS | <input type="checkbox"/> NCS |
| <input type="checkbox"/> CCS | <input type="checkbox"/> SCS |
| <input type="checkbox"/> ECS | <input type="checkbox"/> WCS |

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

- |  |  |
|--|--|
| <input type="checkbox"/> Aquatic         | <input type="checkbox"/> Musculoskeletal |
| <input type="checkbox"/> Cardiopulmonary | <input type="checkbox"/> Neuromuscular   |
| <input type="checkbox"/> Geriatric       | <input type="checkbox"/> Pediatrics      |
| <input type="checkbox"/> 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 Earned Physical Therapy Degree

Masters in Physical Therapy

Highest Earned Degree

Masters degree

No. of Years of Clinical Practice

4

No. of Years of Clinical Teaching

3

No. of Years Working at this Site

4

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)

- |                              |                              |
|------------------------------|------------------------------|
| <input type="checkbox"/> OCS | <input type="checkbox"/> GCS |
| <input type="checkbox"/> PCS | <input type="checkbox"/> NCS |
| <input type="checkbox"/> CCS | <input type="checkbox"/> SCS |
| <input type="checkbox"/> ECS | <input type="checkbox"/> WCS |

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

- |  |  |
|--|--|
| <input type="checkbox"/> Aquatic         | <input type="checkbox"/> Musculoskeletal |
| <input type="checkbox"/> Cardiopulmonary | <input type="checkbox"/> Neuromuscular   |
| <input type="checkbox"/> Geriatric       | <input type="checkbox"/> Pediatrics      |
| <input type="checkbox"/> Integumentary   |  |

APTA Member

Yes  No

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

Alison Smith

Email Address / CPI2 Login:

Alison.G.Smith@medstar.net

PT/PTA Program from Which CI Graduated:

Duquense University

Year of Graduation:

2008

Highest Earned Physical Therapy Degree

Doctor in Physical Therapy

Highest Earned Degree

Professional Doctor in Physical Therapy

No. of Years of Clinical Practice

4

No. of Years of Clinical Teaching

3

No. of Years Working at this Site

4

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)

<input type="checkbox"/>	OCS	<input type="checkbox"/>	GCS
<input type="checkbox"/>	PCS	<input type="checkbox"/>	NCS
<input type="checkbox"/>	CCS	<input type="checkbox"/>	SCS
<input type="checkbox"/>	ECS	<input type="checkbox"/>	WCS

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

<input type="checkbox"/>	Aquatic	<input type="checkbox"/>	Musculoskeletal
<input type="checkbox"/>	Cardiopulmonary	<input type="checkbox"/>	Neuromuscular
<input type="checkbox"/>	Geriatric	<input type="checkbox"/>	Pediatrics
<input type="checkbox"/>	Integumentary		

APTA Member

Yes  No

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

Meagan Tiedemann

Email Address / CPI2 Login:

Meagan.H.Stobie@medstar.net

PT/PTA Program from Which CI Graduated:

Elon 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

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

APTA Credentialed CI

Yes  No

APTA Advanced Credentialed CI

Yes  No

Other CI Credentialing

Yes  No

ABPTS Certified Clinical Specialist (Check all that apply)

- |                              |                              |
|------------------------------|------------------------------|
| <input type="checkbox"/> OCS | <input type="checkbox"/> GCS |
| <input type="checkbox"/> PCS | <input type="checkbox"/> NCS |
| <input type="checkbox"/> CCS | <input type="checkbox"/> SCS |
| <input type="checkbox"/> ECS | <input type="checkbox"/> WCS |

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

- |  |  |
|--|--|
| <input type="checkbox"/> Aquatic         | <input type="checkbox"/> Musculoskeletal |
| <input type="checkbox"/> Cardiopulmonary | <input type="checkbox"/> Neuromuscular   |
| <input type="checkbox"/> Geriatric       | <input type="checkbox"/> Pediatrics      |
| <input type="checkbox"/> Integumentary   |  |

APTA Member

Yes  No

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

Jessica Eng

Email Address / CPI2 Login:

Jessica.Eng@medstar.net

PT/PTA Program from Which CI Graduated:

University of Delaware

Year of Graduation:

2003

Highest Earned Physical Therapy Degree

Doctor in Physical Therapy

Highest Earned Degree

Professional Doctor in Physical Therapy

No. of Years of Clinical Practice

10

No. of Years of Clinical Teaching

7

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  No

APTA Advanced Credentialed CI

Yes  No

Other CI Credentialing

Yes  No

ABPTS Certified Clinical Specialist (Check all that apply)

