



PHYSICAL THERAPY

**Wichita State University
Department of Physical Therapy**

**Clinical Education Handbook
Revised May 2024**

Clinical Education Handbook

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Wichita State University, College of Health Professions

Department of Physical Therapy

CLINICAL EDUCATION HANDBOOK

Mission Statement

The mission of the Department of Physical Therapy at Wichita State University is to graduate competent, compassionate, progressive physical therapists capable of serving diverse populations through direct access and collaborative care across a variety of settings. The Program's vision is to be a recognized leader in advancing the physical therapy profession by cultivating life-long learners through excellence in clinical practice, research, leadership, and service.

Student Learning

The Department of Physical Therapy at Wichita State University fosters the development of students through rigorous academic and clinical experiences. Students are accountable for all course requirements, including registration in all required and elective courses. Faculty challenge and support students to further develop critical thinking, problem-solving, clinical skills, and ethical responsibility. College and departmental resources are available to assist students with academic, psychological, and skill development.

Each instructor will inform students of the objectives, assignments, and performance expectations through the course syllabus. When a student's personal circumstances (e.g., financial hardship, family circumstances, medical or psychological conditions) begin to affect learning, various campus or community resources are available to assist when needed. Students are encouraged to be proactive in managing their journey through the DPT curriculum. The first step in this process is to notify faculty or staff of personal concerns, illness, or other issues, interfering with the student's ability to keep up with the program's pace. The second step is to maintain ongoing communication with faculty and staff and be open to seeking assistance when needed. When students fail to meet responsibilities, they will bear the consequences of their own actions. Students are encouraged to access departmental, College of Health Professions, Graduate College, and University resources for special and general needs. These services include, but are not limited to college health services, campus library, financial aid, campus ministry, career development, counseling and testing services, disability services, and student government association.

Student Code of Conduct

The [WSU Student Code of Conduct](#) applies at the University campus, clinical affiliation sites, and sites of other school related activities. Professional conduct is expected of physical therapy students at all times as future health professionals. Professionalism is reflected by appropriate behavior, appearance, and personal hygiene as a student and throughout your career. Students must conduct themselves in such a manner as to maintain professionalism that typifies those who dedicate themselves to maintenance and promotion of health through education, service, and research. Appropriate behavior around patients/clients, their families, peer professionals, and other persons related to health care should reflect the student's understanding and respect for a professional environment. Attire must be appropriate for the time, place, and circumstances and in accordance with policies of affiliating institutions.

Physical therapy faculty and students are expected to comply with current American Physical Therapy Association conduct and ethical principles and guidelines. Physical therapy students and faculty are also expected to comply with the Physical Therapy department policies and the WSU Department of Physical Therapy Clinical Education Handbook. Disciplinary action will be taken for professional misconduct. Refer to the

appendix and appropriate APTA publications for review.

[APTA Code of Ethics](#)

[Core Values for the Physical Therapist](#)

Students as Representatives of the University

Students are representatives of the University, the College of Health Professions, and the Department of Physical Therapy. Students, however, do not have authority to make contacts or arrangements with any external persons or organizations on behalf of the program or their class without first receiving proper authority from the Department of Physical Therapy Chairperson or Dean of the College of Health Professions.

Academic Honesty

Students at Wichita State University are expected to uphold high academic standards. WSU will not tolerate a lack of academic integrity. Students are responsible for knowing and following: [The Student Academic Integrity Policy 2.17](#). When the faculty member determines sanctions are warranted for violations of academic integrity, regardless of severity, the faculty member must report the infraction to the Office of Student Conduct and Community Standards. If you need more information about the process or wish to appeal a decision, please visit WSU Academic Integrity Processes and Procedures.

Academic integrity in the physical therapy program includes adherence to the University guidelines and program-specific guidelines as seen in the WSU DPT Student & Clinical Education Handbooks. Any violations of WSU DPT program-specific academic integrity guidelines, or misconduct of any kind, will result in recommendation of dismissal from the WSU DPT program to the WSU Graduate School.

Program Evaluation by Students

Students will be provided with a variety of methods to evaluate the curriculum, learning resources, instruction, etc. Evaluations from students are deemed critical to program advancement. Methods include course evaluations, curriculum evaluations, focus group discussions, student representation on committees, and informal and formal meetings with faculty.

Clinical Education Faculty

The members of the clinical education faculty are the Site Coordinator of Clinical Education (SCCE), the Clinical Instructor (CI), the Director of Clinical Education (DCE), the Assistant Directors of Clinical Education (ADCs), the WSU PT Instructor of Record (IOR), and the Clinical Placement Coordinator (CPC).

Director of Clinical Education (DCE)

The DCE is a full-time faculty member with administrative, academic, service, and scholarship responsibilities consistent with the mission and philosophy of the WSU academic program. The DCE's primary responsibilities are to plan, coordinate, facilitate, administer, and monitor activities on behalf of the academic program and in coordination with academic and clinical faculty. To meet these responsibilities, the DCE serves as a liaison between the physical therapy program and the clinical education site. The DCE is responsible for the establishment of clinical education sites and clinical faculty standards, selection and evaluation of clinical education sites, and fosters the ongoing development of clinical education programs and their faculty. These activities include but are not limited to the following:

- Develop, monitor, and refine the clinical education component of the curriculum.

- Ensure quality learning experiences for students during clinical education.
- Evaluate students' performance and their ability to integrate didactic and clinical learning experiences and to progress within the curriculum.
- Educate students, clinical and academic faculty about clinical education.
- Ensure that the clinical learning environment demonstrates characteristics of sound patient management, ethical and professional behavior, and currency with physical therapy practice.
- Ensure that the clinical education program maximizes available resources.
- Provide documented assessment of the clinical education component; and
- Develop strategies to actively engage core faculty participation in clinical education planning, implementation, and assessment.

The DCE is also the IOR (Instructor of Record) for PT 953, PT 954, and PT 955 (Full-time clinical rotation courses for our 3rd year students). DCE responsibilities are in accordance with CAPTE Standard 4K.

Assistant Director of Clinical Education (ADCE)

The ADCE is a full-time faculty member with administrative, academic, service, and scholarship responsibilities consistent with the mission and philosophy of the WSU academic program. The ADCE's primary responsibility is to assist with planning, coordinating, facilitating, administration and monitoring activities on behalf of the academic program and in coordination with academic and clinical faculty. To meet these responsibilities, the ADCE serves as a liaison between the physical therapy program and the clinical education site. The ADCE is responsible for assisting the DCE in establishment of clinical education sites and clinical faculty standards, selection, and evaluation of clinical education the sites, and fosters the ongoing development of clinical education programs and their faculty. These activities include but are not limited to the following:

- Develop, monitor, and refine the clinical education component of the curriculum.
- Ensure quality learning experiences for students during clinical education.
- Evaluate students' performance and their ability to integrate didactic and clinical learning experiences and to progress within the curriculum.
- Educate students, clinical and academic faculty about clinical education.
- Ensure that the clinical learning environment demonstrates characteristics of sound patient management, ethical and professional behavior, and currency with physical therapy practice.
- Ensure that the clinical education program maximizes available resources.
- Provide documented assessment of the clinical education component; and
- Develop strategies to actively engage core faculty participation in clinical education planning, implementation, and assessment.

The ADCE is also the IOR for PT 741, 761, (ICE I and II for 1st year students) and PT 852 (Full-time clinical rotation course for 2nd year students). ADCE responsibilities are in accordance with CAPTE Standard 4K.

Clinical Placement Coordinator (CPC)

The Clinical Placement Coordinator is a full-time staff member in the WSU PT Department. The CPC reports to the Director of Clinical Education and Assistant Directors of Clinical Education for all clinical education responsibilities and processes and will be supervised by the PT Program Manager for overall departmental tasks and responsibilities. The CPC works with the Director of Clinical Education to ensure CAPTE compliance in all policies and procedures related to clinical education. The primary responsibility of the CPC is to coordinate and oversee the assignment of the clinical placements of physical therapy students. The CPC serves as the EXXAT database administrator and works with customer service teams associated with EXXAT to

optimize program features. The CPC also coordinates department affiliation agreements and is required to initiate, track, and organize department agreements and collaborate with College of Health Professions, external clinics, and the WSU legal department to enable placement of our students for rotations.

Site Coordinator of Clinical Education (SCCE)

The SCCE is the physical therapist, physical therapist assistant, or other health professional at the clinical facility who coordinates the clinical education program offered by the facility. If the affiliating site has limited staff, the department director may serve as the SCCE. The SCCE should be proficient as a clinician, organized, experienced in clinical education, supportive of students, and knowledgeable of the clinic and its resources. The SCCE should also possess good interpersonal skills.

The SCCE serves as the direct communication link between the WSU DPT Clinical Education Team and the clinical affiliate on clinical education information. The SCCE is responsible for providing the school with yearly updated information.

The SCCE is the contact person for student assignments. The SCCE is the direct supervisor of the CI and provides overall supervision of students involved in clinical education. The SCCE serves as a resource for the CI, works with the CI to develop student learning situations, and provides opportunities for the development and growth of the CI.

Clinical Instructor (CI)

The CI is a licensed physical therapist employed at the clinical facility who provides direct day-to-day student teaching and supervision. The CI is assigned a student by the SCCE for a specified amount of time and guides the student's learning experience. The CI communicates directly with the assigned student throughout the rotation and provides direct supervision and verbal feedback. The CI is responsible for completing the formal student evaluation, on the school's Student Performance Report, which provides feedback to the student and to the school regarding the student's clinical performance. The CI is the student's primary contact person but may schedule supervision by other staff members or observation in other areas to enhance the student's learning experience.

Clinical Instructor Qualifications

The qualifications for a physical therapist to become a CI are as follows: licensure in the state of practice, at least one year of clinical experience, knowledge in the clinical setting, and a desire to work with students. The APTA has established a volunteer [CI Credentialing Program](#) and, since 1998, scheduled workshops may be found on the APTA website. CI qualifications follow CAPTE standard 4P.

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General Responsibilities

General responsibilities are outlined to provide description of role, responsibilities, and support in accordance to CAPTE Standard 8B.

DCE/ADCE

The Director of Clinical Education (DCE) and Assistant Director of Clinical Education (ADCE) are dedicated to facilitating each student's successful completion of all clinical education courses by fulfilling the following responsibilities:

- Assure that written legal agreements are in place between the University and the clinical site, and that they are updated as needed. A current signed agreement must be on file before a student can do a rotation at the clinical site.
- Assign all eligible students to clinical education internships per program policies and procedures.
- Orient students to the purpose, process and policies and procedures related to clinical education.
- Maintain open communication with each SCCE and/or CI by any method deemed appropriate. This communication should occur before, during and after assigned rotations.
- Maintain reference information describing each clinical education site and its policies, procedures, and resources.
- Develop new clinical education experiences that meet the guidelines, policies and procedures established by the department.
- Provide pertinent and required course information to SCCEs, CIs and students.
- Evaluate material submitted by students for fulfillment of each clinical education course's requirements.
- Evaluate the CI(s) assessment of each student's performance and determine the course grade in compliance with program policies and procedures.
- Address challenges, conflicts, or problems arising during the student's clinical rotation, upon notification, the DCE/ADCE will maintain contact with the appropriate person(s), to ensure successful resolution of the issue.
- When appropriate, the DCE/ADCE will terminate a student from a clinical rotation.
- Arrange remediation experiences for students who are eligible for remediation.
- Provide feedback as appropriate (positive and negative) to clinical sites.
- Assess clinical education needs of the SCCEs and CIs and provide training as appropriate.
- Conduct clinical education opportunities to facilitate development of the SCCEs and CIs.
- Assignment of student grades for all clinical education courses.

SCCE

The Site Coordinator of Clinical Education (SCCE) is dedicated to facilitating successful completion of student experiences at their clinical site by abiding by fulfilling the following responsibilities:

- Provide the philosophy of the clinical site and provide consistent student expectations.
- Assure that there is a contractual agreement in place between WSU and the clinical site prior to onboarding a student for a rotation at the clinical site.
- Maintain student records and information secure and confidential.
- Provide student orientation which includes at minimum, information about safety, emergency, and security procedures; department policies and procedures that may impact student performance and/or evaluation; and any other information pertinent to successful completion of a student internship.
- Communicate with the DCE, ADCE, and CPC regarding coordination of student assignments, student schedules, clinical education planning and evaluation, and CI development.
- Maintain appropriate communication with the DCE, ADCE, and CPC about the clinical site and student internships.
- Assign physical therapists to act as CIs who meet the WSU clinical instructor requirements.
- Assist in planning and problem solving with the CI/student team effectively.
- Encourage feedback from students, DCE, ADCE, CPC, CI(s) and other interested individuals.
- Evaluate the clinical education resources and needs of the site.
- Manage and supervise the clinical education program at the site.

