

Clinical Education Handbook



SCHOOL OF PHYSICAL THERAPY
& REHABILITATION SCIENCES

MORSANI COLLEGE OF MEDICINE



DPT Clinical Education Handbook

This Handbook is intended to provide guidelines, procedures, and processes as information. It is not a contract between the University and DPT student. It is recognized that this document may not contravene the constitutions and laws of the state of Florida; rules, regulations, and policies of the Florida Board of Governors; rules, regulations, and policies of the University of South Florida; and any applicable collective bargaining agreement or legislatively-mandated management right. The foregoing authorities will govern in the event that any provision of a local governance document is inconsistent with or in conflict with them.

Equal Opportunity Message

The University of South Florida is committed to the principles of equal education and employment opportunities without regard to race, color, marital status, gender, sexual orientation, religion, national origin, disability, age, Vietnam or disabled veteran status as provided by law and in accordance with the University's respect for personal dignity. These principles are applied in the conduct of University programs and activities and the provision of facilities and services.

SACS Accreditation Statement

The University of South Florida is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award degrees at the baccalaureate, master's, specialist, and doctoral levels, including the Doctor of Medicine.

CAPTE Accreditation Statement

The Doctor of Physical Therapy (DPT) program at the University of South Florida School of Physical Therapy and Rehabilitation Sciences Morsani College of Medicine is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, VA 22314; telephone: 703-706-3245; e-mail: accreditation@apta.org; website: www.capteonline.org.



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Introduction

This handbook provides guidelines for the Clinical Education component of the curriculum of the School of Physical Therapy and Rehabilitation Sciences (SPTRS). This handbook is a reference for the School's faculty, the School's Coordinator of Clinical Education (CCE), Center Coordinators of Education (CCCEs), Clinical Instructors (CIs) and students/interns in the development of learning experiences for our students/interns and the evaluation of their clinical performance. Information is also included regarding rights, responsibilities, and risk management, such as: orientation of CIs and students/interns, communication requirements, confidentiality of student/intern records, and occurrence reports. The handbook is reviewed annually by the School's CCE, who seeks approval for revisions from the School's Curriculum Committee. Recommendations for action on the handbook are made by the Curriculum Committee to the School faculty as a whole.

All students are subject to the policies of the University as delineated in the [University of South Florida Student Rights and Responsibilities](#). It is recognized that this document may not contravene the constitutions and laws of the state of Florida; rules, regulations, and policies of the Florida Board of Governors; rules, regulations, and policies of the University of South Florida. The foregoing authorities will govern in the event that any provision of a local governance document is inconsistent with or in conflict with them.

If clarification on any procedure is needed, please contact the School CCE.

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Tenets of the School

Mission, Vision, Philosophy, and Goals

As part of the USF Morsani College of Medicine, the School of Physical Therapy & Rehabilitation Sciences fully embraces the College's [Mission, Vision and Values](#). In support of those ambitions, we have developed the aspirations listed below for our School; they clearly possess congruence with the mission and vision of the Morsani College of Medicine and the University of South Florida. The SPTRS mission, vision, philosophy, and values are reviewed and updated annually by the collective faculty. They are based on a foundation of **professionalism**, defined by the School as the demonstration of the values, attitudes, and behaviors consistent with expectations of the public and the profession. For the profession of physical therapy, these values and behaviors are delineated in the American Physical Therapy Association's (APTA's) [Policies & Bylaws' Core Documents \(www.apta.org\)](http://www.apta.org).

Mission Statement

The mission of the University of South Florida School of Physical Therapy & Rehabilitation Sciences is to demonstrate excellence in movement sciences through interprofessional education, evidence based clinical practice, research and service.

This mission will be accomplished by preparing doctors of physical therapy, researchers, and clinical residents who have a strong foundation in basic and clinical sciences, and who demonstrate excellence in contemporary, evidence-based patient client management, critical thinking and professionalism.

The mission will be further supported through faculty scholarship and research, and through a clinical practice which enriches the program and serves the community.

Vision Statement

The University of South Florida School of Physical Therapy & Rehabilitation sciences, through its collaborative initiatives, will be nationally recognized for its:

- Innovative, integrated, and interprofessional curriculum.

- Highly responsible, self-directed, capable, and caring graduates who advocate for and deliver patient-centered care throughout the lifespan. Their practice will be current, evidence based and strong in interprofessional collaboration toward rehabilitation, prevention, and health promotion to meet the needs of society.
- Faculty who advance knowledge in physical therapy and rehabilitation sciences through scholarly activity and clinical, translational research
- Faculty and doctoral students will apply advances in technology for the study of clients with movement dysfunction.
- Faculty and graduates who demonstrate leadership in physical therapy and rehabilitation sciences at the state, national, and global levels.
- Physical Therapy Center which is an integral component of the academic program in both didactic and clinical education. The Center will be recognized for contemporary, evidence-based clinical practice, expert clinicians with specialist certification, residency programs and research in movement dysfunctions.

Educational Philosophy

Interprofessional experiences enhance the future collegiality of healthcare professionals.

Respect for individual and cultural differences is necessary for professional effectiveness in a global society.

Excellence in physical therapy professional education is best achieved through the partnership of academic faculty, clinical faculty, students, and the healthcare community.

An active learning environment is essential for the development of life-long learning, self-assessment, critical thinking, mutual respect, and intellectual curiosity.

Community, institutional, and faculty standards, values and expertise guide professional education including:

- The evolving knowledge base of physical therapy practice and education
- Documents of the American Physical Therapy Association (www.apta.org), including:
 - [Guide to Physical Therapist Practice 3.0](#)
 - Code of Ethics and the Guide for Professional Conduct
 - Minimum Required Skills of Physical Therapist Graduates at Entry-Level
 - Professionalism in Physical Therapy: Core Values
- Jurisdictional statutes regulating health care delivery (FSBPT.org)
- [The APTA Clinical Performance Instrument](#)
- The Commission on Accreditation of Physical Therapy Education's (CAPTE) Evaluative Criteria for Educational Programs for Preparation of Physical Therapists.

Faculty members contribute to the body of knowledge and advance the profession through scholarly work which may include basic and applied research, published works, and creation of innovative teaching and clinical materials or procedures.

Evaluating and using evidence for decision making, advocating for patients, and fulfilling responsibilities inherent in professional life demonstrates accountability to patients, peers, the profession and society.

Active involvement in the APTA and other professional organizations enhances professional development.

Student and faculty demonstrate commitment to service through participation

- on USF committees and task forces;
- in the APTA, Florida Physical Therapy Association (FPTA), Federation of State Boards of Physical Therapy (FSBPT), Commission on Accreditation in Physical Therapy Education (CAPTE), and other professional organizations; and
- in other organizations, businesses and schools.

Expected Outcomes and Program Goals

The major objective of the Doctor of Physical Therapy Degree Program is to graduate entry-level physical therapist practitioners who excel in clinical decision-making skills, demonstrate patient/client management functions, and exhibit a high level of professionalism.

Patient/Client Management Functions

- Excel in patient/client management, including the ability to screen patients/clients to determine the need for further examination or consultation by a physical therapist or referral to another health care professional.
- Excel in patient/client management, including the ability to examine and re-examine patients/clients by obtaining a history, performing systems reviews, and selecting and administering appropriate tests and measures.
- Excel in patient/client management, including the ability to evaluate examination data to make clinical judgments.
- Excel in patient/client management, including the ability to determine a physical therapy diagnosis and prognosis to guide patient/client management.
- Excel in patient/client management, including the ability to establish and implement a patient/client-centered plan of care that is safe, effective, and fiscally responsible to meet the physical therapy related biological, psychological, and social needs of the patient/client from first contact through discharge planning across a variety of settings.
- Excel in patient/client management, including the ability to select and perform physical therapy interventions as designated in the current version of the Guide to Physical Therapist Practice.

- Excel in patient/client management, including the ability to complete thorough, accurate, analytically sound, concise, timely and legible documentation that follows guidelines required by the practice setting.
- Excel in patient/client management, including the ability to assess and analyze individual and group patient/client outcomes using valid and reliable measures.
- Provide physical therapy services for prevention, health promotion, fitness, and wellness to individuals, groups, and communities to positively influence the health of society.

Clinical Decision-Making Skills

- Integrate and apply new knowledge and evidence to the patient/client management process.
- Excel in patient/client management, including the ability to demonstrate clinical decision-making skills including clinical reasoning, clinical judgment, and reflective practice.
- Exhibit the ability to integrate new knowledge and evidence-based practice into the patient/client management process.

Professionalism

- Demonstrate accountability to patients/clients, legal standards, ethical guidelines, organizations, and society.
- Demonstrate social and professional responsibility through mentoring, participation in professional and community organizations and activities, patient/client advocacy, and provision of pro bono services.
- Exhibit caring, compassion, and empathy in providing services to patients/clients.
- Demonstrate professional behavior in all interactions with patients/clients, family members, caregivers, other health care providers, students, other consumers, and payers.
- Communicate effectively with patients, caregivers, colleagues and other constituents.
- Identify, respect, and act with consideration for individual and cultural differences in all professional activities.
- Effectively educate others based on the needs of the learner.
- Participate in practice management including delegation and supervision of support personnel, management planning, marketing, budgeting, and reimbursement activities.
- Provide consultation to individuals, groups, and organizations.

- Engage in lifelong personal and professional development through self-assessment, reflection, education, and feedback from others.
- Assess individual professionalism, identify areas for professional growth, and develop a plan for professional development in those areas.
- Participate in collaborative work relationships with members of the healthcare team from other professions.

DPT Curriculum

Curriculum Philosophy

Health professionals must be responsive to social needs and demands. In response to this challenge, the faculty of the Morsani College of Medicine and School of Physical Therapy & Rehabilitation Sciences emphasize ongoing review and adaptation of educational programs to meet the needs of society for today and tomorrow.

The professional curricula (MD and DPT) of the Morsani College of Medicine are designed to instill in the student an attitude of caring. By presenting the students with clinical problems and sufficient basic science data to understand organic malfunctions, it is hoped the learning process will facilitate a lifelong significance.

Curriculum Plan

The physical therapy program is a full-time professional program leading to the Doctor of Physical Therapy degree. It is completed over the course of eight terms of study. The curriculum includes 38 weeks of full-time clinical education.

The curriculum model is a hybrid model with six integrated tracks:

- Foundational (Basic) Sciences,
- Clinical Problem Solving & Physical Therapy Sciences,
- Movement Science,
- Social Sciences & Professionalism,
- Critical Inquiry, and
- Clinical Education.

Although elements of each of the tracks are addressed in the first year, the focus is providing a strong scientific foundation during which DPT students share courses with medical students. During the second and third years, the focus shifts toward the Clinical Problem Solving and Physical Therapy Sciences and Social Science Track. In contrast to the traditional and scientific focus of the first year, the clinical case-based Clinical Problem Solving courses are the centerpiece for the second and third years of the curriculum. CPS uses a variety of instructional strategies to support case-based learning. The cases in the Clinical Problem Solving sequence become more complex with regard to patient diagnoses, multi-system involvement, social and contextual factors, and the

role of the physical therapist. All curricular tracks undergo a similar increase in complexity of roles, modes of analysis, or types of decision-making.

Course content in each track becomes progressively more integrated with content from all other tracks. For example, professional and cultural issues raised by the Clinical Problem Solving cases are discussed in the Professional Issues Track, and learning in the Critical Inquiry Track is integrated and coordinated with the Clinical Problem Solving course. It is our belief that learning is more effective when the presentation of content is reinforced through concurrent application of information with students participating as active learners. We believe that this educational design fosters lifelong endeavors of excellence in practice, professional growth and scholarly activity. For a graphic representation of the USF DPT curriculum, please see Appendix 2, SPTRS DPT Curriculum Plan.

Clinical Education in the DPT Curriculum

The clinical education component of the Doctor of Physical Therapy degree program includes three full-time clinical education internships of progressing length. During the clinical education internships of applied clinical practice, each student has experiences with patients/clients in a variety of settings that encompass a range of conditions and life phases and stages. As much as possible, learning opportunities address a wide range of patients, reflecting the practice patterns in the *APTA Guide to Physical Therapist Practice*. As students progress through increasingly complex decision making during these courses, learning opportunities should occur in available levels of patient care:

Primary care—Integrated, accessible health care by clinicians accountable for:

- addressing a large majority of personal health care needs,
- developing a sustained partnership with patients, and
- practicing within the context of family and community.

Examples include: acute trauma triage and examination, early intervention, a collaborative primary care team that addresses loss of physical function, community-based organizations for patients with chronic disorders, occupational health services in the workplace.

Secondary care—Care of patients with musculoskeletal, neuromuscular, cardiopulmonary, integumentary, and/or other conditions.

Tertiary care—Highly specialized, complex, and technology-based care (*e.g.*, heart-lung transplants, burn units) or specialized service in response to requests for consultation made by other health care practitioners (*e.g.*, patients with spinal cord injury or traumatic brain injury).

Clinical Education Internships

Full-time clinical education internships are completed at the end of years 2 and 3 in the curriculum. Students/interns are expected to meet progressively higher and more complex objectives as they progress through the individual

internships. The overall clinical education internship objectives are specified in the CE course syllabi in Appendix 1.

Clinical Education Internships	Time Frame Full Time	APTA CPI web Performance Level Expected		
		Start	Mid-Term	Final
CE 1 PHT 6841	10 weeks 400 CE hour equivalent Summer Year 2	Beginning	Advanced Beginner	Intermediate <i>or Beyond</i>
CE 2 PHT 7842	12 weeks 480 CE hours equivalent Spring Year 3	Advanced Beginner	Intermediate	Advanced Intermediate <i>or Beyond</i>
CE 3 PHT 8843	16 weeks 640 CE hour equivalent Summer Year 3	Advanced Beginner	Intermediate	Entry Level <i>or Beyond</i>
Total CE: 38 weeks full-time, 1520 clinical hours equivalent				

To assure entry level competencies as DPT generalists, students/interns complete clinical education internships in the following areas:

- Either: Acute, Rural, or Geriatrics,
- Orthopedics, and
- Neurologic (Adult or Pediatric).

Student assignments are structured in a variety of ways during the internships for Year 3. Examples include:

- Providing in-depth evaluation and treatments in one area of care with increasing complexities to beyond entry level.
- Having a student rotate among units within a large multipurpose health care center.
- Having the student rotate among the different centers through which services are provided by one contracting company (for example, a small community where one PT organization provides service to the hospital, school system, and has an outpatient center).
- Having the student identify a clinical practice area of focus in one or more centers (Examples: wound care, manual therapy, pediatrics).
- Providing opportunities to participate in community health education, administration/management, and Evidence-Based Practice in-services, etc.

Affiliation Agreements with Clinical Facilities

Any facility providing physical therapy services may initiate the affiliation agreement process with the University of South Florida School of Physical Therapy and Rehabilitation Sciences by contacting the School CCE. The School CCE also may approach a facility to explore the possibility of an affiliation agreement with USF. Contact Olga Atehortua, Administrative Specialist, for more information (oatehort@health.usf.edu).

Every effort is made to ensure that the center has the potential to meet DPT students' learning needs. These efforts may include:

- direct communication with center staff,
- review of center mission, philosophy, and self-assessments, and
- site visits to the center to gather first-hand impressions of the care provided.

The following factors are given significant consideration:

- Congruence with School Mission, Vision, and Educational Philosophy.
- Variety of learning experiences to be offered.
- Needs of the School for particular types of learning experiences.
- Experience in providing clinical experiences for other PT and PTA programs.
- Number of staff who have served as clinical instructors for students in other educational programs.
- Specialized programs and/or number of the American Board of Physical Therapy Residency and Fellowship Education ([ABPTRFE](#)) specialists on staff.
- Potential for strong professional role models in the center.
- Evidence of continuing professional development by the staff.
- The facility's physical plant (cleanliness, equipment/space available, etc.)

Upon collection of this information and in consultation with the School Curriculum Committee, the School CCE may take the following actions:

- Initiate an affiliation agreement.
- Consult with the CCCE to determine potential for improvement of weaknesses identified. The CCE and CCCE must agree on a plan for improvement before proceeding with the affiliation agreement process.
- Determine that the center does not have potential to meet the criteria for learning opportunities for clinical education internships. (In this case, the affiliation agreement process would not be initiated.)

The CCE, with the Administrative Specialist, remains in contact with the clinical facility throughout the legal process of affiliation; contract negotiations average six months, and some are unsuccessful for a variety reasons. Clinical education affiliation sites must complete an affiliation agreement *and* provide an APTA Clinical Site Information Form (CSIF) to the School before a student/intern may be assigned to the site for a clinical experience. (Please refer to APTA [webCSIF and CSIF Instructions](#).)

Student/Intern Placement

Students/intern assignments are based on coordination of learning opportunities that provide a variety of experiences in primary, secondary, and tertiary physical therapy care. Clinical internships must enable students to meet all the clinical objectives outlined by the School, and must contribute to the achievement of the outcomes required for the initial hands-on patient practice of physical therapy. The potential of the center's staff to model professional behaviors and provide opportunities with patients representative of current evidence-based practice across the life phases and stages are also considered.

Of paramount importance, students/interns are required to meet the clinical education requirement types indicated on page 12. The clinical education objectives receive highest priority in the assignment process; convenience factors (such as geographic location of the facility) will be given lowest priority. Actual assignment is made by the School CCE for each clinical education course. It is contingent on the availability of a center(s) to meet the learning needs of the student/intern, the School's criteria for clinical centers, and timely completion of the agreement process. Clinical Education bids are sent out one year in advance for the coming clinical education year, corresponding with the national bid dates. The clinical education affiliate determines availability of internship opportunities, which may vary from year to year.

Students/Interns may *not* contact facilities to arrange clinical learning experiences, at the risk of disciplinary action. Student contact with a facility should occur *after* receipt of a placement confirmation letter from the CCE.

USF is an Equal Opportunity/Equal Access/Affirmative Action institution. Clinical education assignments are made without regard for race, color, marital status, gender, sexual orientation, religion, national origin, disability, age, Vietnam or disabled veteran status, as provided by law and in accordance with the University's respect for personal dignity. **The University of South Florida School of Physical Therapy and Rehabilitation Sciences expects the clinical center's policies and procedures for student/intern assignment to reflect this commitment.**

Students/Interns **may not** contact facilities to discuss or arrange clinical learning experiences to meet their personal needs. Because of the importance and complexity of the processes for evaluating clinical facilities and determining student/intern readiness for clinical education, any student efforts to bypass the selection and assignment process may result in disciplinary action by the Academic Performance Review Sub-Committee (APRSC). Students should refer to the USF SPTRS DPT Student Handbook for additional information regarding the APRSC. Students/Interns may initiate contact with a clinical center only after receiving a placement confirmation letter from the School CCE.

