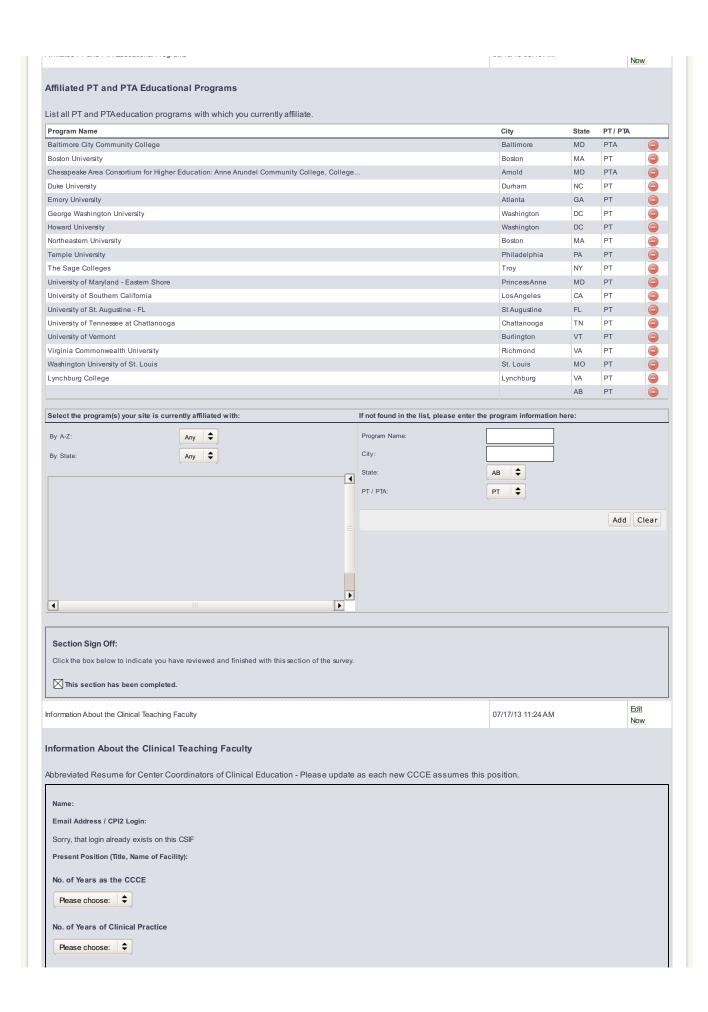
Site Manager Site Survey —

Site: Medstar National Rehabilitation Hospital - Irving Street

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	te which of the following are required by your fa	П	Child clearance		Criminal background check	
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\boxtimes	Drug screening		First Aid		HIPAA education	
\boxtimes	OSHA education		Proof of student health clearance		Other	
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Which	of the following best describes the ownership c	atego	ory for your clinical site? (check all that apply)					
\boxtimes	Corporate/Privately Owned		Government Agency		Hospital/Medical Center Owned			
	Nonprofit Agency		PT Owned		PT/PTA Owned			
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If app	ropriate, check (√) up to four additional categories	that	describe the other clinical centers associated wit	h you	r facility.			
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vider/Location: e ion Sign Off: the box below to indicate you have reviewed and finished with this section of the survey. is section has been completed. instructor Information at Instructor Information be the following information on all PTs or PTAs employed at your clinical site who are CIs. followed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS): rentrock Address / CPI2 Login:	07/17/13 11:24 AM	
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vider/Location: e ion Sign Off: the box below to indicate you have reviewed and finished with this section of the survey. is section has been completed. instructor Information at Instructor Information be the following information on all PTs or PTAs employed at your clinical site who are CIs. followed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS): rentrock Address / CPI2 Login:	07/17/13 11:24 AM	

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

2010						
Highest Earned Physical Therapy Degree						
Doctor in Physical Therapy 💠						
Highest	Earned Degree					
6	+ •					
Profes	sional Doctor in Physical Therapy					
No. of Ye	No. of Years of Clinical Practice					
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	ears Working at this Site					
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	sing/Registration Status					
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Licens	se/Registration Number:					
State	of Licensure/Registration					
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	redentialed CI					
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APTA A	dvanced Credentialed CI					
O Yes	No					
Other C	I Credentialing					
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4 DDT0 (
	Certified Clinical Specialist (Check all that apply)					
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	ccs		scs			
	ECS		wcs			
ADTA D	pagaition of Advanced Profisionary for DTAs (Charles III that and 1)					
	ecognition of Advanced Proficiency for PTAs (Check all that apply)		L			
	Aquatic		Musculoskeletal			
	Cardiopulmonary		Neuromuscular			
	Geriatric		Pediatrics			
	Integumentary					
APTA M	ember					
Yes						
Name fol	lowed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS):					
Lauren F	Russell					
Email Ad	ldress / CPI2 Login:					
lauren.ru	issell@medstar.net					
	rogram from Which Cl Graduated:					
Quinnipia	ac University					
	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 \$					
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APTA Credentialed CI					
Yes					
APTA Advanced Credentialed CI					
○ Yes					
Other CI Credentialing					
○ Yes ● No					
ABPTS Certified Clinical Specialist (Check all that apply)					
ocs		GCS			
PCS		NCS			
ccs		scs			
ECS		wcs			
APTA Recognition of Advanced Proficiency for PTAs (Check all that apply)					
Aquatic		Musculoskeletal			
Cardiopulmonary		Neuromuscular			
Geriatric		Pediatrics			
Integumentary					
APTA Member					
Yes					
Name followed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS	S):				
Chris Grim					
Email Address / CPI2 Login:					
chris.grim@medstar.net					
PT/PTA Program from Which Cl Graduated: Springfield College					
Year of Graduation:					
2009					

