Site Manager Site Survey —

Site: University of Virginia Medical Center

Section Title	Last Update	
Information For the Academic Program	06/10/13 04:30 PM	Edit Now

Information For the Academic Program

Person Completing CSIF:

Lara Wilkinson

E-mail address of person completing CSIF:

lsw3y@virginia.edu

Name of Clinical Center (Note: To correct the name of your site, as it appears in both CSIF Web and CPI Web, update it in this field).:

University of Virginia Medical Center

Street Address

Address:

UVA Health System - Therapy Services

Box 800719

Lee Street

City:

Charlottesville

State:

VA

Postal Code:

22908

Facility Phone

Phone Number:

Ext:

PT Department Phone

Phone Number:

Ext:

PT Department Fax

Phone Number:

434-982-1067

PT Department E-mail:

Clinical Center Web Address:

Director of Physical Therapy:

Andy Poole

Director of Physical Therapy E-mail:

Center Coordinator of Clinical Education (CCCE) / Contact Person:

Lara Wilkinson

CCCE / Contact Person Phone:

434-760-4528

CCCE / Contact Person E-mail:

lsw3y@virginia.edu

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

☒	CPR	☐	Child clearance	☒	Criminal background check

☐	Drug screening	☐	First Aid	☐	HIPAA education
☐	OSHA education	☐	Proof of student health clearance	☒	Other

Please explain:

Please see under "Arranging the Experience" under the Information for Students Tab for further requirements.

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	06/10/13 04:30 PM	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:

Contact Name:

Address

Address:

City:

State:

Postal Code:

Phone

Phone Number:

Ext:

Fax

Phone Number:

E-mail:

Affiliation Agreement Contract Fulfillment

Contact Person:

Section Sign Off:

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

☒ **This section has been completed.**

Clinical Site Accreditation/Ownership	06/10/13 04:30 PM	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

03/03/2012

CARF

○ Yes ○ No

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)

☐	Corporate/Privately Owned	☐	Government Agency	☐	Hospital/Medical Center Owned
☒	Nonprofit Agency	☐	PT Owned	☐	PT/PTA Owned
☐	Physician/Physician Group Owned	☐	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	06/10/13 04:30 PM	Edit Now

Clinical Site Primary Classification

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

Acute Care/Inpatient Hospital Facility

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

☒	Acute Care/Inpatient Hospital Facility	☐	Ambulatory Care/Outpatient	☐	ECF/Nursing Home/SNF
☐	Federal/State/County Health	☐	Home Health	☐	Industrial/Occupational Health Facility
☒	Multiple Level Medical Center	☐	Private Practice	☐	Rehabilitation/Sub-acute Rehabilitation
☐	School/Preschool Program	☐	Wellness/Prevention/Fitness Program	☐	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	06/10/13 04:30 PM	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	06/10/13 04:30 PM	Edit Now

Affiliated PT and PTA Educational Programs

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

Program Name	City	State	PT / PTA

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

By A-Z: Any

By State: Any

ACCE Demo University,

AMS,

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

Program Name:

City:

State: AB

PT / PTA: PT

AT Still University of Health Sciences, AZ
Alabama State University, AL
Allegany College of Maryland, MD
Amarillo College, TX
American Career College, CA
American International College, MA
Andrews University, MI

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	06/10/13 04:36 PM	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:

Lara S. Wilkinson

Email Address / CPI2 Login:

lsw3y@virginia.edu

Present Position (Title, Name of Facility):

Physical Therapist, Clinician 3, University of Virginia Medical Center

No. of Years as the CCCE

0

No. of Years of Clinical Practice

10

No. of Years of Clinical Teaching

5

No. of Years Working at this Site

4

Check all that apply:

☒ PT ☐ PTA

Licensing/Registration Status

Licensed/Registered

State of Licensure/Registration

VA

License/Registration Number:

Highest Earned Physical Therapy Degree

Doctor in Physical Therapy

Highest Earned Degree

Post-professional Doctor in Physical Therapy (Transition)

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)

Institution:

Boston University - Sargent College

Period of Study

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

From 09/2001 — To 01/2003

Major:

Physical Therapy

Degree:

MSPT

Institution:

Shenandoah University

Period of Study

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

From 09/2009 — To 08/2010

Major:

Degree:

DPT

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

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	06/10/13 04:36 PM	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):

Marc Burkard

Email Address / CPI2 Login:

mkb9d@hscmail.mcc.virginia.edu

PT/PTA Program from Which CI Graduated:

Year of Graduation:

Highest Earned Physical Therapy Degree

Bachelor 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

Licensed/Registered

License/Registration Number:

State of Licensure/Registration

VA

APTA Credentialed CI

○ Yes ◉ No

APTA Advanced Credentialed CI

○ Yes ◉ No

Other CI Credentialing

○ Yes ◉ No

ABPTS Certified Clinical Specialist (Check all that apply)

☐	OCS	☐	GCS
☐	PCS	☐	NCS
☐	CCS	☐	SCS
☐	ECS	☐	WCS

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

☐	Aquatic	☐	Musculoskeletal
☐	Cardiopulmonary	☐	Neuromuscular
☐	Geriatric	☐	Pediatrics
☐	Integumentary		

APTA Member

○ Yes ○ No

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

Gwen Medic

Email Address / CPI2 Login:

gm2p@hscmail.mcc.virginia.edu

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)

☐	OCS	☐	GCS
☐	PCS	☐	NCS
☐	CCS	☐	SCS
☐	ECS	☐	WCS

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

☐	Aquatic	☐	Musculoskeletal
☐	Cardiopulmonary	☐	Neuromuscular
☐	Geriatric	☐	Pediatrics
☐	Integumentary		

APTA Member

○ Yes ○ No

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

Tom Faisant

Email Address / CPI2 Login:

tef@virginia.edu

PT/PTA Program from Which CI Graduated:

Year of Graduation:

Highest Earned Physical Therapy Degree

Bachelor in Physical Therapy

Highest Earned Degree

Associate 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)

☐	OCS	☐	GCS
☐	PCS	☐	NCS

☐	CCS	☐	SCS
☐	ECS	☐	WCS

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

☐	Aquatic	☐	Musculoskeletal
☐	Cardiopulmonary	☐	Neuromuscular
☐	Geriatric	☐	Pediatrics
☐	Integumentary		

APTA Member

○ Yes ○ No

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

Lara S. Wilkinson

Email Address / CPI2 Login:

lsw3y@virginia.edu

PT/PTA Program from Which CI Graduated:

Boston University - Sargent College

Year of Graduation:

2003

Highest Earned Physical Therapy Degree

Doctor in Physical Therapy

Highest Earned Degree

Post-professional Doctor in Physical Therapy (Transition)

No. of Years of Clinical Practice

10

No. of Years of Clinical Teaching

5

No. of Years Working at this Site

4

Licensing/Registration Status

Licensed/Registered

License/Registration Number:

State of Licensure/Registration

VA

APTA Credentialed CI

◉ Yes ○ No

APTA Advanced Credentialed CI

○ Yes ◉ No

Other CI Credentialing

○ Yes ◉ No

ABPTS Certified Clinical Specialist (Check all that apply)

☐	OCS	☐	GCS
☐	PCS	☐	NCS
☐	CCS	☐	SCS

☐	ECS	☐	WCS

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

☐	Aquatic	☐	Musculoskeletal
☐	Cardiopulmonary	☐	Neuromuscular
☐	Geriatric	☐	Pediatrics
☐	Integumentary		

APTA Member

○ Yes ○ No

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

Tad Hardee

Email Address / CPI2 Login:

EBH2A@hscmail.mcc.virginia.edu

PT/PTA Program from Which CI Graduated:

Year of Graduation:

Highest Earned Physical Therapy Degree

Bachelor in Physical Therapy

Highest Earned Degree

Bachelors 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)