Students cannot be assigned to a facility if they have held employment at that same facility or if they have completed a significant number of volunteer hours within an affiliated center. Students may not be employed in any capacity by the clinical education center. In order to ensure that extracurricular activities do not interfere with academic and/or clinical performance, **no physical therapy student may accept outside**

employment of any kind without prior approval of the School Director. Students may, however, be awarded an honorarium or stipend to cover incidental expenses.

Student Reassignment

While the voluntary commitment by the clinical site is generally a firm commitment, occasionally it becomes necessary for the site or School to cancel, reassign, or extend the length of a student/intern's assignment (most often because of staff or corporate changes that are outside the control of the CCE and CCCE). Regardless of the reason, the CCCE shall contact the CCE immediately so that alternate arrangements may be made as quickly as possible for student/intern placement. An unfortunate consequence of such changes is that options for re-assignment are limited. Neither the School nor the CCE is able to make any guarantees about clinical education placements, but the CCE will attempt to locate a replacement internship, which is of similar type. **Students/Interns must be flexible regarding time and location of internship** so that other appropriate learning experiences can be identified.

Students/Interns may not cancel internships. USF SPTRS student placements for Clinical Education are firm commitments.

Clinical Education Sequencing

All didactic and clinical education is completed in sequence. Clinical education bids are submitted by the CCCEs and CIs for students/interns who can demonstrate a specific skill set through the successful completion of particular didactic, clinical, and academic coursework. **Students/interns who have not successfully completed such preparation will be referred to the APRSC to determine the appropriate action.** Those individuals are not permitted to participate in a clinical affiliation until and unless School administrators are confident of their ability to successfully perform those skills in the clinic setting. **This may change the timing of the clinical affiliation from the planned clinical education calendar.**

Throughout the three-year curriculum, any student/intern who has a deficiency (U or I grade) in any clinical education course will be required to successfully remediate the course, following the procedures established by the APRSC. The student/intern, **if approved by the APRSC and School administration, will be given only one opportunity for remediation of a clinical education course**, which must be completed before the student/intern will be allowed to advance to the next year or clinical education course of the curriculum. Recommendations for remediation may include (but are not limited to), additional study time, repeating all or part of the clinical education course, or repeating the entire academic year (including clinical education internships).

Failure to successfully remediate the clinical education course may result in the requirement that the student/intern repeat the entire year or face dismissal from the

DPT program. (Please refer to the School [DPT Student Handbook](#) for information regarding APRSC rules on two or more deficiencies. The DPT Student Handbook also has information about counseling, tutoring, and study skills services, as well as an outline of the process for grade appeals.)

CCE Responsibilities

Just as the CCCE has management responsibilities for clinical education, the School CCE manages the academic side of the clinical education enterprise. The responsibilities of the CCE include the following:

- Educating students, clinical and academic faculty about clinical education.
- Selecting clinical environments that demonstrate sound patient-client management, ethical and professional behavior, and evidence-informed practice.
- Facilitating quality learning experiences for students during clinical education.
- Evaluating student's performance to determine their abilities to integrate didactic and clinical learning experiences and to progress in the program.
- Communicate between the academic institution and affiliated clinical education sites.
- Serving as the point of contact in agreement initiation and processing.
- Guiding maintenance of a timely, accurate database of clinical centers.
- Communicating with clinical centers in a timely fashion to determine the site's ability to accept students/interns.
- Developing clinical education bids on an annual basis.
- Supervising and coordinating the student/intern bid selection process.
- Collating summative data from students and CIs about internship experiences for reports to the faculty through the School Curriculum Committee.
- Collecting data needed for accreditation, as needed.
- Orienting students/interns in preparation for all components of clinical education.
- Reviewing the CE handbook for updates and changes; seeking approval of such revisions from the School Curriculum Committee, and endorsement by the faculty.
- Reporting to the School faculty the status of student progress and the clinical education program in general.
- Supervising staff in completion of clinical education duties.
- Consulting with faculty during clinical education for problem solving.
- Reviewing the goals students/interns establish for clinical education, in conjunction with professional development milestones.
- Orienting CIs to this handbook, the APTA CPI, and clinical education in general.
- Maintaining contact with students/interns and their CIs during clinical education experiences.
- Documenting communication with centers and students/interns during clinical education experiences.

- Reviewing and discussing student/intern performance at mid-term and final evaluation with CI/CCCE and students as needed.
- Identifying and solving problems that interfere with student/intern learning experiences.
- Assigning course grades for students/interns.
- Conducting clinical center site visits.
- Providing APTA Credentialed Clinical Instructor Programs ([APTA CCIP](#))—basic as well as advanced—for clinical faculty development.
- Actively participating in the Florida Consortium of Clinical Educators (FCCE) of the [Florida Physical Therapy Association](#).

The CCE is an *ex officio*, voting member of the School Curriculum Committee. Active participation of the CCE in this committee is indicative of the important role that clinical education plays in the DPT curriculum as a whole, and helps ensure on-going communication between the academic/professional and clinical components of the curriculum. The CCE reports to the Curriculum Committee the effectiveness of the processes for selecting clinical centers, the assignment of students/interns, and any other related clinical education issues that arise or require modification. The Curriculum Committee will make recommendations on any changes in the clinical education structure to the faculty as a whole for timely consideration and endorsement (the same process as is used for changes to didactic portions of the curriculum).

Technical Standards and Essential Functions

The College and School acknowledges Section 504 of the 1973 Vocational Rehabilitation Act and PL 101-336, the Americans with Disabilities Act (ADA), but asserts that certain minimum technical standards must be present in prospective candidates for admission, progression, and graduation. The School has identified certain standards that students must meet in order to function in a broad variety of clinical situations and render a wide spectrum of patient care. Student readiness for clinical education is based not only on scholastic ability, but also on the physical and emotional capacity of the student/intern to be the best possible physical therapist with the requisite skills, professional attitudes, and behavior.

Candidates for the DPT degree must have aptitude, abilities, and skills in five areas: observation and other senses; communication; motor; conceptual, integrative and quantitative; and behavioral/social. Reasonable accommodation, including technological compensation, can be made for some disabilities, but a candidate should be able to perform in a reasonably independent manner. The use of a trained intermediary would mean that a candidate's judgment is mediated by someone else's power of selection and observation. Therefore, third parties cannot be used to assist students in accomplishing curricular requirements in the five skill areas specified above.

Observation and the Other Senses

Candidates must be able to observe demonstrations and participate in experiments in the basic sciences, including, but not limited to, physiologic and pharmacologic demonstrations in animals, microbiologic cultures, and microscopic studies of microorganisms and tissues in normal and pathologic states. All candidates must be able to observe a patient accurately at a distance and close at hand. Observation necessitates the functional use of the sense of vision and other sensory modalities. It is enhanced by the functional use of the sense of smell.

Candidates for the DPT degree must have somatic sensation and the functional use of the senses of vision and hearing. Candidates' diagnostic skills will be lessened without the functional use of the senses of equilibrium, smell, and taste. They must have sufficient exteroceptive sense (touch, pain and temperature), sufficient proprioceptive sense (position, pressure, movement, stereognosis and vibratory), and sufficient motor function to permit them to carry out the activities described in this entire section.

They must be able to consistently, quickly, and accurately integrate all information received by whatever sense(s) employed, and they must have the intellectual ability to learn, integrate, analyze and synthesize data.

Communication

All candidates should be able to speak, to hear and to observe patients in order to elicit information, describe changes in mood, activity and posture, and perceive nonverbal communications. A candidate must be able to communicate effectively and sensitively with patients. Communication includes not only speech, but reading and writing. The candidate must be able to communicate effectively and efficiently in oral and written form with all members of the healthcare team. A candidate must possess reading skills at a level to be able to accomplish curricular requirements independently and provide clinical care for patients.

Motor Coordination or Function

All candidates should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers. All candidates should be able to execute motor movements reasonably required to provide general care and emergency treatment to patients. Such actions require coordination of both gross and fine muscular movements, equilibrium and functional use of the senses of touch and vision.

Physical Therapy candidates should be able to perform basic examination and evaluation procedures, design and carry out a physical therapy plan of care that addresses the patient's impairments/functional limitations, perform contemporary physical therapy interventions safely and effectively, and evaluate the response to those interventions.

Examples of emergency treatment reasonably required of physical therapist candidates include cardiopulmonary resuscitation, prevention of falls, application of pressure to stop bleeding, application of bandages, the opening of obstructed airways and the performance of patient transfer/transport maneuvers.

Intellectual, Conceptual, Integrative and Quantitative Abilities

All candidates should exhibit the ability to perform measurement, calculation, reasoning, analysis, and synthesis. Problem solving, the critical skill demanded of professionals, requires all of these intellectual abilities. In addition, candidates should be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures.

Behavioral and Social Attributes

All candidates must possess the emotional health required for full use of their intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of all patients, and the development of mature, sensitive and effective relationships with patients.

All candidates must be able to tolerate physically taxing workloads and to function effectively when stressed. They must be able to adapt to changing environments, to display flexibility and to learn to function in the face of uncertainties inherent in the clinical problems of many patients. Empathy, integrity, concern for others, interpersonal skills, interest and motivation are all personal qualities that should be assessed during the admission and educational processes.

Technical Questions

The technical standards presented above are prerequisite for admission to, progression in, and graduation from the College and School. The following questions may help to determine a student/intern's ability to succeed in both didactic and clinical components of the School curriculum.

- Is the student/intern able to observe demonstrations and participate in experiments in the basic sciences?
- Is the student/intern able to analyze, synthesize, extrapolate, solve problems, and reach diagnostic and therapeutic judgments?
- Does the student/intern have sufficient use of the senses of vision and hearing and the somatic sensation necessary to perform a physical examination?
- Can the student/intern perform palpation, auscultation, and percussion?
- Can the student/intern reasonably be expected to relate to patients and establish sensitive, professional relationships with patients?

- Can the student/intern reasonably be expected to communicate the results of the examination to the patient and to his colleagues with accuracy, clarity and efficiency?
- Can the student/intern reasonably be expected to learn and perform routine tests, measurements and physical therapy interventions?
- Can the student/intern reasonably be expected to perform with precise, quick and appropriate actions in emergency situations?
- Can the student/intern reasonably be expected to display good judgment in the assessment and treatment of patients?
- Can the student/intern reasonably be expected to possess the perseverance, diligence, and consistency to complete the curriculum and enter the practice of physical therapy?
- Can the student/intern reasonably be expected to accept criticism and respond by appropriate modification of behavior?

Determination of Student Readiness for Clinical Education

The School faculty is responsible for determining students' progress toward these standards, achievement of course objectives, development of ethical and professional behavior, and safe practice. As such, faculty members are responsible for determining student readiness to engage in clinical education based on these criteria and the rules of the Academic Performance Review Subcommittee (APRSC).

Data used by the faculty to determine readiness and progress toward practice expectations include benchmark exams, Longitudinal Integrated Assessments (LIA), projects and laboratory practical and course examinations each semester, USF SPTRS Technical Standards and Essential Functions, and reports from Course Directors. In addition, students must demonstrate safe practice standards in order to pass the LIAs and lab practical examinations that are integral parts of many of the physical therapy courses. The Professional Behaviors for the 21st Century, as measured by the Professional Behaviors Assessment Tool (PBAT) [See Appendix 4], and APTA web Clinical Performance Instrument ([CPIweb](#)), which is the evaluation tool used during clinical education course assessments and includes five “red flag” items that are foundational elements of practice that students must successfully demonstrate at the appropriate level for clinical education learning outcomes (See Appendix 1).

Finally, students/interns **must attend all required Clinical Education orientation sessions** prior to beginning clinical education courses.

Preparing for Clinical Education

Center Clinical Education Manual

It is strongly recommended that each clinical center have a clinical education manual or have students review the appropriate section of the department's policies and procedures manual upon arrival at the center. Having the student/intern review such a document before beginning the clinical rotation will help him/her develop a feel for the organization and prepare for the experience. In addition, the information **confirms the center's responsibility for preserving the privacy, dignity, and safety of all people involved in the care of patients and the education of students/interns.** Most of this information can be extracted from departmental policies and procedures, Health Insurance Portability and Accountability Act ([HIPAA](#)) and/or Family Educational Rights and Privacy Act ([FERPA](#)) regulations.

Suggested information to include:

1. Statements of patients' and students' rights (*note*: patients' rights must include the right to refuse treatment provided by a student physical therapist.)
2. Release of information/confidentiality of the medical record Authorization for photographic and other video use of subject
3. Informed consent for care and to participate in demonstrations
4. Procedures for reporting illegal, unethical, and incompetent practice
5. Emergency procedures
6. Departmental philosophy and objectives
7. Organizational chart
8. Criteria for selection of CIs
9. Staff development program
10. Peer/utilization/quality review programs
11. Consumer satisfaction program
12. Support services available to students (parking, meals, library, lockers, information about the area, etc.)
13. Safety rules, hazardous materials, universal precautions
14. Samples of documentation forms
15. Job descriptions
16. Objectives of clinical education program
17. Occurrence reporting
18. Research and human subject policies and procedures

Initial Student Contact with Assigned Clinical Instructor

Students/interns must contact the assigned CI/CCCE at least three months prior to the first assigned day of clinical education, and e-mail or fax to the CI a copy of the completed FCCE Student Data Form (See Appendix 9); along with any other required information, such as immunizations, background checks, drug screens, etc. **Failure to do so may result in a delay in beginning the assignment, or may necessitate reassignment.** Many centers have specific requirements that are time sensitive; because these requirements are subject to change, students/interns must complete requirements in a timely manner and allow ample time for the centers to respond. Many centers require on-site orientations and paperwork that must be completed before initiating formal clinical education. Failure to complete all orientation and credentialing requirements shall result in delayed clinical education.

Orientation of the Student/Intern to the Clinical Center

The CCCE is encouraged to prepare a summary of key information that can be sent to each student prior to his/her arrival at the center. Information should include hours of operation, parking, dress code, CI name, phone/text numbers as applicable, driving directions, information about meals, etc.

A formal, structured orientation to the center (and department) as early as possible in the clinical rotation relieves many student concerns and often forestalls potential problems that are a result of "no one told me" or "I didn't know."

Time needed for orientation is primarily dependent on the size of the center and the student's prior experiences. A typical orientation includes the following:

- Introduction to key personnel, their responsibilities, and chain of command
- Tour of the center and review of student/intern safety procedures
- Location of equipment and supplies
- Desk space, office supplies, library and other resources
- Introduction to documentation, the medical record, filing, or EHR systems
- Introduction to patient scheduling and billing
- Initial observation of PT patient care
- Emergency procedures, evacuation routes, safety rules, infection control
- Calendar of events for department and timetable for student objectives
- Review of confidentiality and patient/employee/student rights policies (see [HIPAA De-Identification and Compliance](#))
- Review of student credentials, FCCE Data Form, and objectives
- Hours of operation
- Dress code
- Review of policies and procedures manual
- Regulatory updates

Expectations of Clinical Instructors

Each clinical instructor receives a Certificate of Completion of Continuing Education Unit hours, as appropriate, from the USF School of Physical Therapy & Rehabilitation Sciences at the end of each clinical education affiliation in which they have supervised a student/intern.

Clinical instructors have the **right** to:

- Access and review the DPT curriculum.
- Communicate (either formally or informally) their thoughts and ideas regarding the strengths and weaknesses of any component of the curriculum to the Director or faculty of the School.
- Participate in and contribute to the formal formative and summative evaluation of the clinical education program as part of the DPT curriculum.
- Consult and obtain professional development assistance to improve individual clinical teaching, including completion of the [APTA Basic](#) and [Advanced Credentialed Clinical Instructor Programs](#).
- Consult and access professional development opportunities to enhance the patient/client management, administration, critical inquiry, and consultation skills of their center's physical therapy service.

Clinical instructors have the **privilege** of:

- Obtaining approval for center sponsored in-service activities as USF continuing education courses.
- Eligibility to apply for Voluntary Faculty appointment under Morsani College of Medicine Appointment, Promotion, and Tenure guidelines.

Clinical instructors are encouraged to use the School of Physical Therapy & Rehabilitation Sciences [website](#) for clinical education-related information and other school updates.

Assignment and Effectiveness of Clinical Instructors

The assignment of clinical instructors by the CCCE should be based on specific criteria for clinical competence determined by each clinical center. These criteria may include in-services and continuing education courses attended, advanced degrees, clinical experience (**no less than one year**), teaching experience (in-services, clinical education, continuing education, formal classroom), credentialed status, and research experience.

CCCEs are encouraged to give thoughtful consideration not only to the potential clinical instructor's clinical skills but also to his/her interest and willingness to teach. CCCEs may consult with the School CCE to develop guidelines and a formal procedure for establishing criteria for clinical instructors appropriate for their centers and consistent with job descriptions.

The effectiveness of clinical instructors as educators is determined by the CCE in collaboration with the CCCEs. Means for determining effectiveness include the review of completed APTA CPIs, Professional Behaviors Assessment Tools, formal feedback from students on the APTA Physical Therapist Student Site Evaluation form, CI self- assessment, and direct communication and/or observation between the CCE and students and the CCCE and CIs. Each center is encouraged to include criteria for clinical instructor responsibilities in job descriptions and performance evaluations. The CCE is available to assist in the development of these documents and relies on the CCCE to take action on any deficiencies according to the center's policies. Ineffectiveness of clinical instructors includes such behaviors as:

- Failure to identify potential "red flags" early in the student performance
- Failure to document critical incident(s) when warranted
- Failure to contact the USF SPTRS Coordinator of Clinical Education, Dr. Gina Musolino, gmusolin@health.usf.edu when concerns arise. (813) 974-2254 (office); cell (801) 259-7007.
- Failure to provide students with on-going feedback on their performance and the CI's expectations
- Failure to complete the APTA CPIWeb in a thorough and timely manner
- Failure to develop on-going, progressively more challenging learning opportunities for students
- Failure to demonstrate contemporary physical therapy practice consistent with the APTA Code of Ethics, Standards of Practice and Guide to Physical Therapist Practice, Florida statutes [486](#) and [456](#) , [laws](#), and [rules](#).