CI

The Clinical Instructor (CI) is dedicated to facilitating a successful learning experience for each student assigned to them to meet program and student learning objectives by fulfilling the following responsibilities:

- Effectively structure the clinical rotation to offer the best learning opportunity for the student.
- Submit current and required information to the DCE, ADCE, and/or CPC.
- Provide effective and efficient formative and summative feedback to students during clinical rotation.
- Complete all required paperwork for each assigned student.
- Understand and abide by the clinical education policies and procedures of the WSU Department of Physical Therapy.
- Provide assigned students with an orientation to the clinical site and any written and unwritten policies that impact student evaluation.
- Communicate with the DCE, ADCE, and/or CPC when student has been advised of unsatisfactory performance, unsatisfactory progress, or when a remediation plan has been initiated.
- Provide students with appropriate supervision that will allow for evaluation of the student's skills, knowledge, and attitudes.
- Model professionalism and maintain a professional relationship with the student.

Student

The student should fulfill the following responsibilities:

- Abide by all policies, procedures and requirements outlined in all clinical course syllabi and in the Clinical Education Handbook. Students will sign the Clinical

Education Agreement form to acknowledge the student handbook expectations, see Appendix F. These signed forms are then uploaded by the student into the student portal.

- Assume responsibility for own learning and always demonstrate professionalism.
- Inform the DCE, ADCE, and/or CPC as soon as a problem related to clinical education is identified.
- Abide by the requirements of the written agreement between the program and each clinical site.
- Abide by assigned clinical sites' policies and procedures.
- Fulfill all duties and tasks as instructed by the SCCE, CI, DCE, and ADCE.

Clinical Education Models

Several clinical education models are utilized by the WSU Department of Physical Therapy. The various models are:

- **1 - 1 model:** In this model one student is assigned to a single CI. The student and CI are paired together for the duration of the rotation.
- **1 - 2 model:** In this model one student is assigned to two CIs. The CIs generally share a full-time position at the facility and generally share the same patient load. In this model, either CIs may take a role in the formal student evaluation process.
- **2 - 1 model:** In this model two students are assigned to one CI. The students may be from either the same or different schools. Also, the students may both be PT students or a PT/PTA student combination.

Whenever possible, students will be informed by the DCE of the type of clinical education model being used for their rotations. Sometimes this information is not known or may change suddenly due to clinical staffing changes. Students should be prepared to participate in any of these models and demonstrate flexibility when sudden changes occur.

Clinical Education Sites

The Physical Therapy Program at WSU currently affiliates with a variety of clinical sites throughout the United States. These sites include hospitals, rehabilitation centers, private outpatient clinics, school systems, pediatric facilities, skilled nursing facilities, home health agencies, and sports facilities.

Current Sites

Currently the Physical Therapy Program affiliates with approximately 600 clinical sites. A Clinical Site Information Form (CSIF) is obtained for each clinical facility. The CSIF has valuable information about each clinical facility and can be reviewed by the student before attending an assigned clinical site. The CSIF may be found in the EXXAT database. Each student will be able to access the CSIF on the EXXAT database with individual log in.

Establishing New Clinical Sites

Clinical education is a vital component of the professional curriculum and student site placements should be a quality part of the learning experience. Specific criteria and considerations are necessary for establishing a new clinical site. A facility may be considered as a clinical site if both parties (i.e., the facility and WSU) express an interest in establishing an affiliation.

A student may inquire about a new potential site; however, the Clinical Education Faculty & Staff make the final decision regarding initiating the affiliation process. The

following criteria exist for the consideration of development of a new site:

- Site is of a type or at a location needed for the program.
- Site currently has an active student program in place or is interested in establishing one.
- Site agrees to pursue and develop an ongoing clinical affiliation relationship with program.
- Site has adequate staffing for student learning.
- Site is willing to utilize the Wichita State University Standard Affiliation Agreement or willing to modify their facility contract to the satisfaction of WSU General Counsel.

Students should inquire with the CPC regarding interest in establishing a new clinical site. The student should be prepared to present the name of the facility contact along with the name, address, and phone number of the facility. A significant amount of time is involved in establishing a new clinical site. The time involved ranges from several months to years.

Clinical Site Contract/Agreement

Wichita State University College of Health Professions has a standard affiliation agreement written and approved by the WSU General Counsel and the facility. See Appendix A for Sample Standard Affiliation Agreement. Because the terms of agreement, and the rights and responsibilities of the student are outlined in this agreement, students should take the time to request a copy to review this agreement prior to a clinical rotation. Sometimes facilities require the University to use the facility's standard agreement. Agreements are all stored on the EXXAT database and can be viewed by the student at any time. Students are only allowed to do clinical rotations at sites in which a legal written agreement exists between WSU and the site. Clinical agreements comply with CAPTE Standard 4L.

Affiliation at a Site of Employment

Some physical therapy students accept employment positions prior to completion of the professional program and other students have entered a financial agreement with a particular facility (e.g., the facility pays the student's tuition in return for a year of work). To avoid potential conflicts of interest, the Department of Physical Therapy will not allow a student placement at a clinical site at which they have accepted a position of employment, or one in which they have been previously employed. In addition, a student cannot be placed with a clinical instructor for which they have previously worked.

Evaluation and Communication with Clinical Sites

Evaluation of the clinical site occurs both formally and informally on a regular basis through written and verbal means with the clinical site. Information can be obtained from the Clinical Site Information Form (CSIF). This CSIF is stored in the EXXAT database.

Formal evaluations are completed using the PT Student Evaluation of Clinical Instruction and PT Student Evaluation of Site forms in EXXAT. An investigation will be performed by the DCE if the facility or CI receives the following ratings such as the following:

- 3 out of 5 for CI
- 2 out of 4 for facility

The DCE will facilitate a discussion with the SCCE/CI and student regarding the reason(s) for such rating(s) from the student.

Informal evaluation also occurs during clinical site visits, phone, and email conversations with the SCCE and CI(s).

The evaluations and communication with clinical sites meet the CAPTE Standard 4L.

Clinical Education Grievance: Wichita State University & Graduate School Policies

Grievance Procedures for Graduate Students

Depending on what the student's concern is about, the dispute will be resolved by different units on campus.

- **Grades:** Disputes about grades are resolved through the **Court of Student Academic Appeals**. Unless exceptional documented circumstances concur, the student must file the appeal within one semester after the grade is assigned (excluding summer).
- **Academic Misconduct:** Appeals for Academic Misconduct are handled through the **Student Conduct and Community Standards**.
- **Discrimination and harassment:** These concerns are examined by the **Office of Civil Rights, Title IX & ADA Compliance (CTAC)**.
- **Other academic matters:** This may be initiated for circumstances which are within one year of the time of occurrence and may be handled through the **Graduate School**. Please find more information [here](#).
- **Dismissals:** Students must indicate in writing to the Graduate Dean their decision to appeal the dismissal decision. This written statement must be received within 10 business days of the notification of the dismissal decision. The appeal is resolved by the **Graduate Council**. Please find more information [here](#).

The clinical education grievance process complies with CAPTE Standard 3G.

Dissemination of Student Information to Assigned Clinical Sites

Prior to a clinical rotation, pertinent information is updated and stored on the EXXAT database and provided to the SCCE and CI at the assigned clinical site. Approximately four weeks prior to the start of a clinical rotation, a link is sent to the SCCE and CI to allow access to the following information:

SCCE

- Student Contact Information & Health Screening Information
- Clinical Education Handbook

CI

- Student Contact Information & Health Screening Information
- Clinical Education Handbook
- Tutorial access to the Clinical Internship Evaluation Tool (CIET)

In addition, clinical information is available to clinical sites on the department web site or by contacting the DCE, ADCE, and/or CPC. An information session will be held for SCCEs/CIs approximately 2 weeks before every rotation. The communication with clinical sites meets the CAPTE Standard 4L.

Clinical Site Visits

In-person or virtual visits to clinical sites by the DCE, ADCE, CPC or school designees are scheduled to occur every 1-3 years for routinely used facilities in Kansas. Routinely used sites outside the state may be visited approximately every 5 years. Clinical visits generally serve three purposes:

- To evaluate the facility
- To promote the University - Facility relationship
- To address student issues that may arise during a rotation

Every effort is made to communicate with the student and CI during each rotation.

Clinical Education Requirements

Students are expected to adhere to all rules, policies, and regulations of Wichita State University, College of Health Professions, Physical Therapy Department, and the clinical site. Rules and regulations are founded upon CAPTE standards.

Progression

To progress in the Physical Therapy program, students must:

- maintain a 3.00 grade point average in graduate work,
- earn no course grade lower than a "C,"
- maintain academic integrity and professional behavior in both classroom and clinical portions of the program,
- maintain the standards of the affiliating clinical agencies, and
- pass annual comprehensive examinations.

Students will be placed on academic probation if their grade point average in the graduate program falls below 3.00. Students may be dismissed from their degree program or placed into non-degree status if they fail to attain a cumulative grade point average of at least 3.00 upon the completion of the following semester after being placed on probation. A cumulative grade point average of 3.00 is required before enrolling in PT 852, Clinical Education I, PT 953 Clinical Education II, PT 954 Clinical Education III, or PT 955 Clinical Education IV. The student must have a 3.00 cumulative grade point average before they can participate in these courses regardless of enrollment status.

The right of patients and the public to safe professional practice supersedes students' learning and skill acquisition needs. The responsibility of the University and the faculty to protect patients, the public, and the staff of clinical settings from unnecessary exposure to dangerous situations is paramount. Faculty are obligated to assess and make professional judgment about each student's fitness for safe practice during clinical rotations. Under no circumstances will the student progress to Clinical Education if they are deemed unsafe. The DCE will delay, cancel, or provide clinical remediation for any student not prepared to safely advance into full time clinical rotations. Unusual or exceptional situations will be reviewed by the Department Progression, Remediation and Retention Committee for decisions regarding enrollment in PT 852 Clinical Education I, PT 953 Clinical Education II, PT 954 Clinical Education III, PT 955 Clinical Education IV.

General Requirements

Students must meet the following requirements by specified deadlines before they will be allowed to participate in the clinical education program. These requirements are required by the WSU Department of Physical Therapy and/or the clinical facility as defined by the affiliation agreement. Students are expected to track and submit these documents in compliance with due dates noted in the EXXAT database. It is the student's responsibility to update documents on an annual basis, or prior to expiration, and resolve any non-approved documents immediately. Submission procedures can be found in the EXXAT Procedure Manual. If a student is noncompliant with any of these requirements, they will not be allowed to participate in clinical observations (PT 741 and PT 761) or clinical rotations (PT 852, PT 953, PT 954, and PT 955). Noncompliance may be grounds for dismissal from the program. These requirement standards support the CAPTE Standard 5B.

Physical Examination

Students are required to complete a **physical examination annually**. This examination may be scheduled with their physician or with Student Health Services in the Student Wellness Center of the Steve Clark YMCA building on WSU Campus, 316-978-4792. Students are required to provide their health care provider with the physical examination form found in EXXAT and submit the completed form into their EXXAT Student Portal. See Appendix G for Physical Exam form.