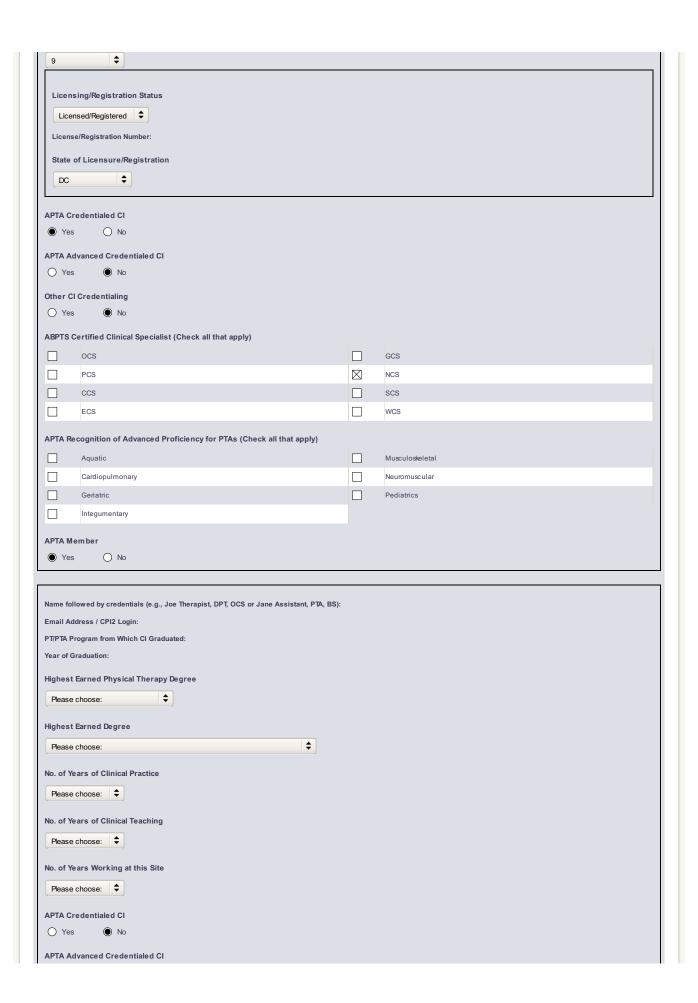
Highes	t Earned Physical Therapy Degree					
Maste	rs in Physical Therapy					
Highest Earned Degree						
Masters degree						
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	sing/Registration Status					
	ensed/Registered 💠					
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State	of Licensure/Registration					
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APTA C	redentialed CI					
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ADTA A	dvanced Credentialed CI					
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	Certified Clinical Specialist (Check all that apply) OCS		gcs			
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	ccs		scs			
	ECS		WCS			
	ecognition of Advanced Proficiency for PTAs (Check all that apply)		L			
	Aquatic Cardiopulmonary		Musculoskeletal Neuromuscular			
	Geriatric		Pediatrics			
	Integumentary		. Suranos			
APTA N	lember					
● Ye	s O No					
	llowed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS	3):				
Alison S						
	ddress / CPI2 Login:					
	S.Smith@medstar.net Program from Which Cl Graduated:					
	se University					
	Graduation:					
2008						

Highes	t Earned Physical Therapy Degree				
Docto	or in Physical Therapy				
Hinhes	t Earned Degree				
	ssional Doctor in Physical Therapy				
Piores	SSIONAL DOCTOR IN Physical Therapy				
No. of	Years of Clinical Practice				
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No. of	Years of Clinical Teaching				
3	+				
No. of	Years Working at this Site				
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Lina	noing/Devictories Status				
	nsing/Registration Status				
	ensed/Registered 💠				
Licen	se/Registration Number:				
State	of Licensure/Registration				
DC	+				
	Credentialed CI				
Ye	s O No				
APTA A	Advanced Credentialed CI				
○ Yes No					
_	Other CI Credentialing				
	CI Credentialing				
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Other C Ye ABPTS APTA R APTA N	Certified Clinical Specialist (Check all that apply) OCS PCS CCS ECS Recognition of Advanced Proficiency for PTAs (Check all that apply) Aquatic Cardiopulmonary Geriatric Integumentary		NCS SCS WCS Musculoskeletal Neuromuscular		
Other (Ye ABPTS APTA F APTA M Ye	Certified Clinical Specialist (Check all that apply) OCS PCS CCS ECS Recognition of Advanced Proficiency for PTAs (Check all that apply) Aquatic Cardiopulmonary Geriatric Integumentary		NCS SCS WCS Musculoskeletal Neuromuscular		
Other C Ye ABPTS APTA R APTA N Name for	Certified Clinical Specialist (Check all that apply) OCS PCS CCS ECS Recognition of Advanced Proficiency for PTAs (Check all that apply) Aquatic Cardiopulmonary Geriatric Integumentary Member ISS No		NCS SCS WCS Musculoskeletal Neuromuscular		
Other C Ye ABPTS APTA R APTA N Name fc Meagan	Certified Clinical Specialist (Check all that apply) OCS PCS CCS ECS Recognition of Advanced Proficiency for PTAs (Check all that apply) Aquatic Cardiopulmonary Geriatric Integumentary Member Integumentary Integumentary Member Integumentary Integumen		NCS SCS WCS Musculoskeletal Neuromuscular		
Other (Ye ABPTS APTA F APTA N Name fc Meagan	Certified Clinical Specialist (Check all that apply) OCS PCS CCS ECS Recognition of Advanced Proficiency for PTAs (Check all that apply) Aquatic Cardiopulmonary Geriatric Integumentary Member Is No		NCS SCS WCS Musculoskeletal Neuromuscular		
Other (Ye ABPTS APTA F APTA N Name fc Meagan Email A Meagan	Certified Clinical Specialist (Check all that apply) OCS PCS CCS ECS Recognition of Advanced Proficiency for PTAs (Check all that apply) Aquatic Cardiopulmonary Geriatric Integumentary Member Is No		NCS SCS WCS Musculoskeletal Neuromuscular		
Other (Ye ABPTS APTA F APTA N Name fc Meagan Email A Meagan	Certified Clinical Specialist (Check all that apply) OCS PCS CCS ECS Recognition of Advanced Proficiency for PTAs (Check all that apply) Aquatic Cardiopulmonary Geriatric Integumentary Member Is No		NCS SCS WCS Musculoskeletal Neuromuscular		
Other (Ye ABPTS APTA F APTA N PTIPTA Bon Unit	Certified Clinical Specialist (Check all that apply) OCS PCS CCS ECS Recognition of Advanced Proficiency for PTAs (Check all that apply) Aquatic Cardiopulmonary Geriatric Integumentary Member Is No		NCS SCS WCS Musculoskeletal Neuromuscular		
Other (Ye ABPTS APTA F APTA N Ye Name fc Meagan Email A Meagan PT/PTA Bon Uni	Certified Clinical Specialist (Check all that apply) OCS PCS CCS ECS Recognition of Advanced Proficiency for PTAs (Check all that apply) Aquatic Cardiopulmonary Geriatric Integumentary Member Is No		NCS SCS WCS Musculoskeletal Neuromuscular		