☐	OCS	☐	GCS
☐	PCS	☐	NCS
☐	CCS	☐	SCS
☐	ECS	☐	WCS

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

☐	Aquatic	☐	Musculoskeletal
☐	Cardiopulmonary	☐	Neuromuscular
☐	Geriatric	☐	Pediatrics
☐	Integumentary		

APTA Member

○ Yes ○ No

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

Talia M. Pollok

Email Address / CPI2 Login:

tm5de@virginia.edu

PT/PTA Program from Which CI Graduated:

George Washington University

Year of Graduation:

Highest Earned Physical Therapy Degree

Masters 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)

☐	OCS	☐	GCS
☐	PCS	☐	NCS
☐	CCS	☐	SCS
☐	ECS	☐	WCS

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

☐	Aquatic	☐	Musculoskeletal

☐	Cardiopulmonary	☐	Neuromuscular
☐	Geriatric	☐	Pediatrics
☐	Integumentary		

APTA Member

○ Yes ○ No

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

Melissa Fox

Email Address / CPI2 Login:

msg9r@virginia.edu

PT/PTA Program from Which CI Graduated:

Old Dominion University (MS) Virginia Commonwealth University (DPT)

Year of Graduation:

Highest Earned Physical Therapy Degree

Doctor in Physical Therapy

Highest Earned Degree

Post-professional Doctor in Physical Therapy (Transition)

No. of Years of Clinical Practice

18

No. of Years of Clinical Teaching

Please choose:

No. of Years Working at this Site

18

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)

☐	OCS	☐	GCS
☐	PCS	☐	NCS
☐	CCS	☐	SCS
☐	ECS	☐	WCS

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

☐	Aquatic	☐	Musculoskeletal
☐	Cardiopulmonary	☐	Neuromuscular
☐	Geriatric	☐	Pediatrics

☐	Integumentary

APTA Member

○ Yes ○ No

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

McKinley Childress

Email Address / CPI2 Login:

MCC5N@hscmail.mcc.virginia.edu

PT/PTA Program from Which CI Graduated:

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

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)

☐	OCS	☐	GCS
☐	PCS	☐	NCS
☐	CCS	☐	SCS
☐	ECS	☐	WCS

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

☐	Aquatic	☐	Musculoskeletal
☐	Cardiopulmonary	☐	Neuromuscular
☐	Geriatric	☐	Pediatrics
☐	Integumentary		

APTA Member

○ Yes ○ No

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

Leslie Wood, PT, DPT

Email Address / CPI2 Login:

LNS6W@hscmail.mcc.virginia.edu

PT/PTA Program from Which CI Graduated:

MCV/VCU

Year of Graduation:

Highest Earned Physical Therapy Degree

Doctor in Physical Therapy

Highest Earned Degree

Please choose:

No. of Years of Clinical Practice

9

No. of Years of Clinical Teaching

Please choose:

No. of Years Working at this Site

2

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)

☐	OCS	☐	GCS
☐	PCS	☐	NCS
☐	CCS	☐	SCS
☐	ECS	☐	WCS

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

☐	Aquatic	☐	Musculoskeletal
☐	Cardiopulmonary	☐	Neuromuscular
☐	Geriatric	☐	Pediatrics
☐	Integumentary		

APTA Member

○ Yes ○ No

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

Stephanie Reed

Email Address / CPI2 Login:

PT/PTA Program from Which CI Graduated:

Drexel University

Year of Graduation:

Highest Earned Physical Therapy Degree

Doctor in Physical Therapy

Highest Earned Degree

Please choose:

No. of Years of Clinical Practice

3

No. of Years of Clinical Teaching

Please choose:

No. of Years Working at this Site

1

Licensing/Registration Status

Licensed/Registered

License/Registration Number:

State of Licensure/Registration

VA

APTA Credentialed CI

○ Yes ◉ No

APTA Advanced Credentialed CI

○ Yes ○ No

Other CI Credentialing

○ Yes ○ No

ABPTS Certified Clinical Specialist (Check all that apply)

☐	OCS	☐	GCS
☐	PCS	☐	NCS
☐	CCS	☐	SCS
☐	ECS	☐	WCS

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

☐	Aquatic	☐	Musculoskeletal
☐	Cardiopulmonary	☐	Neuromuscular
☐	Geriatric	☐	Pediatrics
☐	Integumentary		