<input type="checkbox"/>	OCS	<input type="checkbox"/>	GCS
<input type="checkbox"/>	PCS	<input checked="" type="checkbox"/>	NCS
<input type="checkbox"/>	CCS	<input type="checkbox"/>	SCS
<input type="checkbox"/>	ECS	<input type="checkbox"/>	WCS

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

<input type="checkbox"/>	Aquatic	<input type="checkbox"/>	Musculoskeletal
<input type="checkbox"/>	Cardiopulmonary	<input type="checkbox"/>	Neuromuscular
<input type="checkbox"/>	Geriatric	<input type="checkbox"/>	Pediatrics
<input type="checkbox"/>	Integumentary		

APTA Member

Yes  No

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

Email Address / CPI2 Login:

Sorry, that login already exists on this CSIF

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: ▾

APTA Credentialed CI

Yes  No

APTA Advanced Credentialed CI

Yes  No

Other CI Credentialing

Yes  No

ABPTS Certified Clinical Specialist (Check all that apply)

<input type="checkbox"/>	OCS	<input type="checkbox"/>	GCS
<input type="checkbox"/>	PCS	<input type="checkbox"/>	NCS
<input type="checkbox"/>	CCS	<input type="checkbox"/>	SCS
<input type="checkbox"/>	ECS	<input type="checkbox"/>	WCS

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

<input type="checkbox"/>	Aquatic	<input type="checkbox"/>	Musculoskeletal
<input type="checkbox"/>	Cardiopulmonary	<input type="checkbox"/>	Neuromuscular
<input type="checkbox"/>	Geriatric	<input type="checkbox"/>	Pediatrics
<input type="checkbox"/>	Integumentary		

APTA Member

Yes  No

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

Cara Hosler-Smythe

Email Address / CPI2 Login:

cara.hosler-smythe@medstar.net

PT/PTA Program from Which CI Graduated:

University of Kentucky

Year of Graduation:

2001

Highest Earned Physical Therapy Degree

Masters in Physical Therapy ▾

Highest Earned Degree

Masters degree ▾

No. of Years of Clinical Practice

11 ▾

No. of Years of Clinical Teaching

10 ▾

No. of Years Working at this Site

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)

<input type="checkbox"/>	OCS	<input type="checkbox"/>	GCS
<input type="checkbox"/>	PCS	<input checked="" type="checkbox"/>	NCS
<input type="checkbox"/>	CCS	<input type="checkbox"/>	SCS
<input type="checkbox"/>	ECS	<input type="checkbox"/>	WCS

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

<input type="checkbox"/>	Aquatic	<input type="checkbox"/>	Musculoskeletal
<input type="checkbox"/>	Cardiopulmonary	<input type="checkbox"/>	Neuromuscular
<input type="checkbox"/>	Geriatric	<input type="checkbox"/>	Pediatrics
<input type="checkbox"/>	Integumentary		

APTA Member

Yes  No

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

Email Address / CPI2 Login:

PT/PTA Program from Which CI Graduated:

Year of Graduation:

Highest Earned Physical Therapy Degree

Please choose:

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:

APTA Credentialed CI

Yes  No

APTA Advanced Credentialed CI

Yes  No

**Other CI Credentialing**

Yes  No

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

<input type="checkbox"/>	OCS	<input type="checkbox"/>	GCS
<input type="checkbox"/>	PCS	<input type="checkbox"/>	NCS
<input type="checkbox"/>	CCS	<input type="checkbox"/>	SCS
<input type="checkbox"/>	ECS	<input type="checkbox"/>	WCS

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

<input type="checkbox"/>	Aquatic	<input type="checkbox"/>	Musculoskeletal
<input type="checkbox"/>	Cardiopulmonary	<input type="checkbox"/>	Neuromuscular
<input type="checkbox"/>	Geriatric	<input type="checkbox"/>	Pediatrics
<input type="checkbox"/>	Integumentary		