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)				
OCS PCS		GCS NCS		
ccs		SCS		
ECS		wcs		
APTA Recognition of Advanced Proficiency for PTAs (Check all that apply)		h		
Aquatic Cardiopulmonary		Musculoskeletal Neuromuscular		
Geriatric		Pediatrics		
Integumentary				
APTA Member				
() Yes () No				
● Yes ○ No				
Name followed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS)	:			
Name followed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS) Jessica Eng	:			
Name followed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS) Jessica Eng Email Address / CPI2 Login:	:			
Name followed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS) Jessica Eng	:			
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	:			
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 Cl Graduated:	:			
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 PTIPTA Program from Which CI Graduated: University of Delaw are	:			

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 Licensed/Registered		
License/Registration Number:		
State of Licensure/Registration DC \$\displant{\dint}\displant{\displant{\displant{\displant{\dint}\displant{\displant{\dint}\displant{\displant{\dint{\dint}\dint}\dinta\		
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
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APTA Recognition of Advanced Proficiency for PTAs (Check all that apply)		
Aquatic		Musculoskeletal
Cardiopulmonary Geriatric		Neuromuscular Pediatrics
Integumentary		Galaise
APTA Member • Yes No		
No. 6 No. 1		
Name followed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS) Email Address / CP12 Login:	:	
Sorry, that login already exists on this CSIF		
PT/PTA Program from Which Cl Graduated:		
Year of Graduation:		
Highest Earned Physical Therapy Degree		
Doctor in Physical Therapy 💠		
Highest Earned Degree		
Please choose:		

No of V	of Clinical Departure					
No. of Years of Clinical Practice						
Mease	Please choose: 💠					
No. of Ye	No. of Years of Clinical Teaching					
Please	choose: 💠					
No. of Ye	ears Working at this Site					
	choose: 💠					
110000	onecos.					
_	redentialed CI					
O Yes	⊗ No					
_	dvanced Credentialed CI					
O Yes	⊚ No					
_	l Credentialing					
O Yes	⊚ No					
ABPTS (Certified Clinical Specialist (Check all that apply)					
	ocs		GCS			
	PCS		NCS			
	CCS		SCS			
	ECS		WCS			
APTA Re	ecognition of Advanced Proficiency for PTAs (Check all that apply)					
	Aquatic		Musculoskeletal			
	Cardiopulmonary		Neuromuscular			
	Geriatric		Pediatrics			
	Integumentary					
APTA M	ember					
O Yes						
Name fol	lound by anderticle (a.g., lee Thompiet DDT OCS or lone Assistant DTA DS).					
	llowed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS): sler-Smythe					
	Idress / CPI2 Login:					
cara.hos	ler-smythe@medstar.net					
PT/PTA P	rogram from Which Cl Graduated:					
Universit	y of Kentucky					
Year of G	Staduation:					
2001						
Highest	Earned Physical Therapy Degree					
Master	s in Physical Therapy					
Highest	Earned Degree					
	s degree					
	,					
No. of Ye	ears of Clinical Practice					
11	•					
No. of Ye	ears of Clinical Teaching					
10						
	No. of Years Working at this Site					



○ Yes ● No				
Other CI Credentialing				
○ Yes ● No				
ABPTS Certified Clinical Specialist (Check all that apply)				
		000		
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PCS		NCS		
ccs		SCS		
ECS		WCS		
APTA Recognition of Advanced Proficiency for PTAs (Check all that apply)				
Aquatic		Musculoskeletal		
Cardiopulmonary		Neuromuscular		
Geriatric		Pediatrics		
Integumentary				
APTA Member				
○ Yes ○ No				
Name followed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS)				
Alison Smith				
Alison Smith Email Address / CPI2 Login:				
Alison.G.Smith@Medstar.net				
PT/PTA Program from Which CI Graduated:				
Duquense University Year of Graduation:				
2008				
2000				
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				
APTA Advanced Credentialed CI				
○ Yes No				
Other CI Credentialing				
○ Yes ● No				
ABPTS Certified Clinical Specialist (Check all that apply)				
ocs		GCS		
ocs pcs		gcs ncs		

	ECS		wcs
	'		
	cognition of Advanced Proficiency for PTAs (Check all that apply)		
	Aquatic		Musculoskeletal
	Cardiopulmonary		Neuromuscular
	Geriatric		Pediatrics
	Integumentary		
APTA Me	mber		
Yes	○ No		
Name follo	owed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS):		
Maria M. S	Summers		
Email Add	Iress / CPI2 Login:		
	archetti@medstar.net		
	ogram from Which Cl Graduated:		
	sllege (now Arcadia University)		
Year of Gr	aduation:		
1988			
Highest E	Earned Physical Therapy Degree		
Masters	in Physical Therapy 💠		
Highest I	Earned Degree		
Masters	degree		
No. of Ye	ars of Clinical Practice		
24	💠		
No. of Ye	ars of Clinical Teaching		
22			
No of Ye	ars Working at this Site		
24	+		
Licens	ing/Registration Status		
	sed/Registered 💠		
License	/Registration Number:		
State o	f Licensure/Registration		
DC	+		
APTA Cre	edentialed CI		
Yes	○ No		
APTA Ad	vanced Credentialed Cl		
O Yes	No		
	Cradentialing		
Other CI	Credentialing		
ABPTS C	ertified Clinical Specialist (Check all that apply)		
	ocs		GCS
	PCS	\boxtimes	NCS
	ccs		scs