APTA Member

○ Yes ○ No

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

Mary Casey, PT

Email Address / CPI2 Login:

mcr8F@hscmail.mcc.virginia.edu

PT/PTA Program from Which CI Graduated:

Northeastern University

Year of Graduation:

1985

Highest Earned Physical Therapy Degree

Bachelor in Physical Therapy

Highest Earned Degree

Please choose:

No. of Years of Clinical Practice

27

No. of Years of Clinical Teaching

Please choose:

No. of Years Working at this Site

12

Licensing/Registration Status

Licensed/Registered

License/Registration Number:

State of Licensure/Registration

VA

APTA Credentialed CI

(●) Yes ( ) No

APTA Advanced Credentialed CI

( ) Yes ( ) No

Other CI Credentialing

( ) Yes ( ) No

ABPTS Certified Clinical Specialist (Check all that apply)

☐	OCS	☐	GCS
☐	PCS	☐	NCS
☐	CCS	☐	SCS
☐	ECS	☐	WCS

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

☐	Aquatic	☐	Musculoskeletal
☐	Cardiopulmonary	☐	Neuromuscular
☐	Geriatric	☐	Pediatrics
☐	Integumentary		

APTA Member

( ) Yes ( ) No

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

Greg Cooper

Email Address / CPI2 Login:

GAC4P@hscmail.mcc.virginia.edu

PT/PTA Program from Which CI Graduated:

Hahnemann University

Year of Graduation:

Highest Earned Physical Therapy Degree

Masters in Physical Therapy

Highest Earned Degree

Please choose:

No. of Years of Clinical Practice

26

No. of Years of Clinical Teaching

Please choose:

No. of Years Working at this Site

6

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)

☐	OCS	☐	GCS
☐	PCS	☐	NCS
☐	CCS	☐	SCS
☐	ECS	☐	WCS

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

☐	Aquatic	☐	Musculoskeletal
☐	Cardiopulmonary	☐	Neuromuscular
☐	Geriatric	☐	Pediatrics
☐	Integumentary		

APTA Member

( ) Yes ( ) No

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

Gwen Medic

Email Address / CPI2 Login:

Sorry, that login already exists on this CSIF

PT/PTA Program from Which CI Graduated:

Gannon University

Year of Graduation:

Highest Earned Physical Therapy Degree

Masters in Physical Therapy

Highest Earned Degree

Please choose:

No. of Years of Clinical Practice

9

No. of Years of Clinical Teaching

Please choose:

No. of Years Working at this Site

8

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)

☐	OCS	☐	GCS
☐	PCS	☐	NCS
☐	CCS	☐	SCS
☐	ECS	☐	WCS

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

☐	Aquatic	☐	Musculoskeletal
☐	Cardiopulmonary	☐	Neuromuscular
☐	Geriatric	☐	Pediatrics
☐	Integumentary		

APTA Member

( ) Yes ( ) No

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

Tom Faisant

Email Address / CPI2 Login:

PT/PTA Program from Which CI Graduated:

State University of New York Upstate Medical Center

Year of Graduation:

Highest Earned Physical Therapy Degree

Bachelor in Physical Therapy

Highest Earned Degree

Please choose:

No. of Years of Clinical Practice

37

No. of Years of Clinical Teaching

Please choose:

No. of Years Working at this Site

28

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)

☐	OCS	☐	GCS
☐	PCS	☐	NCS
☐	CCS	☐	SCS
☐	ECS	☐	WCS

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

☐	Aquatic	☐	Musculoskeletal
☐	Cardiopulmonary	☐	Neuromuscular
☐	Geriatric	☐	Pediatrics
☐	Integumentary		

APTA Member

○ Yes ○ No

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

Marc Burkard

Email Address / CPI2 Login:

PT/PTA Program from Which CI Graduated:

University of Connecticut

Year of Graduation:

Highest Earned Physical Therapy Degree

Bachelor in Physical Therapy

Highest Earned Degree

Please choose:

No. of Years of Clinical Practice

21

No. of Years of Clinical Teaching

Please choose:

No. of Years Working at this Site

17

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)

☐	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

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	06/10/13 04:36 PM	Edit Now

Clinical Instructors

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

☒	APTA Clinical Instructor Credentialing	☐	Career ladder opportunity	☐	Certification/training course

☒	Clinical competence	☒	Delegated in position description	☐	Demonstrated strength in clinical teaching
☐	No criteria	☐	Other (not APTA) clinical instructor credentialing	☒	Therapist initiative/volunteer
☒	Years of experience	☐	Other		

Number of Years of Experience pertinent to Clinical Instructor Selection

1

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

☒	1:1 individual training (CCCE:CI)	☒	APTA Clinical Instructor Education and Credentialing Program	☐	Academic for-credit coursework
☒	Clinical center inservices	☐	Continuing education by academic program	☐	Continuing education by consortia
☐	No training	☐	Other (not APTA) clinical instructor credentialing program	☐	Professional continuing education (e.g., chapter, CEU course)
☐	Other				

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	01/31/13 03:17 PM	Edit Now

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:

331

Psychiatric center:

23

Intensive care:

74

Rehabilitation center:

0

Step down:

0

Subacute/transitional care unit:

40

Extended care:

0

Other specialty centers:

133

Total Number of Beds:

601

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	01/31/13 03:17 PM	Edit Now

Number of Patients/Clients

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

Inpatient	Outpatient

9 Individual PT: Student PT: Individual PTA: Student PTA: PT/PTA Team: 9 Total patient/client visits per day:	Individual PT: Student PT: Individual PTA: Student PTA: PT/PTA Team: 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	01/31/13 03:17 PM	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

0%

13-21 years

1% - 25%

22-65 years

51% - 75%

Over 65 years

51% - 75%

Continuum of Care

Critical care, ICU, acute

76% - 100%

SNF/ECF/sub-acute

Please choose:

Rehabilitation

Please choose:

Ambulatory/outpatient

Please choose:

Home health/hospice

Please choose:

Wellness/fitness/industry

Please choose:

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	01/31/13 03:17 PM	Edit Now

Patient/Client Diagnoses

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

Musculoskeletal

Please choose:

Which Musculoskeletal sub-categories are available to the student:

☒	Acute injury	☒	Amputation	☒	Arthritis
☒	Bone disease/dysfunction	☒	Connective tissue disease/dysfunction	☒	Muscle disease/dysfunction
☒	Musculoskeletal degenerative disease	☒	Orthopedic surgery	☐	Other

Neuro-muscular

Please choose:

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

☒	Brain injury	☒	Cerebral vascular accident	☒	Chronic pain
☒	Congenital/developmental	☒	Neuromuscular degenerative disease	☒	Peripheral nerve injury
☒	Spinal cord injury	☒	Vestibular disorder	☐	Other

Cardiovascular-pulmonary

Please choose:

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

☒	Cardiac dysfunction/disease	☐	Fitness	☐	Lymphedema
☒	Peripheral vascular dysfunction/disease	☒	Pulmonary dysfunction/disease	☐	Other

Integumentary

Please choose:

Which Integumentary sub-categories are available to the student:

☒	Burns	☒	Open wounds	☒	Scar formation
☐	Other				

Other (May cross a number of diagnostic groups)

Please choose:

Which other sub-categories are available to the student:

☒	Cognitive impairment	☒	General medical conditions	☒	General surgery
☒	Oncologic conditions	☒	Organ transplant	☒	Wellness/Prevention
☐	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	01/31/13 03:17 PM	Edit Now