**APTA Member**

Yes  No

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

Alison Smith

**Email Address / CPI2 Login:**

Alison.G.Smith@Medstar.net

**PT/PTA Program from Which CI Graduated:**

Duquesne University

**Year of Graduation:**

2008

**Highest Earned Physical Therapy Degree**

Doctor in Physical Therapy

**Highest Earned Degree**

Professional Doctor in Physical Therapy

**No. of Years of Clinical Practice**

4

**No. of Years of Clinical Teaching**

3

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

4

**APTA Credentialed CI**

Yes  No

**APTA Advanced Credentialed CI**

Yes  No

**Other CI Credentialing**

Yes  No

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

<input type="checkbox"/>	OCS	<input type="checkbox"/>	GCS
<input type="checkbox"/>	PCS	<input type="checkbox"/>	NCS
<input type="checkbox"/>	CCS	<input type="checkbox"/>	SCS

<input type="checkbox"/>	ECS	<input type="checkbox"/>	WCS
<b>APTA Recognition of Advanced Proficiency for PTAs (Check all that apply)</b>			
<input type="checkbox"/>	Aquatic	<input type="checkbox"/>	Musculoskeletal
<input type="checkbox"/>	Cardiopulmonary	<input type="checkbox"/>	Neuromuscular
<input type="checkbox"/>	Geriatric	<input type="checkbox"/>	Pediatrics
<input type="checkbox"/>	Integumentary		
<b>APTA Member</b>			
<input checked="" type="radio"/> Yes <input type="radio"/> No			

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

**Email Address / CPI2 Login:**  
 maria.p.marchetti@medstar.net

**PT/PTA Program from Which CI Graduated:**  
 Beaver College (now Arcadia University)

**Year of Graduation:**  
 1988

**Highest Earned Physical Therapy Degree**  
 Masters in Physical Therapy

**Highest Earned Degree**  
 Masters degree

**No. of Years of Clinical Practice**  
 24

**No. of Years of Clinical Teaching**  
 22

**No. of Years Working at this Site**  
 24

**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)**

<input type="checkbox"/>	OCS	<input type="checkbox"/>	GCS
<input type="checkbox"/>	PCS	<input checked="" type="checkbox"/>	NCS
<input type="checkbox"/>	CCS	<input type="checkbox"/>	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):**

Gina Vault

**Email Address / CPI2 Login:**

Gina.Vault@medstar.net

**PT/PTA Program from Which CI Graduated:**

Thomas Jefferson University

**Year of Graduation:**

2001

**Highest Earned Physical Therapy Degree**

Masters in Physical Therapy

**Highest Earned Degree**

Masters degree

**No. of Years of Clinical Practice**

11

**No. of Years of Clinical Teaching**

10

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

1

**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)**

- |  |  |
|--|--|
| <input type="checkbox"/> Aquatic         | <input type="checkbox"/> Musculoskeletal |
| <input type="checkbox"/> Cardiopulmonary | <input type="checkbox"/> Neuromuscular   |
| <input type="checkbox"/> Geriatric       | <input type="checkbox"/> Pediatrics      |
| <input type="checkbox"/> Integumentary   |  |

**APTA Member**

- Yes     No

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

Jessica Eng

**Email Address / CPI2 Login:**

jessica.eng@medstar.net

**PT/PTA Program from Which CI Graduated:**

University of Delaware

**Year of Graduation:**

2003

**Highest Earned Physical Therapy Degree**

Doctor in Physical Therapy

**Highest Earned Degree**

Professional Doctor in Physical Therapy

**No. of Years of Clinical Practice**

9

**No. of Years of Clinical Teaching**

7

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

7

**APTA Credentialed CI**

- Yes     No

**APTA Advanced Credentialed CI**

- Yes     No

**Other CI Credentialing**

- Yes     No

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

- |                              |                              |
|------------------------------|------------------------------|
| <input type="checkbox"/> OCS | <input type="checkbox"/> GCS |
| <input type="checkbox"/> PCS | <input type="checkbox"/> NCS |
| <input type="checkbox"/> CCS | <input type="checkbox"/> SCS |
| <input type="checkbox"/> ECS | <input type="checkbox"/> WCS |

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

- |  |  |
|--|--|
| <input type="checkbox"/> Aquatic         | <input type="checkbox"/> Musculoskeletal |
| <input type="checkbox"/> Cardiopulmonary | <input type="checkbox"/> Neuromuscular   |
| <input type="checkbox"/> Geriatric       | <input type="checkbox"/> Pediatrics      |
| <input type="checkbox"/> Integumentary   |  |

**APTA Member**

Yes  No

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

Alison Cuneo

Email Address / CPI2 Login:

alison.cuneo@medstar.net

PT/PTA Program from Which CI Graduated:

Northeastern University

Year of Graduation:

2003

Highest Earned Physical Therapy Degree

Masters in Physical Therapy

Highest Earned Degree

Post-professional Doctor in Physical Therapy (Transition)

No. of Years of Clinical Practice

9

No. of Years of Clinical Teaching

8

No. of Years Working at this Site

9

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)

<input type="checkbox"/>	OCS	<input type="checkbox"/>	GCS
<input type="checkbox"/>	PCS	<input checked="" type="checkbox"/>	NCS
<input type="checkbox"/>	CCS	<input type="checkbox"/>	SCS
<input type="checkbox"/>	ECS	<input type="checkbox"/>	WCS

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

<input type="checkbox"/>	Aquatic	<input type="checkbox"/>	Musculoskeletal
<input type="checkbox"/>	Cardiopulmonary	<input type="checkbox"/>	Neuromuscular
<input type="checkbox"/>	Geriatric	<input type="checkbox"/>	Pediatrics
<input type="checkbox"/>	Integumentary		

APTA Member

Yes  No

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 CI Graduated:

Year of Graduation:

Highest 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 CI Credentialing

Yes  No

ABPTS Certified Clinical Specialist (Check all that apply)

- |                              |                              |
|------------------------------|------------------------------|
| <input type="checkbox"/> OCS | <input type="checkbox"/> GCS |
| <input type="checkbox"/> PCS | <input type="checkbox"/> NCS |
| <input type="checkbox"/> CCS | <input type="checkbox"/> SCS |
| <input type="checkbox"/> ECS | <input type="checkbox"/> WCS |

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

- |  |  |
|--|--|
| <input type="checkbox"/> Aquatic         | <input type="checkbox"/> Musculoskeletal |
| <input type="checkbox"/> Cardiopulmonary | <input type="checkbox"/> Neuromuscular   |
| <input type="checkbox"/> Geriatric       | <input type="checkbox"/> Pediatrics      |
| <input type="checkbox"/> Integumentary   |  |

APTA Member

Yes  No



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

Meaghan Minzy

Email Address / CPI2 Login:

Meaghan.D.Minzy@medstar.net

PT/PTA Program from Which CI 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

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)

<input type="checkbox"/>	OCS	<input type="checkbox"/>	GCS
<input type="checkbox"/>	PCS	<input type="checkbox"/>	NCS
<input type="checkbox"/>	CCS	<input type="checkbox"/>	SCS
<input type="checkbox"/>	ECS	<input type="checkbox"/>	WCS

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

<input type="checkbox"/>	Aquatic	<input type="checkbox"/>	Musculoskeletal
<input type="checkbox"/>	Cardiopulmonary	<input type="checkbox"/>	Neuromuscular
<input type="checkbox"/>	Geriatric	<input type="checkbox"/>	Pediatrics
<input type="checkbox"/>	Integumentary		

APTA Member

Yes  No

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

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)

<input type="checkbox"/>	OCS	<input type="checkbox"/>	GCS
<input type="checkbox"/>	PCS	<input type="checkbox"/>	NCS
<input type="checkbox"/>	CCS	<input type="checkbox"/>	SCS
<input type="checkbox"/>	ECS	<input type="checkbox"/>	WCS

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

<input type="checkbox"/>	Aquatic	<input type="checkbox"/>	Musculoskeletal
<input type="checkbox"/>	Cardiopulmonary	<input type="checkbox"/>	Neuromuscular
<input type="checkbox"/>	Geriatric	<input type="checkbox"/>	Pediatrics
<input type="checkbox"/>	Integumentary		

APTA Member

Yes  No

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

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

Please 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)

<input type="checkbox"/>	OCS	<input type="checkbox"/>	GCS
<input type="checkbox"/>	PCS	<input type="checkbox"/>	NCS
<input type="checkbox"/>	CCS	<input type="checkbox"/>	SCS
<input type="checkbox"/>	ECS	<input type="checkbox"/>	WCS

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

<input type="checkbox"/>	Aquatic	<input type="checkbox"/>	Musculoskeletal
<input type="checkbox"/>	Cardiopulmonary	<input type="checkbox"/>	Neuromuscular
<input type="checkbox"/>	Geriatric	<input type="checkbox"/>	Pediatrics
<input type="checkbox"/>	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.