	ECS		wcs
4 DT4 D	**		
	ecognition of Advanced Proficiency for PTAs (Check all that apply)	_	
	Aquatic		Musculoskeletal
	Cardiopulmonary		Neuromuscular
	Geriatric		Pediatrics
	Integumentary		
APTA M	om bor		
Yes			
Name fol	llowed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS):		
Gina Vau	ul		
Email Ad	ddress / CPI2 Login:		
Gina.Vau	ul@medstar.net		
PT/PTA P	Program from Which CI Graduated:		
	Jefferson University		
	Graduation:		
2001			
Highest	Earned Physical Therapy Degree		
Master	rs in Physical Therapy 💠		
Highest	Earned Degree		
	+*		
Waster	rs degree 🔻		
No. of Ye	ears of Clinical Practice		
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No of V	ears Working at this Site		
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	sing/Registration Status		
Lice	nsed/Registered 💠		
Licens	se/Registration Number:		
State	of Licensure/Registration		
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Yes	redentialed CI		
U Tes	S O INC		
APTA A	dvanced Credentialed CI		
O Yes	s No		
Other C	I Credentialing		
O Yes			
APPTO	Contified Clinical Consistint (Charles)		
	Certified Clinical Specialist (Check all that apply)		
	ocs		GCS
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	ECS		wcs

APTA Re	ecognition of Advanced Proficiency for PTAs (Check all that apply)	
	Aquatic	Musculoskeletal
	Cardiopulmonary	Neuromuscular
	Geriatric	Pediatrics
	Integumentary	
APTA M		
Yes	S	
Name fol	llowed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS):	
Jessica E	Eng	
Email Ad	ddress / CPI2 Login:	
essica.e	eng@medstar.net	
PT/PTA P	Program from Which CI Graduated:	
University	y of Delaw are	
Year of G	Graduation:	
2003		
Highest	Earned Physical Therapy Degree	
Doctor	in Physical Therapy	
	3.2.2.2.3	
Highest	Earned Degree	
Profess	sional Doctor in Physical Therapy	
No of Ye	ears of Clinical Practice	
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No. of Ye	ears of Clinical Teaching	
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	ears Working at this Site	
7	•	
APTA Cr	redentialed CI	
Yes	s No	
ΑΡΤΑ Ασ	dvanced Credentialed CI	
O Yes		
Other Cl	s No	
Yes	NO NO	
ABPTS C	Certified Clinical Specialist (Check all that apply)	
	ocs	GCS
_	PCS	NCS
	ccs	scs
		 wcs
	ECS	
APTA Re	ecognition of Advanced Proficiency for PTAs (Check all that apply)	
APTA Re	ecognition of Advanced Proficiency for PTAs (Check all that apply) Aquatic	Musculoskeletal
APTA Re	ecognition of Advanced Proficiency for PTAs (Check all that apply) Aquatic Cardiopulmonary	Musculoskeletal Neuromuscular
APTA Re	ecognition of Advanced Proficiency for PTAs (Check all that apply) Aquatic	Musculoskeletal

● Yes	s O No			
No				
	illowed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS).			
Alison C				
	ddress / CPI2 Login:			
	uneo@medstar.net			
	Program from Which CI Graduated:			
	stern University Graduation:			
2003	oraudauori.			
Highest	t Earned Physical Therapy Degree			
Maste	rs in Physical Therapy 🗘			
Highest	t Earned Degree			
Post-p	orofessional Doctor in Physical Therapy (Transition)			
	ears of Clinical Practice			
9				
No. of Y	ears of Clinical Teaching			
8	•			
No. of Y	ears Working at this Site			
9 💠				
Licen	sing/Registration Status			
Lice	Licensed/Registered 💠			
Licens	se/Registration Number:			
State of Licensure/Registration				
DC \$				
APTA C	redentialed CI			
Yes	s O No			
APTA A	dvanced Credentialed CI			
O Yes	s No			
Other C	CI Credentialing			
Other C				
	Certified Clinical Specialist (Check all that apply)			
	ocs		GCS	
	PCS		NCS	
	ccs		scs	
	ECS		wcs	
APTA R	ecognition of Advanced Proficiency for PTAs (Check all that apply)			
	Aquatic		Musculoskeletal	
	Cardiopulmonary		Neuromuscular	
	Geriatric		Pediatrics	
	Integumentary			
APTA M	lember			

Yes			
Name followed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS):			
Katherine Whang			
Email Address / CPI2 Login:			
kw hang@hallmarkhealth.org			
PT/PTA Program from Which Cl Graduated:			
Year of Graduation:			
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: Please choose:			
License/Registration Number:			
State of Licensure/Registration			
Please choose: •			
APTA Credentialed CI			
○ Yes			
APTA Advanced Credentialed CI			
◯ Yes ● No			
Other CI Credentialing			
○ Yes ● No			
ABPTS Certified Clinical Specialist (Check all that apply)			
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PCS		NCS	
CCS		SCS	
ECS		wcs	
APTA Recognition of Advanced Proficiency for PTAs (Check all that apply)			
Aquatic		Musculoskeletal	
Cardiopulmonary		Neuromuscular	
Geriatric		Pediatrics	
Integumentary		- 53.050	
плединента у			
APTA Member			
○ Yes ○ No			

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Name followed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS):					
Meaghan Minzy					
Email Address / CPI2 Login:	Email Address / CPI2 Login:				
Meaghan.D.Minzy@medstar.net	Veaghan.D.Minzy@medstar.net				
PT/PTA Program from Which Cl Graduated:					
Boston University					
Year of Graduation:					
2010					
Highest Earned Physical Therapy Degree					
Doctor in Physical Therapy					
Highest Earned Degree					
Professional Doctor in Physical Therapy					
No. of Years of Clinical Practice					
2 💠					
No. of Years of Clinical Teaching					
1 💠					
No. of Years Working at this Site					
2 \$					
Licensing/Registration Status					
Licensed/Registered 💠					
License/Registration Number:					
State of Licensure/Registration					
DC \$					
APTA 0 . I. II I I II					
APTA Credentialed CI Yes No					
e les Uno					
APTA Advanced Credentialed CI					
◯ Yes ● No					
Other CI Credentialing					
◯ Yes ● No					
ABPTS Certified Clinical Specialist (Check all the	nat apply)				
ocs		GCS			
PCS		NCS			
ccs		scs			
ECS		wcs			
APTA Recognition of Advanced Proficiency for	I_	Manufadalati			
Aquatic		Musculoskeletal			
Cardiopulmonary		Neuromuscular			
Geriatric		Pediatrics			
Integumentary					
APTA Member					
Yes No					

