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PURPOSE OF CLINICAL HANDBOOK

This handbook is a tool utilized to effectively communicate with Clinical Education Faculty and Radford University Doctor of Physical Therapy (DPT) students specifically about the Clinical Education Program at Radford University DPT program.

It includes:

- A list of the responsibilities of the director of clinical education, clinical education faculty, and students.
- A description of the rights and privileges of clinical education faculty.
RAFDORD UNIVERISITY CLINICAL EDUCATION CONTACT INFORMATION:

The program is location:
Carilion Roanoke Community Hospital, 8th floor
101 Elm Ave, SE, Roanoke, Virginia 24013
540-224-6657

In the event of an emergency, please contact the Director of Clinical Education (DCE) directly:

Dr. Renée Huth, DPT, ABD, Director of Clinical Education (DCE)
Department of Physical Therapy
Located within: Carilion Roanoke Community Hospital
8th Floor
101 Elm Ave,
Roanoke, VA 24013
Office Telephone: (540) 224-6673 (carries over to personal cell while out of office)
DCE e-mail: rhuth@radford.edu

Other helpful contacts/information:

Department Website address: http://www.radford.edu/content/wchs/home/pt.html

Department Administrative Assistant:
Neil Huss
(540) 224-6657
nhuss@radford.edu

Program Director:
Dr. Brent Harper
(540) 224-6675
bharper2@radford.edu

Clinical Education Review Faculty 2017-2018 academic year:

- Alex Siyufy, asiyufy@radford.edu
- Wil Kolb, wkolb@radford.edu
- Renée Huth, Committee Chair, rhuth@radford.edu

Statement of Candidacy/Accreditation

The Department of Physical Therapy at Radford University is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-706-3245; email: accreditation@apta.org; website: www.capteonline.org.
OVERVIEW

The Department of Physical Therapy aspires to prepare responsive and engaged professionals who lead by example by providing best practice care. Our vision parallels the APTA’s 2030 vision that physical therapy will be provided by doctors of physical therapy. Physical therapists will be recognized by consumers and other health care professionals as practitioners of choice to whom consumers have direct access for the diagnosis of, interventions for, and prevention of impairments, functional limitations, and disabilities related to movement, function, and health. Offering the Doctor of Physical Therapy (DPT) degree is one example of Radford University’s commitment to educate highly competent practitioners to serve the needs of the Commonwealth of Virginia and the nation. This department strives to develop leading practitioners who will improve access and quality of care for aging and underserved populations.

Radford University DPT program features strong partnerships with local and national businesses, hospitals, and public schools to offer a variety of experiential learning experiences. This diversity will prepare our students to provide quality physical therapy care throughout the lifespan of population within areas of interest. Radford University interdepartmental associations also provide a multitude of positive on-campus learning opportunities.

CURRICULUM

The curriculum for the Physical Therapy Program is designed to foster an intellectual and psychomotor teaching/learning environment that is student focused. The educational format engages students to develop and perfect decision-making skills, critical thinking, psychomotor skill development, and social skills integration. The curriculum is built on a simple to complex model beginning with an integration of foundational and clinical sciences and progressing to complex and diverse practical learning experiences. Participation and application of current research stimulates practitioners to be current in everyday practice and pursue life-long learning. These activities result in the development of diverse autonomous practitioners with the intellectual awareness, social skills, and psychomotor skills to positively impact their communities and the profession of physical therapy.

The Mission of the Department of Physical Therapy is to develop culturally sensitive autonomous physical therapy practitioners. These practitioners will serve as advocates by meeting the physical therapy needs of their communities to improve the human experience. The development of autonomous practitioners will be facilitated through an engaging and challenging intellectual and psychomotor teaching/learning environment that is student focused. Research is considered a vital corollary to the educational process leading to lifelong learning and the creation of new knowledge to meet current and future healthcare needs.

PROGRAM VALUES

- The teaching/learning environment is student centered.
- The teaching/learning environment is intellectually engaging and culturally sensitive.
- The educational process creates an autonomous physical therapy practitioner.
- The educational experience creates a lifelong learner.
PROGRAM PRINCIPLES

- The learning process is based on an integration of foundational and clinical sciences.
- Critical reasoning and use of evidence based practice are essential elements of the curriculum.
- Research is a vital corollary to the teaching/learning process leading to the development of a lifelong learner and the creation of new knowledge.
- Practitioners of physical therapy advocate for the provision of physical therapy services for underserved and underrepresented populations.