Clinical Instructor Development

The USF SPTRS CCE regularly offers both the APTA Basic and Advanced CCIP CEU courses for CI development, in collaboration with the FPTA. SPTRS prefers that CIs are, at a minimum, APTA Basic credentialed. CIs must be APTA Basic credentialed to utilize CEUs for being a CI toward license renewal in Florida. Please check your jurisdiction for more information (FSBPT.org).

Continuing Education hours are available for Clinical Instructors from USF SPTRS with appropriate verification signatures from the student/intern and the CI as follows:

1 Continuing Education Hour (CEH) for Clinical Education is equivalent to 160 hours of clinical instruction. **No more than 6 CEHs can be earned for a single student rotation, for a maximum of 960 hours of clinical instruction allowed according to Florida rules, per biennium, for individual license renewal out of the 24 required Florida continuing education hours.** Effective date: January 1, 2008.

USF SPTRS is responsible for authorizing and awarding certificates for CEHs to CIs who provide clinical instruction. In order to receive appropriate credit, the student/intern and CI must provide the CEH verification forms (with signatures) at the time of completion, using the following methods:

FAX: 813-974-8915

E-mail: Olga Atehortua, Administrative Specialist

(oatehort@health.usf.edu)

USF SPTRS does not monitor or maintain individual CEU information; this is the responsibility of each licensed PT, per Florida Statutes. (Please refer to [Rule 64B17-8, F.A.C.](#) and [64B17-9, F.A.C.](#) for additional continuing education information, or visit the [Florida Department of Health's Continuing Education tracking system](#).)

Communication

Email is the official method of communication between the USF Morsani College of Medicine faculty and all students. Therefore, it is the students' responsibility to check USF Health e-mail accounts daily. Students are held accountable for a timely response to all e-mail transmission requests.

CCE Contact Information

Gina Maria Musolino, PT, MEd, EdD

Coordinator of Clinical Education and Associate Professor

USF School of Physical Therapy & Rehabilitation Sciences

12901 Bruce B. Downs Blvd., MDC 77

Tampa, FL 33612

Office phone: (813)974-2254; Cell phone: (801)259-7007 (text enabled)

Fax: (813)974-8915

E-mail: gmusolin@health.usf.edu

Communication Between CI and School CCE

The CCE makes every effort to site-visit or phone visit CIs while they are supervising students/interns. The purpose of the visit is to determine first-hand if students are meeting performance expectations; if the clinical instructors have any concerns about the learning experience; and the general quality of learning opportunities. CIs may also initiate contact at any time.

It is the **responsibility of the student** to assure that the CCE is notified of any changes in the agreed upon plan (see "Absences" and "Promptness" sections). Because absences have serious implications for the curriculum as a whole, and because every clinical center becomes an extension of the university, it is important that the faculty be notified when any of the following events occur:

- **Change in location or assignment to units within an organization**

We must know where the students are at all times in case of emergency or if an occurrence report is required, and to assure appropriate clinical affiliation agreements and clinical education hours. Students are to update the USF SPTRS CE Contact Information Form as needed, any time changes occur.

The changes may include location, hours, and CI assignment. The updates are the responsibility of the student intern and are to be emailed to gmusolin@health.usf.edu as soon as determined.

- **Student has excused absence(s)**

The CCE and CCCE plan for completion of missed hours. This will be determined on an individual basis, with consideration of each student's learning needs. All clinical hours for each CE 1, 2, 3 must be completed.

- **Excessive requests for leave or change in working hours**

Granting requests will be determined on an individual basis to determine if absences would be detrimental to accomplishment of learning objectives.

- **Change or extended absence of CI**

The school may need to assist in any plans necessary to assure supervision of the student.

- **Change in corporate/ownership structure**

This may affect the status of the affiliation contract. Please contact the CCE.

Supervision of Students/Interns

Because many students in this program have prior work experience in health care, it is especially important that their objectives and goals be met when patient assignments are made in clinical education. Student interns are expected to be “*learning workers*” yet require direct, on-site supervision.

Students must be “**on-site supervised**” as defined in the rules of the Florida Board of Physical Therapy ([fsbpt.org](http://www.fsbpt.org)):

State of Florida, Department of Health, Division: Board of Physical Therapy Practice, Chapter: Minimum Standards of Practice

[64B17-6.001](http://www.flrules.org/gateway/ruleno.asp?id=64B17-6.001&Section=0) Minimum Standards of Physical Therapy Practice. Available:

<http://www.flrules.org/gateway/ruleno.asp?id=64B17-6.001&Section=0> (Effective 06/01/09; Accessed September, 2014.)

Section 1(e): Direct Supervision—Supervision of subordinate personnel performing actions subject to licensure pursuant to Chapter 486, Florida Statutes, while the licensed supervisor is **immediately physically available**. On-site Supervision means direct supervision.

[emphasis added]

Students assigned to clinical centers in other states (www.fsbpt.org) are responsible to research and become familiar with the applicable state statutes that may affect their clinical education before beginning the clinical education experience. In any case, **no less supervision** than previously described above will be acceptable to the School. **USF physical therapy students are supervised or evaluated by a licensed physical therapist only.** Other learning opportunities that **do not** involve direct physical therapy patient care may occur with the supervision of other healthcare providers.

Students may not be assigned duties to “fill in” for absent employees or vacant positions. **Students should not accept assignments that are not related to their learning objectives and goals.** Clinical instructors are not to relax on-site supervision because students have previously functioned without that level of supervision in previous positions (for example, the student may be a licensed physical therapist assistant).

Students and/or CIs are required to report any problems related to supervision to the School CCE *immediately* so they can be resolved without delay.



A licensed Physical Therapist must be immediately physically available to directly supervise the student intern’s performance of patient care activities.



Counseling Students/Interns

Clinical instructors are expected to communicate with the School CCE if serious student/intern performance or behavior problems arise. The CI must use his/her professional judgment in distinguishing between advising (recommending, suggesting) in order to improve weaknesses in student performance, and referring for professional counseling when a student has serious problems that disrupt his/her ability to function successfully in the clinical environment.

The USF Morsani College of Medicine provides voluntary, confidential counseling services for student emergencies or counseling needs through the **HELPS Program (813-870-0184)**. CIs are encouraged to take immediate action by contacting the School CCE to arrange for intervention if the need arises. Student interns are expected to be physically and mentally fit to fulfill the duties of a physical therapist and to meet the demands of practice.

Occurrence Reports

If a USF physical therapy student/intern is involved in any accident/incident with potential injury to self or others during clinical education, he/she must comply with the center's policies and procedures for reporting the incident using the appropriate documents.

In addition, in connection with the professional liability protection provided to students by the USF Health Self-Insurance Program (SIP), all incidents must be reported by students to the SIP Administrator via the School CCE who will arrange for this reporting and the HPSO/CNA commercial rider carrier (see Appendix 6).

The incident/occurrence should be reported by the student. Department managers or CCCEs may choose to complete an addendum on their organization's letterhead instead of, or in addition to, the student's report. The purpose of this reporting is to have a record of the incident should any future legal action be taken. Students are advised to complete the occurrence report in a timely manner when the information is fresh in their minds. The format for the occurrence report is as follows:

Occurrence Report by: _____ Student name
Date and time of occurrence: _____
Names of person/s involved: _____
Brief description of the occurrence: _____
Signature of person reporting

NOTE: Students are not eligible for worker's compensation benefits.

Evaluation of Student/Intern Performance

The School uses two assessment tools in the evaluation of student performance in the clinic: the **APTA CPIWeb** (2006) and the **Professional Behaviors Assessment Tool** (PBAT). The APTA CPI has been adopted because of its relationship to the *Guide to Physical Therapist Practice* and the CAPTE criteria for the performance of graduates. Each assessment tool is provided to the CI prior to the scheduled internship, via hard copy and/or web-based service. The APTA [CPIWeb](#) requires students/interns and CIs/CCCEs to complete a one-time, two-hour Continuing Education Unit training session through the APTA learning center (see Appendix 5, [APTA CPI Training Quick Guide](#)). The competency level must be achieved to successfully complete the training before utilizing the live evaluation APTA CPIWeb site.

Students and CIs use the APTA CPIWeb to identify and discuss learning needs and goals before, during, and at the end of clinical education (see Appendix 5, APTA CPI Training Quick Guide). The APTA CPIWeb evaluative instrument provides a consistent and validated format to assess the 18 professional foundational elements for practice and patient/client management skills.

The Professional Behaviors Assessment Tool is designed to evaluate those abilities that are attributes, characteristics, or behaviors explicitly part of the profession's core of knowledge and technical skills (especially the APTA Code of Ethics and Core Values), and absolutely required for success in the profession of physical therapy. (For more information, see Appendix 4.) The PBAT is completed as needed for formative and summative feedback to the student. Utilizing the Weekly Planning Form to proactively develop the ongoing internship is highly recommended. When Critical Incidents occur related to the student intern's performance, the completion of the Critical Incident Report is required. Both the Weekly Planning Form and the Critical Incident Report Form are available in electronic formats via [APTA PT CPIWeb](#).

With each new CI assigned, students/interns are expected to discuss the strengths and weaknesses they have identified through self-assessment, as well as those identified in their evaluation by former clinical instructors. Discussing goals assists in progress towards achievement of learning goals without repetition or interruption. **Students/Interns must make continual progress during clinical education. Students must be proactive in this process.**

The School CCE has responsibility for the final assignment of grades for clinical education courses. Clinical education courses are graded Satisfactory or Unsatisfactory (S/U). The CCE will determine the course grade based on a review of the student/intern's and CI's completed APTA CPI and PBAT and the professional judgment of the CI regarding the student/intern's strengths, weaknesses, ability to meet performance expectations per syllabi (see Appendix 1), and potential for continued success. The CCE submits grades to the MCOM DPT Registrar in a timely manner.

APTA CPI Student Performance Expectations

With the adoption of the APTA CPIWeb (2006), performance criteria of the CPIWeb are foundational elements of practice, and therefore the student must achieve appropriate performance on all key indicators of each skill. Review sample behaviors in the APTA CPIWeb for each criterion.

APTA CPI Criteria Red Flag Items: Foundational Elements

- 🚩 Safety
- 🚩 Professional Behavior
- 🚩 Accountability
- 🚩 Communication
- 🚩 Clinical Reasoning

Concerns with student performance in **any** of the above criteria must be communicated with the student and the CCE ***immediately*** by phone:

🚩 ☎️ **(801) 259-7007** (text enabled)

and/or e-mail (gusolin@health.usf.edu), or SPTRS office phone (813-974-2254) for appropriate intervention.

Please refer to the [APTA CPIWeb](#) for further instructions on completion of the [APTA CPIWeb](#) and the sample criterion.

Hints for Evaluation of Performance

Evaluation is **professional judgment** about a student's ability to meet the established standards presented on the forms provided. Evaluation of performance—whether self-assessment or evaluation by someone else—is challenging. It is a matter of professional judgment. Each instructor establishes criteria for performance that are influenced by professional expectations and values. **The initial orientation discussion between student and clinical instructor about strengths, weaknesses, and goals is critical for setting the stage for learning progression.** If expectations of both the student and clinical instructor are clarified initially, there will be fewer misunderstandings about evaluation of performance. It is assumed that all *clinical instructors are fair and reasonable* in their expectations and evaluation of students, unless proven otherwise. It is also a given that all *students set high expectations for their own performance* and are eager to take on the challenges presented to them. **CCCEs and CIs are also encouraged to set weekly progressive goals unique to their clinical environments to assist in setting a road map for student success.**

🚩 Red-Flag concerns:
Safety
Professional Behavior
Accountability
Communication
Clinical Reasoning

If you have questions about any of these aspects of clinical education, please contact the Coordinator of Clinical Education immediately.

Some recommendations for grading self and the performance of others are:

- Avoid personal biases and interests that have nothing to do with the student's learning goals and performance. In reporting student performance, **stress behaviors** that the student can improve, rather than personal opinions about the student.
- Focus on the goals. Were goals set high enough to challenge the student? Were goals set and modified appropriately throughout the learning experiences?
- Compare initial and final performance. Has the student made **major** gains in performance?
- Tell the student what it takes to be successful. What a student is expected to do to be successful should not be a secret.
- Be confident in your judgment. Students know what they do well and what they do not. Clinical instructors know what good physical therapy is and what is not.
- Utilize **weekly planning forms** to guide learning and focus on clinical education objectives.
- Complete the APTA Basic CCIP, which provides additional training in planning, preparation, scaffolding clinical learning experiences, clinical education performance evaluation, instructional strategies, and their management and legal implications.

Student/Intern Evaluation of Clinical Education Experiences

Students/interns use the **APTA Physical Therapy Student Site Evaluation Form** to evaluate the overall learning experience at the mid-term and end of each full-time clinical education experience.

Release of Student Information

Information regarding the rights of students in the Family Educational Rights and Privacy Act ([FERPA](#)) is provided here for review. Each clinical center is encouraged to have a similar rule regarding the confidentiality of their student records. **CCCEs and CIs may not reveal any information to other parties about the student without the student's written permission.**

Pursuant to the provisions of the Family Educational Rights and Privacy Act (20 USC Par. 1232g), 34 CFR Par. 99.1 et seq, Florida Statutes Sub. Par, 228.093 and 240.237 and USF Rule 6C4-2.0021, Florida Administrative Code, students have the right to:

- Inspect and review their education records
- Privacy in their education records
- Challenge the accuracy of their education records
- Report violations of FERPA to the Family Compliance Office, U.S. Department of Education, 400 Maryland Avenue, SW, Washington, D.C. 20202-8520 and/or bring actions in Florida Circuit Court for violations of Rule 6C4-2.001, Florida Administrative Code.

Copies of the University's student records rule, USF Rule 6C4-2.0021, may be obtained from:

University Registrar	<i>or</i>	USF Agency Clerk
SVC 1034		Office of General Counsel
4202 Fowler Ave		ADM 254
Tampa, FL 33620		4202 Fowler Ave
		Tampa, FL 33620

Student Records Guidelines

Pursuant to requirements of the Family Educational Rights and Privacy Act (FERPA), the following types of information, designated by law as “directory information,” may be released via official media of USF (according to USF guidelines):

Student name, local and permanent addresses, telephone listing, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, full- and part-time status, and the most recent previous educational agency or institution attended, and other similar information.

The University Directory contains only the following information about current students: student name, local and permanent address, telephone listings, classification and major field of study. The Directory information is circulated in the course of University business and therefore, is accessible to the public as well as to students, faculty, and staff.

Students must inform the USF Office of the Registrar in writing (using the form available for that purpose), if they wish directory information to be withheld. Such requests must be received within the first two (2) weeks of the semester and will remain in effect until the student has not been enrolled at USF for three (3) consecutive semesters. Notification to the University of refusal to permit release of directory information via the *University Directory* must be received no later than the end of the first week of classes in the Fall Semester.

Student/Agency Personnel Exposures at USF-Affiliated Practice Sites

The Employee Health Departments at the affiliated practice sites will evaluate students and agency personnel who report significant exposures to blood/body fluids and communicable diseases while on rotation. Significant exposures include needle sticks, sharp injuries, non-intact skin and mucous membrane exposures to blood, body fluids or exposures to airborne communicable diseases. Exposures should be handled as follows:

1. The student/agency personnel should report the exposure to his/her instructor/supervisor immediately.
2. The student/agency personnel fill out the employee section of the affiliated site's Employee Incident Report.
3. The instructor/supervisor fills out the supervisor section of the Employee Incident Report.
4. The student/agency personnel take the completed incident report to Employee Health as soon as possible after the exposure. The student/agency personnel should bring the following information on the source patient: name, medical record, diagnosis, and room number.
5. Students/agency personnel reporting a needle stick/sharp injury from a patient must be evaluated within one to two hours for appropriate prophylaxis. In these cases, if Employee Health is closed, the student should contact the site's nursing supervisor.

The student/agency personnel will be provided with the following evaluation:

- First aid treatment as necessary.
- Investigation of the source patient and HIV and hepatitis tests as necessary.
- Baseline lab work. Follow-up tests at 3 months, 6 months and 12 months will be offered. There will be no charge for the required lab tests.
- Employee Health will provide the appropriate prophylaxis.

HIV/AIDS and Other Infectious Diseases

When an HIV-infected individual comes to the attention of the University, whether student, faculty or staff member, confidentiality of the individual as well as the individual's welfare and that of the University community must be respected. Other infectious diseases will be handled appropriately and reported according to State requirements.

Bloodborne Pathogen Exposures and Exposures to Communicable Diseases

Policies and procedures concerning bloodborne pathogen exposures and exposures to communicable diseases (*e.g.*, tuberculosis, HIV/AIDS, chicken pox, pertussis, ebola) are in place at each of the major clinical teaching facilities. During orientation programs an overview of procedures is presented. Students

must be familiar with the policies and procedures of each clinical facility and carefully comply with all requirements in case of injury or exposure to communicable disease.

Students must report all needle sticks and other exposures to blood or other potentially infectious body fluids immediately to their supervisors and to the employee health nurse at the facility where the incident occurs.

Expectations of Students/Interns

Dress Code and Appearance

Students/interns are required to present a professional appearance at all times. The guidelines listed below will help ensure interns meet these standards.

1. **Current student identification badges** (both the USF badge and if one is provided by the center) must be worn at all times. Students are to wear a white lab coat unless excused from doing so by the clinical instructor because it interferes with patient interaction or varies from the facility's dress code. USF badges **must be replaced annually at the student's expense.**
2. Men are expected to wear dress shirts, ties and slacks. Women are expected to wear business dress shirts or blouses, skirts or slacks. Clothing is to be pressed and clean. Students should be prepared with a change of clothes should theirs become soiled during the day. Fabrics that do not wrinkle are strongly recommended. All students must wear appropriate underwear, and clothing should be opaque and non-clinging. Clothes must be of a length and style to protect the student's modesty during treatment activity. (For example: deep cut necklines, exposure of the midriff or low back, and short skirts that cause exposure when bending are not acceptable. "Low-rider" pants are not acceptable.)
3. Socks or hosiery are mandatory. Shoes must be closed-toe, clean, and shined. Athletic or running shoes are not permitted unless they are acceptable as work shoes by the center. For sanitary reasons, as well as to maintain the integrity of shoes for support and professional appearance, shoes worn for leisure or sports activities should not be worn as work shoes.
4. Students are to be neat and well-groomed during all components of clinical education. Any extremes of fashion in dress, hairstyle, nail color, visible tattoos, (etc.) should be avoided.
5. For patient and personal safety, students must have hairstyles that will not obstruct vision. Long hair should be pulled back and secured. Short hair should be styled to

prevent the hair from falling into the student's eyes. Other considerations are patients grabbing or pulling the student's hair, or hair touching a patient at any time. Lengthy beards or mustaches are not acceptable.