Gillian C. Blaney				
Email Address / CPI2 Login:				
Gillian.C.Blaney@Medstar.net				
PT/PTA Program from Which CI Graduated:				
Thomas Jefferson University				
Year of Graduation:				
2010				
Highest Earned Physical Therapy Degree				
Doctor in Physical Therapy				
Highest Earned Degree				
Professional Doctor in Physical Therapy 💠				
No. of Years of Clinical Practice				
2 🕏				
No. of Years of Clinical Teaching				
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 O No				
APTA Advanced Credentialed CI				
○ Yes ● No				
Other CI Credentialing				
○ Yes No				
ABPTS Certified Clinical Specialist (Check all that apply)				
ocs GCS				
□ PCS □ NCS				
ccs scs				
□ ECS □ wcs				
APTA Recognition of Advanced Proficiency for PTAs (Check all that apply)				
Aquatic Musculoskeletal				
Cardiopulmonary Neuromuscular				
Geriatric Pediatrics				
Integumentary				
APTA Member				
○ Yes ● No				

Shaya Me	eyer	
	dress / CPI2 Login:	
	riedpt@yahoo.com	
	rogram from Which CI Graduated:	
	raduation:	
I E a la a a 4 l	Formed Blancian Theorem Decree	
	Earned Physical Therapy Degree	
Doctor i	in Physical Therapy 💠	
Highest	Earned Degree	
Please	choose:	
No. of Ye	ars of Clinical Practice	
Please	choose: 💠	
No. of Ye	ears of Clinical Teaching	
Please	choose: 💠	
110000	5.1000. T	
No. of Ye	ars Working at this Site	
Please	choose: 💠	
Licens	sing/Registration Status	
Pleas	se choose:	
License	e/Registration Number:	
State of	of Licensure/Registration	
	e choose: 💠	
Fleas	e choose.	
APTA Cre	edentialed CI	
O Yes		
Yes	lvanced Credentialed CI	
O les	• No	
	Credentialing	
O Yes	No	
ABPTS C	Certified Clinical Specialist (Check all that apply)	
	ocs	gcs
	PCS	NCS
	ccs	scs
	ECS	wcs
ADTA D	comition of Advanced Proficional for DTA - (Ob - I - III that - III)	
	cognition of Advanced Proficiency for PTAs (Check all that apply)	
	Aquatic	Musculoskeletal
	Cardiopulmonary	Neuromuscular
	Genatric	Pediatrics
	Integumentary	
APTA Me	ember	
O Yes	○ No	
Section	Sign Off:	
	box below to indicate you have reviewed and finished with this section of the survey.	
_		
This s	section has been completed.	

Dinica	Il Instructors				07/17/13 11:24 AM	Edit Now
Clini	cal Instructors					
Vhat	criteria do you use to select clinical instructors? (Check	a all that apply)			
\boxtimes	APTA Clinical Instructor Credentialing		Career ladder opportunity	\boxtimes	Certification/training course	
	Clinical competence		Delegated in position description	\boxtimes	Demonstrated strength in clinical teaching	ı
	No criteria		Other (not APTA) clinical instructor credentialing	\boxtimes	Therapist initiative/volunteer	
\boxtimes	Years of experience		Other			
dum b	per of Years of Experience pertinent to Clinical In	truoto	r Salastian			
	Tears of Experience pertinent to clinical ins	structo	of Selection			
1	•					
low a	are clinical instructors trained? (Check all that ap	ply)				
\boxtimes	1:1 individual training (CCCE:CI)	\boxtimes	APTA Clinical Instructor Education and Credentialing Program		Academic for-credit coursework	
	Clinical center inservices		Continuing education by academic program		Continuing education by consortia	
	No training		Other (not APTA) clinical instructor credentialing	П	Professional continuing education (e.g., c	hapter, CEL
	Other		program		course)	
	Other					
	This section has been completed.					Edit
nform	This section has been completed. ation About the Physical Therapy Service mation About the Physical Therapy Servic	e			01/11/13 11:07 AM	Edit Now
nform nform nform nform nform nform nform ntens sepach ntens Rehab l37 Step d Gubac Extend Other fotal N 137	mation About the Physical Therapy Service mation About the Physical Therapy Service per of Inpatient Beds For clinical sites with inpatie to your facility, please skip and move to the next t care: iatric center: ive care: illitation center:	ent care	e, please provide the number of beds available in o	each c		Now
nform nform nform Numb apply Acute Psych ntens Rehab 137 Step d Gubac Extend Other fotal N	mation About the Physical Therapy Service mation About the Physical Therapy Service per of Inpatient Beds For clinical sites with inpatie to your facility, please skip and move to the next to care: iatric center: ive care: iilitation center: lown: sute/transitional care unit: ded care: specialty centers: lumber of Beds:	ent care		each c		s does no
nform nform Numb npply Acute Psych ntens Rehab 37 Step d Subac Extend Other Gotal N 137	ation About the Physical Therapy Service mation About the Physical Therapy Service per of Inpatient Beds For clinical sites with inpatie to your facility, please skip and move to the next to care: iatric center: ive care: iillitation center: ive care: substitute/transitional care unit: ded care: specialty centers: lumber of Beds: ction Sign Off: k the box below to indicate you have reviewed and finish	ent care		each c		Now
nform nform nform nform nform number ntens	mation About the Physical Therapy Service mation About the Physical Therapy Service per of Inpatient Beds For clinical sites with inpatie to your facility, please skip and move to the next to care: intric center: ive care: iditation center: ive care: iditation center: ided care: specialty centers: itumber of Beds: ction Sign Off: k the box below to indicate you have reviewed and finish This section has been completed. er of Patients/Clients ber of Patients/Clients	ent care able.)		each c	of the subcategories listed below: (If the	s does no
nform nform nform nform nform number ntens	mation About the Physical Therapy Service mation About the Physical Therapy Service per of Inpatient Beds For clinical sites with inpatie to your facility, please skip and move to the next t care: iatric center: ive care: iditation center: lown: pute/transitional care unit: ded care: specialty centers: lumber of Beds: ction Sign Off: k the box below to indicate you have reviewed and finish This section has been completed.	ent care able.)		each c	of the subcategories listed below: (If the	s does no

5-6 Individual PT	Individual PT:		
4-5	Student PT:		
Student PT:			
Individual PTA: Student PTA:	Individual PTA: Student PTA:		
PT/PTA Team:	PT/PTA Team:		
101	0		
Total patient/client visits per day:	Total patient/client visits per day:		
2 // 2/ 2/			
Section Sign Off: Click the box below to indicate you have reviewed and finished with this section of the sur	vey.		
☐ This section has been completed.			
Management of the 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 c	ategories:		
	alogonos.		
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%			
Am bulatory/outpatient			
0% 💠			
Home health/hospice 0%			
V/0			
Wellness/fitness/industry			
0% 💠			
Section Sign Off:			
Click the box below to indicate you have reviewed and finished with this section of the sur	vey.		
This section has been completed.			
La ma accordina poeti compreted.			