Immunizations

Students are required to submit proof of completion of the following immunizations into their EXXAT Student Portal:

- Documentation of a negative Tuberculosis (TB) skin test
 - If you have a positive TB skin test, documentation of a negative chest x-ray is required.
- Evidence of Measles Mumps and Rubella immunity are required and must be documented by one of the following methods:
 - Two (2) MMR immunizations after 12 months of age, or
 - Documentation of a positive Rubeola and Rubella titers, or
 - Student birth date on or before December 31, 1956.
- Varicella (Chicken Pox) immunity is required. Documentation is accepted either through:
 - A Varicella Titer indicating immunity, or by
 - Documentation of two (2) Varicella immunizations.
- Documentation of a Tetanus Toxoid and Diphtheria vaccination or booster with the last 10 years.
- Proof of immunity to Pertussis as evidenced by receipt of a single dose of Tdap.
 - Those aged less than 64 who do not have documentation of Tdap immunization should receive a single dose of Tdap if it has been at least 2 years since receipt of a tetanus toxoid-containing vaccine.
- Hepatitis B immunization is not presently required but is **highly recommended**.
 - If the student has started or completed this series, they must provide documentation of the immunization dates.
 - If the student declines the Hepatitis B immunization series, they must complete and submit a signed Hepatitis B Immunization Waiver.
- Influenza vaccine is not required but is **highly recommended**.
 - If the student has received the vaccine, they must provide documentation of the date received.
 - If the student declines the influenza vaccine, then they must complete and submit an Influenza Vaccine Waiver.
 - **Please note that some facilities require an influenza vaccination and without one, students will not be allowed in their clinics for observation or clinical rotation.**
- COVID-19 vaccine is not required but is **highly recommended**.
 - If the student has received the vaccine, they must provide documentation of the date received.
 - If the student declines the COVID-19 vaccine, then they must complete and submit an COVID-19 Vaccine Waiver.
 - **Please note that some facilities require the COVID-19 vaccination and without one, students will not be allowed in their clinics for observation or clinical rotation.**

CPR Certification

Students are required to attain CPR Certification from an accredited American Heart Association for Healthcare Providers or American Red Cross BLS for Healthcare Providers to include adult, infant & child CPR & AED programs with an in-person simulation training. A four-hour course will be held at the beginning of the first year on the WSU Old Town Campus. The cost of the first training session is covered by Program fees. Signup for the session will be announced and at that time, students can sign up for one of the sessions. The cost of the second training session is covered by the student. Payment will be made directly by the student to the CPR trainer at the time of the course. This certification will be good for two years. If the student is already AHA Healthcare Provider or American Red Cross BLS for Healthcare Providers certified then they are not required to attend our training session; however, the student must always keep their certification current. During the spring of the second year in the program, the Department of Physical Therapy will schedule CPR recertification session and the students are required to complete the session or schedule for recertification on their own through a company that offers American Heart Association Healthcare Provider or American Red Cross BLS for Healthcare Providers training. Students are required to maintain current CPR Certification AND update their certification in their EXXAT Student Portal prior to expiration.

Health Insurance

Continuous health insurance coverage throughout the professional program is required. It is the student's responsibility to maintain and verify continuous health insurance coverage through submission of a current insurance card in their EXXAT Student Portal. The card must show the student's name as a beneficiary of the policy. If the student's name does not appear on the card, the student must also submit a beneficiary verification from the insurance company. If the student does not have current health insurance coverage, they may access information about student health insurance from the [Student Health Service's website](#) or by phone at 316-978-4792.

Student Professional Liability Insurance

Students are provided professional and general liability insurance at the amounts of \$1,000,000 per occurrence / \$3,000,000 aggregate throughout the program paid for through a student fee of approximately \$16 through the College of Health Professions at Wichita State University.

Student Release of Information Form

Students are required to complete a Release of Information Form on their EXXAT Student Portal prior to completion of the first Summer Semester. A signed Release of Information Form is required to release via email the professional liability, CPR certification, health insurance, physical examination information, and other pertinent information to the clinical sites to which students are assigned. If the Release of Information Form is not signed, clinical rotations could be limited, which could jeopardize the student's ability to complete the clinical education portion of the professional program.

Criminal Background Checks

Criminal background checks are required for entrance into the program. When accepted into the program, a signed Student Acknowledgement and Authorization Regarding Clinical Experience Form is obtained to complete a background check. Most clinical sites require that students have a background check completed before they enter the clinical facility for any observations, practicums, or clinical rotations/affiliations. Background checks are completed through Validity Screening Solutions and information on this will

be provided to students when they are accepted into the program. The cost of the Validity Screening Solutions background check is covered by Program fees. Please note that some clinical sites may require completion of a background check within one year of the start of the clinical rotation. If so, the student will be responsible for obtaining the additional background check including the additional cost.

Drug Screens

The student must complete a 10-panel drug screen three times throughout the program, more if required and/or requested by an affiliated clinical site.

Minimum required screening should occur at the following times:

- No more than four weeks prior to starting the WSU DPT program
- No more than four weeks prior to the start of the first full-time clinical rotation (PT 852) in the second summer of the program
- No more than four weeks prior to the start of the second full-time clinical rotation (PT 953) in the third summer of the program

Drug screens may be completed at any qualified location; however, students may obtain a drug screen at no cost at UCI Testing. The location for UCI Testing is 220 W. Douglas Ave #20, Wichita, KS 67202. Appointments at UCI may be made by calling 316-262-2658. Students may obtain 10 panel drug screens at an alternative site as an out-of-pocket expense for the student.

If the drug screen is positive for prescribed drugs, the student will need to obtain a letter from the prescribing provider and submit it to the DCE, ADCE, and/or CPC. If the drug screen comes back positive for any unprescribed drugs the student will not be allowed to begin the assigned clinical observations/rotation until a “clean” drug screen is presented to the DCE. This may cause the student to lose the assigned observation/clinical rotation. If this occurs the DCE will attempt to assign the student to another rotation, which may delay the expected graduation date. Repeated positive unprescribed drug screen results could lead to dismissal from the program.

HIPAA Compliance and Bloodborne Pathogen Training

Prior to beginning clinical rotations, students must complete the HIPAA Compliance and Bloodborne Pathogen Quizzes with a score of 100% on each quiz, multiple attempts are allowed. Scores from HIPAA and BBP training must be uploaded to the student’s EXXAT portal. Students must also complete any additional training required by an assigned clinical site. This is an annual requirement. Students are required to strictly adhere to all HIPAA standards and Standard Precautions. Students must protect patient confidentiality and adhere to HIPAA standards. Client cases may be discussed for education purposes only after all patient identifiers have been removed.

Clinical Education Tuition

The student must register for each clinical rotation, PT 852 Clinical Education I, PT 953 Clinical Education II, PT 954 Clinical Education III, PT 955 Clinical Education IV. Payment of tuition and fees is required for all clinical courses.

Potential Health Risks

Clinical practice poses the potential for exposure to hazardous materials, infectious agents, and personal injury. It is the student’s responsibility to seek all the information required to comply with an assigned clinical site’s policies and procedures including but not limited to those for infection control, use/storage/labeling of hazardous materials, fire

and emergency procedures, security, and incident reporting of personal or patient injury.

Clinical Education Policies

FERPA: Release of Student Information Policy

In compliance with the “Family Educational Rights and Privacy Act of 1974” (FERPA), as amended, the following constitutes the institution’s policy on providing appropriate access to educational records, while protecting their confidentiality.

Wichita State University accords all rights under the law to students. Those rights are:

- The right to inspect and review the student’s education records.
- The right to request the amendment of the student’s education records to ensure that they are not inaccurate, misleading, or otherwise in violation of the student’s privacy or other rights.
- The right to consent to disclosures of personally identifiable information contained in the student’s education records, except to the extent that FERPA authorizes disclosure without consent; and
- The right to file with the U.S. Department of Education a complaint concerning alleged failures by Wichita State University to comply with the requirements of FERPA.

Students will be notified of their FERPA rights by publication in the online Undergraduate and Graduate Catalogs, and via an email sent to all enrolled students each fall. For further details and institutional definitions related to FERPA, see [the online catalog](#).

Clinical Rotation Guidelines

The DCE, ADCE, and CPC are responsible for assigning clinical rotations, the DCE and ADCE are responsible for assigning grades in clinical courses and for official contact and correspondence with the clinical education faculty. **Students are not permitted to contact a clinical site to request a clinical placement, establish an affiliation agreement, or change a scheduled clinical rotation.**

To fulfill CAPTE Standard 6H, clinical placements are assigned to assure each student experiences a variety of physical therapy settings across the lifespan and the continuum of care. All students must complete a rotation in at least 1 inpatient and 1 general orthopedic outpatient setting.

Inpatient Options Include

- Acute care hospital
- Skilled nursing facility
- Inpatient rehabilitation hospital
- Rural hospital where at least 50% of the caseload is inpatient
- Home health at DCE discretion

General Outpatient Options Include

- General orthopedic outpatient clinic
- Rural hospital where at least 50% of the caseload is outpatient

Specialty Setting Options Include

- Pediatrics
- Women’s Health
- Manual Therapy
- Home Health
- Vestibular

- Neurological
- Sports
- Wound/lymphedema

Clinical placements are arranged and approved by the DCE, ADCE, and CPC in consultation with the SCCE/CI. Placements may be changed by the DCE, ADCE, or CPC if the SCCE/CI indicates they are no longer able to accommodate. The academic program will make every effort for students to complete clinical rotations in time for graduation.

The WSU Physical Therapy program does not allow animal physical therapy for required rotations. The non-human recipient of care is not geared toward program mission, goals or outcomes nor does it contribute to entry level practice using the standard definitions and guidelines as set forth by CAPTE.

The WSU Physical Therapy program considers student preferences, economic, and social constraints during the placement process. Students completing 1st full time rotation for PT 852 will be placed in an outpatient setting determined by clinical education team with consideration of student housing needs. The student will complete a "Wish List" for 3rd year rotations. The procedures for completing the "Wish List" will be to complete a ranked-order list of inpatient rotations and ranked-order list for outpatient rotations for PT 952, 953 and 954 during the spring of their first year. These lists will be submitted via Microsoft Forms. A meeting will be set up with either the DCE, ADCE or CPC to discuss the lists in the spring of the student's first year. Placements can be made for facilities up to an hour away from student housing, and **there is no guarantee of student preference placement.**

Students are NOT permitted to receive payment of any kind for their clinical rotation as this negates the student liability insurance contract and affiliation agreements with the facilities.

The student is responsible for knowing the hours, location, and contact person for each clinical placement. The student will obtain contact information directly from EXXAT and initial phone contact must be made prior to the start of the rotation. The CPC will notify the entire class when it is time to make the initial phone contact.

The student is financially responsible for travel to and from each clinical site and for room and board while on the clinical rotation. A few sites offer free housing as part of their clinical education program and students are encouraged to review the site information on EXXAT.

It is the student's responsibility to familiarize themselves with the affiliation agreement for each assigned clinical site. The affiliation agreements can be found on EXXAT. Students are expected to uphold the terms of the agreement.

Dress and Appearance Guidelines

Students are required to adhere to the following guidelines related to dress and appearance. It is the student's responsibility to check with their CI to ascertain the dress and appearance standards of the clinical facility. Students must follow the standards of the clinical facility to which they are assigned in addition to all of the following:

- Clinical dress will be considered slacks (not blue jeans or colored skinny jeans)

with a business casual top/shirt or polo shirt (short sleeves are recommended). Hats are not considered clinical dress.

- Each student is required to wear a WSU Physical Therapy Department student nametag.
- When NOT on a clinical rotation or school-related event, students are NOT allowed to wear the WSU nametag.
- Soled shoes with either a leather or canvas upper with a good arch support are recommended. Sandals or shoes with open toes are NOT allowed while in the clinical rotation.
- Earrings, bracelets, necklaces, and rings should be kept to a minimum while in uniform, (Medical Alert items exempted). Small posts for pierced ears are acceptable and only rings that will not potentially scratch a patient may be worn.
- Fingernails are to be kept short and most facilities do NOT allow nail polish of any kind.
- While on clinical rotation, long hair should be tied back and secured so as not to fall forward over the shoulders.
- Beards and mustaches are expected to be clean and trimmed short in length. Some clinical sites may not allow beards for compliance with fitting of N-95 masks.
- Students are expected to be neat, clean, and avoid strong perfumes or shaving lotions when in the clinic.
- Chewing gum is NOT allowed in the clinic.
- Each student is required to turn smart watches to “Do not disturb” mode and cell phones must be stored away, unless it is being used to educate the patient.
- Students with visible tattoos and facial piercings (including earlobe gauging) must follow the assigned clinical site’s policy related to visibility guidelines of professional personal appearance.