PROGRAM GOALS

- Provide inter-professional collaboration opportunities.
- Encourage students to strive to meet the needs of underserved populations.
- Provide a student-focused teaching/learning environment.
- Promote the use of current evidence-based practice.
- Facilitate the development of practitioners who demonstrate life-long learning.
- Provide an accredited education program in physical therapy that enables graduates to become autonomously licensed practitioners.

Meeting the program’s expected performance outcomes reflects the mastery and application of the goals of the physical therapy curriculum. Graduates who have met or exceeded the program’s outcome goals will have met the cognitive, psychomotor, and affective requirements of the curriculum. These performance outcomes are entry-level level qualifications for the practice of physical therapy and are required to sit for the national licensure examination in physical therapy.

HOW THE CLINICAL EDUCATION PROGRAM SUPPORTS THE PROGRAM’S MISSION

- Provides opportunities for students to hone skills and abilities explored within didactic coursework.
- Requires students practice within diverse clinical environments and with patients across the lifespan.
- Gives back to the community by requiring 1 of 3 clinical experiences be completed within the defined region of 200 geographic miles from the Radford University DPT campus in Roanoke, VA.

PRACTICE ACT & LICENSURE

Physical Therapy clinical faculty is required to practice under the regulations of their state’s Practice Act and licensure. Students are encouraged to look up the practice act of the state in which they are completing their clinical experiences. The Commonwealth of Virginia Regulations governing the practice of physical therapy including general provisions and definitions found in Part I, licensure requirements in Part II, practice requirements in Part III, and standards of practice and confidentiality in Part IV may be accessed online via: http://www.dhp.virginia.gov/PhysicalTherapy/default.htm. Virginia’s license look up website: https://dhp.virginiainteractive.org/Lookup/Index
CURRICULAR MATRIX

[Diagram showing the curricular matrix with stages and subjects]
## RADFORD UNIVERSITY’S DOCTOR OF PHYSICAL THERAPY COURSE SEQUENCE

*Online Link to Course Descriptions*

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Title</th>
<th>Year 1</th>
<th>Year 2</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td><strong>Summer</strong></td>
<td><strong>Fall</strong></td>
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<tr>
<td>AHPT 800</td>
<td>Human Anatomy</td>
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<tr>
<td>AHPT 810</td>
<td>Exercise Physiology</td>
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<td>AHPT 812</td>
<td>Clinical Medicine I</td>
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<td>AHPT 814</td>
<td>Patient Management I</td>
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<td>AHPT 816</td>
<td>Theory and Practice I</td>
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<tr>
<td>AHPT 820</td>
<td>Kinesiology/Biomechanics</td>
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<td></td>
<td><strong>Spring</strong></td>
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<tr>
<td>AHPT 818</td>
<td>Neuroscience</td>
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<td>AHPT 824</td>
<td>Clinical Medicine II</td>
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<td>AHPT 826</td>
<td>Patient Management II</td>
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<td>Theory and Practice II</td>
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<td>AHPT 829</td>
<td>Research/Scientific Inquiry I</td>
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<td></td>
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<tr>
<td>AHPT 830</td>
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<td><strong>Fall</strong></td>
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<tr>
<td>AHPT 842</td>
<td>Professional Affairs</td>
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<td>AHPT 844</td>
<td>Neuromuscular Development and Control I</td>
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<tr>
<td>AHPT 846</td>
<td>Differential Diagnosis/Imaging</td>
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<tr>
<td>AHPT 848</td>
<td>Pharmacology</td>
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<td>AHPT 850</td>
<td>Psychosocial Elements of Illness and Disability</td>
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<tr>
<td>AHPT 862</td>
<td>Clinical Medicine III</td>
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<tr>
<td>AHPT 840</td>
<td>Management of Special Population</td>
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<td>AHPT 860</td>
<td>Advanced Orthopedics</td>
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<td>AHPT 864</td>
<td>Health Policy and Administration</td>
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<td>Neuromuscular Development and Control II</td>
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<td>AHPT 867</td>
<td>Principles of Teaching and Learning</td>
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<td>AHPT 868</td>
<td>Research/Scientific Inquiry II</td>
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Year 3