Hours of Operation

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

	From:	To:	Comments:
Monday			Your hours may change depending on

	8:00	4:30	your CI's schedule.
Tuesday	**From:** 8:00	**To:** 4:30	**Comments:**
Wednesday	**From:** 8:00	**To:** 4:30	**Comments:**
Thursday	**From:** 8:00	**To:** 4:30	**Comments:**
Friday	**From:** 8:00	**To:** 4:30	**Comments:**
Saturday	**From:** 8:00	**To:** 4:30	**Comments:** It will be up to you and your CI to determine if you will work a weekend or not during your clinical. It is possible that you may work one and then have two days off during the week.
Sunday	**From:** 8:00	**To:** 4:30	**Comments:**

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	01/31/13 03:17 PM	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:

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	01/31/13 03:17 PM	Edit Now

Staffing

	Full-time Budgeted	**Part-time Budgeted**	**Current Staffing**
PTs	21	10	31
PTAs			
Aides/Techs	2		2
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	01/31/13 03:35 PM	Edit Now

Information About the Clinical Education Experience

Special Programs/Activities/Learning Opportunities

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

☐	Administration	☐	Aquatic Therapy	☐	Athletic Venue Coverage
☐	Back School	☐	Biomechanics Lab	☒	Cardiac Rehabilitation
☐	Community/Re-entry Activities	☒	Critical Care/Intensive Care	☐	Departmental Administration
☐	Early Intervention	☐	Employee Intervention	☐	Employee Wellness Program
☐	Group Programs/Classes	☐	Home Health Program	☐	Industrial/Ergonomic PT
☒	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	☐	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				

Specialty Clinics

Please check all specialty clinics available as student learning experiences.

☐	Arthritis	☐	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
☒	Other				

Please explain:

ALS Clinic, Huntington's Disease Clinic, VAD/CHF (Ventricular Assistive Device)Clinic

Health and Educational Providers at the Clinical Site

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

☒	Administrators	☐	Alternative therapies	☐	Athletic trainers
☐	Audiologists	☒	Dietitians	☒	Enterostomal / wound specialists
☒	Exercise physiologists	☐	Fitness professionals	☐	Health information technologists
☒	Massage therapists	☒	Nurses	☒	Occupational therapists
☒	Physician assistants	☒	Physicians	☐	Podiatrists
☒	Prosthetists / orthotists	☒	Psychologists	☒	Respiratory therapists
☒	Social workers	☐	Special education teachers	☒	Speech/language pathologists
☒	Students from other disciplines	☒	Students from other physical therapy education programs	☐	Therapeutic recreation therapists
☐	Vocational rehabilitation counselors	☐	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	01/31/13 03:35 PM	Edit Now

Availability of the Clinical Education Experience

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

Physical Therapist First Experience:

☐	Full days	☐	Half days	☐	Other

Physical Therapist Intermediate Experiences:

☒	Full days	☐	Half days	☐	Other

Physical Therapist

☒	Final Experience	☐	Internship (6 months or longer)	☐	Specialty experience
☐	Other				

Physical Therapist Assistant First Experience:

☐	Full days	☐	Half days	☐	Other

Physical Therapist Assistant Intermediate Experiences:

☐	Full days	☐	Half days	☐	Other

Physical Therapist Assistant

☐	Final Experience	☐	Other

PT

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

☒	January	☒	February	☒	March
☒	April	☒	May	☐	June
☐	July	☐	August	☒	September
☒	October	☒	November	☒	December

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

☐	January	☐	February	☐	March
☐	April	☐	May	☐	June
☐	July	☐	August	☐	September
☐	October	☐	November	☐	December

PTA

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

☐	January	☐	February	☐	March
☐	April	☐	May	☐	June
☐	July	☐	August	☐	September
☐	October	☐	November	☐	December

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

☐	January	☐	February	☐	March
☐	April	☐	May	☐	June
☐	July	☐	August	☐	September
☐	October	☐	November	☐	December

Average number of PT students affiliating per year.:

7

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:

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

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.):

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	01/31/13 03:35 PM	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)

☒	At end of clinical experience	☒	At mid-clinical experience	☒	Beginning of the clinical experience
☐	Daily	☒	Weekly	☐	Other

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

☒	As per student request in addition to formal and ongoing written & oral feedback	☒	Ongoing feedback throughout the clinical	☒	Student self-assessment throughout the clinical
☒	Written and oral mid-evaluation	☒	Written and oral summative final evaluation	☐	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	01/31/13 03:34 PM	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:

Do students receive the same official holidays as staff?