6. **NO** artificial fingernails or long fingernails are permitted, as they place interns and patients at risk for infection. USF and its Medical Services Support Corporation direct that patient care providers will **not** wear artificial fingernails or nail-piercing jewelry. Natural nails should be no longer than $\frac{1}{4}$ **inch** past the fingertip, and should not have chipped or cracked polish. Excessive and multiple polish colors and designs are discouraged, as they may distract from patient care.
7. Tattoos, body piercing and other body adornments must be covered or removed during clinical practice. Body piercings may be offensive to patients and pose safety risks during patient care.
8. For patient and personal safety, students are to keep jewelry at a minimum. Earrings cannot dangle or have loops that may potentially get caught by, pulled on, or entangled with a patient or equipment. Because all jewelry (watches, rings, pins, bracelets, etc.) accumulate dirt and micro-organisms, they should not be worn. In particular, rings and other jewelry with stones should be removed during patient care because of the risk of hurting the patient.

Attendance Requirements

Students/interns must be prepared to begin clinic at the times and on the days agreed upon with the CI. Students follow the hours and pattern of operation of the center or the CI. For example, some students may be assigned five 8-hour days per week, while others are assigned four 10-hour days. Prior to starting the 1st day a student is in the center, the CCE is provided with the Contact Information form. The student is to update the Contact Information form daily, as needed, and re-submit to the CCE. The University, College and School calendars are suspended during the Clinical Education 1, 2 and 3 courses. That is, the students follow the holiday and operation hours of the center(s) in which they are assigned, rather than that of the University of South Florida. Although some center circumstances may require longer hours, students are expected to participate in clinical education at least 40 hours/week. Note that many centers may work hours beyond 40 hours per week. Be aware that additional hours (approximately 10-20 per week) are required outside scheduled clinical education time to prepare for patient/client care.

If the center provides weekend services, students are required to follow the guidelines for coverage that the staff follows, at dates and times arranged with the CI. If the clinical center provides coverage on holidays, students may be assigned holiday coverage. The student is to be offered “compensatory time off,” consistent with the staff policies and procedures of the clinical center for any weekend and holiday coverage. We encourage that the time off be used within the week of this extra coverage so the student is not overly taxed. Students may not accumulate the time off and use it to shorten the length of the clinical education experience. **All assigned clinical education hours must be completed.** If a

change in standard hours occurs, the student must update the USF SPTRS CE Contact Information form as soon as determined and email it to Dr. Musolino.

A student must be directly supervised by a licensed physical therapist at all times—either the assigned CI, or a substitute CI (who has been designated by the assigned CI and is willing to serve) in all situations when the assigned CI is not present. If a substitute CI is utilized, the student must update the Contact Information form. The student and CI must determine the learning experiences and goals to be achieved during weekend and holiday coverage to reduce the risk of students being used as employees. Guidelines for supervision of students (please refer to the “Supervision of Students/Interns” section on page 28) must be followed on weekends and holidays.

Other learning experiences may require attendance at non-patient care activities, such as patient rounds, in-services and staff or committee meetings. Students may be assigned by the CI to research or review materials to enhance clinical performance, to gain new knowledge, and for learning opportunities within the communities served. **Students may be assigned an in-service presentation, evidence-based case report, or other project(s) to enhance the clinical site. Students are expected to be contributing members of the rehabilitation team.**

Absences

Students/interns are expected to attend all hours of instruction, including clinical education. In the event of sudden illness or need for absence with short notice, the CCE, CI, and CCCE must be notified by e-mail for the purpose of professional liability, in addition to notifying the supervising CI via phone or text message.

Unexpected Absences

During clinical education, the student will telephone and e-mail the CI, CCCE, and School CCE to report his or her absence, indicating the nature of the absence or the emergency. It is the prerogative of the CCE, in consultation with the student, to excuse the absence and to facilitate any needed make-up. All Clinical Education internship hours are required to fulfill the CE internship requirements.

Planned Absences

Students/Interns may request planned absences, yet **are required to make up any missed time in clinical education.** Any planned absences are approved at the discretion of the CI/CCCE and CCE. Students/Interns are discouraged from exercising this option if at all avoidable, due to related CE expectations for the APTA CPIWeb and Professional Behaviors. Students/Interns with excessive absences (planned or unplanned), place their clinical education success at risk.

Students who miss scheduled clinical education hours are expected to acquire the same level of competency in clinical education. Planned absences/hours should be made up, in advance, whenever possible.

Religious Holy Days

All students, faculty and staff at the University of South Florida have a right to expect that the University and clinical centers will reasonably accommodate religious observances, practices and beliefs. Students are expected to attend instruction, including clinical education, as determined by the University and School. The calendar is announced at the beginning of each academic term. The University, through its faculty and clinical centers, will make every attempt to schedule required clinical education in consideration of the customarily observed religious holidays of those religious groups or communities comprising the University's constituency, but students are required to follow the hours of the center to which they have been assigned.

No student shall be compelled to attend clinical education at a day or time prohibited by his or her religious belief. The student must include planned time off for holy or specified religious days in the Contact Information form completed **prior** to beginning the clinical education assignment. The plan must be submitted to the CCE for review and acknowledgement.

Students absent for religious reasons will be given reasonable opportunities to make up any missed clinical education time. The student must submit a written request to the clinical instructor and a plan for make-up of lost time should be completed in advance, whenever possible.

Any student who believes that he or she has been treated unfairly with regard to the above should contact the School Director at 813-974-9863.

Promptness

Tardiness conveys a very negative impression. It suggests a lack of planning and preparedness and is viewed by CIs as rude and disrespectful. Tardiness can disrupt the operation of the physical therapy center. This applies not only to morning reporting but also resuming duties after meals, attending meetings, etc. A student must call the CI as soon as possible upon realizing that tardiness is unavoidable. It is the student's responsibility to initiate discussion about modifying the daily schedule if there are reasons other than personal convenience that are resulting in tardiness. **Student interns are encouraged to arrive early. A repeat pattern of tardiness places a student at risk for successful completion of the internship.**

Students/interns who are habitually tardy or attempt to depart early (before patient care and related documentation is completed) are subject to failure on

professional indicators, with excessive tardiness or absenteeism putting them in danger of failing the clinical education course. (For more information on these indicators, please refer to the APTA [CPIWeb](#) and PBAT.)

Disruption of Center Operations

The CI may send a student away from the center at any time the student's/intern's behavior or unsafe practice places the student/intern or others at risk. These situations will be addressed immediately. The CI must contact the CCE to determine a course of action, which may include:

- Evidence of remediation, so that the student no longer poses a risk to self or others before returning to the center.
- Termination of the clinical education experience (see “Student Reassignment” section, page 15 of this document).
- Referral to the School APRSC for remedial and/or disciplinary action, which may result in dismissal from the School.

Personal Activities

Preparation for other academic work that interferes with patient care is not permitted during scheduled clinical education time. Students are to complete all campus-based assignments, NPTE preparation, and patient care preparation during their own evening and weekend time.

Students **must** refrain from personal phone calls, texting, or other communication during clinical education. Students are not permitted to have personal cell phones, beepers or other devices activated while in clinical practice, and no texting is allowed. An allowable exception would be centers that have designated devices for patient/client care. The clinical instructor and CCCE will provide guidance regarding acceptable device usage when integrated within the patient management systems (*e.g.*, electronic health records, electronic medical devices, telehealth devices, other assistive technologies).

Health Requirements

On or prior to the first day of clinical education, each student must submit to the CCCE/CI for review records containing the following documentation (which is updated prior to initiating CE):

1. **CPR/BLS Certification** (obtained through MCOM)
2. Certification of **HIV/Bloodborne Pathogen Education** (obtained via [USF MCOM LEARN](#))
3. Certification of **HIPAA Orientation** (obtained through [USF MCOM LEARN](#)) or required by the affiliate on-site.

4. Evidence of current **personal Health Insurance**. Proof of current major medical (including hospitalization) health insurance is required for each year of enrollment
5. **Health Information Form** (obtained through MCOM/SPTRS)
6. Florida Consortium for Clinical Education **Student Data Form** (see Appendix 9).
7. Evidence of **Background Check** (note: centers may require an updated report from the one required at program matriculation, see Appendix 10).
8. **10-panel Drug Screen** (if required by the center and acquired at student's own expense, see Appendix 10).
9. Any additional documentation requested by the site (e.g., attestation forms, **additional** immunizations).

The purpose of these procedures is to protect the public and the student/intern. For planning clinical educational experiences, it is necessary for students to reveal any medical or movement problems that may need to be accommodated or monitored. Disciplinary action may be taken against any student who fails to divulge information that places others or self at risk.

The documentation presented in the student's FCCE Student Data Form (see Appendix 9) and other records contain confidential student information; please follow FERPA guidelines for protection of the student records.

Student health is ultimately the responsibility of the individual student. The Student Health Committee of the MCOM facilitates student health by providing programs to assist students in meeting their physical and mental health needs. Specifically, the committee sets guidelines and monitors student medical data at matriculation and during the years of enrollment. The committee formulates and reviews policies and programs and assesses implementation and compliance with institutional and State of Florida requirements and guidelines.

The Morsani College of Medicine has the following health related requirements that must be met prior to matriculation:

1. **Students must have personal medical insurance in effect at all times during enrollment at USF MCOM.** During orientation you will be required to sign a statement certifying you have health insurance coverage. Annual re-certification is required throughout your enrollment. Information on basic health insurance policies will be available at orientation for students who do not have current health insurance.
2. **DPT Student Immunization and Physical Examination records** must be on file with the MCOM. Specific vaccinations required are listed in Appendix 3, Immunization Requirements. For further assistance with these records, students may contact Diana Doughty, Associate Director of

Medical Health Administration (813-974-0241 or dianadougherty@health.usf.edu).

Students are responsible for all costs involved in obtaining physical examinations, immunizations, background checks, drug screens, and obtaining any required copies of records. Students must be prepared to present their clinical education requirements to their CI/CCCE prior to the first day of their affiliation at each clinical center. Student interns may be required to present the documents to the USF SPTRS CCE for attestation and should be prepared to provide them no later than 60-90 days in advance of the start of CE. Please do not include holidays and University breaks in the calculation of prep time.

Note: Students should retain the original copy of each document in their clinical education portfolio; although some centers may request to see the original documents rather than accept a copy.

Some centers may require students to complete an additional physical examination, background check, and/or drug screen, and require certain additional immunizations following the center's policies and procedures. Students are strongly encouraged to determine this by reviewing center information and the affiliation agreement provided to them as early as possible in order to assure timely compliance. The student should contact the CCCE ***at least three months*** before the affiliation begins to make arrangements to have any necessary examinations completed before beginning the affiliation. Failure to do so may result in time being taken away from the learning experiences and a delayed clinical education start date. Student interns must be fully credentialed and complete all orientation processes in advance in order to be prepared to begin patient care for clinical education. Delayed start time is considered an unexcused absence that will have to be made up. Failure to do so may result in delay in beginning an affiliation. The delay may also affect subsequent timing and sequencing of the curriculum and clinical education internships.

Emergency Care for Students

Each student is **personally responsible for all expenses** that may result from emergency medical care provided during clinical education affiliations, thus the requirement that each student have evidence of personal major medical health insurance coverage, including hospitalization.

Should a minor emergency occur, first aid should be administered as it would for any employee. If a more serious accident occurs, proper emergency action should be taken. The student is responsible for alerting the CI/CCCE to any potential medical problems and action that may be necessary because of an existing condition.

Policies and procedures concerning blood-borne pathogen exposures and exposures to communicable diseases (*e.g.*, tuberculosis, chicken pox) must be in place at each of the clinical centers. Students are to know the policies and procedures of each clinical facility and carefully comply with all requirements in case of injury or exposure to communicable disease. For example, all needle sticks and exposures to blood or other potentially infectious body fluids should be immediately reported to the CCCE and to the occupational health nurse at the facility where the accident occurs. In addition, the USF Director of Health Administration, who is a member of the USF Student Health Committee, must be notified within 24 hours (813-974-3163).

Student Illness

Students with an illness or medical condition that may be communicable to patients or staff should not have contact with patients. If students are unsure whether they should be in patient contact areas, they should seek medical advice for evaluation of their internship status.

Students are to comply with the clinical center's policies and procedures for evidence of medical release to return to work. Persons with the following medical conditions should not be allowed patient contact without **medical clearance**:

- Active chicken pox, measles, German measles, herpes zoster (shingles), hepatitis A, hepatitis B, hepatitis C, tuberculosis, ebola, and other communicable diseases.
- Diarrhea lasting more than three days or accompanied by fever or bloody stools.
- Conjunctivitis.
- Group A streptococcal disease (*i.e.* strep throat) until 24 hours of treatment has occurred.
- Draining or infected skin lesions.
- Oral herpes with draining lesions.

Medical clearance is also required following any extended absence due to illness, injury, or other reasons for medical leave.

Background Checks and Drug Screens

Each physical therapy student is required to complete three clinical education affiliations at various healthcare facilities during the course of the Doctor of Physical Therapy degree program. Many of these facilities require a **current (within 30-90 days) criminal background check** and drug screening before accepting the assignment of the student to their facility. In addition, the application for license to practice as a physical therapist involves review of the applicant's criminal background.

All clinical facilities have the right to refuse the placement of students based upon the results of their background checks. This action may also result in the inability to assign students for their clinical education internship courses.

Some affiliating clinical centers may require a current background check before the student is permitted to begin a clinical education affiliation. Costs associated with background checks are the responsibility of the student. For step-by-step instructions on obtaining a Florida fingerprint background investigation and/or drug screen, please see Appendix 10.

Students may be requested to complete additional federal/state background checks in the future or may be required to update the criminal background check upon request. Students are strongly encouraged to determine if an additional background check will be a requirement of the center as soon as possible to avoid delays in initiating their learning experiences.

Drug screens may also be required by certain facilities. For step-by-step instructions on obtaining a drug screen, please see Appendix 10.

Students must be aware that many clinical sites list conviction of a felony or other misdemeanor convictions as grounds not to accept a student for clinical or administrative training. (See Florida Statutes Section 456.0635, given below, for further information.) This is done solely at the discretion of the clinical education affiliate. **USF STPRS does not accept responsibility for any student's eligibility for continued progression to a clinical program or eligibility for licensure as a health care professional after failure to pass a criminal background check or drug screen. Clinical sites may also deny students as students/interns due to non-compliance with the health requirements (i.e., immunizations) or lack of expected professional behaviors (e.g., USF SPTRS Affiliation Agreement, Section 1.2e in Appendix 7; PBAT, Appendix 4; APTA CPI criteria, and APTA Code of Ethics).**

The student has a continual obligation to report any criminal conviction that may impact the student's continued ability to participate in the clinical education program to the School Director and Coordinator of Clinical Education within 15 days of its occurrence. A positive drug test and/or criminal background check or other variance may exclude a student from clinical placement and make it impossible for that student to complete the clinical competencies required for graduation from USF MCOM SPTRS. The Coordinator of Clinical Education will make no more than 2 attempts to place a student having a positive criminal background check and/or positive drug test; or other variances (e.g., non-compliance with health care requirements, remediation).

Florida Statutes as of July 1, 2009.

Important Notice for Initial Licensure Applicants:

Pursuant to the 2014 Florida Statutes, [Section 456.0635](#), effective July 1, 2009, health care boards or the department *shall refuse to renew a license, certificate or*

registration, issue a license, certificate or registration and shall refuse to admit a candidate for examination if the applicant has been, disqualified, pursuant to 456.0635 [emphasis added].

456.0635 Health care fraud; disqualification for license, certificate, or registration.—

(1) Health care fraud in the practice of a health care profession is prohibited.

(2) Each board within the jurisdiction of the department, or the department if there is no board, shall refuse to admit a candidate to any examination and refuse to issue a license, certificate, or registration to any applicant if the candidate or applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant:

(a) Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under chapter 409, chapter 817, or chapter 893, or a similar felony offense committed in another state or jurisdiction, unless the candidate or applicant has successfully completed a drug court program for that felony and provides proof that the plea has been withdrawn or the charges have been dismissed. Any such conviction or plea shall exclude the applicant or candidate from licensure, examination, certification, or registration unless the sentence and any subsequent period of probation for such conviction or plea ended:

1. For felonies of the first or second degree, more than 15 years before the date of application.

2. For felonies of the third degree, more than 10 years before the date of application, except for felonies of the third degree under s. 893.13(6)(a).

3. For felonies of the third degree under s. 893.13(6)(a), more than 5 years before the date of application;

(b) Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970, or 42 U.S.C. ss. 1395-1396, unless the sentence and any subsequent period of probation for such conviction or plea ended more than 15 years before the date of the application;

(c) Has been terminated for cause from the Florida Medicaid program pursuant to s. 409.913, unless the candidate or applicant has been in good standing with the Florida Medicaid program for the most recent 5 years;

(d) Has been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program, unless the candidate or applicant has been in good standing with a state Medicaid program for the most recent 5 years and the termination occurred at least 20 years before the date of the application; or

(e) Is currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities.

This subsection does not apply to candidates or applicants for initial licensure or certification who were enrolled in an educational or training program on or before July 1, 2009, which was recognized by a board or, if there is no board, recognized by the department, and who applied for licensure after July 1, 2012.

