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| **University of Central Florida** | | |  |  |  |  | http://www.sportstalkflorida.com/wp-content/uploads/2013/07/UCF-Logo.jpg | | |
| **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 Orlando Regional Medical Center** | | | **City Orlando** | |  | **State FL** | |  |  |
| **⃝XNo Change In Contact Information** | |  | **CCCE Jamie Dyson PT, DPT** | | | | | | |
| 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** |  |
| 1 | Students have not completed neuro/peds | 9/5-10/14/2016 | 6 | (1) (Acute Care ) Rehab SNF Home Health Outpatient Other\_\_\_\_\_\_\_\_\_\_\_ | | (1) (Orthopedic) Cardiopulmonary Neuromuscular  Integumentary  Pediatrics  Other\_\_\_\_\_\_\_\_\_\_ | | 1 |  |
| 2 | Core Education Complete | 10/17-12/9/2016 | 8 | (2) (Acute Care) Rehab SNF Home Health Outpatient Other\_\_\_\_\_\_\_\_\_\_\_ | | Orthopedic (1)(Cardiopulmonary) (1)(Neuromuscular) Integumentary  Pediatrics  Other\_\_\_\_\_\_\_\_\_\_ | | 2 |  |
| 3 | Core education Complete | 1/4-2/26/2016 | 8 | (1)(Acute Care) Rehab SNF Home Health (1)(Outpatient) Other\_\_split\_\_\_\_ | | (2)(Orthopedic) Cardiopulmonary Neuromuscular  Integumentary  Pediatrics  Other\_\_\_\_\_\_\_\_\_\_ | | 2 |  |
| 4 | Terminal Rotation | 2/29-5/6/2016 | 10 | (1)(Acute Care) Rehab SNF Home Health Outpatient Other\_\_\_\_\_\_\_\_\_\_\_ | | Orthopedic  Cardiopulmonary (1)(Neuromuscular ) Integumentary  Pediatrics  Other\_\_\_\_\_\_\_\_\_\_ | | 1 |  |
| **⃝X 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)\_\_\_Jamie Dyson PT, DPT** | | | | | | | **Date 1/8/2016** | |  |
| **Please complete and return via e-mail/fax/ mail to Sally Jones DPT, DCE by April 30th 2016** | | | | | | |  |  |  |