Student Absences

A full-time clinical rotation is required to consist of a minimum of 35 hours per week. Students are required to work their clinical instructor’s schedule, including weekends and holidays. If the CI is scheduled to work, the student is also expected to be in the clinic. Alternate work schedules are at the discretion of the CI but must be approved by the DCE or ADCE. All hours of assigned clinical education must be fulfilled for successful completion of the clinical rotation. Clinicians expect students to adhere to the highest level of professional conduct and to seek every opportunity to grow professionally. Any time students are absent or tardy from their clinical rotation it greatly undermines their ability to become a valued member of the health care team. The Student Attendance Policy includes:

- Each student is allowed ONE excused absence per clinical course. An excused absence is considered a personal illness, an illness or death of a family member, or a school and/or professional related absence (pre-approved by the DCE/ADCE). The DCE, ADCE, SCCE, and CI will make decisions related to extenuating circumstances individually.
- In case of an illness, emergency, or preapproved absence during the clinical rotation, the student must notify the CI/SCCE **AND** the DCE/ADCE at the beginning of the workday and submit a “Time Off” request in EXXAT. Failure of notification at the beginning of the workday will be considered unexcused.
- All clinical time beyond the one excused absence per clinical rotation must be made up. This make-up time will be at the discretion of the CI. A clinical rotation may need to be extended. This make-up time must be documented on the “Time Off” form in EXXAT.
- Tardiness, unexcused absences, or abuse of excused absences will not be tolerated.

- Any unexcused absence or recurrence of tardiness will result in a failing grade for that clinical rotation and/or require remediation.
- Requests to attend professional meetings during assigned clinical days should be made known to the DCE/ADCE in coordination with the SCCE/CI. If approved, the DCE/ADCE/SCCE/CI will determine if the days need to be made up based on the student's performance and previous attendance record. The "Time Off" form must be submitted and approved in EXXAT.

Student Impairment

Impairment is defined as the inability of a student to provide patient care with reasonable skill and safety due to being under the adverse influence of alcohol, narcotics, or other drugs, whether illicit or prescription; or mentally unable to reason, communicate, and perform patient care services in a safe and acceptable fashion. If a student is considered impaired by the SCCE/CI, the DCE/ADCE must be notified immediately. The DCE/ADCE will arrange appropriate transportation for the student from the clinical site in coordination with the SCCE/CI. The student should not be allowed to drive. The student will be asked to seek medical attention to determine the cause of the impairment and receive treatment if needed. It is the student's responsibility to cover the cost incurred with transportation, medical evaluation, and/or medical treatment. If the impairment is deemed the result of the unprescribed use of controlled substances, the student will be suspended from the clinical rotation, documentation of incident submitted to the Department Progression, Remediation and Retention Committee, and the student may be recommended for dismissal from the program. If the student is diagnosed with an addiction disorder per written physician's note, the student may request a medical leave/deceleration from the program and return with documentation of successful rehabilitation.

Mental Health

The Clinical Education Team prioritizes the health and wellbeing of students and is committed to creating a supportive and psychologically safe environment where students can flourish. If you have a mental health emergency during the times that the Counseling & Testing Center is not open, please call COMCARE Crisis Services at (316) 660-7500.

Exposure to Workplace Injury

In the event of exposure to a hazardous material or personal injury at the clinical site, the student should follow the site's work injury policy. The student must promptly notify the SCCE/CI, DCE/ADCE. The student must report to the affiliation health service and then report to the office of Student Health Services (SHS) within 24 hours of the injury. If an injury requiring medical assistance occurs, call 911. One person must always remain with the injured person.

Client Incident or Injury

Students must immediately report all incidents involving clients to their CI and the DCE/ADCE. The CI should report the occurrence per the facility's incident report policy and procedure. It is also the responsibility of the SCCE/CI to contact the DCE/ADCE to report such incidents or accidents.

Communicably Infectious Diseases

The following information is provided to establish protective measures to reduce the risk of occupational exposure to blood and other potentially infectious materials in the classroom and clinical setting. This information applies to infectious materials including blood and blood products; body fluids such as saliva, semen, vaginal secretions;

cerebrospinal, synovial, pleural, pericardial, peritoneal, and amniotic fluids; contaminated sharps; pathological wastes, and human immunodeficiency virus (HIV), HBV- containing materials.

- Students are to follow universal precautions such as washing hands, wearing gloves, and wearing other appropriate personal protective equipment (PPE) if necessary.
- Students are to follow the housekeeping policies and procedures of the facility keeping in mind the need to clean and disinfect all surfaces and equipment; using mechanical means to pick up possibly contaminated broken glassware; using labeled, leak proof primary and secondary containers for storage and transportation of infectious wastes; collecting and disposing waste and laundry properly; and wearing gloves and other protective clothing, as necessary.
- Students with active hepatitis infections should have clearance by the DCE/ADCE and either their personal physician or Student Health Service (SHS) before returning to active clinical status.
- If a student has possible exposure to other infectious agents, they are to inform the CI immediately and follow the facility policies and procedures. Additionally, the student must inform the DCE/ADCE and report to SHS for appropriate follow up measures.
- Any student who contracts measles, mumps, or rubella is required to inform the DCE/ADCE and report this information to SHS. The student cannot return to the clinic until released by SHS.
- Any time the student has influenza, COVID-19, or an infectious respiratory condition, it is encouraged that the student remove him/herself from the clinic and take appropriate medical measures until the symptoms subside.

It is the policy of WSU that students who have acquired immunodeficiency syndrome (AIDS), AIDS-related condition (ARC), or positive human immunodeficiency virus (HIV) tests will be allowed normal classroom attendance or performance of regular duty assignments if they are physically and psychologically able. The University will offer educational programs to students to promote knowledge and prevention of AIDS. Individuals with AIDS, ARC, or positive HIV tests, who are participating in activities where an exchange of body fluids, such as blood, may occur (e.g. contact sports, educational laboratory/clinical settings) should discuss the advisability of participation in these activities with their physician. The participant with AIDS, ARC, or positive HIV tests has the responsibility to inform other participants of the possibility of contamination.

Students with Infectious Diseases

Any student is expected to advise the DCE/ADCE that they have been diagnosed as having an infectious disease, such as HIV/AIDS, tuberculosis or infectious hepatitis. They shall be put on a medical leave of absence pending a physician's statement regarding two factors: 1) the vulnerability of the student to a secondary infection from being in the health care institution, and 2) the potential for infection of others by the student in their present medical state. The Department Chair may require documentation provided by the student and/or interview the student prior to a final determination regarding returning to class or clinic.

If it is determined that the student can continue, but has an infectious disease, one or more of the following shall occur:

- The student will not be allowed to continue work in a patient contact area if the student or patient must be protected.
- The student will continue a medical leave of absence until able to be reinstated. The Department Chair will recommend to the Dean the extent of credit for course work completed.

- If it is determined that no reasonable accommodation is feasible for a student with an infectious disease, the student will continue on a medical leave of absence for a period of time defined by their physician. Upon termination of the medical leave of absence, the student will be allowed to resume their course work in the mode or manner recommended by the Department Chair and approved by the College of Health Professions Dean.

Treatment of Patients with Infectious Diseases

Students must comply with policies and procedures of each assigned affiliation site for protection of self and others. Students with special health problems or needs who are assigned to work with patients having an infectious disease shall have the responsibility for discussing the issue with their clinical instructor and of providing such medical history or information as is requested of them.

Incident Reporting

In the event of a non-needle stick or blood-to-blood exposure, an incident out of the ordinary involving or witnessed by a student should be immediately reported to the CI and DCE/ADCE, and the appropriate clinical site incident report form should be completed. The DCE/ADCE should be contacted as soon as possible, but no later than 24 hours of the incident.

Needle Stick or Blood-to-Blood Exposure Protocol

Each student should familiarize themselves with the facility's policy for reporting blood and body fluid exposure and follow both the facility's and [WSU Environmental Health and Safety Policy](#) for the reporting of injuries. Upon injury or exposure (blood-to-blood), the student will notify their CI and DCE/ADCE immediately. In addition, the student will notify WSU Student Health Services at 316-978-4720 as soon as possible, preferably within 24 hours, and complete a WSU Student Health Incident Report.

DCE Incident Responsibilities

In the event of a student incident during a clinical rotation, the DCE/ADCE will complete a "Communication" in EXXAT under the Student Portal and notify the Physical Therapy Department Chair. Notification to the Dean of the College of Health Professions will also occur if deemed necessary by the Department Chair.

Patient/Client Rights

Students must obtain informed consent prior to each patient interaction while on clinical rotation. Students must disclose their status as a physical therapy student and give the client the supervising therapist's name. A client has the right to refuse treatment by the student without effect on services.

Clinical Site Property

All clinical site resources are considered proprietary. Students may not remove or copy resources or materials from the clinical site without the consent of the SCCE.

Professional Conduct

Students are expected to exhibit professional behavior. Students are expected to uphold the [APTA Code of Ethics](#) and [Core Values for the PT/PTA](#) in accordance with CAPTE Standards 7B1. Any behavior exhibited by the student deemed inappropriate by the DCE, ADCE, the CI or the SCCE will result in remediation and/or failure of the clinical internship. See Appendix C for Remediation Policy and Form. Examples of professional behavior include but are not limited to:

- Initiative to learn and make the most of every learning opportunity,
- Respectful verbal and non-verbal communication with your CIs, staff, and patients,
- Punctual to clinic and timely with communication,
- Willingness to stay late as needed to get work done and prepare for the next day,
- Confident but not arrogant when working the CI, facility staff, and clients,
- Staying off personal electronic devices such as smart watches and phone unless being used to educate a patient using an application,
- Preparing for each patient before examinations and treatment sessions,
- Communicate concerns in a positive way to the CI, facility staff, and clients,
- Demonstrate care and empathy to ALL patients!

Clinical Education Costs

Students are responsible for the costs incurred during their clinical rotations. Students should plan for the financial costs of clinical education beyond the costs of tuition. These costs include travel to/from clinical sites, cost of housing during clinical rotation, and other daily living expenses associated with a clinical rotation.

Clinical Education Curriculum

Physical Therapy students complete two semesters of integrated clinical experiences (ICE): PT 741 Integrated Clinical Experience I and PT 761 Integrated Clinical Experience II and four full-time clinical education rotations during the professional curriculum: PT 852 Clinical Education I, PT 953 Clinical Education II, PT 954 Clinical Education III, and PT 955 Clinical Education IV. The clinical education course length follows CAPTE Standard 6A1.

- PT 741 Integrated Clinical Experience I: This course allows students to practice clinical skills in various clinics for ½ day increments over 16 weeks and is offered during the first fall semester in the program.
- PT 761 Integrated Clinical Experience II: This course allows students to practice clinical skills in various clinics for ½ day increments over 16 weeks and is offered during the first spring semester in the program.
- PT 852 Clinical Education I: This 8-week full-time clinical rotation occurs during the second summer semester in the program.
- PT 953 Clinical Education II: This 10-week, full-time clinical rotation occurs during the third summer semester in the program.
- PT 954 Clinical Education III: This 10-week, full-time clinical rotation occurs during the third fall semester in the program.
- PT 955 Clinical Education IV: This 10-week, full-time, clinical rotation occurs during the third spring semester in the program.

Objectives for all full-time clinical education courses are as follows:

Upon successful completion of each clinical course, the student will apply knowledge and skills learned in the preceding academic semesters and will demonstrate the following:

Professional Behaviors:

Safety:

- Follows health and safety precautions (eg, universal/standard precautions).
- Takes appropriate measures to minimize risk of injury to self.
- Takes appropriate measures to minimize risk of injury to patient.

Professional Ethics (7B1):

- Demonstrates compliance with all HIPAA regulations regarding patient confidentiality. (7B3)
- Demonstrates positive regard for patients/peers during interaction.
- Demonstrates cultural competence; shows tolerance of, and sensitivity to, individual differences.
- Adheres to ethical and legal standards of practice.
- Maintains appropriate appearance, attire, in accordance with the facility's dress code.
- Maintains appropriate professional conduct and demeanor as per the code of professional conduct.
- Demonstrates awareness of patients' rights and responsibilities.

Initiative (7C1):

- Recognizes and maximizes opportunity for learning.
- Implements constructive criticism.
- Utilizes available resources to problem solve.
- Is a positive contributor to the efficient operation of the clinic.