(3) The department shall refuse to renew a license, certificate, or registration of any applicant if the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant:

- (a) Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under chapter 409, chapter 817, or chapter 893, or a similar felony offense committed in another state or jurisdiction, unless the applicant is currently enrolled in a drug court program that allows the withdrawal of the plea for that felony upon successful completion of that program. Any such conviction or plea excludes the applicant from licensure renewal unless the sentence and any subsequent period of probation for such conviction or plea ended:
1. For felonies of the first or second degree, more than 15 years before the date of application.
 2. For felonies of the third degree, more than 10 years before the date of application, except for felonies of the third degree under s. 893.13(6)(a).
 3. For felonies of the third degree under s. 893.13(6)(a), more than 5 years before the date of application.
- (b) Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970, or 42 U.S.C. ss. 1395-1396 since July 1, 2009, unless the sentence and any subsequent period of probation for such conviction or plea ended more than 15 years before the date of the application.
- (c) Has been terminated for cause from the Florida Medicaid program pursuant to s. 409.913, unless the applicant has been in good standing with the Florida Medicaid program for the most recent 5 years.
- (d) Has been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program, unless the applicant has been in good standing with a state Medicaid program for the most recent 5 years and the termination occurred at least 20 years before the date of the application.
- (e) Is currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities.
- (4) Licensed health care practitioners shall report allegations of health care fraud to the department, regardless of the practice setting in which the alleged health care fraud occurred.
- (5) The acceptance by a licensing authority of a licensee's relinquishment of a license which is offered in response to or anticipation of the filing of administrative charges alleging health care fraud or similar charges constitutes the permanent revocation of the license.
- History.—s. 24, ch. 2009-223; s. 1, ch. 2012-64.

Housing, Meals, and Transportation

Students/Interns are responsible for all expenses related to clinical education, including the location of their own housing. Students may be eligible for small stipends, meal tickets or housing assistance provided by the clinical center. However, students must be prepared to meet all their financial and housing needs during clinical education. **Students are responsible for all related travel costs to and from their clinical centers. Geographic location of**

clinical education sites remains a low-priority for USF SPTRS placements. Students/interns shall expect to travel and frequently will be required to go outside their “home” locations for clinical education internships; therefore they should plan and budget accordingly.

Student Liability Insurance

Students/Interns are provided protection against general and professional liability claims (limits of \$100,000 per incident and \$200,000 in aggregate for students) by the University of South Florida Health Sciences Center Self-Insurance Program, a self-insurance program created by the Florida Board of Governors pursuant to Chapter 240.213, Florida Statutes. An HPSO/CNA rider is also provided within \$2M/\$5M limits. Certificates of protection are submitted to each Center with the agreement for affiliation (See Appendix 6.) Should a center require evidence of insurance for an individual student, the student is responsible for providing such documentation. Information on liability insurance policies is available in the School of Physical Therapy & Rehabilitation Sciences clinical education office. The Certificate of Insurance is included in Appendix 6, and updates are available on the SPTRS website (health.usf.edu/medicine/dpt/).

Appendix 1: SPTRS Clinical Education Performance Expectations, Objectives, and Syllabi

Clinical Education Internships	Time Frame Full Time	APTA CPI web Performance Level Expected		
		Start	Mid-Term	Final
CE 1 PHT 6841	10 weeks 400 CE hour equivalent Summer Year 2	Beginning	Advanced Beginner	Intermediate or Beyond
CE 2 PHT 7842	12 weeks 480 CE hours equivalent Spring Year 3	Advanced Beginner	Intermediate	Advanced Intermediate or Beyond
CE 3 PHT 8843	16 weeks 640 CE hour equivalent Summer Year 3	Advanced Beginner	Advanced Intermediate	Entry Level or Beyond
Total CE: 38 weeks full-time, 1520 clinical hours equivalent				

For all Clinical Education 1, 2, and 3 internships, the student intern is evaluated on all APTA CPI items related to professional practice (items 1-6) and physical therapy management (items 7-18). **“Red flag” items that require special attention are: safety, professional behavior, accountability, communication, and clinical reasoning.** If concerns in any of these areas should arise, please contact the CCE *immediately*. See the APTA [CPIWeb](#) for additional information.

According to the “dimensions of performance,” students at entry level are expected to perform (for all criteria) as follows:

- Quality: Highly skilled with high level of efficiency and effectiveness
- Supervision/Guidance: Independent performance with consultation
- Consistency: Quality performance is routine
- Complexity of tasks/environment: Very few tasks are controlled by the CI
- Efficiency: Economical and timely effort

At the end of Clinical Education 3, students are expected to be at entry level for *all* APTA CPI performance criteria. **Learning experiences must be available for all APTA CPI criteria during Clinical Education 3.**

DEFINITIONS OF PERFORMANCE DIMENSIONS AND RATING SCALE ANCHORS

CATEGORY	DEFINITIONS
<i>Performance Dimensions</i>	
Supervision/ Guidance	<ul style="list-style-type: none"> ▪ Level and extent of assistance required by the student to achieve entry-level performance. ▪ As a student progresses through clinical education experiences, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation and may vary with the complexity of the patient or environment.
Quality	<ul style="list-style-type: none"> ▪ Degree of knowledge and skill proficiency demonstrated. ▪ As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled performance.
Complexity	<ul style="list-style-type: none"> ▪ Number of elements that must be considered relative to the task, patient, and/or environment. ▪ As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI.
Consistency	<ul style="list-style-type: none"> ▪ Frequency of occurrences of desired behaviors related to the performance criterion. ▪ As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.
Efficiency	<ul style="list-style-type: none"> ▪ Ability to perform in a cost-effective and timely manner. ▪ As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.
<i>Rating Scale Anchors</i>	
Beginning performance	<ul style="list-style-type: none"> ▪ A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions. ▪ At this level, performance is inconsistent and clinical reasoning* is performed in an inefficient manner. ▪ Performance reflects little or no experience. ▪ The student does not carry a caseload.
Advanced beginner performance	<ul style="list-style-type: none"> ▪ A student who requires clinical supervision 75% – 90% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions. ▪ At this level, the student demonstrates consistency in developing proficiency with simple tasks (e.g., medical record review, goniometry, muscle testing, and simple interventions), but is unable to perform skilled examinations, interventions, and clinical reasoning skills. ▪ The student may begin to share a caseload with the clinical instructor.
Intermediate performance	<ul style="list-style-type: none"> ▪ A student who requires clinical supervision less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions. ▪ At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning. ▪ The student is capable of maintaining 50% of a full-time physical therapist's caseload.
Advanced intermediate performance	<ul style="list-style-type: none"> ▪ A student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions. ▪ At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning. ▪ The student is capable of maintaining 75% of a full-time physical therapist's caseload.
Entry-level performance	<ul style="list-style-type: none"> ▪ A student who is capable of functioning without guidance or clinical supervision managing patients with simple or complex conditions. ▪ At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning. ▪ Consults with others and resolves unfamiliar or ambiguous situations. ▪ The student is capable of maintaining 100% of a full-time physical therapist's caseload in a cost effective manner.
Beyond entry-level performance	<ul style="list-style-type: none"> ▪ A student who is capable of functioning without clinical supervision or guidance in managing patients with simple or highly complex conditions, and is able to function in unfamiliar or ambiguous situations. ▪ At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is a capable of serving as a consultant or resource for others. ▪ The student is capable of maintaining 100% of a full-time physical therapist's caseload and seeks to assist others where needed. ▪ The student is capable of supervising others. ▪ The student willingly assumes a leadership role* for managing patients with more difficult or complex conditions.

Appendix 2: DPT Curriculum Plan

Class of 2019

Course #	Course Name	Credit Hours	Contact Hours
DPT Year 1 Fall (19 weeks)		Contact hours @ 19 weeks = 15.5	
BMS 5005	Professions of Health (Orientation)	1	26
BMS 6206	Medical Biochemistry (1C)	2	30
BMS 6640	Medical Science 1: Musculoskeletal System (1A) (8 weeks)	5	73
BMS 6641	Medical Science 2: Neuroscience (8 weeks)	6	120
PHT 6174	Movement Science 1 (includes enhanced anatomy=30 hrs)	2	45
PHT 6205	Doctoring for Physical Therapists (Pass/Fail - year long)		
PHT 6284	Scientific & Professional Foundations of PT 1 (lab=60 hrs)		
Total for semester 1		16	294

DPT Year 2 Fall (16 weeks)		Contact hours @ 16 weeks = 27.9	
PHT 7540A	Principles of Patient/Client Management & Seminar 1 (Imaging)	1	20
PHT 6178	Movement Science 2	3	66
PHT 6285	Scientific & Professional Foundations of Physical Therapy 2	3	75
PHT 7264	Neuromuscular Clinical Problem Solving	3	90
PHT 6609	Critical Assessment of the Literature/EBP	3	45
PHT 7265	Cardiopulmonary & Integumentary Clinical Problem Solving (year-long, concludes in Spring)	0	45
PHT 7421	Professional Issues 1	2	45
PHT 6352	Pharmacology for Healthcare Professionals	4	60
PHT 7866	Integrated Clinical Experience 2 (yearlong)		
Total for semester 1		19	446

DPT Year 3 Fall (15 weeks)		Contact hours = 23.5	
PHT 7151	Health Promotion and Wellness	2	45
PHT 7959	Capstone Seminar in Physical Therapy	3	45
PHT 8179	Movement Science 3	3	45
PHT 8266	Advanced Clinical Problem Solving	5	113
PHT 8550	Professional Issues 3	3	60
PHT 8702	Prosthetics and Orthotics	3	45
Total for semester 1		19	353

Course #	Course Name	Credit Hours	Contact Hours
DPT Year 1 Spring (17 weeks)		Contact hours @ 17 weeks = 39.4	
PHT 6274	Clinical Reasoning for Physical Therapists	5	75
BMS 6633	Medical Science 3: Cardiovascular & Pulmonary Systems (8 wks)	6	120
BMS 6639	Medical Science 4: Excretory & Reproductive Systems (8 wks)	6	120
PHT 7864	Integrated Clinical Experience 1	1	60
PHT 6205	Doctoring for Physical Therapists (Pass/Fail - year-long)	6	170
PHT 6284	Scientific & Professional Foundations of Physical Therapy 1	5	125
Total for semester 2		29	670
Total Year 1		45	964

DPT Year 2 Spring (15 weeks)		Contact hours @ 15 weeks = 27.0	
PHT 7540B	Principles of Patient/Client Management & Seminar 2	2	40
PHT 7328	Pediatric Physical Therapy	3	50
PHT 7777	Musculoskeletal Clinical Problem Solving	4	105
PHT 7265	Cardiopulmonary & Integumentary Clinical Problem Solving (year-long, continued from Fall)	3	45
PHT 7402	Psychosocial Aspects of Physical Therapy Practice	3	60
PHT 7531	Professional Issues 2	3	45
PHT 7866	Integrated Clinical Experience 2 (concludes in Spring)	1	60
Total for semester 2		19	405
DPT Year 2 Summer (10 weeks)		Contact hours = 40	
PHT 6841	Clinical Education 1 (10 weeks @ 40 hours)	5	400

DPT Year 3 Spring (12 weeks)		Contact hours = 40	
PHT 7842	Clinical Education 2 (12 weeks @ 40 hours)	6	480
DPT Year 3 Summer (16 weeks)		Contact hours = 40	
PHT 8843	Clinical Education 3 (16 weeks @ 40 hours)	8	640
Graduation in August Year 3		121	3688

Curriculum Tracks			
Foundational Sciences		Movement Science	Critical Inquiry
Social Science/Professionalism		CPS & PT Science	Clinical Education

Appendix 4: Immunization Requirements



Morsani College of Medicine
Medical Health Administration (MHA)
University of South Florida
mha@health.usf.edu

12901 Bruce B. Downs Blvd., MDC 19
Tampa, FL 33612-4799
Phone: (813) 974-3163
Fax: (813) 974-3415

Medical Health Administration (MHA)
USF HEALTH Department of Quality, Safety & Risk (QSR)

DATE:	February 8, 2016
TO:	Physical Therapy Students Entering the University of South Florida Morsani College of Medicine DPT Program, Academic Year 2016/2017 (Class of 2019)
FROM:	Linda R. Lennerth, RN, MSN Assoc. Director, Medical Health Administration (MHA)
SUBJECT:	Communicable Disease Prevention Certification & Physical Examination Verification Forms
DUE DATE:	July 1, 2016

Prior to beginning training at the University of South Florida and its affiliated institutions, you must:

- 1) Complete and return the attached **Communicable Disease Prevention Certification Form** to the **MHA Office**
- 2) Submit all Required Documentation as specified in each of the blocks on the Certification Form
- 3) Submit the **Physical Examination Verification Form** **AFTER** it is completed and signed by your Healthcare Provider
- 4) All documentation must be in **ENGLISH**.

Do NOT wait until the last minute to complete these requirements. It may take time to locate your past immunization records, obtain required vaccinations and schedule a physical exam appointment with your Primary Care Provider.

USF Meningococcal Vaccination Requirement:

In order to register for classes, USF requires all incoming students to either submit evidence of Meningitis immunization **or** a signed declination form. The immunization is required **ONLY** if you will be living in student housing. If you decide to decline the vaccination, you must print off a copy of the USF Student Health Immunization form. The form is available for download at <http://www.usf.edu/student-affairs/student-health-services/documents/mandatory-imm-form-122014.pdf>. Check the declination box in Block 3, sign the form (#4), then attach it to the Communicable Disease Prevention Certification Form.

If you do not submit this documentation, you will be blocked from registering for classes.

Submit the completed Communicable Disease Prevention Certification form along with the required, supportive documentation specified in **one** of the following ways:

- 1) Scan and email to mha@health.usf.edu
- 2) Fax to (813) 974-3415 (Please call to confirm receipt)
- 3) Mail to the following address:

Medical Health Administration
USF Morsani College of Medicine - MDC Box 19
12901 Bruce B. Downs Blvd. Tampa, FL 33612-4799

The University of South Florida Morsani College of Medicine is unable to provide the TB screening, vaccines and/or laboratory titers required for starting your program. These Immunizations and/or laboratory tests must be completed prior to beginning your program. If you are not able to receive certain immunizations e.g.. they are contraindicated, please contact us directly to discuss your situation. All vaccines are readily available through your Primary Care provider, Walk-in Clinics, select Pharmacies or your local Health Department.

If you have any questions regarding the communicable disease prevention certification process, please contact us directly:

Linda R. Lennerth, RN, MSN, Associate Director, MHA
Kathy Perry, LPN
Phone: **(813) 974-3163**
Email: mha@health.usf.edu
Fax: **(813) 974-3415**

Rev 2-8-16



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**Communicable Disease Prevention Certification:
Physical Therapy Students**

Prior to beginning training at the University of South Florida and its affiliated institutions, this form **must** be completed and submitted with **all required documentation attached by July 1, 2016**.
All documentation must be in English.

PRINTED NAME: _____ DATE: _____
STREET: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE NUMBER(S): _____ EMAIL: _____
DATE OF BIRTH: ___/___/___ USF STUDENT NUMBER: _____ (ex. UXXXXXXX)

COMPLETE ITEMS A-I

A. TUBERCULOSIS (TB) Screening: To meet the USF requirement, you must submit documentation of **ONE** of the following:

1. Results of **NEGATIVE "Two-Step" TB Skin Testing (TST/PPD)**. This screening requires **2 separate TB skin tests** administered at least one week apart but within 12 months of each other. The last TST must be within 6 months of your start date.
2. Lab Copy showing a "NEGATIVE" Interferon Gamma Release Assay (IGRA) blood test (**QFT or T-Spot**) within 6 months of start date (accepted in lieu of the "Two-Step" TST).
3. Individuals with a history of a **POSITIVE TB skin test or IGRA** must submit both of the following:
 - a. Verification of a **NEGATIVE Chest X-ray** within 12 months of start date to the USF COM **and**
 - b. A current **NEGATIVE Screening Questionnaire**. A Questionnaire can be found and downloaded from the USF Medical Health Administration website at:
<http://hsc.usf.edu/medicine/internalmedicine/infectious/medicalhealthadmin/Forms.htm>

TST Step 1	Date Placed	Date Read	Result	TST Step 2	Date Placed	Date Read	Result
			____mm induration				____mm induration
OR							
I am submitting NEGATIVE Interferon Gamma Release Assay (IGRA) blood test results (QFT/T-Spot) in lieu of the "Two-Step" TST. Copy of the Lab report required. Date of test: _____							
OR							
Individuals with a history of a POSITIVE TB skin test or IGRA blood test must submit the following:							
CXR	Date of Chest X-ray: _____			Result (ATTACH REPORT): _____			
ATTACH the COMPLETED Screening Questionnaire: Date: _____							

B. MEASLES (RUBEOLA): Serologic documentation of a positive Rubeola immune titer **OR** immunization with **two doses of live Rubeola or MMR vaccine** administered after 12 months of age and separated by 28 days or more.

Rubeola Titer (IgG Blood Test)	Result	Date	Required Documentation
	Pos <input type="checkbox"/> Neg <input type="checkbox"/>	___/___/___	Lab Report Copy
Or Two live Rubeola or Two MMR vaccines after 1/1/80 #1 ___/___/___ #2 ___/___/___			Vaccine Documentation Copy

C. MUMPS: Serologic documentation of a positive Mumps immune titer **OR** immunization with at least **two doses of live Mumps or MMR vaccine** after 12 month of age.

Mumps Titer (IgG Blood Test)	Result	Date	Required Documentation
	Pos <input type="checkbox"/> Neg <input type="checkbox"/>	___/___/___	Lab Report Copy
Or Two live Mumps or Two MMR vaccines after 1/1/80 #1 ___/___/___ #2 ___/___/___			Vaccine Documentation Copy

D. RUBELLA (German Measles): Serologic documentation of a positive Rubella immune titer **OR** immunization with at least **one dose of live Rubella or MMR vaccine** after 12 months of age.

Rubella Titer (IgG Blood Test)	Result	Date	Required Documentation
	Pos <input type="checkbox"/> Neg <input type="checkbox"/>	___/___/___	Lab Report Copy
Or One live Rubella or MMR vaccine after 1/1/80			Vaccine Documentation Copy



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**Communicable Disease Prevention Certification:
Physical Therapy Students (Page 2)**

E. VARICELLA (Chicken Pox): Serologic documentation of a positive Varicella titer **OR** two Varicella immunizations (given 4 to 8 weeks apart). This requirement is satisfied only by a positive titer or the vaccine series.