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<td>AHPT 880</td>
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<td>Cardiopulmonary Patient Care Management</td>
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<td>Comprehensive Patient Care</td>
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<td>AHPT 884</td>
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<td>Pediatrics</td>
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<td>AHPT 886</td>
<td></td>
<td>Preventative Health and Wellness</td>
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<tr>
<td>AHPT 888</td>
<td></td>
<td>Research/Scientific Inquiry III</td>
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</tbody>
</table>

| Spring     |          |          |
| AHPT 890   |          | Clinical Internship III |
| AHPT 892   |          | Research/Scientific Inquiry IV |

* Subject to change

COURSE SYLLABI EMPHASES AND EXPECTATIONS

Year 1: AHPT 830
CATALOG DESCRIPTION: Clinical Experience I is the first in a series of courses designed to provide physical therapy students with an opportunity to apply the first year of didactic learning through real world experience. This is the first of a series of three clinical experiences. It requires full time hours per week over the course of the clinical experience. The learning outcomes of the clinical education process are based on the hierarchical pattern of coursework. This initial clinical internship emphasizes basic examination, evaluation, and treatment intervention skills primarily found in nursing homes, inpatient rehabilitation facilities and outpatient rehabilitation clinical sites. Each student will be assigned an on-site Licensed Physical Therapist referred to as a Clinical Instructor (CI). The CI will provide individual supervision during the clinical experience. As the student becomes more competent, the student will assess problems, practice evaluation skills, formulate patient goals and apply treatment techniques.

Course Expectations:

- Syllabus and grading rubric provides specifics, including but not limited to:
  - CPI Focus: Safety, Communication, Documentation
  - All 18 CPI criteria scored > or = beginner level on CPI final*.

Year 2: AHPT 870
CATALOG DESCRIPTION: This is the second in a series of three clinical experiences. It requires full time hours per week over the course of the clinical experience. The outcome of the clinical education process is based on the hierarchical pattern. Each clinical experience builds from previous didactic knowledge and clinical rotation experience by developing the student's clinical knowledge, critical thinking skills, and practical application skills. The focus of this experience includes complex patient examination, evidence based care and treatment, use of critical thinking and clinical reasoning skills, professional behaviors and adult learning, as well as decision-making for
medically complex patients. Students will have the opportunity to practice the skills they have learned in supervised clinical settings including any previous setting not yet experienced within nursing homes, inpatient rehabilitation facilities, and outpatient rehabilitation clinical sites as well as opportunity to participate in supervised practice in acute or home health settings.

- Syllabus and grading rubric provides specifics, including but not limited to:
  - CPI Focus: Student identified clinical practice areas in need of improvement
  - All 18 CPI criteria scored > or = intermediate level on CPI final.*

**Year 3: AHPT 890**

CATALOG DESCRIPTION: Clinical Experience III is the last of a series of three clinical education experiences. This clinical experience is the finale of clinical education coursework and of the didactic curriculum. It requires full time hours per week over the course of the clinical experience. It includes potential placement in the following settings: OP; IP Rehab; SNF; HH; acute; or that not previously experienced. The focus of this experience is to assimilate didactic knowledge of professional behaviors and decision-making for medically complex patients. Students will have the opportunity to enhance skills learned in the classroom and via previous supervised clinical experiences. At the conclusion of this course, students will be expected to have entry-level skills as practitioners of physical therapy based on the Clinical Performance Instrument. This clinical education course requires student full time attendance for the clinical experience.

- Syllabus and grading rubric provides specifics, including but not limited to:
  - CPI Focus: Student identified clinical practice areas in need of improvement
  - All 18 CPI criteria scored > or = entry level on CPI final.*

* Should these expectations not be achieved, a review conducted by department faculty including, but not necessarily limited to the DCE and/or program director, will ensue, with required SMART plan development and/or program dismissal. As indicated in the CPI, “…the five red-flag items (safety, professional behavior, accountability, communication, and clinical reasoning) are considered foundational elements in clinical practice. Significant concerns related to a performance criterion that is a red-flag item warrants immediate attention, more expansive documentation, and (at minimum) a telephone call to the DCE”. Possible outcomes from difficulty in performance with a red-flag item may include dismissal from the clinical experience, remediation via a SMART plan, and/or program dismissal.