Communication Skills (7D13):

- Communicates verbally with precise and appropriate terminology in a timely manner with patients and families.
- Communicates verbally with precise and appropriate terminology in a timely manner with health care professionals (eg, MD, insurance carrier).
- Communicates in writing with precise and appropriate terminology in a timely manner: documentation standards (eg, concise, accurate, and legible; conforms to standard procedures). (7D15)
- Communicates in writing with precise and appropriate terminology in a timely manner with professionals (eg, documentation, letters, and plans of care).
- Communicates in writing with precise and appropriate terminology in a timely manner with patients and families (eg, patient home programs).

Patient Management:

Examination:

- Obtains an accurate history of current problem. (7D1A)
- Identifies problems related to functional limitations and disability using standardized outcome instruments when available.
- Performs systems review and incorporates relevant past medical history. (7D1B)
- Generates an initial hypothesis.
- Generates an alternative hypothesis (list of differential diagnosis). (7D1D)
- Selects and competently administer appropriate tests and measures to confirm or disconfirm hypotheses. (7D1Ca-i)
- Recognizes contraindications for further tests and measures.
- Demonstrates appropriate psychomotor skills when performing tests and measures.

Evaluation (analysis and synthesis of exam results):

- Confirms or disconfirms initial hypothesis based on evaluation data from examination to make clinical judgments. (7D2)
- Confirms or disconfirms alternative hypothesis based on evaluation data from

- examination to make clinical judgments. (7D2)
- Administers further tests and measures as indicated.

Diagnosis/prognosis:

- Determines expected outcomes (using standardized indices of functional limitations and disabilities where applicable) of physical therapy interventions (goals). (7D4, 7D5)
- Selects appropriate physical therapy plan of care or makes appropriate consultations or referrals. (7D6)
- Determines appropriate duration and frequency of intervention; considers cost-effectiveness. (7D6)
- Determines criteria for discharge. (7D9)
- Determine components of plan of care that may or may not be directed to physical therapy assistant. (7D7)

Intervention:

- Adheres to evidence-based intervention during treatment selection. (7D10)
- Applies effective treatment using appropriate psychomotor skills.
- Incorporates patient/family education into treatment.
- Incorporates discharge planning into treatment.
- Assesses progress of patient using appropriate measures.
- Modifies intervention according to patient's/client's response to treatment. (7D11)
- Recognizes when expected outcome has been reached and makes appropriate recommendations. (7D12)
- Recognizes psychosocial influences on patient management.

Evaluation and Grading of Clinical Courses

Satisfactory performance in each clinical rotation and clinical course is a requirement for advancement through the program and for graduation. The CI working with the student is responsible for completing the Clinical Internship Evaluation Tool (CIET) in EXXAT per the EXXAT Procedure Manual and for giving frequent feedback to both the school and student in a timely manner. Students are encouraged to seek frequent feedback from the CI concerning their progress. The DCE or ADCE assigns the clinical education grade based upon CI feedback, student performance/assignments, and student adherence to program rules, regulations, and policies. The level of student performance expectations progresses towards entry-level competency as the student progresses through the clinical education program. CAPTE Standard 2D4 requires students to demonstrate entry-level clinical performance prior to graduation.

Assignment of Grades for Clinical Courses

Each student is responsible for becoming familiar with the Clinical Grading Guidelines for each clinical rotation. Each student's grade will be based on the guidelines established for the course and provided to the student within the course syllabus. The deadlines for assignments are established by each faculty member for clinical education courses. Students are expected to comply with the established deadlines and complete all assignments. Clinical education grades of Satisfactory or Unsatisfactory are determined by CIET performance and completion of all assignments per due dates.

Student Evaluation of CI and Clinical Site

Following each clinical rotation, the student is required to complete the PT Student Evaluation of the Site and PT Evaluation of Clinical Instruction in EXXAT. These forms evaluate the CI's performance, the clinical experience, and the facility as a learning

environment. Information on how to complete this form is in the EXXAT Procedure Manual. Evaluation of CI and Clinical Site follow CAPTE Standard 4P and 2E.

Evaluation of the DCE and the ADCE

Each student will have the opportunity to evaluate the DCE or ADCE following clinical education courses. For the WSU PT program, the DCE evaluation takes place following PT 953 Clinical Education II, PT 954 Clinical Education III, and PT 955 Clinical Education V. The ADCE evaluation takes place following PT852 Clinical Education I. Evaluation of clinical education effectiveness meets CAPTE Standard 4L.

Clinical Internship Evaluation Tool (CIET)

At mid-term and end of PT 852, PT 953, PT 954 and PT 955, students and CIs will be required to complete the CIET in EXXAT per the EXXAT Procedure Manual. The CIET meets the CAPTE standard 5D and 6D. Performance Expectations for Clinical Rotations based on CIET ratings can be found in Appendix B.

Failure to Meet Clinical Guidelines

Failure to meet the clinical education requirements, policies, and guidelines could result in the student receiving a failing grade for the clinical course regardless of the level of evaluation given by a CI.

A failing grade is considered a “U” for Unsatisfactory in PT 852 Clinical Education I, PT 953 Clinical Education II, PT 954 Clinical Education III, and PT 955 Clinical Education V. This is evidenced by documentation on the CIET that the student should not receive credit for the rotation, an inappropriate level of performance on the CIET, or failure to complete other clinical course requirements.

A passing grade is considered an “S” for Satisfactory in PT 852 Clinical Education I, PT 953 Clinical Education II, PT 954 Clinical Education III, and PT 955 Clinical Education V. This is evidenced by documentation on the CIET that the student should receive credit for the rotation and completion of all other clinical course requirements. A passing grade is required before the student can proceed with the next clinical education or didactic course.

A student can remediate only one clinical rotation during the curriculum. If a student receives a failing grade from one clinical rotation, then remediates that rotation with a passing grade, the passing grade will be issued to the student. The student can proceed with subsequent clinical rotation assignments after successful completion of the remediation. If the student fails the remediation clinical or a subsequent clinical rotation, then they will be dismissed from the program. If a student must complete a preclinical rotation remediation, it will count as the student’s one clinical education remediation. Remediation policy demonstrates compliance with CAPTE Standard 5D.

Clinical Remediation Guidelines for the CI

If the assignment of a failing grade is anticipated, the following steps will be taken by the CI:

1. The CI informs the DCE, ADCE, and SCCE of the student's failing performance as early in the rotation as possible and identifies specific areas of concern.
2. The CI strives to maintain a coaching role to assist the student in focusing on areas of concern by:
 - a. discussing the student’s performance regularly with the student early in the rotation,

- b. describing acceptable behavior or clinical performance to the student,
- c. defining to the student the desired change in behavior or clinical performance, and
- d. monitoring the student's progress regularly and providing constructive feedback/coaching as needed.

Clinical Remediation Guidelines for the DCE

When a remediation rotation is indicated, the DCE/ADCE will complete the following:

1. The WSU DPT Student Remediation Agreement Form and meet with the student immediately following the failed clinical rotation per the WSU DPT Remediation Process defined in the WSU DPT Student Handbook. See also Appendix C for Remediation Policy and Form.
 - a. Identify, with the student, specific areas for academic, clinical, or professional remediation,
 - b. Develop specific goals/objectives to improve performance,
 - c. And identify specific faculty to assist with academic remediation plan.
2. Once the student has successfully completed academic remediation, another clinical rotation will be assigned.
3. If the student successfully completes the remedial clinical rotation, they may continue with the program curriculum.
4. If the student fails the remedial clinical rotation or a subsequent clinical rotation they will be recommended for dismissal from the program.

Other Information

Clinical Faculty Privileges

SCCEs and CIs are considered non-paid adjunct faculty of the College of Health Professions at WSU. Although there is no salary associated with being a SCCE or CI, you are eligible for a WSU I.D. which allows you certain benefits such as discounts for theater and other cultural activities, discount for membership in the Heskett Center or Wichita YMCA, use of the library and bookstore, discounts and/or free admission to WSU DPT-offered continuing education courses, and waiver of the student fee (not tuition) for enrollment in credit courses.

To make use of these benefits, you must obtain the photo-ID Shocker Card. If you do not have a Shocker Card, you may obtain one free of charge by completing the [Non-Employee Access Form](#). See the [Non-Employee Access Form Instructions](#) for details. Once the form is completed, please fax to WSU PT (316)978-3669, send via email to wsudpt.clined@wichita.edu, or drop off at the DPT office. WSU Human Resources will process the Non-Employee Access form and will issue a WSU ID with instructions about obtaining a Shocker card.

EXXAT

This technology resource meets our clinical education program's needs. See Appendix D: EXXAT Student Manual. EXXAT database allows communication between DCE, ADCE, CPC, SCCE, CI, and students in accordance with CAPTE Standard 2D6.

Appendix A: Sample of Clinical Agreement

AFFILIATION AGREEMENT

**WICHITA STATE UNIVERSITY
COLLEGE OF HEALTH PROFESSIONS**

and the Facility

**<Facility Name>
<Facility Corporate Address>**

<Facility Contact Name>

<Facility contact email>

<Facility contact phone>

Effective Dates of Agreement

to _

**AFFILIATION
AGREEMENT
(CLINICAL)**

by and between WICHITA STATE UNIVERSITY

and

<facility>

THIS AFFILIATION AGREEMENT (CLINICAL) (“Agreement”), effective <date> (“Effective Date”) is by and between WICHITA STATE UNIVERSITY, a state educational institution of Kansas, 1845 Fairmount, Wichita, Kansas 67260, on behalf of its College of Health Professions (hereinafter “UNIVERSITY”) and <Facility name> (hereinafter “FACILITY”), located at <Facility address> (individually each a “Party,” and collectively “Parties”).

WHEREAS, UNIVERSITY offers undergraduate and graduate programs (the “Programs”) in the _____ College of Health Professions; and

WHEREAS, the Parties desire to provide UNIVERSITY students (“Student(s)”) enrolled in the Programs with educational experiences by establishing one or more educational experience programs at FACILITY (the “Practicum”).

NOW THEREFORE, in consideration of the above premises and the individual and mutual promises of the Parties hereinafter set forth, and for other good and valuable consideration, UNIVERSITY and FACILITY agree as follows:

A. MUTUAL RESPONSIBILITIES. In connection with the Practicum, the Parties agree:

1. To mutually establish the educational objectives of the Practicum, devise methods for its implementation, mutually agree on the number of Students to participate in the Practicum including the dates, times, and required level of academic preparation, and evaluate continually the effectiveness of the same;
2. To make no distinction among Students covered by this Agreement on the basis of race, religion, color, national origin, gender, age, sexual orientation, marital status, political affiliation, status as a Veteran, genetic information or disability; and
3. To each identify qualified professionals to oversee the applicable aspects of the Practicum, hereinafter referred to as either the Field Instructor (employee of FACILITY) or Faculty Liaison (employee of UNIVERSITY).

B. THE UNIVERSITY AGREES:

1. To retain complete responsibility and authority over all academic aspects of the Programs, including planning and implementing curriculum for its Students, and accreditation of the Programs. UNIVERSITY shall conduct evaluations, maintain all grades and records, and conduct any UNIVERSITY disciplinary processes in the regular course of its business of educating its Students and in accordance with all applicable UNIVERSITY policies and procedures.
2. To establish and maintain communication with the Field Instructor on items pertinent to the Practicum; such communication may include, but not necessarily be limited to, a description of the curriculum, relevant course outlines, policies, faculty, and major changes in this information.
3. To notify the FACILITY no less than ten (10) days before the start of the Practicum of the (i) name(s) and contact information for Student(s), (ii) dates and hours of assignment(s), (iii) each Student’s academic class designation, and (iv) the UNIVERSITY’s philosophy, purpose, and learning objective(s).

4. To refer to the FACILITY only those Students who have satisfactorily completed the prerequisite portion of the curriculum which is applicable to the Practicum.
5. To notify Students: (a) that they are required to comply with all policies and procedures of FACILITY, including those regarding confidentiality of client records and information; (b) that they must conduct themselves in a professional manner at all times;

and (c) that they should promptly notify UNIVERSITY and FACILITY, as appropriate, of any concerns or problems which arise during the course of the Practicum.

6. To require Students to maintain, in the amount of \$1,000,000 per occurrence and \$3,000,000 in the aggregate, professional liability insurance, if requested by FACILITY in writing in each instance.
7. To encourage each Student participating in the Practicum to acquire comprehensive health and accident insurance that will provide continuous coverage of Student during his/her participation in the Practicum.
8. To inform Student that he/she is responsible for their own health needs, health care costs, and health insurance coverage.
9. To require each Student to provide proof of a physical examination and negative TB skin test, each performed within the twelve (12) month period prior to the start of the Practicum.