Patien	t/Client Diagnoses				01	/11/13 11:07 AM	Edit Now
Patie	ent/Client Diagnoses						
	·						
Indica	ate the frequency of time typically spent wit	h patients/cli	ients in each of the categ	ories:			
Musc	uloskeletal						
26%	5 - 50%						
Which	n Musculoskeletal sub-categories are ava	ilable to the	student:				
\boxtimes	Acute injury	\boxtimes	Amputation		Arthr	itis	
\boxtimes	Bone disease/dysfunction	\boxtimes	Connective tissue disease	/dysfunction	Musc	cle disease/dysfunction	
\boxtimes	Musculoskeletal degenerative disease	\boxtimes	Orthopedic surgery		Othe	er	
Neuro	o-muscular						
51%	o - 75% \$						
	Neuro-muscular sub-categories are avai			24	M at	nio noin	
	Brain injury Congenital/developmental					nic pain bheral nerve injury	
	Spinal cord injury		Neuromuscular degenerat Vestibular disorder	live disease	Othe		
	Spirial cold injury		vestibulai disoldel		Othe	:1	
Cardi	ovas cular-pulm onary						
26%	5 - 50%						
Which	n Cardiovascular-pulmonary sub-categori	es are availa	ble to the student:				
\boxtimes	Cardiac dysfunction/disease		Fitness		∠ ∠ ∠ ym ∠ ym	phedema	
\boxtimes	Peripheral vascular dysfunction/disease		Pulmonary dysfunction/di	sease	Othe	er	
Into a	umontary						
	umentary - 25% 💠						
170	- 2576						
Which	n Integumentary sub-categories are availa	ble to the st	udent:				
	Burns		Open wounds		Scar	formation	
	Other						
Other	(May cross a number of diagnostic grou	ps)					
51%	5 - 75%						
\A/I=:=L	4b	-4					
Which	n other sub-categories are available to the Cognitive impairment	student:	General medical condition	nne	⊠ Gene	eral surgery	
	Oncologic conditions			nis .		ness/Prevention	
	Other		organ uanquant				
Sec	ction Sign Off:						
	k the box below to indicate you have reviewed a	nd finished wit	th this section of the survey.				
	This section has been completed.						
							T
Hours	of Operation				01	/11/13 11:07 AM	Edit Now
Ца	o of Operation						
nour	s of Operation						
Facili	ties with multiple sites with different hours	mustcomp	lete this section for each	clinical center.			
.,		From:		To:		Comments:	
Mon	day	7:30		5:00		Inpatient- main hospital	

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

Section Sign Off:

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

This section has been completed.

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

Student Schedule

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

Standard 8 hour day

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

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

Section Sign Off:

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

This section has been completed.

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

Staffing

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

Section Sign Off:

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

igspace This section has been completed.

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

Information About the Clinical Education Experience

	Back School Community/Re-entry Activities Early Intervention Group Programs/Classes				
	Early Intervention		Biomechanics Lab		Cardiac Rehabilitation
			Critical Care/Intensive Care		Departmental Administration
	Group Programs/Classes		Employee Intervention		Employee Wellness Program
_]]			Home Health Program		Industrial/Ergonomic PT
\leq	Inservice Training/Lectures		Neonatal Care		Nursing Home/ECF/SNF
	Orthotic/Prosthetic Fabrication		Pain Management Program		Pediatric - Classroom Consultation Emphasis
	Pediatric - Cognitive Impairment Emphasis		Pediatric - Developmental Program Emphasis		Pediatric - General
	Pediatric - Musculoskeletal Emphasis		Pediatric - Neurological Emphasis		Prevention/Wellness
	Pulmonary Rehabilitation	\boxtimes	Quality Assurance/CQI/TQM		Radiology
	Research Experience		Screening/Prevention		Sports Physical Therapy
	Surgery (observation)		Team Meetings/Rounds		Vestibular Rehabilitation
	Women's Health/OB-GYN		Work Hardening/Conditioning		Wound Care
	Other				
lease	e check all specialty clinics available as studen Arthritis	t learnin	g experiences. Balance		Developmental
_ _	Feeding clinic		Hand clinic		Hemophilia clinic
_	Industry		Neurology clinic		Orthopedic clinic
_	Pain clinic		Preparticipation sports		Prosthetic/orthotic clinic
_	Scoliosis		Screening clinics		Seating/mobility clinic
_	Sports medicine clinic		Wellness		Women's health
\neg					
lealth	Other and Educational Providers at the Clinical Site				
leas e	n and Educational Providers at the Clinical Site e check all health care and educational provide		ar clinical site students typically observe and/or	with wh	
lease	n and Educational Providers at the Clinical Site e check all health care and educational provide Administrators	rs at you	Alternative therapies	with wh	Athletic trainers
lease	n and Educational Providers at the Clinical Site check all health care and educational provide Administrators Audiologists		Alternative therapies Dietitians	with wh	Athletic trainers Enterostomal / wound specialists
lease	n and Educational Providers at the Clinical Site check all health care and educational provide Administrators Audiologists Exercise physiologists	rs at you	Alternative therapies Dietitians Fitness professionals		Athletic trainers Enterostomal / wound specialists Health information technologists
lease	n and Educational Providers at the Clinical Site e check all health care and educational provide Administrators Audiologists Exercise physiologists Massage therapists	rs at you	Alternative therapies Dietitians Fitness professionals Nurses	with wh	Athletic trainers Enterostomal / wound specialists Health information technologists Occupational therapists
lease	n and Educational Providers at the Clinical Site c check all health care and educational provide Administrators Audiologists Exercise physiologists Massage therapists Physician assistants	rs at you	Alternative therapies Dietitians Fitness professionals Nurses Physicians		Athletic trainers Enterostomal / wound specialists Health information technologists Occupational therapists Podiatrists
rlease	n and Educational Providers at the Clinical Site e check all health care and educational provide Administrators Audiologists Exercise physiologists Massage therapists Physician assistants Prosthetists / orthotists	rs at you	Alternative therapies Dietitians Fitness professionals Nurses Physicians Psychologists		Athletic trainers Enterostomal / wound specialists Health information technologists Occupational therapists Podiatrists Respiratory therapists
	n and Educational Providers at the Clinical Site c check all health care and educational provide Administrators Audiologists Exercise physiologists Massage therapists Physician assistants	rs at you	Alternative therapies Dietitians Fitness professionals Nurses Physicians		Athletic trainers Enterostomal / wound specialists Health information technologists Occupational therapists Podiatrists