**PREPARATION FOR CLINICAL EXPERIENCES**

Prior to attending clinical experiences, students must satisfy all prerequisite course requirements including successfully passage of the comprehensive pre-clinical practical established by department faculty or by full faculty collective vote with a SMART plan in place overseen by designated faculty.

The DCE in coordination with Radford University Procurement and Contracts Office establishes
Clinical agreements with agencies which provide physical therapy services representative of those commonly seen in practice and with patients across the lifespan. All clinical experiences are full-time to meet the minimum required 36 week timeframe under the direct supervision of licensed Physical Therapists. The total number of required clinical education weeks equates to 36 total full time clinical education weeks.

Local placements cannot be guaranteed and students should expect to budget accordingly for alternate housing and travel outside of the local area during their clinical experiences.

During the initial department orientation, students will be provided instruction about the clinical placement process. Students will rank available clinical sites assignments during the semester prior to each clinical placement. Placements are assigned by the database based on these rankings.

The program is required by the accrediting board to provide diverse settings representative of entry level practice and access to treating patients across the lifespan, therefore students will not be allowed to request a repeat of the same type of placement setting, i.e. two Outpatient (OP) Rehab sites. In the circumstance that the database assigns a student a clinical placement setting already experienced, the Clinical Education Review Committee will review the student’s experiences and alternative options available with the main focus to assure each student has access to patients across the lifespan within the three clinical placements.

AN EXAMPLE OF THE CLINICAL PLACEMENT PROCESS

Students within a given cohort will sign on to the database when instructed to do so, typically mid-October for spring placements and mid-February for summer placements. Students are provided a minimum of three days to rank clinical placement options. The DCE will communicate when rankings are to be completed during the first preclinical course meeting typically held during the early in the fall and spring semesters. Rankings will be locked on the deadline date and time after which the DCE will run a report in the database which assigns students based on student preference rankings.

In the circumstance a student has identified a clinical site that is not listed within the database of clinic site options, the student is to bring this to the attention of the DCE in writing (email: rhuth@radford.edu) at least 8 months prior to the third clinical experience, so that the DCE may make contact and request a clinical agreement and future placement. Students who bring new clinical site options forward that lead to clinical placement availability will be assigned to the site directly be the DCE. In no circumstance is the student to reach out to clinical sites to request clinical placements. Communications regarding requests for new clinical agreements must occur only between the DCE and clinical sites for consistency.

To request a new clinical site agreement, the student’s role is to email the DCE the name of the clinical site, address, telephone number and if known, the clinical coordinator’s name, and coordinator’s email. Requests are accepted for third clinical placements only.

The DCE needs to make all clinical requests by March 1 the year prior to the clinical assignment. For example all 2018 clinical placements were requested by March 1, 2017.
No sites are guaranteed due to unforeseen circumstances outside the department’s control, however if the student’s assistance in attaining a new agreement as described above leads to a new contract and the site provides a placement during the requested timeframe, the requesting student will be placed in the desired site. All contacts and arrangements in developing clinical affiliation agreements and setting up clinical rotations are to be completed by the DCE of Radford University’s Doctor of Physical Therapy Program.

SEQUENCE OF CLINICAL EXPERIENCES

Clinical experiences offer the opportunity for students to apply knowledge, skills, and professional attributes gained through previous curricular experiences. Students are required to participate in three (3) unpaid 12-week full-time clinical experiences as part of their professional education as shown below:

- **Year 1**: 12-week placement mid-May to early August
- **Year 2**: 12-week placement mid-May to early August
- **Year 3**: 12-week placement generally January to mid-April (weeks may be split into 2 clinical placements if student opts for international experience)

Based on the flow of Radford University’s didactic coursework as well as feedback from our Site Clinical Coordinators, Clinical Instructors, and graduates of the program, students are placed in appropriate experiences as follows:

- **Year 1**: outpatient rehabilitation, inpatient rehabilitation, or skilled nursing.
- **Year 2**: outpatient rehabilitation, inpatient rehabilitation, skilled nursing, acute/hospital, or home health.
- **Year 3**: any location where physical therapists currently practice including specialties in practice such as pediatrics, women’s health, orthopedics, worker’s compensation, or international.

The overall goal for the clinical education curriculum is to provide students the opportunity to experience diverse practice settings that build on skills mastered within the didactic aspect of the curriculum. The development of students to perform as entry-level practitioners of physical therapy before graduation is the most important factor in these assignments. For this reason, not all clinical assignments will be allowed in the same practice setting type.

