Clinical Site Recommendation Form – Step 1 of 2

If you would like to recommend a clinical site that you feel would enhance the clinical education component of the curriculum, please provide the information requested below:

Facility Name  ____________________________________________________________

Address ________________________________________________________________
                                                  _______________________________________________

Website URL  _____________________________________________________________

Setting type:  __ Acute   __ Pediatric   __ SNF/SAR   __ Home Health
               __ Neuro Rehab   __ OP specialty

Requesting:   CE I   CEII   CE III   CE IV

Describe how you know about this facility:

Describe your rationale for this recommendation:

Recommendation of a clinical site does not guarantee an agreement between the clinical site and the Department of Physical Therapy and Human Movement Sciences will be negotiated. If an agreement is executed and a placement is offered, the student making the recommendation is not guaranteed a clinical experience at the site.

Thank you for your recommendation. The Directors of Clinical Education will review your request and follow-up with you regarding the outcome of their review. At this point, you should refrain from any direct communication with the site.

___________________________________________________  ________________
Student Name                                           Date

Please return this form to your DCE in-person on the 10th floor or via email.

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