|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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**  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **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** |  |  |  |