Clinical Site Recommendation Form

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
__________________________________________________________
__________________________________________________________

Contact Person
__________________________________________________________

Telephone
__________________________________________________________

Describe how you know about this facility:

Rationale for 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, the student making the recommendation may or may not be among the individuals who participate in clinical experiences at the site.

The Directors of Clinical Education will manage all communication between the program and clinical sites.

Name ____________________________ Date __________________________

Please return this form to Kirsten Potter or Nora Francis on the 11th floor.

S: Clinical Education/CE Documents.CE Site Rec.