C. THE FACILITY AGREES:

1. To identify a Field Instructor to facilitate activities and communication between UNIVERSITY and FACILITY. The Field Instructor shall be responsible for, among other things, orienting the Student to FACILITY; providing supervision; teaching and conveying subject matter knowledge, value, ethics, and skills relevant to Students' academic program; and evaluating Student performance;
2. To provide its Field Instructors with sufficient time for planning, supervision and teaching of Students, and in-service training for supervision and teaching for skill development;
3. To provide a physical setting for the Student, including telephone and desk access, library facilities and reasonable study and storage space (if available);
4. To retain, at all times, ultimate control of the FACILITY and responsibility for patient care and quality standards.
5. To permit visits of UNIVERSITY faculty and accreditation evaluators for the purpose of observing, auditing or participating in the teaching process, attending meetings, or evaluating for accreditation;
6. To provide opportunities to Students that are planned, organized, and administered by qualified FACILITY staff, which are sufficient in extent and variety to provide a satisfactory educational experience to meet the mutually agreed upon educational objectives of the Practicum;
7. To maintain supervision over and be responsible for the Students while Students are participating in the Practicum at FACILITY and maintain sole responsibility to determine if a Student has satisfied FACILITY's requirements for acceptance into and continued participation in the Practicum at FACILITY;
8. To maintain complete authority and control over all FACILITY administration, functions, financing, organization, and activities;

9. To provide a written description of the services available to support the Practicum being offered;
10. To advise the UNIVERSITY of any changes in its personnel, operation, or policies which may affect the Practicum;
11. To determine and notify UNIVERSITY of the number of Students which it can accommodate during a given period of time;
12. To provide the assigned Student with an orientation about and a copy of FACILITY's existing pertinent rules and regulations with which the Student is expected to comply;
13. To make available, whenever reasonably necessary, emergency health care at no expense to UNIVERSITY for the Student (the Student to be otherwise responsible for his or her health care);
14. To provide Students with on-going supervision and feedback and evaluate the performance of Students on a regular basis using the evaluation form(s) provided to FACILITY by the UNIVERSITY;
15. To forward the completed evaluation(s) to the UNIVERSITY within one (1) week following conclusion of the Student's Practicum;
16. To inform the UNIVERSITY, at least by the midpoint of the Practicum, of any serious deficiency noted in the performance by the Student to progress toward achievement of the stated objectives of the Practicum (it then becoming the mutual responsibilities of the assigned Student, the Field Instructor, and the Faculty Liaison to devise a plan by which the Student may be assisted to achieve the stated objectives, if possible);
17. To have the right to terminate any Student whose performance is detrimental to patient well-being, not in accordance with applicable policies, or not in accordance with the Student achieving the stated objectives of the Practicum and to promptly notify UNIVERSITY of any such terminations;
18. To support continuing education and professional growth and development of those staff who are responsible for Student supervision;
19. To cooperate, when requested by UNIVERSITY, with UNIVERSITY in its carrying of obligations under its own policies and procedures and any applicable law, including without limitation the American with Disabilities Act, Title VI, Title IX, and Clery; and
20. To investigate and take appropriate prompt and effective remedial action to address complaints that a Student is being subjected to unlawful harassment or discrimination by FACILITY employees, agents, clients, visitors, or other Students during their Field Study Experience at FACILITY.

D. INSURANCE; INDEMNIFICATION AND HOLD HARMLESS; LIMITATION:

1. FACILITY shall maintain in force during the term of this Agreement, bodily injury, property damage and professional liability insurance, with coverage of at least \$1,000,000 per occurrence and an annual aggregate of \$3,000,000 per occurrence, insuring itself and its agents and employees for their acts, failures to act, or negligence, rising out of, or caused by, the activity which is the subject of this Agreement, and upon request will furnish a certificate evidencing that such insurance is in force to the UNIVERSITY.
2. FACILITY shall fully indemnify, defend and save UNIVERSITY, its officers, employees, and agents harmless, without limitation, from and against any and all damages, expenses (including reasonable attorney's fees), claims, judgments, liabilities, losses, awards, and costs which may finally be assessed against UNIVERSITY in any action for or arising out of or related to this

Agreement.

3. The liability of UNIVERSITY is governed and limited by the Kansas Tort Claims Act (K.S.A. 75-6101 et seq.). Under no circumstances will UNIVERSITY be responsible and/or liable for the actions of its Students.

E. ADDITIONAL TERMS:

1. This Agreement shall be in effect for a period of five (5) years from the date of execution, unless terminated by either party with not less than sixty (60) days' written notice. This Agreement will be reviewed by each party annually or when requested by either party, and shall be effective even if persons, positions, and/or titles are changed. In the event of termination, Students who are participating in the Practicum will be allowed to complete the Practicum.
2. This Agreement may be revised or modified only by written amendment signed by both Parties.
3. To the extent FACILITY generates or maintains educational records related to the UNIVERSITY's Students, FACILITY agrees to comply with the Family Educational Rights and Privacy Act (FERPA), to the same extent as FERPA applies to UNIVERSITY and shall limit access to only those employees or agents with a legitimate educational interest. For purposes of this Agreement, pursuant to FERPA, UNIVERSITY hereby designates the FACILITY as a school official with a legitimate educational interest in

the educational records of the UNIVERSITY's Student(s) to the extent that access to the records is required by the UNIVERSITY or FACILITY for FACILITY to carry out the Field Study Experience.

4. The Parties acknowledge that if FACILITY is a covered entity as defined under the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. Section 1320d ("**HIPAA**"), to the extent that Student or UNIVERSITY personnel have access to Protected Health Information (as defined in 45 C.F.R. Section 164.501) ("**PHI**") or Individually Identifiable Health Information (as defined in 42 U.S.C. Section 1320d) ("**IIHI**") due to the Student's participation in the Practicum, the Parties agree to comply with the Health Information Technology for Economic and Clinical Health Act ("**HITECH Act**"), Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. Section 1320d ("**HIPAA**") and any current and future regulations promulgated thereunder, including, without limitation, the federal privacy regulations contained in 45 C.F.R. Parts 160 and 164 ("**Federal Privacy Regulations**"), the federal security standards contained in 45 C.F.R. Part 142 ("**Federal Security Regulations**"), and the federal standards for electronic transactions contained in 45 C.F.R. Parts 160 and 162, all collectively referred to herein as "**HIPAA Requirements**." The Parties agree not to use or further disclose any PHI or IIHI other than as permitted by the HIPAA Requirements and the terms of this Agreement. The Parties agree to make their internal practices, books and records relating to the use and disclosure of PHI available to the Secretary of Health and Human Services to the extent required for determining compliance with the Federal Privacy Regulations. UNIVERSITY may de-identify any and all PHI or IIHI for educational purposes created or received by UNIVERSITY under this Agreement, provided, however, that the de-identification conforms to the requirements of the Standards for Privacy of PHI and IIHI set forth at 45 C.F.R. Part 164, Subparts A and E. UNIVERSITY shall direct Students to comply with the policies and procedures of FACILITY, including those governing the use and disclosure of PHI and IIHI under federal law, including but not limited to those set forth at 45 C.F.R. Parts 160 and 164. Solely for the purpose of defining the Students' role in relation to the use and disclosure of FACILITY's PHI or IIHI, the Students are defined as members of FACILITY's workforce, as that term is defined by 45 C.F.R. 160.103, when engaged in activities pursuant to this Agreement. FACILITY shall be solely responsible for providing its policies and procedures relating to the HIPAA Requirements to Students and for training Students in accordance with those policies and procedures.
5. Notwithstanding anything to the contrary in this Agreement, in reference to any obligation of the

Students stated herein, any failure by the Students related to such obligations shall not constitute a breach of this Agreement by the UNIVERSITY. The parties agree that it is the Student's responsibility to satisfy the FACILITY's requirements and although the UNIVERSITY may help compile Students' documentation related to such requirements and/or transmit the same to FACILITY, or otherwise inform Students of FACILITY's requirements, UNIVERSITY makes no representations or warranties regarding the information and documentation provided, but merely provides such information and forwards such documentation as an administrative courtesy to FACILITY. FACILITY is solely responsible to review such documentation for veracity, authenticity, sufficiency, and to independently determine whether the Student has satisfied FACILITY's requirements for acceptance to the Practicum.

6. UNIVERSITY and FACILITY agree and acknowledge that they are independent contractors, and the agents, representatives, or employees of one party shall not be considered agents, representatives, or employees of the other party. In no event shall this Agreement be construed as establishing a partnership or joint venture or similar relationship between the parties hereto.
7. It is understood by the Parties that Students are receiving the primary benefit of the Practicum, including but not limited to the training related to the Student's academic field of study, at the FACILITY, and the Students are not employees of UNIVERSITY or FACILITY based on the Practicum. It is understood by the parties that the Students shall not receive remuneration or compensation or other benefits applicable to employees. The parties agree that there is no expectation that the Students receive future employment with FACILITY as a result of their participation in the Practicum and that no FACILITY employees will be displaced as a result of Students' participation in the Practicum.
8. It is understood by the Parties that there shall be no monetary consideration paid by either Party to the other.
9. All notices, demands, requests, approvals, reports, instructions, consents or other communications (collectively "notices") which may be required or desired to be given by either Party to the other shall be **IN WRITING** and sent by certified mail, overnight traceable delivery, or electronic mail and addressed as follows, unless any other person or address may be designated by notice from one Party to the other:

If to WICHITA STATE UNIVERSITY:

Attn:
Wichita State UNIVERSITY 1845
Fairmount Street
Wichita, Kansas 67260-

If to FACILITY:

Attn:

With a copy to:

Attn: General Counsel Wichita State
UNIVERSITY 1845 Fairmount Street
Wichita, KS 67260-0205

With a copy to: [OPTIONAL]

10. If any provision of this Agreement is held to be invalid or unenforceable for any reason, this Agreement shall remain in full force and effect in accordance with its terms disregarding such unenforceable or invalid provision.
11. Any failure of a Party to enforce that Party's right under any provision of this Agreement shall not be construed or act as a waiver of said Party's subsequent right to enforce any of the provisions contained herein.
12. Neither Party shall be permitted to use logos or other trade/service marks of the other without prior approval of the other Party.
13. The provisions found in Contractual Provisions Attachment (form DA-146a, rev. 02/2020), which is attached hereto as Attachment A, are hereby incorporated in this Agreement and made a part hereof.
14. FACILITY'S additional terms and conditions set forth in Attachment B are hereby incorporated in this Agreement and made a part thereof. In the event of a conflict between this Agreement and Attachment B, the provisions of Attachment B shall control.

[signature
page to
follow]

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement and/or authorized same to be executed by their duly authorized representatives as of the date shown below the respective signatures, said Agreement to become effective as of the later date.