( ) Yes ( ) No

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.

10:00 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

Are any other health tests/immunizations required prior to the clinical experience? If yes, please specify:

◉ Yes ○ No

Please explain:

Tetanus, Diptheria, Tdap, Acelular pertussis, 2 MMRs, 2 doses of Varicella, 3 doses of Hep B, Seasonal Flu shot (within past 12 months)

How is this information communicated to the clinic? Provide fax number if required.:

The information can be provided electronically via e-mail, or regular mail.

How current are student physical exam records required to be?:

Are any other health tests or immunizations required on-site? If yes, please specify:

○ Yes ◉ No

Is the student required to provide proof of OSHA training?

○ Yes ◉ No

Please explain:

Is the student required to provide proof of HIPAA training?

○ Yes ◉ No

Please explain:

Will be provided thru hospital orientation.

Is the student required to provide proof of any other training prior to orientation at your facility? If yes, please list.

◉ Yes ○ No

Please explain:

Is the student required to attest to an understanding of the benefits and risks of Hepatitis-B immunization?

○ Yes ○ No

Is the student required to have proof of health insurance?

○ Yes ◉ No

Please explain:

Is emergency health care available for students?

◉ Yes ○ No

Please explain:

Is the student responsible for emergency health care costs?

◉ Yes ○ No

Please explain:

Is other non-emergency medical care available to students?

○ Yes ◉ No

Please explain:

Is the student required to be CPR certified? (Please note if a specific course is required).

◉ Yes ○ No

Please explain:

AHA HCP

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:

With in past year

Is a child abuse clearance required?

○ Yes ◉ No

Please explain:

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

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.):

Prior to starting their clinical experience the student will be required to complete some computer based learning modules. Once they have started their clinical they will attend one day of orientation and computer training.

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	01/31/13 03:34 PM	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:

If you are looking for housing in the Charlottesville area, please contact the CCCE at lsw3y@virginia.edu and she can provide you with a small listing of rooms/apartments that you can contact to see if they available for rent during your affiliation.

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

◉ Yes ○ No

Please explain:

http://offgroundshousing.student.virginia.edu/

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	01/31/13 03:34 PM	Edit Now

Transportation

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

○ Yes ◉ No

Please explain:

A student is able to get a parking pass for the hospital that will allow them to park in one of the satellite lots and take a free shuttle into the hospital.

Is parking available at the clinical center?

◉ Yes ○ No

Is public transportation available?

◉ Yes ○ No

Please explain:

With a hospital ID a student will be able to utilize Charlottesville's Bus System for free. Employee parking is off campus but there are regular buses to transport you to the hospital. You will need a parking pass

How close is the nearest transportation (in miles) to your site?	
a) Train station?	.5 miles:
b) Subway station?	miles:
c) Bus station?	1 miles:
d) Airport?	8 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.):

The City of Charlottesville is located in west Central Virginia, approximately 100 miles southwest of Washington DC and 70 miles NW of Richmond, VA. The population is approximately 43,475. It is a small city but has a lot offer. It has an exciting cultural environment with the University of Virginia, multiple historical and presidential sites to visit, exciting music venues and theater programs. There is a lot to enjoy in the surrounding area as well: Blue Ridge Mountains, Wineries, Hiking, etc.(http://www.visitcharlottesville.org/)

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):

http://uvahealth.com/directions-locations/images-and-docs/medcenter_arriving.pdf

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	01/31/13 03:34 PM	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:

Refrigerator and microw aves in the office. There is a full service cafeteria and coffee cart.

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	01/31/13 03:34 PM	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	01/31/13 03:34 PM	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:

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

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

(●) Yes ( ) No

Please explain:

The student w ill have access to the internet and the Health Sciences Library.

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	01/31/13 03:34 PM	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.

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

Section Sign Off:

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

☒ **This section has been completed.**

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

Software © 2007-2013 Academic Software Plus.