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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **University PT/PTA Program** | | |  |  |  |  | Emblem Here | | |
| **100 University Way** | | **Sally Jones PT DCE** | | |  |  |
| **PT Building** | | **Phone- 567-345-6789** | **Fax 321-678-9999** | |  |  |
| **Orlando, FL 32806** | | [**E-mail -sally.jones@university.edu**](mailto:sally.jones@university.edu) | | |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Facility Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | **City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |  | **State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |  |  |
| **⃝No Change In Contact Information** | |  | **CCCE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| If you are accepting students in multiple settings please write in the number next to the setting (ie Acute care 1, SNF 2 Total Students=3) | | | | | | | | | |
| **Clinical Experience**  **Number** | **Notes from School** | **Dates** | **Number of Weeks** | **Setting (*Circle all that apply)*** | | **Experience Type (*Circle all that apply)*** | | **Total Number of Students** |  |
|  |  |  |  | Acute Care Rehab SNF Home Health Outpatient Other\_\_\_\_\_\_\_\_\_\_\_ | | Orthopedic  Cardiopulmonary Neuromuscular  Pediatrics  Integumentary Other\_\_\_\_\_\_\_\_\_\_ | |  |  |
|  |  |  |  | Acute Care Rehab SNF Home Health Outpatient Other\_\_\_\_\_\_\_\_\_\_\_ | | Orthopedic  Cardiopulmonary Neuromuscular  Pediatrics  Integumentary Other\_\_\_\_\_\_\_\_\_\_ | |  |  |
|  |  |  |  | Acute Care Rehab SNF Home Health Outpatient Other\_\_\_\_\_\_\_\_\_\_\_ | | Orthopedic  Cardiopulmonary Neuromuscular  Pediatrics  Integumentary Other\_\_\_\_\_\_\_\_\_\_ | |  |  |
|  |  |  |  | Acute Care Rehab SNF Home Health Outpatient Other\_\_\_\_\_\_\_\_\_\_\_ | | Orthopedic  Cardiopulmonary Neuromuscular  Pediatrics  Integumentary Other\_\_\_\_\_\_\_\_\_\_ | |  |  |
| **⃝Reserved for University Students** | | | **⃝First Come- First Serve** | | | **⃝Application Required** | **⃝Interview Required** | |  |
| **⃝No opening contact us in the future** | | | **⃝Contact us closer to the date** | | | | **⃝No openings do not contact us in future** | |  |
| **CCCE (or person completing form)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | **Date\_\_\_\_\_\_\_\_\_\_\_\_** | |  |
| **Please complete and return via e-mail/fax/ mail to Sally Jones DPT, DCE by April 30th 2016** | | | | | | |  |  |  |