WICHITA STATE UNIVERSITY

<Facility Name>

SIGNATURE

SIGNATURE

PRINTED NAME

PRINTED NAME

TITLE

TITLE

DATE

DATE

CONTACT INFORMATION (PHONE, E-MAIL)

CONTACT INFORMATION (PHONE, E-MAIL)

ATTACHMENT A CONTRACTUAL PROVISIONS ATTACHMENT

Wichita State
University | DA-
146a (Rev. 02-
2020)

The parties agree that the following provisions are hereby incorporated into the agreement to which it is attached and made a part thereof:

1. **Terms Herein Controlling Provisions:** It is expressly agreed that the terms of each and every provision in this attachment shall prevail and control over the terms of any other conflicting provision in any other document relating to and a part of the agreement in which this attachment is incorporated. Any terms that conflict or could be interpreted to conflict with this attachment are nullified.
2. **Kansas Law and Venue:** The agreement shall be subject to, governed by, and construed according to the laws of the State of Kansas, and jurisdiction and venue of any suit in connection with the agreement shall reside only in courts located in Sedgwick County, Kansas.
3. **Termination Due To Lack Of Funding Appropriation:** If sufficient funds are not appropriated to continue the function performed in this agreement and for the payment of the charges hereunder, the University may terminate this agreement at the end of its current fiscal year. The University agrees to give written notice of termination to contractor at least 30 days prior to the end of its current fiscal year, and shall give such notice for a greater period prior to the end of such fiscal year as may be provided in this contract, except that such notice shall not be required prior to 90 days before the end of such fiscal year. Contractor shall have the right, at the end of such fiscal year, to take possession of any equipment provided under any contract for which it has not been paid. The University will pay to the contractor all regular contractual payments incurred through the end of such fiscal year, plus contractual charges incidental to the return of any such equipment. Upon termination of the agreement by the University, title to any such equipment shall revert to Contractor at the end of the University's current fiscal year. The termination of the contract pursuant to this paragraph shall not cause any penalty to be charged to the agency or the contractor.
4. **Disclaimer of Liability:** No provision of this contract will be given effect that attempts to require the State of Kansas or the University to defend, hold harmless, or indemnify any contractor or third party for any acts or omissions. The liability of the State of Kansas and the University is defined under the Kansas Tort Claims Act (K.S.A. 75-6101 et seq.).
5. **Anti-Discrimination Clause:** Contractor agrees: (a) to comply with the Kansas Act Against Discrimination (K.S.A. 44-1001 et seq.) and the Kansas Age Discrimination in Employment Act (K.S.A. 44-1111 et seq.) and the applicable provisions of the Americans With Disabilities Act (42 U.S.C. 12101 et seq.) (ADA), and Kansas Executive Order No. 19-02, and to not discriminate against any person because of race, color, gender, sexual orientation, gender identity or expression, religion, national origin, ancestry, age, military or veteran status, disability status, marital or family status, genetic information, or political affiliation that is unrelated to the person's ability to reasonably perform the duties of a particular job or position; (b) to include in all solicitations or advertisements for employees, the phrase "equal opportunity employer"; (c) to comply with the reporting requirements set out at K.S.A. 44-1031 and K.S.A. 44-1116; (d) to include those provisions in every subcontract or purchase order so that they are binding upon such subcontractor or vendor; (e) that a failure to comply with the reporting requirements of (c) above or if the contractor is found guilty of any violation of such acts by the Kansas Human Rights Commission, such violation shall constitute a breach of contract and the agreement may be cancelled, terminated or suspended, in whole or in part, by the contracting state agency or the Kansas Department of Administration; (f) if it is determined that the Contractor has violated applicable provisions of ADA, such violation shall constitute a breach of contract and the agreement may be cancelled, terminated or suspended, in whole or in part, by the University or the Kansas Department of Administration.

Contractor agrees to comply with all applicable state and federal anti-discrimination laws.

The provisions of this paragraph number 5 (with the exception of those provisions relating to the ADA) are not applicable to a Contractor who employs fewer than four employees during the term of such contract or whose contracts with the contracting State agency cumulatively total \$5,000 or less during the fiscal year of such agency.

6. **Acceptance:** The agreement shall not be considered accepted, approved or otherwise effective until the statutorily required approvals and certifications have been given, including, but not limited to the signature of an authorized representative of the University, as defined in University policy.
7. **Arbitration, Damages and Warranties:** Notwithstanding any language to the contrary, no interpretation of this contract shall find that the State or the University have agreed to binding arbitration, or the payment of damages or penalties. Further, the University does not agree to pay attorney fees, costs, or late payment charges beyond those available under the Kansas Prompt Payment Act (K.S.A. 75-6403), and no provision will be given effect that attempts to exclude, modify, disclaim or otherwise attempt to limit any damages available to the University at law, including but not limited to the implied warranties of merchantability and fitness for a particular purpose.
8. **Representative's Authority To Contract:** By signing this contract, the representative of Contractor thereby represents that such person is duly authorized by Contractor to execute this contract on behalf of Contractor and that Contractor agrees to be bound by the provisions thereof.
9. **Responsibility for Taxes:** The State of Kansas and the University shall not be responsible for, nor indemnify a Contractor for, any federal, state or local taxes which may be imposed or levied upon the subject matter of this contract.
10. **Insurance:** The University shall not be required to purchase any insurance against loss or damage to property or any other subject matter relating to this contract, nor shall this contract require it to establish a "self-insurance" fund to protect against any such loss or damage. Subject to the provisions of the Kansas Tort Claims Act (K.S.A. 75-6101 et seq.), Contractor shall bear the risk of any loss or damage to any property in which Contractor holds title.
11. **Information:** No provision of this contract shall be construed as limiting the State of Kansas Legislative Division of Post Audit from having access to information pursuant to K.S.A. 46-1101 et seq.
12. **Confidentiality:** As a state agency, the University's contracts are generally public records. Accordingly, no provision of this contract shall restrict the University's ability to produce this contract and/or any corresponding documents in response to a lawful request

or from otherwise complying with the Kansas Open Records Act (K.S.A. 45-215 et seq.)

13. **The Eleventh Amendment:** The Eleventh Amendment is an inherent and incumbent protection with the State of Kansas and need not be reserved, but prudence requires the State and the University to reiterate that nothing related to this contract shall be deemed a waiver of the Eleventh Amendment.
14. **Campaign Contributions / Lobbying:** Funds provided through a grant award or contract shall not be given or received in exchange for the making of a campaign contribution. No part of the funds provided through this contract shall be used to influence or attempt to influence an officer or employee of the University or any State of Kansas agency or a member of the Legislature regarding any pending legislation or the awarding, extension, continuation, renewal, amendment or modification of any government contract, grant, loan, or cooperative agreement.
15. **Privacy of Student Records.** Contractor understands that the University is subject to the Family Educational Rights and Privacy Act (20 U.S.C. § 1232g) (FERPA) and agrees to handle any student education records it receives pursuant to the contract in a manner that enables the University to be compliant with FERPA and its regulations. Contractor agrees to protect the privacy of student data and educational records in a commercially reasonable manner and shall not transmit, share, or disclose any data about a student without the student's written consent, except to other University officials who seek the information within the context of his/her professionally assigned responsibilities and used within the context of official University business. Contractor shall promptly report to the University any request for or improper disclosure of University's student educational records.
16. **Export Control.** Contractor agree to comply with all U.S. Laws relating to the transfer, export, or re-export of technology and technical data, as defined in the export controls under the International Traffic in Arms Regulations (ITAR) 22 Code of Federal Regulations Parts 120-130 or the Export Administration Regulations (EAR) 15 Code of Federal Regulations Parts 730-774. The release of information to any employee or other person, who is not a U.S. Citizen or permanent resident, as well as to corporations or to any other entity, organization, or group that is not incorporated or otherwise organized to do business in the United States may require advanced written authorization from the appropriate U.S. agency. Contractor shall notify University in writing prior to disclosure of any technical data or other items subject to EAR or ITAR and identify the export controlled items at issue and the applicable categories and subcategories of the United States Munitions List and/or Export Control Classification Number(s). University reserves the right to decline to accept any items or information controlled under ITAR or EAR.
17. **Certification.** Contractor certifies that to the best of its knowledge neither it nor any of their principals are presently debarred, suspended, proposed for debarment, the subject of an indictment involving the criminal statutes enumerated in 22 Code of Federal Regulations §120.27, or otherwise declared ineligible for the award of contracts by any Federal agency. Contractor shall provide immediate written notice to the University if at any time it learns that this certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
18. **Facility Access.** To the extent Contractor is required to be on the University's premises in the performance of any contract, Contractor and its representatives will adhere to the University's reasonable safety and security policies and procedures, and will use commercially reasonable efforts not to interfere with the University's regular operations. Contractor further agrees to, upon request, include the University as an additional insured on its general liability insurance policy on a primary and non-contributory basis and provide the University with a certificate of insurance.
19. **Electronic Signature.** The parties agree that the contract may be signed with electronic signatures. If an electronic signature is used, the parties agree that it is the legally binding equivalent to the signing party's handwritten signature. Whenever either party executes an electronic signature on the contract, it has the same validity and meaning as a handwritten signature. The parties agree that neither party will, at any time in the future, repudiate the meaning of an electronic signature or claim that an electronic signature is not legally binding.

Appendix B CIET Performance Expectation

The **CIET** is split into 2 categories to determine student performance (**Professional Behaviors** and **Patient Management Skills**).

1. The **Professional Behaviors** category is divided into:
 - A. **Safety**
 - B. **Professional Ethics**
 - C. **Initiative**
 - D. **Communication Skills**

Each of these subcategories will have a short list of sample behaviors that relate to the category. You will use a 5-point rating scale to determine the level of which the student exemplified the specific behavior. Please use the comment boxes for specific examples of the student's performance related to each subcategory.

Our expectation is that WSU DPT students "**ALWAYS**" display professional behavior. Therefore, by the end of each clinical rotation, the student's final grade assigned by the DCE/ADCE will depend on this expectation. We recognize that no one is perfect. A rating of "ALWAYS" simply means the DCE/ADCE does not need to address any remediation issues in that category. If during a rotation the student demonstrates concerning behavior in any item listed in the Professional Behaviors, please notify the DCE/ADCE immediately. This will prompt creation of an action plan to allow the student to correct their behavior before the clinical rotation ends.

2. The **Patient Management Skills** category is divided into:
 - A. **Examination**
 - B. **Evaluation**
 - C. **Diagnosis/Prognosis**
 - D. **Intervention**

Each of these subcategories will have a short list of sample behaviors that relate to the category. You will use a 5-point rating scale to determine the level of which the student exemplified the specific behavior. Please use the comment boxes for specific examples of the student's performance related to each subcategory. These comments will provide feedback to the student and support the score given in the subcategory.

The Patient Management Skills items will be graded based on a progressive expectation. Therefore, by the end of each clinical rotation, the student's final grade assigned by the DCE/ADCE will depend on this expectation. If during a rotation the student demonstrates concerning patient management skills or is not progressing as expected, please notify the DCE/ADCE immediately. This will prompt creation of an action plan to assist the student in improving their skills before the clinical rotation ends.

To receive a passing grade in a clinical education course the student must meet the following expectations on the CIET:

- At the conclusion of **PT 852** Clinical Education I, the student is expected to perform at the **“Always”** level on 19/19 Professional Behavior items and **“Below”** level or above on 18/24 patient management items.
- At the conclusion of **PT 953** Clinical Education II, the student is expected to perform at the **“Always”** level on 19/19 Professional Behavior items and at the **“Below”** level or above on 24/24 patient management items.
- At the conclusion of **PT 954** Clinical Education III, the student is expected to perform at the **“Always”** level on 19/19 Professional Behavior items and **“At the level for familiar patients”** level or above on 18/24 patient management items.
- At the conclusion of **PT 955** Clinical Education IV, the student is expected to perform at the **“Always”** level on 19/19 Professional Behavior items and **“At the level for familiar patients”** level or above on 24/24 patient management items.

3. Global Rating of Student Clinical Competence

A slider scale from 0 – 10 is used to designate the global rating which best describes the student, where:

- 0 = Well Below a Competent Clinician (Entry Level Clinician)
- 6 = At that level for familiar patients
- 8 = At that level for all patients
- 10 = Well Above a Competent Clinician (Entry Level Clinician)

Appendix C WSU DPT Remediation Policy and Form

WSU Physical Therapy Department Remediation Policy and Form

Remediation Purpose

The remediation policy is designed to promote the success of students at risk to fail a course, at risk for failure of a clinical rotation, or risk to fail the National Physical Therapy Examination because they have difficulty accomplishing course objectives and/or meeting course or program requirements. The process is not intended to replace course curriculum or course/program requirements but to supplement the student's learning. The remediation process is initiated to address the following situations:

- academic jeopardy (i.e., low quiz/exam scores),
- lack of clinical competency (i.e., failing a clinical competency/laboratory exam, unsafe behavior in the clinical environment), and/or
- lapses in professional judgment (i.e., tardiness, absenteeism, unprofessional behavior).

If a student is struggling in multiple areas, separate remediation plans are established for each at risk behavior.

Remediation Process

The remediation process is initiated by the DCE/ADCE as soon as an at-risk student is identified. The DCE/ADCE will meet with the student to discuss the identified concerns and develop an individualized remediation plan. The remediation plan must be documented on the attached form "Physical Therapy Student Remediation Agreement" and meet the following guidelines:

- The Remediation Plan must define the area(s) of deficiency.
- Remediation outcomes must identify specific, measurable goals the student must attain or perform to demonstrate success.
- Remediation activities must be individualized to the student's area of weakness. They may include, but are not limited to, completion of suggested computer-based practice tests, written review materials, practice questions, instructor-developed materials, hands-on laboratory skill practice, or any other materials/methods suggested by the faculty.
- A time frame for completion must be agreed upon and documented in the remediation plan.
- The remediation form must be signed by faculty and student.

