Marshall University School of Physical Therapy
Clinical Site Questionnaire

Student: Please speak with your CI and complete the following form below. Please return this form to your DCE by *Midnight* of the **Monday after** the first week of your internship.

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 Agency Corporate/Privately owned Hospital/Medical Center owned Non-Profit Agency Physician/physician group owned PT owned or PT/PTA owned Other (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?	PT OT PTA OTA Aides/Techs SLP Other?
Please indicate typical patient population/diagnoses:	
Please indicate the *percentage of time* at the following settings anticipated for this student: (Comments?)	Acute care Inpatient rehabilitation Skilled nursing Transitional Care Outpatient

Please upload to MUOnline or FAX TO: Gretchen R. Pfost, PT, DPT, NCS or Ashley Mason, PT, DPT, ATC, PCS Co-Directors of Clinical Education 304-523-7736 (fax)

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	Other (explain)