**Clinical Instructors**

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

<input checked="" type="checkbox"/>	APTA Clinical Instructor Credentialing	<input type="checkbox"/>	Career ladder opportunity	<input checked="" type="checkbox"/>	Certification/training course
<input checked="" type="checkbox"/>	Clinical competence	<input type="checkbox"/>	Delegated in position description	<input checked="" type="checkbox"/>	Demonstrated strength in clinical teaching
<input type="checkbox"/>	No criteria	<input type="checkbox"/>	Other (not APTA) clinical instructor credentialing	<input checked="" type="checkbox"/>	Therapist initiative/volunteer
<input checked="" type="checkbox"/>	Years of experience	<input type="checkbox"/>	Other		

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

**How are clinical instructors trained? (Check all that apply)**

<input checked="" type="checkbox"/>	1:1 individual training (CCCE:CI)	<input checked="" type="checkbox"/>	APTA Clinical Instructor Education and Credentialing Program	<input type="checkbox"/>	Academic for-credit coursework
<input type="checkbox"/>	Clinical center inservices	<input type="checkbox"/>	Continuing education by academic program	<input type="checkbox"/>	Continuing education by consortia
<input type="checkbox"/>	No training	<input type="checkbox"/>	Other (not APTA) clinical instructor credentialing program	<input type="checkbox"/>	Professional continuing education (e.g., chapter, CEU course)
<input type="checkbox"/>	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.

**Information About the Physical Therapy Service**

Number of Inpatient Beds For clinical sites with inpatient care, please provide the number of beds available in each of the subcategories listed below: (If this does not apply to your facility, please skip and move to the next table.)

Acute care:

Psychiatric center:

Intensive care:

Rehabilitation center:

137

Step down:

Subacute/transitional care unit:

Extended care:

Other specialty centers:

Total Number of Beds:

137

**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.

**Number of Patients/Clients**

Estimate the average number of patient/client visits per day:

Inpatient

Outpatient

5-6 Individual PT:	Individual PT:
4-5 Student PT:	Student PT:
Individual PTA:	Individual PTA:
Student PTA:	Student PTA:
PT/PTA Team:	PT/PTA Team:
101 Total patient/client visits per day:	0 Total patient/client visits per day:

**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.

Patient/Client Lifespan and Continuum of Care

01/11/13 11:07 AM

[Edit Now](#)

**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**

1% - 25%

**13-21 years**

1% - 25%

**22-65 years**

51% - 75%

**Over 65 years**

51% - 75%

**Continuum of Care**

**Critical care, ICU, acute**

0%

**SNF/ECF/sub-acute**

0%

**Rehabilitation**

76% - 100%

**Ambulatory/outpatient**

0%

**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.

**Patient/Client Diagnoses**

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

**Musculoskeletal**

26% - 50%

Which Musculoskeletal sub-categories are available to the student:

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Acute injury                         | <input checked="" type="checkbox"/> Amputation                            | <input checked="" type="checkbox"/> Arthritis                  |
| <input checked="" type="checkbox"/> Bone disease/dysfunction             | <input checked="" type="checkbox"/> Connective tissue disease/dysfunction | <input checked="" type="checkbox"/> Muscle disease/dysfunction |
| <input checked="" type="checkbox"/> Musculoskeletal degenerative disease | <input checked="" type="checkbox"/> Orthopedic surgery                    | <input type="checkbox"/> Other                                 |

**Neuro-muscular**

51% - 75%

Which Neuro-muscular sub-categories are available to the student:

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Brain injury       | <input checked="" type="checkbox"/> Cerebral vascular accident         | <input checked="" type="checkbox"/> Chronic pain |
| <input type="checkbox"/> Congenital/developmental      | <input checked="" type="checkbox"/> Neuromuscular degenerative disease | <input type="checkbox"/> Peripheral nerve injury |
| <input checked="" type="checkbox"/> Spinal cord injury | <input type="checkbox"/> Vestibular disorder                           | <input type="checkbox"/> Other                   |

**Cardiovascular-pulmonary**

26% - 50%

Which Cardiovascular-pulmonary sub-categories are available to the student:

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Cardiac dysfunction/disease             | <input type="checkbox"/> Fitness                       | <input checked="" type="checkbox"/> Lymphedema |
| <input checked="" type="checkbox"/> Peripheral vascular dysfunction/disease | <input type="checkbox"/> Pulmonary dysfunction/disease | <input type="checkbox"/> Other                 |

**Integumentary**

1% - 25%

Which Integumentary sub-categories are available to the student:

- |                                |   |   |
|--------------------------------|---|---|
| <input type="checkbox"/> Burns | <input checked="" type="checkbox"/> Open wounds | <input type="checkbox"/> Scar formation |
| <input type="checkbox"/> Other |   |   |

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

51% - 75%

Which other sub-categories are available to the student:

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Cognitive impairment | <input checked="" type="checkbox"/> General medical conditions | <input checked="" type="checkbox"/> General surgery |
| <input checked="" type="checkbox"/> Oncologic conditions | <input checked="" type="checkbox"/> Organ transplant           | <input type="checkbox"/> Wellness/Prevention        |
| <input type="checkbox"/> 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.