Once the remediation plan is signed, the student has until the established deadline for completion to meet the remediation outcomes. Faculty will be available to support the student during this time, but it is the student's responsibility to contact faculty to request additional assistance if/when it is needed.

Remediation Completion

When the deadline for remediation completion has passed, the faculty member is responsible for meeting with the student to determine whether the remediation outcomes have been met. If evidence supports successful attainment of remediation outcomes, the remediation plan will be considered complete once it is signed by faculty and student. If evidence does not support successful attainment of remediation outcomes, the remediation will be considered unsuccessful. Unsuccessful remediation signifies the student is unable to master a critical

course objective or program requirement; therefore, the student will:

- 1.) receive a failing grade and be required to repeat the course,
- 2.) complete a secondary remediation plan.

If the failure is in a didactic course with a co-requisite clinical course, the student may be required to withdraw from the co-requisite clinical course or from the program. This decision for secondary remediation and withdraw from clinical course or program will be considered by Program Director and associated faculty.

WSU Department of Physical Therapy Student Remediation Form

Student Name: _____

Faculty Member: _____

Remediation #1 - Specify Area of Remediation:

Academic jeopardy Lack of Clinical Competence Lapse in Professional

Judgment Describe Area(s) of Concern:

Date Implemented	Remediation Outcome(s)	Remediation Plan	Deadline for Completion	Confirmation of Agreement
	<i>The student will:</i>			Faculty Signature:
				Student Signature:

Evaluation Date	Review of Remediation Outcome(s)	Evaluation of Remediation Plan	
		Successful	Unsuccessful
		Faculty Signature:	Faculty Signature:
		Student Signature:	Student Signature:

Approved by WSU DPT Faculty Date May 21, 2020

WSU Department of Physical Therapy Student Remediation #2 Form

Student Name: _____

Faculty Member: _____

Remediation #2 - Specify Area of Remediation:

- Academic jeopardy
 Lack of Clinical Competence
 Lapse in Professional

Judgment Describe Area(s) of Concern:

Date Implemented	Remediation Outcome(s)	Remediation Plan	Deadline for Completion	Confirmation of Agreement
	<i>The student will:</i>			Faculty Signature:
				Student Signature:

Evaluation Date	Review of Remediation Outcome(s)	Evaluation of Remediation Plan	
		Successful	Unsuccessful
		Faculty Signature:	Faculty Signature:
		Student Signature:	Student Signature:

Approved by WSU DPT Faculty Date May 21, 2020

Appendix D: EXXAT Student Information

[EXXAT Student User Guide](#)

[How to log into EXXAT Prism](#)

[How to view your assignments in EXXAT](#)

[Time off request, Patient Logs, Timesheets](#)

Appendix E ICE Clinical Experience Form



PT 761 Integrated Clinical Experience II Student Assessment

Student: _____

Clinic: _____

Clinical Instructor: _____

Date: _____

Please assess the student for any of the following that you feel is applicable for this observation. Comments are always welcome and provide faculty with valuable information on student performance.

Pass: Competently demonstrates basic skills

Needs Improvement: Basic skills emerging that could benefit from continued instruction/practice

Not Applicable: Student did NOT have an opportunity to demonstrate this skill

1. Safety in the clinic	PASS	Needs Improvement	Not Applicable
2. Professional Behavior/Attire	PASS	Needs Improvement	Not Applicable
3. Professional Communication	PASS	Needs Improvement	Not Applicable
4. Clinical Reasoning	PASS	Needs Improvement	Not Applicable
5. Teamwork/Collaboration	PASS	Needs Improvement	Not Applicable
6. Supervision of PTA/Support Staff	PASS	Needs Improvement	Not Applicable
7. Clinical skills, select any from below that apply:	PASS	Needs Improvement	Not Applicable

Evaluation:

Collect subjective information
 Vitals Assessment
 MMT
 ROM
 Palpation
 Reflex Testing
 Special Tests: _____
 Assistive Device Prescription
 Assistive Device Education

Intervention:

Therapeutic exercise
 Patient Education
 Transfers
 Gait
 Modality/physical agent
 OTHER: _____

Comments: _____

Discussion requested between WSU faculty and CI.

Student Name: _____

CI Name: _____

Student Signature: _____

CI Signature: _____

Appendix F: Clinical Education Agreement Form

1. ____ I understand that it is required to complete one full time rotation in one inpatient and one outpatient setting over the 4 full time clinical rotations.
 - a. Inpatient rotation options include acute care hospitals, skilled nursing facility, inpatient rehabilitation hospital, or a hybrid rotation with at least 50% of the caseload in inpatient.
 - b. Outpatient rotation options include outpatient orthopedic clinic, pediatric outpatient, school system, women's health clinic, a hybrid rotation with at least 50% outpatient caseload, or other outpatient specialty clinic.
 - c. Home health rotation can serve as a possible substitute for an inpatient rotation when the clin ed team deems appropriate.

2. ____ I understand that it is my responsibility to meet all compliance documentation by due dates and make sure that I have uploaded all current required clinical education documents into the EXXAT system. Examples of such compliance documents include, but are not limited to: proof of health insurance, annual physical examination, background check, immunizations, vaccines, annual TB skin test results, and CPR certification.

3. ____ I understand that not meeting compliance requirements by required due dates could result in missed classes, dismissal from the program or delayed graduation.

4. ____ I understand that clinical requirements may change and that I will be required to meet the new requirements. I understand that I will be notified in writing of any changes.

5. ____ I have been made aware of and provided the web link for the Clinical Education Handbook. I agree to always abide by the Clinical Education Policies and Procedures as outlined in the Clinical Education Handbook.

My initials on the above items, and my signature below indicate that I understand and agree to all the above items. (No typed signature accepted.)

Signature
Printed Name

Date

Appendix G: Physical Examination Form 1, 2 & 3

Physical Examination Forms 1, 2 & 3



WICHITA STATE UNIVERSITY
STUDENT HEALTH SERVICES
 1845 Fairmount Street
 Wichita, KS 67260-0092
 Ph. 316-978-3620 Fax: 316-978-3517

PHYSICAL EXAMINATION FORM

Date: _____

FORM # 1

Circle Program and Year:				
1 st Year	2 nd Year	GYN	PA	PT
Dental Hygiene	Nursing	Grad Nursing	PA	PT
Med.Tech.	CO-OP	Student Teaching		

PERSONAL AND ANY FAMILY MEDICAL HISTORY

My WSU ID # _____

Name: _____

Date of Birth: Last _____ First _____ Middle _____
 Telephone: (h) _____ (c) _____
 Month _____ Day _____ Year _____

Address: Number _____ Street _____ Apt # _____ City _____ State _____ Zip Code _____

Emergency Contact: Name _____ Address _____ Phone # _____

Family Physician: Name _____ Address _____ Phone # _____

Allergy to drugs/food/plants, other: _____

	RELATION/SELF	PROVIDER CONCERNS	BEHAVIORAL HEALTH:	
Asthma			Tobacco use	Y/N
Cancer			Smoke?	
Diabetes			Chew?	
Elevated blood pressure/stroke			Other _____	
Heart disease			If yes, # per day?	
Other:			Alcohol Use?	
Auto Immune Disorder			If yes, # drinks/week	
Blood Clots			Other Drug Use?	
Depression			What type _____	
Epilepsy or Seizures			Do you:	
Headaches			Exercise?	
Gall Bladder Disease			Get 8 hrs sleep/day?	
Hepatitis /Liver Disease			Handle stress well?	
High Cholesterol			Use Seat Belts?	
Stroke			Text while Driving?	
Thyroid Disease				
Chronic or Serious illnesses or hospitalizations (list):				
Surgeries or injuries (broken bones, head injury, etc.):				
Current medications (including any birth control):				
History of physical/emotional/sexual abuse:				

SEXUAL HEALTH HISTORY	Yes	No	
I have not had sex			
I have had vaginal sex			
I have had anal sex			
I have had oral sex			
Female partners			
Male partners			
Have you received the Gardasil vaccine?			
Have you ever had:	Chlamydia	Gonorrhea	Syphilis
(please circle):	HIV	Herpes	HPV
Age at first intercourse			
Total number of partners			
Number of partners currently			
Length of current relationship			
Do you self exam	Breast	Testicular	

FEMALES ONLY:
 Number of pregnancies ___ births ___ living children ___ other ___
 Condom use: ___ Always ___ Most of the time ___ Sometimes ___ Never
 Contraception you currently use:
 ___ Abstinence ___ None ___ Patch ___ Implanon ___ IUD ___ Pill ___ DEPO
 ___ Pulling Out/Withdrawal ___ Condoms ___ Nuvaring
 Any problems with contraception? _____

MENSTRUAL HISTORY:
 First day of your last period? (mm-dd-yyyy) _____
 Age at your first menstrual period? _____
 How many days do your periods last? _____
 Are your periods regular? (21-38 days apart) ___ or irregular ___
 Period problems? _____

PAP HISTORY (mark any you have ever had):
 ___ Pap Smear: If so, When _____ Where _____
 ___ Abnormal Pap: If so, When _____ Where _____



WICHITA STATE UNIVERSITY
STUDENT HEALTH SERVICES

Phone: (316) 978-4792
Fax: (316) 978-3517
Web: wichita.edu/shs

FORM # 1

Mailing Address:
1845 Fairmount, Box 92
Wichita, KS 67260-0092

PHYSICAL EXAMINATION

Patient _____ DOB: _____
Last Name First MI

WSU ID# _____ Phone # _____

Medical History:

Last date of eye exam: _____
Last date of dental exam: _____
Any major illness or health impairment: _____
Hospitalization/Serious Injury: _____
Patient's past history: _____
Any mental or behavioral health history? Yes No
Any findings in patient's family health history? _____
Allergy _____
Latex/non-medication allergies Yes No If yes, specify: _____
Medications currently being taken: _____

Physical Examination (notate all spaces, draw-through lines are not acceptable):

Examined:	Normal Abnormal		Normal Abnormal		Normal Abnormal		Normal Abnormal				
	___	___	___	___	___	___	___	___			
General Appearance	___	___	HEENT	___	___	Breasts	___	___	Abdomen	___	___
Neurological Exam	___	___	Heart	___	___	Lymph Nodes	___	___	GU Exam	___	___
Musculoskeletal	___	___	Lungs	___	___	Pelvic Exam	___	___	Rectal Exam	___	___
Extremities	___	___	Neck	___	___	COMMENTS: _____					

COLLEGE OF HEALTH PROFESSIONS CLINICAL REQUIREMENT (Submit Documentation)

1. Physical Examination within the past year.
2. TWO MMR'S OR POSITIVE RUBEOLA, RUBELLA and MUMPS TITERS
3. HEPATITIS B VACCINES: 3 Vaccines or Positive Titer
4. VARICELLA/CHICKEN POX: Two Varicella vaccinations or a positive Varicella Titer.
5. Current year (season) INFLUENZA VACCINATION (or waiver).
6. Tuberculin Testing: Current year negative TB skin test or negative QFT. If history of positive TB skin test or positive QFT, and negative Chest X-Ray, annual symptoms review must be completed. Copy of Documentation Required.
7. TDAP Vaccine

Please attach immunization record and/or serum antibody laboratory results.

Tuberculosis:

PPD Test: Date placed _____ Date read _____ Results _____ mm
OR Read by _____ Initials
Quantiferon: Date: _____ Results _____ (attach copy)

I hereby certify that I have examined the above patient and this is a complete and accurate record of my examination. I hereby state this individual is in good physical health without limitations or restrictions.

Notes: _____

Physician, APRN, PA, DO, MD Signature _____ Date _____

Provider name printed or stamped _____ Telephone _____

Address _____

Verification of Physical Exam Form

Student Name: _____ WSU ID# _____ DOB _____ Student Sex: _____

Date of Examination: _____

Health Statement:

Based on review of this student's medical history and physical examination performed and on file in my office, the above listed student is in good health.

Recommendations:

I certify that the information herein is complete and accurate to the best of my knowledge.

Healthcare Provider Signature

Date

Stamp or Printed Name

Street Address

City

State

Zip

Phone

Fax