**** A history of chicken pox does NOT satisfy this requirement ****

	<u>Result</u>	<u>Date</u>	<u>Required Documentation</u>
Varicella Titer (IgG Blood Test)	Pos <input type="checkbox"/> Neg <input type="checkbox"/>	____/____/____	Lab Report Copy
Or Varicella vaccine series		#1 ____/____/____ #2 ____/____/____	Vaccine Documentation Copy

F. Adacel™ or BOOSTRIX® Vaccine Booster: Documentation of an Adult TETANUS/diphtheria/acellular pertussis (Tdap) vaccine booster is required. Tdap was licensed in June, 2005 for use as a single dose booster vaccination (ie. not for subsequent booster doses). The current CDC recommendation states "Healthcare personnel, regardless of age, should receive a single dose of Tdap as soon as feasible if they have not previously received Tdap and regardless of the time since last Td dose".

	<u>Date</u>	<u>Required Documentation</u>
Tdap (Adacel™ or BOOSTRIX®) vaccine	____/____/____	Vaccine Documentation Copy

G. HEPATITIS B Vaccination Series: Documentation of a complete Hepatitis B vaccination series of 3 injections.

<u>Vaccination Dates</u>	<u>Required Documentation</u>
Complete Hepatitis B vaccine series: #1 ____/____/____ #2 ____/____/____ #3 ____/____/____	Vaccine Documentation Copy

H. HEPATITIS B "POSITIVE" QUANTITATIVE SURFACE ANTIBODY TITER (Blood Test): Serologic documentation of a Positive (**QUANTITATIVE**) Hepatitis B surface antibody titer that verifies IMMUNITY to the Hepatitis B Virus. The TITER is required in addition to completion of the vaccination series.

The results should be reported as "POSITIVE" or as a number. "REACTIVE" results will NOT be accepted.

	<u>Result</u>	<u>Date</u>	<u>Required Documentation</u>
Hepatitis B Surface Antibody Titer (IgG) (Quantitative)	Pos <input type="checkbox"/> Neg <input type="checkbox"/>	____/____/____	Lab Report Copy

I. MENINGOCOCCAL Vaccination: Documentation of immunization with **one dose** of Meningococcal vaccine after 16th birthday **OR** a completed and signed USF Student Health Services Immunization Health History Form (Block 3, checkbox, signature) declining receipt of the Meningitis vaccine. The form is available at:

<http://www.usf.edu/student-affairs/student-health-services/documents/mandatory-imm-form-122014.pdf>.

	<u>Date:</u>	<u>Required Documentation</u>
Meningococcal vaccine (**Required if living in USF Housing)	____/____/____	Vaccine Documentation Copy
Or Completed and signed USF SHS Immunization Health History Form (Block 3, checkbox and signature)	____/____/____	USF SHS Immunization Health History Form

**** ANNUAL TB Screening will be required during your entire program. This Screening will be provided at no cost to you through the Medical Health Administration (MHA) office at the start of your 2nd and 3rd years.**

**** INFLUENZA VACCINATION will be required each year. This vaccine will be provided for you at no cost beginning in October of each year through the USF Medical Clinic/Medical Health Administration (MHA) office.**

Note: Several affiliated hospitals require drug and alcohol screening with and without advanced notice.

Please Return Completed Form and Supportive Documents in ONE of the following ways:

- 1) Scan and email to mha@health.usf.edu
- 2) Fax to (813) 974-3415 (Please call to confirm receipt)
- 3) Mail to the following address:

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PHYSICAL EXAMINATION VERIFICATION

To be completed by Student (please print)

LAST NAME FIRST NAME MIDDLE NAME

USF STUDENT NUMBER (UXXXXXXX) BIRTHDATE (mm/dd/year)

Do you have any health problems or concerns of which USF Student Health Services should be aware?
 Yes No

If you wish to receive care for the above problems or concerns at USF Student Health services, it is your responsibility to make a follow-up appointment and to provide copies of pertinent medical records as necessary.

Student Signature Date

To be completed by Physician

A thorough history and physical examination were completed on the above named individual, with the following results:

- All findings were within normal limits
- The individual is free from TB in a communicable form, and apparent signs and symptoms of other communicable diseases.
- Follow-up care is required; Patient was advised

Comments: _____

Physician Signature Printed Name Date

Facility Name (please print) office phone number

Address

Please return completed form to:

**Medical Health Administration
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12901 Bruce B. Downs Blvd.
Tampa, FL 33612-4799**

**Phone: 813-974-3163
FAX: 813-974-3415
Email: mha@health.usf.edu**

Appendix 4: Professional Behaviors Assessment Tool (PBAT) Instrument

Professional Behaviors Assessment Tool

Student Name _____ Clinical Experience: 1st 2nd 3rd
Clinical Facility _____
Clinical Instructor _____

- Directions:
1. Read the description of each professional behavior.
 2. Become familiar with the behavioral criteria described in each of the levels.
 3. Self-assess your performance continually, relative to the professional behaviors, using the behavioral criteria.
 4. At the end of the clinical experience, complete this form.
 - a. Using a Highlighter pen, highlight all criteria that describes behaviors you demonstrate in Beginning Level (column 1), Intermediate Level (column 2), or Entry Level (column 3).
 - b. Give at least one specific example of a time when you demonstrated a behavior from the highest level highlighted.
 - c. Place an “x” along the visual analog scale to indicate the level (B, I, or E) at which you primarily function in each ability. This should be based on your highlighted areas, the specific example, and feedback from your CI.
 5. Share your self assessment with your clinical instructor, specifically seeking his/her feedback.
 6. Sign and return to the DCE.

<p>1. <u>Critical Thinking:</u> The ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences, and assumptions; and distinguish relevant from irrelevant information. The ability to appropriately utilize, analyze, and critically evaluate scientific evidence to develop a logical argument, and to identify and determine the impact of bias on the decision making process.</p>		
<p><i>Beginning Level:</i> Raises relevant questions; Considers all available information; Articulates ideas; Understands the scientific method; States the results of scientific literature but has not developed the consistent ability to critically appraise findings (i.e. methodology and conclusion); Recognizes holes in knowledge base; Demonstrates acceptance of limited knowledge and experience</p>	<p><i>Intermediate Level:</i> Feels challenged to examine ideas; Critically analyzes the literature and applies it to patient management; Utilizes didactic knowledge, research evidence, and clinical experience to formulate new ideas; Seeks alternative ideas; Formulates alternative hypotheses; Critiques hypotheses and ideas at a level consistent with knowledge base; Acknowledges presence of contradictions</p>	<p><i>Entry Level:</i> Distinguishes relevant from irrelevant patient data; Readily formulates and critiques alternative hypotheses and ideas; Infers applicability of information across populations; Exhibits openness to contradictory ideas; Identifies appropriate measures and determines effectiveness of applied solutions efficiently; Justifies solutions selected</p>
<p>Specific Example:</p>		<p>Place an "x" on the visual analog scale</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">B I E</p>
<p>2. <u>Communication:</u> The ability to communicate effectively (i.e. verbal, non-verbal, reading, writing, and listening) for varied audiences and purposes.</p>		
<p><i>Beginning Level:</i> Demonstrates understanding of the English language (verbal and written): uses correct grammar, accurate spelling and expression, legible handwriting; Recognizes impact of non-verbal communication in self and others; Recognizes the verbal and non-verbal characteristics that portray confidence; Utilizes electronic communication appropriately</p>	<p><i>Intermediate Level:</i> Utilizes and modifies communication (verbal, non-verbal, written and electronic) to meet the needs of different audiences; Restates, reflects and clarifies message(s); Communicates collaboratively with both individuals and groups; Collects necessary information from all pertinent individuals in the patient/client management process; Provides effective education (verbal, non-verbal, written and electronic)</p>	<p><i>Entry Level:</i> Demonstrates the ability to maintain appropriate control of the communication exchange with individuals and groups ; Presents persuasive and explanatory verbal, written or electronic messages with logical organization and sequencing; Maintains open and constructive communication; Utilizes communication technology effectively and efficiently</p>
<p>Specific Example:</p>		<p>Place an "x" on the visual analog scale</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">B I E</p>

<p>3. <u>Problem Solving:</u> The ability to recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.</p>		
<p><i>Beginning Level:</i> Recognizes problems; States problems clearly; Describes known solutions to problems; Identifies resources needed to develop solutions; Uses technology to search for and locate resources; Identifies possible solutions and probable outcomes</p>	<p><i>Intermediate Level:</i> Prioritizes problems; Identifies contributors to problems; Consults with others to clarify problems; Appropriately seeks input or guidance; Prioritizes resources (analysis and critique of resources); Considers consequences of possible solutions</p>	<p><i>Entry Level:</i> Independently locates, prioritizes and uses resources to solve problems; Accepts responsibility for implementing solutions; Implements solutions; Reassesses solutions; Evaluates outcomes; Modifies solutions based on the outcome and current evidence; Evaluates generalizability of current evidence to a particular problem</p>
<p>Specific Example:</p>		<p>Place an “x” on the visual analog scale</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">B I E</p>

<p>4. <u>Interpersonal Skills:</u> The ability to interact effectively with patients, families, colleagues, other health care professionals, and the community in a culturally aware manner.</p>		
<p><i>Beginning Level:</i> Maintains professional demeanor in all interactions; Demonstrates interest in patients as individuals; Communicates with others in a respectful and confident manner; Respects differences in personality, lifestyle and learning styles during interactions with all persons; Maintains confidentiality in all interactions; Recognizes the emotions and bias that one brings to all professional interactions</p>	<p><i>Intermediate Level:</i> Recognizes the non-verbal communication and emotions that others bring to professional interactions; Establishes trust; Seeks to gain input from others ; Respects role of others; Accommodates differences in learning styles as appropriate</p>	<p><i>Entry Level:</i> Demonstrates active listening skills and reflects back to original concern to determine course of action; Responds effectively to unexpected situations; Demonstrates ability to build partnerships; Applies conflict management strategies when dealing with challenging interactions; Recognizes the impact of non-verbal communication and emotional responses during interactions and modifies own behaviors based on them</p>
<p>Specific Example:</p>		<p>Place an “x” on the visual analog scale</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">B I E</p>

<p>5. Responsibility: The ability to be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community and social responsibilities.</p>		
<p>Beginning Level: Demonstrates punctuality; Provides a safe and secure environment for patients; Assumes responsibility for actions; Follows through on commitments; Articulates limitations and readiness to learn; Abides by all policies of academic program and clinical facility</p>	<p>Intermediate Level: Displays awareness of and sensitivity to diverse populations; Completes projects without prompting; Delegates tasks as needed; Collaborates with team members, patients and families; Provides evidence-based patient care</p>	<p>Entry Level: Educates patients as consumers of health care services; Encourages patient accountability; Directs patients to other health care professionals as needed; Acts as a patient advocate; Promotes evidence-based practice in health care settings; Accepts responsibility for implementing solutions; Demonstrates accountability for all decisions and behaviors in academic and clinical settings</p>
<p>Specific Example:</p>		<p>Place an “x” on the visual analog scale</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">B I E</p>

<p>6. Professionalism: The ability to exhibit appropriate professional conduct and to represent the profession effectively while promoting the growth/development of the Physical Therapy profession.</p>		
<p>Beginning Level: Abides by all aspects of the academic program honor code and the APTA Code of Ethics; Demonstrates awareness of state licensure regulations; Projects professional image; Attends professional meetings; Demonstrates cultural/generational awareness, ethical values, respect, and continuous regard for all classmates, academic and clinical faculty/staff, patients, families, and other healthcare providers</p>	<p>Intermediate Level: Identifies positive professional role models within the academic and clinical settings; Acts on moral commitment during all academic and clinical activities; Identifies when the input of classmates, co-workers and other healthcare professionals will result in optimal outcome and acts accordingly to attain such input and share decision making; Discusses societal expectations of the profession</p>	<p>Entry Level: Demonstrates understanding of scope of practice as evidenced by treatment of patients within scope of practice, referring to other healthcare professionals as necessary; Provides patient & family centered care at all times as evidenced by provision of patient/family education, seeking patient input and informed consent for all aspects of care and maintenance of patient dignity; Seeks excellence in professional practice by participation in professional organizations and attendance at sessions or participation in activities that further education/professional development; Utilizes evidence to guide clinical decision making and the provision of patient care, following guidelines for best practices; Discusses role of physical therapy within the healthcare system and in population health; Demonstrates leadership in collaboration with both individuals and groups</p>
<p>Specific Example:</p>		<p>Place an “x” on the visual analog scale</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">B I E</p>

<p>7. <u>Use of Constructive Feedback:</u> The ability to seek out and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.</p>		
<p>Beginning Level: Demonstrates active listening skills; Assesses own performance; Actively seeks feedback from appropriate sources; Demonstrates receptive behavior and positive attitude toward feedback; Incorporates specific feedback into behaviors; Maintains two-way communication without defensiveness</p>	<p>Intermediate Level: Critiques own performance accurately; Responds effectively to constructive feedback; Utilizes feedback when establishing professional and patient related goals; Develops and implements a plan of action in response to feedback; Provides constructive and timely feedback</p>	<p>Entry Level: Independently engages in a continual process of self evaluation of skills, knowledge and abilities; Seeks feedback from patients/clients and peers/mentors; Readily integrates feedback provided from a variety of sources to improve skills, knowledge and abilities; Uses multiple approaches when responding to feedback; Reconciles differences with sensitivity; Modifies feedback given to patients/clients according to their learning styles</p>
<p>Specific Example:</p>		<p>Place an “x” on the visual analog scale</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">B I E</p>

<p>8. <u>Effective Use of Time and Resources:</u> The ability to manage time and resources effectively to obtain the maximum possible benefit.</p>		
<p>Beginning Level: Comes prepared for the day’s activities& responsibilities; Identifies resource limitations (i.e. information, time, experience); Determines when and how much help/assistance is needed; Accesses current evidence in a timely manner; Verbalizes productivity standards and identifies barriers to meeting productivity standards; Self-identifies and initiates learning opportunities during unscheduled time</p>	<p>Intermediate Level: Utilizes effective methods of searching for evidence for practice decisions; Recognizes own resource contributions; Shares knowledge and collaborates with staff to utilize best current evidence; Discusses and implements strategies for meeting productivity standards; Identifies need for and seeks referrals to other disciplines</p>	<p>Entry Level: Uses current best evidence; Collaborates with members of the team to maximize the impact of treatment available; Has the ability to set boundaries, negotiate, compromise, and set realistic expectations; Gathers data and effectively interprets and assimilates the data to determine plan of care; Utilizes community resources in discharge planning; Adjusts plans, schedule etc. as patient needs and circumstances dictate; Meets productivity standards of facility while providing quality care and completing non-productive work activities</p>
<p>Specific Example:</p>		<p>Place an “x” on the visual analog scale</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">B I E</p>

<p>9. <u>Stress Management:</u> The ability to identify sources of stress and to develop and implement effective coping behaviors; this applies for interactions for: self, patient/clients and their families, members of the health care team and in work/life scenarios.</p>		
<p><i>Beginning Level:</i> Recognizes own stressors; Recognizes distress or problems in others; Seeks assistance as needed; Maintains professional demeanor in all situations</p>	<p><i>Intermediate Level:</i> Actively employs stress management techniques; Reconciles inconsistencies in the educational process; Maintains balance between professional and personal life; Accepts constructive feedback and clarifies expectations; Establishes outlets to cope with stressors</p>	<p><i>Entry Level:</i> Demonstrates appropriate affective responses in all situations; Responds calmly to urgent situations with reflection and debriefing as needed; Prioritizes multiple commitments; Reconciles inconsistencies within professional, personal and work/life environments; Demonstrates ability to defuse potential stressors with self and others</p>
<p>Specific Example:</p>		<p>Place an "x" on the visual analog scale</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">B I E</p>

<p>10. <u>Commitment to Learning:</u> The ability to self direct learning to include the identification of needs and sources of learning; and to continually seek and apply new knowledge, behaviors, and skills.</p>		
<p><i>Beginning Level:</i> Prioritizes information needs; Analyzes and subdivides large questions into components; Identifies own learning needs based on previous experiences; Welcomes and/or seeks new learning opportunities; Seeks out professional literature; Plans and presents an in-service, research or cases studies</p>	<p><i>Intermediate Level:</i> Researches and studies areas where own knowledge base is lacking in order to augment learning and practice; Applies new information and re-evaluates performance; Accepts that there may be more than one answer to a problem; Recognizes the need to and is able to verify solutions to problems; Reads articles critically and understands limits of application to professional practice</p>	<p><i>Entry Level:</i> Respectfully questions conventional wisdom; Formulates and re-evaluates position based on available evidence; Demonstrates confidence in sharing new knowledge with all staff levels; Modifies programs and treatments based on newly-learned skills and considerations; Consults with other health professionals and physical therapists for treatment ideas</p>
<p>Specific Example:</p>		<p>Place an "x" on the visual analog scale</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">B I E</p>

Based on my Professional Behaviors Assessment, I am setting the following Goals:

To accomplish these goals, I will take the following specific actions:

Student Signature: _____

Date: _____

Appendix 5: APTA CPI Training Quick Guide

Quick Start Guide for the APTA Learning Center

1. Navigate to <http://learningcenter.apta.org> and click 

- a. Enter your APTA username and password.
- b. Select "Click here to Continue:"

FORGOTTEN PASSWORD:

Do not purchase or register for courses in the APTA Learning Center using more than one account number. If you've forgotten your password, use the "Forgot your password?" link on the login page to have it emailed to your email address on file.

NEW USER:

Use the buttons  or  on the APTA login page to set up an account prior to purchasing the course.

Once you have set up an account as a New User, please logout and then continue from Step #1 to search and access the PT CPI or PTA CPI online course.

2. Find and "Purchase" the free PT CPI or PTA CPI online course.

- a. Enter "PT CPI" or "PTA CPI" in the top right Search courses box  to find the course.
- b. Locate *LMS-120: 2012 PTA CPI* or *LMS-521: 2013 PT CPI* to purchase the correct course on the right side of the page or by scrolling down the page past the filters to view your search results.
- c. Once you find the correct course, click , click "Add to Cart", click "Shopping Cart", click "Proceed", and then click "OK" to enroll in the free course through the online shopping cart.
- d. You will be required to login to the APTA website with your username and password prior to being able to purchase the course.