**Hours of Operation**

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

	From:	To:	Comments:
Monday	7:30	5:00	Inpatient- main hospital

<b>Tuesday</b>	<b>From:</b> 7:30	<b>To:</b> 5:00	<b>Comments:</b> Inpatient- main hospital
<b>Wednesday</b>	<b>From:</b> 7:30	<b>To:</b> 5:00	<b>Comments:</b> Inpatient- main hospital
<b>Thursday</b>	<b>From:</b> 7:30	<b>To:</b> 5:00	<b>Comments:</b> Inpatient- main hospital
<b>Friday</b>	<b>From:</b> 7:30	<b>To:</b> 5:00	<b>Comments:</b> Inpatient- main hospital
<b>Saturday</b>	<b>From:</b> 8:30	<b>To:</b> 4:30	<b>Comments:</b> Inpatient- main hospital
<b>Sunday</b>	<b>From:</b> n/a	<b>To:</b>	<b>Comments:</b> 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

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 Saturdays 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.

This section has been completed.

Information About the Clinical Education Experience

01/11/13 11:05 AM

[Edit Now](#)

**Information About the Clinical Education Experience**

Special Programs/Activities/Learning Opportunities

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

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

Specialty Clinics

Please check all specialty clinics available as student learning experiences.

<input type="checkbox"/> Arthritis	<input type="checkbox"/> Balance	<input type="checkbox"/> Developmental
<input type="checkbox"/> Feeding clinic	<input type="checkbox"/> Hand clinic	<input type="checkbox"/> Hemophilia clinic
<input type="checkbox"/> Industry	<input type="checkbox"/> Neurology clinic	<input type="checkbox"/> Orthopedic clinic
<input type="checkbox"/> Pain clinic	<input type="checkbox"/> Preparticipation sports	<input checked="" type="checkbox"/> Prosthetic/orthotic clinic
<input type="checkbox"/> Scoliosis	<input type="checkbox"/> Screening clinics	<input checked="" type="checkbox"/> Seating/mobility clinic
<input type="checkbox"/> Sports medicine clinic	<input type="checkbox"/> Wellness	<input type="checkbox"/> Women's health
<input type="checkbox"/> Other		

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.

<input checked="" type="checkbox"/> Administrators	<input type="checkbox"/> Alternative therapies	<input type="checkbox"/> Athletic trainers
<input type="checkbox"/> Audiologists	<input checked="" type="checkbox"/> Dietitians	<input type="checkbox"/> Enterostomal / wound specialists
<input type="checkbox"/> Exercise physiologists	<input type="checkbox"/> Fitness professionals	<input type="checkbox"/> Health information technologists
<input type="checkbox"/> Massage therapists	<input checked="" type="checkbox"/> Nurses	<input checked="" type="checkbox"/> Occupational therapists
<input type="checkbox"/> Physician assistants	<input checked="" type="checkbox"/> Physicians	<input type="checkbox"/> Podiatrists
<input checked="" type="checkbox"/> Prosthetists / orthotists	<input checked="" type="checkbox"/> Psychologists	<input type="checkbox"/> Respiratory therapists
<input checked="" type="checkbox"/> Social workers	<input checked="" type="checkbox"/> Special education teachers	<input checked="" type="checkbox"/> Speech/language pathologists
<input checked="" type="checkbox"/> Students from other disciplines	<input checked="" type="checkbox"/> Students from other physical therapy education programs	<input checked="" type="checkbox"/> Therapeutic recreation therapists
<input type="checkbox"/> Vocational rehabilitation counselors	<input type="checkbox"/> 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.