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

Expla	ssion with student, CI and CCCE takes place. Performance in what provisions are made for students if the clinical ver if the clinical center employs only one PT or PTA.):		developed, ongoing feedback provided. School involved tor is ill or away from the clinical site.	as indic	cated.	
A sub	stitute CI is assigned for the necessary lengh of time.					
Clie	ction Sign Off: ck the box below to indicate you have reviewed and finished. This section has been completed.	ed with	this section of the survey.			
Clinic	al Site's Learning Objectives and Assessment				01/11/13 11:05 AM	Edit Now
Clin	ical Site's Learning Objectives and Assessm	nent				
_	your clinical site provide written clinical education Yes No	n obje	ctives to students?			
Are a		cal the	erapy services acquainted with the clinical site's le	arning	g objectives?	
Whe	n do the CCCE and/or CI typically discuss the clinic	al site	's learning objectives with students? (Check all th	at app	oly)	
	At end of clinical experience		At mid-clinical experience	\boxtimes	Beginning of the clinical experience	
\boxtimes	Daily	\boxtimes	Weekly		Other	
Indic	ate which of the following methods are typically u	tilized	to inform students about their clinical performance	ce? (C	heck all that apply)	
\boxtimes	As per student request in addition to formal and ongoing written & oral feedback	\boxtimes	Ongoing feedback throughout the clinical	_	Student self-assessment throughout the clin	nical
\boxtimes	Written and oral mid-evaluation	\boxtimes	Written and oral summative final evaluation		Other	
Clie	ction Sign Off: ck the box below to indicate you have reviewed and finished. This section has been completed.	ed with	this section of the survey.			
Arrar	iging the Experience				01/11/13 11:02 AM	Edit Now
Arra	nging the Experience					
● Pleas	tudents need to contact the clinical site for specific Yes No e explain: No No e explain:		·			
•	cudents receive the same official holidays as staff' Yes No e explain:	?				
Stude	ents/staff are off: New Year's Day; MLK Birthday; Memori	ial Day	Fourth of July; Labor Day; Thanksgiving Day; Christmas	Day.		
0	your clinical site require a student interview? Yes No e explain:					
	ate the time the student should report to the clinic	cal sit	e on the first day of the experience.			
	Mantoux TB test (PPD) required?					
	e step					
	Yes No					

Ŭ

b) two step
Yes No
Is a Rubella Titer Test or immunization required?
Yes
Please explain:
Proof of immunity of the following: Measles, Mumps and German Measles (Rubella) by providing documentation of two (2) MMR vaccines; or two (2) Measles, one (1) Rubella and one Mumps, or laboratory evidence of immunity. (Persons born before 1957 require documentation of (1) MMR vaccine).
Are any other health tests/immunizations required prior to the clinical experience? If yes, please specify:
Yes
Please explain:
Evidence of a positive history of chicken pox (varicella) disease, laboratory evidence of immunity, or documentation of immunization with two (2) doses of chickenpox vaccine.
How is this information communicated to the clinic? Provide fax number if required.:
mail or fax: 202-723-6071
How current are student physical exam records required to be?:
Students must have a normal physical examination performed within (12) months prior to start date (must be updated anually). Components of the
physical should include examination of the head, eyes, ears, nose, throat, heart, lungs, abdomen, neurological and musculoskeletal systems.
Are any other health tests or immunizations required on-site? If yes, please specify:
● Yes ○ 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
Please explain:
Is the student required to provide proof of HIPAA training?
Yes
Please explain:
Is the student required to provide proof of any other training prior to orientation at your facility? If yes, please list.
○ Yes ● No
Is the student required to attest to an understanding of the benefits and risks of Hepatitis-Bimmunization?
Yes
Please explain:
Documentation of completion of Hepatitis B, or if the individual declines the vaccine, a signed statement of declination.
Is the student required to have proof of health insurance?
Yes
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:
пеаsе ехраііі.
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?

O Yes Please explain:	● No		
Is the student	required to be certified in First Aid?		
O Yes	No		
Please explain:			
Can the stude	nt receive First Aid certification on-site?		
O Yes	● No		
Please explain:			
	ckground check required (e.g., Criminal Offender Record Information)? If yes, please indicate which ba	ckground check is required and time	frame.
Yes Please explain:	○ No		
Assault, battery, fraud, forgery, e	und check must cover the prior seven (7) years. Must show student has never been convicted of the following: Murde assault and batter, assault with a dangerous weapon, mayhem or threats to do bodily harm; burglary; robbery; kidnap ktortion or blackmail; illegal use or possession of a firearm; rape, sexual assault, sexual battery, or sexual abuse; child n; unlawful distribution, or possession with intent to distribute, a controlled substance.	pping; theft,	
Is a child abus	e clearance required?		
O 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 Please explain:	○ No		
A Nine (9) Panel	non-DOT Drug Test is to be peroformeed within 12 months of start date		
Is medical tes	ing available on-site for students?		
Yes Please explain:	● No		
Other requireme	nts: (On-site orientation, sign an ethics statement, sign a confidentiality statement.):		
	wide orientation. CCCE will notify student of date student will attend.		
	is responsible for Compliance items, please fill out the Compliance contact information below:		
Compliance Cor	tact Person Name:		
	ontact Person Phone Number		
Phone Number	r:		
	tact Person Email:		
Section Sign	Off:		
Click the box t	elow to indicate you have reviewed and finished with this section of the survey.		
☐ This section	on has been completed.		
Housing		01/11/13 11:02 AM	Edit
Housing		01/11/13 11.02 AWI	Now
Housing			
Is housing pro	vided?		
O Yes	No		
Which genders	are housing provided for?		
Fema	ie Male		
What is the aver	age cost of housing?:		
	e type of housing provided:		
π	ousing from the facility?:		
miles			