3. Take the PT CPI or PTA CPI online course

- a. After purchasing the CPI course, return to <http://learningcenter.apta.org> and locate the heading "My Learning Activities" on the top of the APTA Learning Center Home page.
- b. Click on "My Learning Activities" and then click on the drop down menu "My Courses" page.
- c. Locate the course purchased "2013 PT CPI" or "2012 PTA CPI".
- d. Click on  to take the course by reviewing the power point slides and resource attachments.
- e. Complete the posttest assessment with a score of 70% or higher to pass the course.
- f. Once you have passed the posttest assessment you can print your CEU certificate.

POP-UPS:

You may need to enable pop-ups for <http://learningcenter.apta.org>, in order to view the course, [learn how](#) on the APTA Learning Center.

LMS-120: 2012 PTA CPI contains material that uses Flash player. Chrome and Internet Explorer still natively play Flash. Firefox requires an add-in. You can find a link to download Flash play on the [System Specs](#) page.

4. Access the PT CPI or PTA CPI Web site

- a. The academic program with whom you affiliate can provide you with your username (the email address provided to them) to login to CPI Web. If you do not have a password, you will need to use the "I forgot or do not have a password" link to establish a password. The password to login to CPI Web is NOT the same as the password used to login to the APTA Web site.

Appendix 6: Certificates of Insurance and Liability Protection



**HEALTHCARE PROVIDERS SERVICE
 ORGANIZATION PURCHASING GROUP**
Certificate of Insurance
 OCCURENCE POLICY FORM



Producer Branch Prefix Policy Number Policy Period
 018098 970 HPG 0127293485 from 05/01/16 to 05/01/17 at 12:01 AM Standard Time

Named Insured and Address:
 University of South Florida School of Physical
 Therapy & Rehabilitation Sci
 12901 Bruce B Downs Blvd Mdc77
 Tampa, FL 33612-4742

Program Administered by:
 Healthcare Providers Service Organization
 159 E. County Line Road
 Hatboro, PA 19040-1218
 1-800-986-4627
 www.hpso.com

Medical Specialty: Code:
 School Blanket - Healthcare Provider Students 80998

Insurance is provided by:
 American Casualty Company of Reading, Pennsylvania
 333 S. Wabash Avenue, Chicago, IL 60604

Professional Liability \$2,000,000 each claim \$ 5,000,000 aggregate

Your professional liability limits shown above include the following:
 * Personal Injury Liability

Coverage Extensions

Grievance Proceedings	\$ 1,000	per proceeding	\$ 10,000	aggregate
Defendant Expense Benefit			\$ 10,000	aggregate
Deposition Representation	\$ 1,000	per deposition	\$ 5,000	aggregate
Assault	\$ 1,000	per incident	\$ 25,000	aggregate
Medical Payments	\$ 2,000	per person	\$ 100,000	aggregate
First Aid	\$ 500	per incident	\$ 25,000	aggregate
Damage to Property of Others	\$ 250	per incident	\$ 10,000	aggregate

Total: \$ 1,970.00

Base Premium

Policy Forms & Endorsements(Please see attached list for a general description of many common policy forms and endorsements.)

G-144918-A CNA79561 G-144931-A09

Thomas F. Motamed

Chairman of the Board

John M. Walker

Secretary

Keep this document in a safe place. It and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. In order to activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance. Master Policy # 188711433

G-141241-B (03/2010)

Coverage Change Date:

Endorsement Change Date:

POLICY FORMS & ENDORSEMENTS

The list below contains general descriptions of the policy forms and endorsements that may or may not apply to your professional liability insurance policy. **Please refer to your Certificate of Insurance for the policy forms & endorsements specific to your state and your policy period.** Coverages, rates and limits may differ or may not be available in all states. All products and services are subject to change without notice.

Think Green –expanded definitions and copies of these policy forms and endorsements are available online at www.hpso.com/policyforms

COMMON POLICY FORMS & ENDORSEMENTS

<u>FORM #</u>	<u>DESCRIPTION</u>
G-144918-A	School Blanket Occurrence Form
CNA79561	Distribution or Recording of Material or Information in Violation of Law Exclusion Endorsement
G-144931-A09	Cancellation & Non-Renewal Endorsement

PLEASE REFER TO YOUR CERTIFICATE OF INSURANCE FOR THE POLICY FORMS & ENDORSEMENTS SPECIFIC TO YOUR STATE AND YOUR POLICY PERIOD.

- For NJ residents: The PLIGA surcharge shown on the Certificate of Insurance is the NJ Property & Liability Insurance Guaranty Association.
- For KY residents: The Surcharge shown on the Certificate of Insurance is the KY Firefighters and Law Enforcement Foundation Program Fund and the KY LGPT is the KY Local Government Premium Tax which includes charges at a municipality and/or county level.
- For WV residents: The surcharge shown on the Certificate of Insurance is the WV Premium Surcharge.
- For FL residents: The FIGA Assessment shown on the Certificate of Insurance is the FL Insurance Guaranty Association - 2012 Regular Assessment.

Form#: G-141241-B (03/2010)
Master Policy#: 188711433

Named Insured: University of South Florida
Policy#: 0127293485

Compensation and Other Disclosure Information

Nurses Service Organization (NSO) a registered trade name of Affinity Insurance Services, Inc., exclusively offers the NSO Program as an agent of CNA and provides services that may include the following: program marketing, underwriting, policy management, billing, risk management and client services on its behalf.

Affinity Insurance Services Inc. is an insurance producer licensed in your state. Insurance producers are authorized by their license to confer with insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction involves one or more of these activities. Compensation will be paid to the producer, based on the insurance contract the producer sells. Depending on the insurer(s) and insurance contract(s) the purchaser selects, compensation will be paid by the insurer(s) selling the insurance contract or by another third party. Such compensation may vary depending on a number of factors, including the insurance contract(s) and the insurer(s) the purchaser selects. In addition, Affinity may charge a fee for administrative services. Your signature on your application, quote form, check, and/or other authorization for payment of your premium, will be deemed to signify your consent to and acceptance of the terms and conditions including the compensation, as disclosed above, that is to be received by Aon. The insurance purchaser may obtain information about compensation expected to be received by the producer based in whole or in part on the sale of insurance to the purchaser, and compensation expected to be received based in whole or in part on any alternative quotes presented to the purchaser by the producer, by contacting member services at 1-800-986-4627.

In addition, premiums paid by Clients to Affinity for remittance to insurers, Client refunds and claim payments paid to Affinity by insurance companies for remittance to Clients are deposited into fiduciary accounts in accordance with applicable insurance laws until they are due to be paid to the insurance company or Client. Subject to such laws and the applicable insurance company's consent, where required, Affinity will retain the interest or investment income earned while such funds are on deposit in such accounts.

In placing, renewing, consulting on or servicing your insurance coverages Affinity and its affiliates may participate in contingent commission arrangements with insurance companies that provide for additional contingent compensation, if, for example, certain underwriting, profitability, volume or retention goals are achieved. Such goals are typically based on the total amount of certain insurance coverages placed by Aon with the insurance company or the overall performance of the policies placed with that insurance company, not on an individual policy basis. As a result, Aon may be considered to have an incentive to place your insurance coverages with a particular insurance company.

Our liability to you, in total, for the duration of our business relationship for any and all damages, costs, and expenses (including but not limited to attorneys' fees), whether based on contract, tort (including negligence), or otherwise, in connection with or related to our services (including a failure to provide a service) that we provide in total shall be limited to the lesser of \$6,000,000 or the singular annual limit of the policy of insurance procured by us on your behalf from which your damages arise.

This liability limitation applies to you, our client, and extends to our client's parent(s), affiliates, subsidiaries, and their respective directors, officers, employees and agents (each a "Client Group Member" of the "Client Group") wherever located that seek to assert claims against ARS, and its parent(s), affiliates, subsidiaries and their respective directors, officers, employees and agents (each an "Aon Group Member" of the "Aon Group"). Nothing in this liability limitation section implies that any Aon Group Member owes or accepts any duty or responsibility to any Client Group Member.

If you or any of your Group Members asserts any claims or makes any demands against us or any Aon Group Member for a total amount in excess of this liability limitation, then you agree to indemnify ARS for any and all liabilities, costs, damages and expenses, including attorneys' fees, incurred by ARS or any Aon Group Member that exceeds this liability limitation.

Aon Corporation, our ultimate parent company, and its affiliates have from time to time sponsored and invested in insurance and reinsurance companies. While we generally undertake such activities with a view to creating an orderly flow of capacity for our clients, we also seek an appropriate return on our investment. These investments, for which Aon is generally at-risk for potential price loss, typically are small and range from fixed-income to common stock transactions. In such case, the gains or losses we make through your investments could potentially be linked, in part, to the results of treaties or policies transacted with you. Please visit the Aon website at http://www.aon.com/market_relationships for a current listing of insurance and reinsurance carriers in which Aon Corporate and its affiliates hold any ownership interest.

FATCA Notice: Please go to www.aon.com/FATCA to obtain the appropriate W-9.



July 5, 2016

CERTIFICATE OF LIABILITY PROTECTION

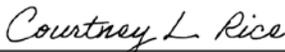
This certificate shall provide a summary of the liability protection of the Florida Board of Governors (FBOG) and/or the University of South Florida Board of Trustees (UBOT), as provided by law, for claims and actions which arise from the acts or omissions of health care faculty and other professional employees, residents and students of the University of South Florida Health Sciences Center.

The FBOG and/or UBOT as provided by law, is a State agency, and to the extent the State of Florida has partially waived its immunity to tort claims as described in Section §768.28, Florida Statutes, the FBOG and/or UBOT as provided by law, is protected for a claim or judgment by any one person in a sum not exceeding TWO HUNDRED THOUSAND (\$200,000) and for total claims or judgments arising out of the same incident or occurrence in a total amount not exceeding THREE HUNDRED THOUSAND (\$300,000), such protection being provided on an occurrence basis by the University of South Florida Health Sciences Center Self-Insurance Program (USF SIP).*

Medical, nursing, public health, physical therapy, and pharmacy students participating in approved clinical activities are provided liability protection of \$200,000/\$300,000.* For facilities requiring additional coverage, students in approved clinical activities are provided professional liability protection with limits not to exceed \$1,000,000/\$3,000,000.

Professional liability action filed against the FBOG and/or UBOT as provided by law, pursuant to Section §768.28 F. S., are subject to §766.112(2), F. S., which provides that any judgment shall be on the basis of comparative fault and not on the basis of the doctrine of joint and several liability and that the sole remedy available to a claimant to collect damages allocated to the FBOG and/or UBOT as provided by law, shall be pursuant to §768.28, F. S. Further, it is the opinion of the General Counsel of the USF that USF SIP is legally prohibited from adding as "insureds" or "protected entities" any individual or entity not described in §1004.24, or other statute specifically authorizing protection as indemnity or save-and-hold-harmless or similar agreements.

This certificate is issued for credentialing purposes only and is issued only as a matter of information and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies described herein. This certificate shall remain in effect until such time as it is modified in the future by the Self-Insurance Programs.



Courtney L. Rice, Esq., CHC
Interim Director
USF Health Sciences Center Self-Insurance Programs

*For incidents occurring prior to October 1, 2011, the sovereign immunity limits of \$100,000/\$200,000 are applicable.

Expires: 06/30/2017

Appendix 7: Sample Clinical Education Affiliation Agreement

CLINICAL EDUCATION AFFILIATION AGREEMENT

This Clinical Education Affiliation Agreement is made effective on _____, 201_, by and between the University of South Florida Board of Trustees (“USF”), a public body corporate, for the USF Morsani College of Medicine, School of Physical Therapy, & Rehabilitation Sciences and _____ (the “Agency”).

INTRODUCTION

1. USF has established a School of Physical Therapy & Rehabilitation Sciences (the “School”) which desires to affiliate with certain institutions in order to provide clinical education opportunities for students of the School.
2. Agency is willing to affiliate with the School and allow its facilities designated in Exhibit A to serve as clinical education site(s) for students of the School upon the terms and conditions set forth herein.

In consideration of the foregoing premises and the mutual covenants herein, USF and the Agency agree as follows:

1.0 Tenets of Affiliation.

1.1 Purposes and Objectives. The purposes of this Agreement are to establish collaboration between the parties to accomplish the parties’ mutual goals and objectives as follows:

- a. Assisting the School in the education and preparation of graduates to be effective contemporary practitioners of physical therapy and to be prepared as clinical generalists to provide services throughout the broad spectrum of patient care.
- b. Providing students of the School with patient care experiences under the supervision of licensed physical therapists which experiences will enable the students to (i) demonstrate respect for individuals from a variety of ethnic, cultural, language, socioeconomic, and age backgrounds; (ii) have compassion for the client as a whole person; (iii) be a problem solver and creative member of the primary health care team; (iv) demonstrate strong communication skills; and (v) develop clinical expertise in patient assessment and intervention in a variety of clinical settings.
- c. Facilitating open communication between the parties relative to their mutual purposes and objectives and respective rights and responsibilities under this Agreement.

1.2 Rights and Responsibilities of the School and the Agency.

- a. The Agency agrees to support the educational programs of the School by designating certain resources, staff and facilities, as agreed upon and identified in the APTA Clinical Site Information Form, to be available for clinical education programs for students of the School.
- b. The School shall have authority and responsibility for the appointment and reappointment, in accordance with the School's policies and procedures, of qualified licensed physical therapists as members of the voluntary clinical faculty of the School responsible for supervising and instructing students who are assigned to clinical education programs at the Agency.
- c. The School shall have authority and responsibility for the selection and assignment of students to clinical education programs at the Agency, subject to the reasonable approval of the Agency. The number of students to be assigned and the days, hours, and duration of clinical education experiences will be determined by mutual agreement of the Agency and the School.
- d. The School's designated faculty and Agency's designated staff shall cooperate in the planning, coordination, and evaluation of clinical education experiences for students. The School will provide its Clinical Education Manual (the "Manual") available: <http://dpt.health.usf.edu> to Agency's designated staff, who conduct clinical education experiences in accordance with the policies and procedures set forth in the Manual.
- e. The School shall have the right and, upon written request of the Agency, the responsibility to remove students from assignment to clinical education programs at the Agency. The Agency may request the School to remove any student from assignment at the Agency whose conduct or work with patients or personnel is not, in the opinion of Agency administration, in accordance with acceptable standards of performance, Agency policies and procedures, or the requirements of this Agreement. The Agency may demand a student immediately leave the premises at any time the conduct of the student would be detrimental to patients or others.
- f. The Agency shall, upon reasonable advance request, permit the inspection of its designated facilities and resources pertinent to the clinical education program by the School and accreditation agency representatives.
- g. The parties are committed to the principles of equal opportunity without regard to race, color, marital status, sex, religion, national origin, disability, or age, as provided by law. It is the goal of the parties to create and maintain a work and study environment that is positive and free of unlawful discrimination.

- h. The Agency agrees to arrange for first aid emergency care to students of the School who are injured on the Agency's premises, provided that the Agency shall have no responsibility for any follow-up care, hospitalization, or the cost of any medical services provided to such students including the first aid care.

1.3 Rights and Responsibilities of Students.

- a. Students of the School are expected to conduct themselves as professionals and interact with patients, families, and co-workers in a constructive and congenial manner. The responsibilities of students include:
 - (i) developing a personal program of self-assessment and professional growth with guidance from the School's faculty;
 - (ii) participating in safe, compassionate, and cost effective patient care under supervision commensurate with their level of advancement and responsibility, and advising all patients at an appropriate time of their status as students of the School;
 - (iii) participating in all required orientations, seminars, and other educational activities of the program; and
 - (iv) adhering to applicable policies, procedures, practices, and directives of the School and the Agency.
- b. Students of the School have no right to any compensation, or to any vacation or sick pay, health, disability, or life insurance benefits, retirement benefits, workers compensation, unemployment compensation, or any other employment benefits from either USF/School or the Agency in connection with the students' participation in clinical education programs at the Agency.
- c. Students of the School who are selected for assignment to the Agency will be instructed by USF of their responsibility, as a condition of such assignment, to comply, at their personal expense, with the health status and uniform policies of the Agency.
- d. Students of the School are required to, at their personal expense, obtain and maintain health insurance coverage.

2.0 General Provisions.

2.1 Insurance.

- 2.1.1 Students. The students of the School who are assigned to the Agency for clinical education programs pursuant to this Agreement are provided protection against professional liability claims by the University of South Florida Health Sciences Center Self-Insurance Program and a Student Blanket Professional Liability Insurance Policy. Certificates evidencing such liability protection are attached hereto as Exhibits B and C.

2.1.2 Agency. During the term of this Agreement, and at its sole expense, Agency will maintain comprehensive general liability insurance, including professional liability insurance, insuring against claims for bodily injury, personal injury, and property damage arising out of the acts, conduct, or omissions of Agency, its employees, officers, and agents. The limits of such insurance shall not be less than the limits required by law. Agency shall provide College with a certificate evidencing such insurance.

2.2 Term, Review, and Termination. This Agreement is a limited affiliation for the purposes herein described for unlimited duration. However, the parties will review the affiliation created by this Agreement on an annual basis to determine whether to continue, terminate, or modify this Agreement. Either USF or the Agency may terminate this Agreement without cause by delivering written notice to the other party at least sixty (60) days prior to the date on which termination is to be effective. Either party may immediately terminate this Agreement, requiring the School to remove its students from assignment to clinical education programs hereunder, in the event of any material violation of the Agreement by the other party.

2.3 Status of Parties. USF and the Agency are independent contractors and nothing in this Agreement shall be deemed or construed to create an employment, agency, or partnership relationship between them. The School's full-time faculty members and students shall not be deemed to be employees or agents of the Agency for any reason, nor shall any employee, agent or medical staff member of the Agency, including those granted a volunteer clinical faculty appointment in the School, be deemed an employee or agent of USF or the School. The School's full-time faculty members and students shall not be responsible for the supervision or control of the patient care activities of any Agency employee or staff member.

2.4 Institutional Names. Notwithstanding this Agreement, USF and the Agency shall not be entitled to use and shall not use the name or logo of the other party in any advertising, promotion or literature, without the advance written approval of such other party.