Availability of the Clinical Education Experience

01/11/13 11:05 AM

[Edit Now](#)

Availability of the Clinical Education Experience

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

Physical Therapist  
First Experience:



<input checked="" type="checkbox"/> Full days	<input type="checkbox"/> Half days	<input type="checkbox"/> Other
---	------------------------------------	--------------------------------

**Physical Therapist Intermediate Experiences:**

<input type="checkbox"/> Full days	<input type="checkbox"/> Half days	<input type="checkbox"/> Other
------------------------------------	------------------------------------	--------------------------------

**Physical Therapist**

<input checked="" type="checkbox"/> Final Experience	<input type="checkbox"/> Internship (6 months or longer)	<input type="checkbox"/> Specialty experience
<input type="checkbox"/> Other		

**Physical Therapist Assistant First Experience:**

<input type="checkbox"/> Full days	<input type="checkbox"/> Half days	<input type="checkbox"/> Other
------------------------------------	------------------------------------	--------------------------------

**Physical Therapist Assistant Intermediate Experiences:**

<input type="checkbox"/> Full days	<input type="checkbox"/> Half days	<input type="checkbox"/> Other
------------------------------------	------------------------------------	--------------------------------

**Physical Therapist Assistant**

<input type="checkbox"/> Final Experience	<input type="checkbox"/> Other
---	--------------------------------

**PT**

**Indicate which months you will accept students for any single full-time (36 hrs/wk) clinical experience.**

<input checked="" type="checkbox"/> January	<input checked="" type="checkbox"/> February	<input checked="" type="checkbox"/> March
<input checked="" type="checkbox"/> April	<input checked="" type="checkbox"/> May	<input checked="" type="checkbox"/> June
<input checked="" type="checkbox"/> July	<input checked="" type="checkbox"/> August	<input checked="" type="checkbox"/> September
<input checked="" type="checkbox"/> October	<input checked="" type="checkbox"/> November	<input checked="" type="checkbox"/> December

**Indicate which months you will accept students for any one part-time (< 36 hrs/wk) clinical experience.**

<input checked="" type="checkbox"/> January	<input checked="" type="checkbox"/> February	<input checked="" type="checkbox"/> March
<input checked="" type="checkbox"/> April	<input checked="" type="checkbox"/> May	<input checked="" type="checkbox"/> June
<input checked="" type="checkbox"/> July	<input checked="" type="checkbox"/> August	<input checked="" type="checkbox"/> September
<input checked="" type="checkbox"/> October	<input checked="" type="checkbox"/> November	<input checked="" type="checkbox"/> December

**PTA**

**Indicate which months you will accept students for any single full-time (36 hrs/wk) clinical experience.**

<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March
<input checked="" type="checkbox"/> April	<input checked="" type="checkbox"/> May	<input checked="" type="checkbox"/> June
<input checked="" type="checkbox"/> July	<input checked="" type="checkbox"/> August	<input checked="" type="checkbox"/> September
<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December

**Indicate which months you will accept students for any one part-time (< 36 hrs/wk) clinical experience.**

<input checked="" type="checkbox"/> January	<input checked="" type="checkbox"/> February	<input checked="" type="checkbox"/> March
<input checked="" type="checkbox"/> April	<input checked="" type="checkbox"/> May	<input checked="" type="checkbox"/> June
<input checked="" type="checkbox"/> July	<input checked="" type="checkbox"/> August	<input checked="" type="checkbox"/> September
<input type="checkbox"/> October	<input checked="" type="checkbox"/> November	<input checked="" type="checkbox"/> December

**Average number of PT students affiliating per year.:**

17

**Average number of PTA students affiliating per year.:**

0

**Is your clinical site willing to offer reasonable accommodations for students under ADA?**

Yes     No

Please explain:

Will discuss with school. Accommodations can include providing additional time to complete documentation, etc.

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

Discussion with student, CI and CCCE takes place. Performance plan developed, ongoing feedback provided. School involved as indicated.

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.):

A substitute CI is assigned for the necessary length of time.

#### 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's Learning Objectives and Assessment

01/11/13 11:05 AM

[Edit](#)  
[Now](#)

### Clinical Site's Learning Objectives and Assessment

Does your clinical site provide written clinical education objectives to students?

Yes  No

Are all professional staff members who provide physical therapy services acquainted with the clinical site's learning objectives?