Person to contact to obtain/confirm housing: Name:			
Address:			
Address:			
Audiess.			
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? Pleas.	e list contact nerson and nhone #		
Yes	e not contact person and phone #.		
Please explain:			
Email Marti Carroll, PT DPT MS NCS CCCE at: martha.carroll@medstar.net We do not have a hourareas in which to look for housing that are near the hospital.	sing list, but w e can provide suggestion	s regarding	
Is there a list available concerning housing in the area of the clinic? If yes, please lis	et housing available in the area		
Yes No	t nousing available in the area.		
Section Sign Off:			
Click the box below to indicate you have reviewed and finished with this section of the survey.			
☐ This section has been completed.			
Transportation		01/11/13 11:02 AM	Edit Now
		01/11/13 11:02 AM	
Transportation Transportation		01/11/13 11:02 AM	
Transportation Will a student need a car to complete the clinical experience?		01/11/13 11:02 AM	
Transportation		01/11/13 11:02 AM	
Transportation Will a student need a car to complete the clinical experience? Yes No	es transport from lot to hospital. Parking		
Transportation Will a student need a car to complete the clinical experience? Yes No Rease explain: If they choose to drive, students will be assigned to a remote parking lot. Shuttle service provid however \$40 is needed to secure parking clicker in order to be able to access the lot/garage.		j is free,	
Transportation Will a student need a car to complete the clinical experience? Yes No Rease explain: If they choose to drive, students will be assigned to a remote parking lot. Shuttle service provid how ever \$40 is needed to secure parking clicker in order to be able to access the lot/garage. \$ returned.		j is free,	
Transportation Will a student need a car to complete the clinical experience? Yes No Rease explain: If they choose to drive, students will be assigned to a remote parking lot. Shuttle service provid however \$40 is needed to secure parking clicker in order to be able to access the lot/garage. \$ returned. Is parking available at the clinical center?		j is free,	
Transportation Will a student need a car to complete the clinical experience? Yes No Rease explain: If they choose to drive, students will be assigned to a remote parking lot. Shuttle service provid how ever \$40 is needed to secure parking clicker in order to be able to access the lot/garage. \$ returned.		j is free,	
Transportation Will a student need a car to complete the clinical experience? Yes No Rease explain: If they choose to drive, students will be assigned to a remote parking lot. Shuttle service provid however \$40 is needed to secure parking clicker in order to be able to access the lot/garage. \$ returned. Is parking available at the clinical center? Yes No Is public transportation available?		j is free,	
Transportation Will a student need a car to complete the clinical experience? Yes No Rease explain: If they choose to drive, students will be assigned to a remote parking lot. Shuttle service provid however \$40 is needed to secure parking clicker in order to be able to access the lot/garage. \$\frac{1}{2}\text{returned.} Is parking available at the clinical center? Yes No Is public transportation available? Yes No		j is free,	
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Briefly describe the area, population density, and any safety issues regarding where the clinical center is located. (If you would like to copy and paste this information from another source, highlight the information you would like to copy and then type 'Ctrl-c' on your keyboard to copy. Put your cursor in the text box and then type 'Ctrl-v' on your keyboard to paste the information.):

Urban setting									
Please provide website links for maps to your facility, parking, and department locations. Travel directions can be obtained from several travel directories on the internet. (e.g., Google Maps, Yahoo, MapQuest, Expedia):									
See Medstar National Rehabilitation Hospital w ebsite: medstarnrh.org									
Section Sign Off:									
Click the box below to indicate you have reviewed and finished with this section of the survey.									
∑ This section has been completed.		7							
Meals	01/11/13 11:02 AM	Edit Now							
Meals									
Are meals available for students on-site?									
● Yes ○ No									
Breakfast									
Yes No									
Lunch									
● Yes O No									
Dinner									
○ Yes									
Are facilities available for the storage and preparation of food?									
Yes No									
Please explain:									
Refrigator and microw aves in staff area.									
Section Sign Off:									
Click the box below to indicate you have reviewed and finished with this section of the survey.									
☐ This section has been completed.									
Stipend/Scholarship	01/11/13 11:02 AM	Edit Now							
Stipend/Scholarship									
Is a stipend/salary provided for students? Yes No									
What is the minimum length of time the student needs to be on the clinical experience to be eligible for a stipend/salary? :									
hours									
Section Sign Off:									
Click the box helpy to indicate you have reviewed and finished with this motion of the gurey									
Click the box below to indicate you have reviewed and finished with this section of the survey.									
Click the box below to indicate you have reviewed and finished with this section of the survey.		7							
	01/11/13 11:02 AM	Edit Now							
☐ This section has been completed.	01/11/13 11:02 AM								
This section has been completed. Special Information Special Information	01/11/13 11:02 AM								
This section has been completed. Special Information	01/11/13 11:02 AM								
∑ This section has been completed. Special Information Special Information Is there a facility/student dress code?	01/11/13 11:02 AM								
☑ This section has been completed. Special Information Is there a facility/student dress code?	01/11/13 11:02 AM								

Do you require any additional written or verbal work from the student (e.g., article critiques, journal review, patient/client education handout/brochure)? Orea No Rease explain:									
Does your site have a written policy for missed days due to illness, emergency situations, other? If yes, please summarize. No Rease explain:									
Mssed 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.									
\boxtimes	Documentation/billing	\boxtimes	Facility-wide or volunteer orientation	\boxtimes	Learning style inventory				
\boxtimes	Patient information/assignments	\boxtimes	Policies and procedures (specifically outlined plan for emergency responses)	\boxtimes	Quality assurance				
\boxtimes	Reimbursement issues	\boxtimes	Required assignments (e.g., case study, diary/log, inservice)		Review of goals/objectives of clinical expe	rience			
\boxtimes	Student expectations	\boxtimes	Supplemental readings		Tour of facility/department				
	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 CI/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"									