2.5 Notices. Any notice called for under this Agreement shall be effective if mailed by certified or registered mail, postage prepaid, or hand delivered with evidence thereof to the parties at their following addresses:

To Agency: _____

To USF: Director, School of Physical Therapy & Rehabilitation Sciences
University of South Florida
12901 Bruce B. Downs Boulevard, MDC 77
Tampa, Florida 33612

With Copies to: Office of the General Counsel
University of South Florida
12901 Bruce B. Downs Boulevard, MDC 02
Tampa, Florida 33612

- 2.6 **Modifications.** This Agreement may be modified only by written instrument signed by the authorized representative of the parties. Following the execution of this Agreement and consistent with the intent and terms hereof, the authorized representatives of the parties may develop memoranda of understanding and other mutually approved documents to formalize operational details of the clinical education program.
- 2.7 **Governing Law.** This Agreement has been entered into in the State of Florida and shall be construed in accordance with the laws of the State of Florida.
- 2.8 **Authority.** The individuals signing this Agreement on behalf of USF and the Agency are each a duly authorized representative of such party with full power and authority to execute this Agreement.

SIGNATURE PAGE IMMEDIATELY FOLLOWS

In witness whereof, USF and the Agency have caused this Agreement to be executed.

AGENCY

USF BOARD OF TRUSTEES

By: _____
Name:
Title:

By: _____
Name: Charles J. Lockwood, M.D., M.H.C.M.
Title: Senior Vice President, USF Health
Dean, Morsani College of Medicine

Approved by:

By: _____
Name: William S. Quillen, PT, DPT, PhD, FACSM
Title: Associate Dean
Professor & Director School of Physical
Therapy & Rehabilitation Sciences
USF Morsani College of Medicine

AGENCY CONTACT INFORMATION

Type/Print Contact Person: _____

Address: _____

Telephone #: _____

Fax #: _____

E-mail address: _____

s:\law\contract\pt\pt\ affil agmt 08 rev 09.doc

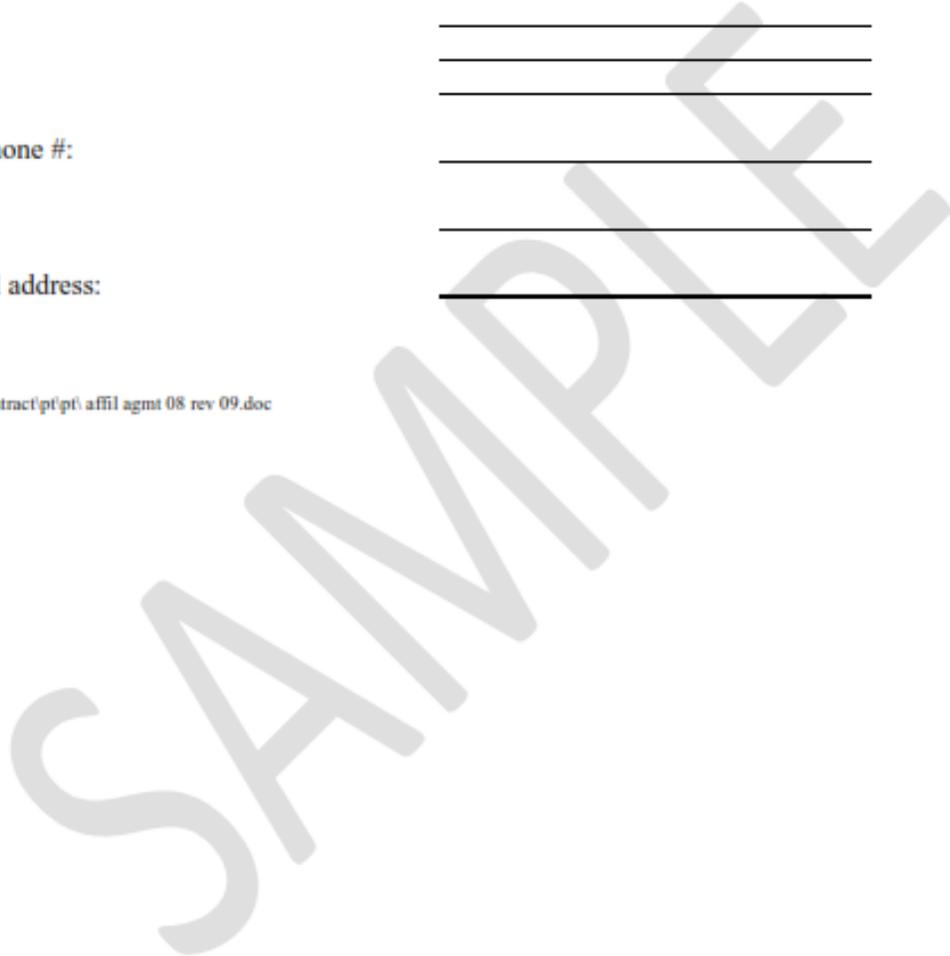


Exhibit A
Clinical Education Sites

SAMPLE

Appendix 8: USF SPTRS Technical Standards/Essential Functions

I. Introduction

USF SPTRS complies with Section 504 of the 1973 Vocational Rehabilitation Act, as amended, and the Americans with Disabilities Act of 1990, in providing opportunities for qualified individuals with disabilities. At the same time, prospective candidates and current **DPT students/interns** must be capable of meeting certain technical standards. The following technical standards specify those attributes the faculty considers to be essential in *successfully completing clinical education internships, didactic and practical training and in practicing physical therapy safely and responsibly*. These standards describe the essential functions that **DPT students/interns** must demonstrate in the requirements of professional clinical education, and thus, are pre-requisites to entrance, continuation, and completion of training in the **School of Physical Therapy and Rehabilitation Sciences**. Requests for reasonable accommodation are evaluated on an individual basis, as per **MCOM USF SPTRS Student Handbook**.

II. Technical Standards

The **DPT student/intern** must possess abilities and skills in five areas:

- a. **Observation.** The **DPT student/intern** must be able to:
 - i. Observe a patient/client accurately at a distance and close at hand, noting non-verbal as well as verbal signals
 - ii. Visualize and discriminate findings on imaging and other studies
 - iii. Interpret digital or analog representations of physiologic phenomena, such as EKG's
 - iv. Acquire information from written documents, films, slides, videos, or other media
 - v. Observe and differentiate changes in body movement
 - vi. Observe anatomic structures, skin integrity including skin color, texture, odors, bony landmarks, anatomical/pathological structures
 - vii. Efficiently read written and illustrated materials
 - viii. Observe and detect the various signs and symptoms of the disease processes and movement dysfunction
 - ix. Obtain and effectively gather auscultation and auditory data, such as heart and breath sounds, pulses, joint noises, blood pressure, gait, and prosthetic sounds
 - x. Discriminate numbers and findings associated with diagnostic instruments and tests and measures
- b. **Communication.** The **DPT student/intern** must be able to:
 - i. Communicate in a culturally competent manner with patient/clients
 - ii. Communicate effectively and efficiently with all members of the health care team in oral and written English
 - iii. Communicate clearly with and observe patient/clients and families in order to elicit information including a thorough history from patient/clients, families, caregivers, and other sources

- iv. Accurately describe changes in mood, activity, posture, and biomechanics
 - v. Perceive verbal as well as non-verbal communications, and promptly respond to emotional communications (sadness, worry, agitation, confusion)
 - vi. Communicate complex findings in appropriate and understandable terms to patient/clients and their families, and caregivers
 - vii. Adjust form and content of communications to the patient/client's functional level or mental state
 - viii. Engage in a collaborative relationship with patient/clients and families/caregivers
 - ix. Record observations and plans legibly, efficiently, and accurately
 - x. Prepare and communicate precise but complete summaries of individual encounters
 - xi. Possess sufficient hearing for required diagnostic functions (e.g., use of stethoscope to assess breath sounds, heart sounds, etc.)
 - xii. Complete documentation forms according to directions, in a timely manner, including manual, electronic, and other recording methods
 - xiii. Demonstrate effective communication skills to provide patient/client/client education and with families/caregivers and support personnel
 - xiv. Receive, write, and interpret verbal and non-verbal communication in both academic and clinical settings
 - xv. Demonstrate appropriate interpersonal skills as needed for productive classroom discussion, respectful interaction with classmates and faculty and development of appropriate therapist to patient/client relationships
 - xvi. Demonstrate appropriate therapeutic interpersonal communications such as attending, clarifying, motivating, coaching, facilitating, and touching
 - xvii. In emergency and potentially unsafe situations, understand and convey information for the safe and effective care of patient/clients in a clear, unambiguous, and rapid fashion, including receiving and understanding input from multiple sources simultaneously or in rapid-fire sequence
- c. **Motor.** The **DPT student/intern** must be able to:
- i. Stand and walk independently while providing care in practice and internship settings; frequently lift 10 pounds, occasionally lift 10-50 pounds, and more than 50 pounds; with frequent twisting, squatting, and reaching, pushing/pulling, grasping and crawling
 - ii. Climb stairs and negotiate uneven surfaces including varying terrains/ramps
 - iii. Perform palpation, percussion, auscultation, and other diagnostic maneuvers while manipulating devices, e.g. goniometer, reflex hammer, IV poles, catheter bags, walkers, crutches, et al
 - iv. Provide general care and emergency medical care such as airway management, handling of catheters, perform cardiopulmonary resuscitation, and application of pressure to control bleeding, maintaining appropriate infection control procedures
 - v. Respond promptly to medical emergencies within the training facility and within the DPT scope of practice
 - vi. Not hinder the ability of co-workers to provide prompt care

- vii. Perform diagnostic and therapeutic procedures (e.g. APTA Guide to PT Practice Tests and Measures and Interventions.)
- d. **Cognitive.** The **DPT student/intern** must be able to:
- i. Demonstrate clinical reasoning and problem solving
 - ii. Identify significant findings from history, physical exam, and laboratory data, test and measures, and other sources
 - iii. Perceive subtle cognitive and behavioral findings and perform a mental status evaluation
 - iv. Determine appropriate and reasonable tests and measures
 - v. Provide a reasoned explanation for likely diagnoses
 - vi. Construct an appropriate plan of care
 - vii. Prescribe appropriate therapeutic interventions
 - viii. Recall and retain information
 - ix. Deal with several tasks or problems simultaneously
 - x. Identify and communicate the limits of knowledge to others
 - xi. Incorporate new information from peers, teachers, and the peer-reviewed medical literature in formulating diagnoses and plans
 - xii. Show good judgment in patient/client assessment, diagnostic, and therapeutic planning
- e. **Social and Behavioral.** The **DPT student/intern** must be able to:
- i. Maintain a professional demeanor
 - ii. Maintain appropriate professional and ethical conduct (e.g. APTA Code of Ethics)
 - iii. Be able to function at a high level in the face of long hours and a high stress environment
 - iv. Develop empathic relationships with patient/clients and families while establishing professional boundaries
 - v. Provide comfort and reassurance where appropriate
 - vi. Protect patient/client confidentiality and the confidentiality of written and electronic records
 - vii. Possess adequate endurance to tolerate physically taxing workloads
 - viii. Flexibly adapt to changing environments
 - ix. Function in the face of uncertainties inherent in the clinical problems of patient/clients
 - x. Accept appropriate suggestions and criticisms and modify behavior
 - xi. Give and accept criticism appropriately and without prejudice
 - xii. Work effectively under stress and as a part of an interdisciplinary team
 - xiii. Delegate responsibility appropriately
 - xiv. Develop and maintain respectful working relationships with peers, faculty, professional colleagues, patients/clients, family members and the general public.

Appendix 9: FCCE Student Data Form

Student Data Form
Florida Consortium of Clinical Educators (FCCE)
(Confidential)

Student Name:		Facility:	
School: USF		Dates of Clinical:	
Clinical Experience Level:		Expected date of graduation:	
Current Address:			
Good until (date):			
Permanent Address:			
Current Phone:		Permanent Phone:	
Cell Phone:		E-mail:	
Emergency Contact			Relationship:
Home Phone:	Work Phone:		Cell phone:
Emergency Contact (2)			Relationship:
Home Phone:	Work Phone:		Cell phone:
Health concerns that clinical faculty should be aware of:			
* The student will provide copies of the following information:			
<input type="checkbox"/> Picture ID (driver's license or ID card)			
<input type="checkbox"/> Verification of professional liability coverage			
<input type="checkbox"/> Verification of blood borne pathogens / HIV education			
<input type="checkbox"/> CPR certification			
<input type="checkbox"/> Proof of HBV or declination statement			
<input type="checkbox"/> Proof of other immunization records			
<input type="checkbox"/> Verification of health insurance coverage			
<input type="checkbox"/> Clinical Performance Instrument			
<input type="checkbox"/> Other:			
<input type="checkbox"/> Other:			

1. Previous clinical experiences (facility, dates, types of patients seen, other related clinical experiences):	
2. Previous work or volunteer experience:	
3. Areas of clinical interest and/or preferred work setting after licensure:	
4. Preferred learning style and preferred type of supervision:	
5. Preferred type and frequency of feedback:	
6. Student's interests for this clinical assignment:	
a. What PT knowledge/skills do you hope to gain during this rotation?	
b. What particular patient populations would you like to experience?	
c. What types of experiences other than direct patient care are you interested in?	
7. Specific goals: Refer to the criteria from the APTA <i>Clinical Performance Instrument</i> (CPI). Select three criteria and write one <u>specific</u> performance objective/goal for <u>each</u> :	
a.	
b.	
c.	
Student signature:	Date:

Appendix 10: Florida Fingerprint & Drug Screen Instructions for Students

A fingerprint background investigation and drug screen are requirements of the clinical agencies for your program of study. Failure to complete these requirements will prevent you from completing clinical rotations.

STEP 1: What to do if you need an AHCA Fingerprint Background Investigation

Below are step-by-step instructions for accessing www.FieldPrintFlorida.com to authorize and pay for an Agency for Health Care Administration (AHCA) fingerprint background investigation, a.k.a. Florida Level 2 Fingerprint.

1. Click this link or paste it into your browser: www.fieldprintflorida.com
2. Click the red “Schedule an Appointment” button on the right side of the screen.
3. Enter an email address under “New Users/Sign Up” and click the “Sign Up” button. Follow the instructions for creating a Password and Security Question and then click “Sign Up and Continue.”
4. Select “I know my Fieldprint Code” and enter the following: **FPUSFSchPTAHCA**
Note: You may also select the reason you need to be fingerprinted (FL – AHCA) and enter the code. At this point, you are ready to enter your demographic information and schedule a fingerprint appointment at the location of your choosing.
5. At the end of the process, print the Confirmation Page. Take the Confirmation Page with you to your fingerprint appointment, along with two forms of identification. At least one form of ID must be a valid, government issued photo ID, such as a driver’s license.

Note: please store the username and password created for www.FieldPrintFlorida.com in a secure location. This information will be required should you need to access the website for additional information or alter your appointment date/time.

If you encounter issues with the FieldPrint Florida or have questions regarding the site, please contact the Help Desk at (877) 614-4364 or CustomerService@fieldprint.com.

The cost of the AHCA Fingerprint Background Investigation is \$81.75. Payment via credit card is collected within www.FieldPrintFlorida.com.

STEP 2: What to do if you need a VECHS Fingerprint Background Investigation

Below are step-by-step instructions for accessing www.FieldPrintFlorida.com to authorize and pay for a Volunteers and Employees Criminal History Search (VECHS) fingerprint background investigation, a.k.a. Florida Level 2 Fingerprint.

1. Click this link or paste it into your browser: www.fieldprintflorida.com
2. Click the red “Schedule an Appointment” button on the right side of the screen.
3. Enter an email address under “New Users/Sign Up” and click the “Sign Up” button. Follow the instructions for creating a Password and Security Question and then click “Sign Up and Continue.”
4. Select “I know my Fieldprint Code” and enter the following: **FPUSFSchPTVol**
Note: You may also select the reason you need to be fingerprinted (FL – VECHS) and enter the code.

At this point, you are ready to enter your demographic information and schedule a fingerprint appointment at the location of your choosing.

5. At the end of the process, print the Confirmation Page. Take the Confirmation Page with you to your fingerprint appointment, along with two forms of identification. At least one form of ID must be a valid, government issued photo ID, such as a driver's license.

***Note:** please store the username and password created for www.FieldPrintFlorida.com in a secure location. This information will be required should you need to access the website for additional information or alter your appointment date/time.*

If you encounter issues with the FieldPrint Florida or have questions regarding the site, please contact the Help Desk at (877) 614-4364 or CustomerService@fieldprint.com.

The cost of the VECHS Fingerprint Background Investigation is \$46.50. Payment via credit card is collected within www.FieldPrintFlorida.com.

STEP 3: What to do if you need a Drug Screen

Below are step-by-step instructions for accessing Application Station: Student Edition to authorize and pay for a drug screen, as well as locate a specimen collection site. Drug screen collection facilities are listed on the final page of Application Station: Student Edition.

1. Click this link or paste it into your browser: <http://www.applicationstation.com>
2. Enter the Code: **USFCOMPTDS** in the Application Station Code field.
3. Click the "SIGN UP NOW" button to create an account.
4. Follow the instructions on the Application Station web site.

***Note:** please store the username and password created for Application Station in a secure location. This information is needed to enter Application Station in the future which includes obtaining a copy of your drug screen report.*

If you encounter issues with the Application Station: Student Edition or have questions regarding the site, please contact Certiphi Screening's Help Desk at 888-260-1370, ext. 2006 or itsupport@certiphi.com.

If none of the collection sites listed are convenient (within 30 minute drive), please contact Certiphi Screening's Occupational Health Screening Department (*i.e.*, TriTrack and Scheduling Hotline) for assistance with locating an alternate location; phone number 800-803-7859.

If the initial drug screen is reported as positive/non-negative, you will receive a call from Certiphi Screening's Medical Review Officer (MRO). The MRO will obtain medical proof as to why you test positive. If you are taking any form of prescription medicine, it is wise to proactively obtain proof from your physician to be provided to the MRO when contacted. This will speed up the process of reporting drug test results.

School of Physical Therapy & Rehabilitation Sciences
Morsani College of Medicine
University of South Florida

All drug screens conducted for University of South Florida School of Physical Therapy and Rehabilitation Sciences are 10-panel and tests for:

- Amphetamines
- Cocaine Metabolites
- Marijuana Metabolites
- Opiates
- Phencyclidine
- Barbiturates
- Benzodiazepines
- Methadone
- Propoxyphene
- MDMA/Ecstasy

You will receive an email from Certiphi Screening, studentedition@certiphi.com, once drug test results are available. Follow the link in the email to access Application Station: Student Edition to view the report.

The cost of the Drug Screen is \$29.00. Payment via credit card is collected within ApplicationStation: Student Edition.