Yes  No

When do the CCCE and/or CI typically discuss the clinical site's learning objectives with students? (Check all that apply)

<input type="checkbox"/> At end of clinical experience	<input type="checkbox"/> At mid-clinical experience	<input checked="" type="checkbox"/> Beginning of the clinical experience
<input checked="" type="checkbox"/> Daily	<input checked="" type="checkbox"/> Weekly	<input type="checkbox"/> Other

Indicate which of the following methods are typically utilized to inform students about their clinical performance? (Check all that apply)

<input checked="" type="checkbox"/> As per student request in addition to formal and ongoing written & oral feedback	<input checked="" type="checkbox"/> Ongoing feedback throughout the clinical	<input checked="" type="checkbox"/> Student self-assessment throughout the clinical
<input checked="" type="checkbox"/> Written and oral mid-evaluation	<input checked="" type="checkbox"/> Written and oral summative final evaluation	<input type="checkbox"/> Other

OPTIONAL: Please feel free to use the space provided to share additional information about your clinical site (eg, strengths, special learning opportunities, clinical supervision, organizational structure, clinical philosophies of treatment, pacing expectations of students [early, final]):

#### 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.

Arranging the Experience

01/11/13 11:02 AM

[Edit](#)  
[Now](#)

### Arranging the Experience

Do students need to contact the clinical site for specific work hours related to the clinical experience?

Yes  No

Please explain:

Work hours vary depending on CI. Shifts are M-F either 7:30-4; 8-4:30 or 8:30-5PM

Do students receive the same official holidays as staff?

Yes  No

Please explain:

Students/staff are off: New Year's Day; MLK Birthday; Memorial Day; Fourth of July; Labor Day; Thanksgiving Day; Christmas Day.

Does your clinical site require a student interview?

Yes  No

Please explain:

Indicate the time the student should report to the clinical site on the first day of the experience.

8:00 AM

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:

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  No

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 annually). 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  No

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  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:

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  No

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?**

Yes  No

Please explain:

**Is the student required to be certified in First Aid?**

Yes  No

Please explain:

**Can the student receive First Aid certification on-site?**

Yes  No

Please explain:

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

Yes  No

Please explain:

Criminal background check must cover the prior seven (7) years. Must show student has never been convicted of the following: Murder, Arson, Assault, battery, assault and batter, assault with a dangerous weapon, mayhem or threats to do bodily harm; burglary; robbery; kidnapping; theft, fraud, forgery, extortion or blackmail; illegal use or possession of a firearm; rape, sexual assault, sexual battery, or sexual abuse; child abuse or cruelty to children; unlawful distribution, or possession with intent to distribute, a controlled substance.

**Is a child abuse clearance required?**

Yes  No

**Is the student responsible for the cost of required clearances?**

Yes  No

Please explain:

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

Yes  No

Please explain:

A Nine (9) Panel non-DOT Drug Test is to be performed within 12 months of start date

**Is medical testing available on-site for students?**

Yes  No

Please explain:

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

On-site hospital wide orientation. CCCE will notify student of date student will attend.

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

01/11/13 11:02 AM

[Edit](#)  
[Now](#)

**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:

City:

State:

Postal Code:

Phone:

Phone Number:

Ext:

E-mail:

**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:

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 list housing available in the area.**

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.

Transportation

01/11/13 11:02 AM

[Edit](#)  
[Now](#)

**Transportation**

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

Yes  No

Please explain:

If they choose to drive, students will be assigned to a remote parking lot. Shuttle service provides transport from lot to hospital. Parking is free, however \$40 is needed to secure parking clicker in order to be able to access the lot/garage. \$40 is returned at end of affiliation when parking clicker returned.

**Is parking available at the clinical center?**

Yes  No

**Is public transportation available?**

Yes  No

Please explain:

Public bus service; Closest metro subway station is Brookland-Catholic University on the RED line or the Columbia Heights stop on the GREEN line. Free shuttle service available from both metro stations to the hospital. See website: medstarnrh.org for details.

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

a) Train station?	4 miles:
b) Subway station?	2 miles:
c) Bus station?	0 miles:
d) Airport?	10 miles:

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 website: 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  No

**Are facilities available for the storage and preparation of food?**

Yes  No

Please explain:

Refrigator and microwaves 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

**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.

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)?**

Yes  No

Please explain:

Inservice required for full-time students only

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:

Missed days are usually made up on Saturdays. Situations addressed on a case by case basis.

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

Yes  No

Please explain:

We use an electronic medical record, so all students are assigned a tough book computer for their use during the affiliation.

**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

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?

Yes  No

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

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

Please explain:

All students attend hospital-wide 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 C/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.

"Key fields have been marked with an asterisks. Please see the CSIF Web Help Manual for more details about Key Fields"