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| --- | --- |
| **Student Name**  |  |
| **Facility Name** |  |
| **Facility Physical Address-*for visitation purposes*** |  |
| **PT Department Phone-*direct line preferred*** |  |
|  |  |
| **CI Name:** **CI Email address- to be used for CPI set up****Is there another preferred email for communication?** |  |
| **Is your CI Credentialed by the APTA as a CI?** **If not APTA trained, then how trained for students?** | Yes or No |
| **Does your CI hold any certification or advanced clinical skill (ie ABPTS, FAAOMPT, ATC, CSCS, etc)? If yes, please indicate credentials** |  |
| **Which best describes the ownership category for your clinical site? Check or circle all that apply** | Government AgencyCorporate/Privately ownedHospital/Medical Center ownedNon-Profit AgencyPhysician/physician group ownedPT owned or PT/PTA ownedOther (specify) |  |
| **Please indicate the number of students your CI has had previously (to the best of your ability)****How many of those students were from MUSOPT?** |  |
| **Please indicate the number of years of clinical practice for your CI** |  |
| **Please indicate the highest academic degree your CI has completed** |  |
| **Is your CI an APTA member?** |  |
|  |  |
| **How many total staff in this clinical site?**  | PTPTAAides/Techs | OTOTASLPOther? |
| **Please indicate typical patient population/diagnoses:** |
| **Please indicate the *percentage of time* at the following settings anticipated for this student:**  | Acute careInpatient rehabilitationSkilled nursingTransitional CareOutpatientOther (explain) |
| (Comments?) |