Students may refuse or decline a student clinical placement, but this will delay their continuation or completion of the Physical Therapy Program.

Placements missed due to unforeseen circumstances will be “made up” after all other coursework is completed and only by permission of the RU DPT faculty. This will delay graduation.

The DPT clinical experience calendar follows the Radford University academic calendar with summer Clinical Experience I & II beginning with the Radford University Summer III, but extends two weeks beyond the 10 week summer session. Clinical Experience III begins with the RU academic spring semester and ends two weeks prior to the end of the semester allowing students to return to campus to complete and present their Research IV Capstone Projects.
The Academic calendar may be accessed on the Radford University’s Registrar webpage at:
http://www.radford.edu/content/registrar/home/registration-information/academic-calendar.html

UNIVERSITY ROLES, RESPONSIBILITIES & RIGHTS

The university strives to provide an educational environment conducive to student learning and development and has a duty to protect its educational purpose by setting standards of scholarship and conduct. The guiding principle of university regulations is to promote student responsibility and accountability while protecting the community as a whole. Students have the responsibility to follow all regulations outlined in this policy. Radford University likewise has the responsibility to provide a student conduct process that is: Free from discrimination and harassment on the basis of race, color, sex, sexual orientation, disability, age, veteran status, national origin, religion or political affiliation; fundamentally fair; and inclusive of the option for a hearing and an appeal, as outlined in this policy.

CLINICAL EDUCATION STUDENT PLACEMENT AFFILIATION AGREEMENTS

Radford University, as an institution within the Commonwealth of Virginia establishes annual clinical agreements with each clinical experience site facilitated by the Physical Therapy Department Director of Clinical Education. Final approval is always necessary by Radford University’s Department of Material Management and Contracts. All agreements are reviewed and signed by Radford University’s Director of Material Management and Contracts.

Pamela P. Simpkins, CPPB, CUPO, MUA, VCO
Director | Procurement and Contracts
Radford University
Armstrong Complex 220
P.O. Box 6885 | Radford, VA 24142
P. 540-831-5419 | F. 540-831-5946
ppsimpkin@radford.edu | www.radford.edu
MEMORANDUM OF AGREEMENT
FOR AFFILIATION BETWEEN
RADFORD UNIVERSITY
AND
[NAME OF FACILITY]

This Memorandum of Agreement (AGREEMENT) is entered into on this XXX day of XXXXXX, 2013, is to establish an AGREEMENT between Radford University (UNIVERSITY) and NAME OF FACILITY (FACILITY), collectively referred to as the PARTIES, in regard to their cooperation in the implementation of PHYSICAL THERAPY student education. The PARTIES to this AGREEMENT, in consideration of mutual covenants, promises and agreements herein contained, agree as follows:

WITNESSETH:

WHEREAS, the UNIVERSITY is the operator of the Physical Therapy Program which require clinical educational experiences, and;

WHEREAS, the FACILITY is the operator of a facility in which such educational experiences presently exist, and;

WHEREAS, the PARTIES herein referred to are desirous of entering into the AGREEMENT for the express purpose of setting forth clearly and accurately a complete and detailed statement of their respective agreements and responsibilities during the term of the AGREEMENT;

NOW THEREFORE, the UNIVERSITY and the FACILITY, functioning collaboratively, herein agree to carry out the responsibilities as set forth in this AGREEMENT.

The UNIVERSITY agrees to:
1. Assume and maintain full responsibility for the planning and administering of the Physical Therapy Program, including programming, curriculum content, and designation of the Director of Clinical Education (DCE).
2. Be responsible for the student and DCE compliance with FACILITY rules and regulations during clinical affiliation with the FACILITY.
3. Provide orientation to the educational program for the appropriate FACILITY employees prior to the beginning of each student clinical experience.
4. Provide and maintain on-going communication with the FACILITY’S assigned Center Coordinator of Clinical Education and arrange feasible on site visits.
5. Communicate with the FACILITY’S assigned Center Coordinator of Clinical Education at the time mutually agreed upon, to plan schedule of student assignments which include the student’s name, level of academic preparation, length, dates and type of clinical education experience.
6. Seek mutual agreement with FACILITY regarding days and hours for student assignments to the FACILITY.

7. Require that all UNIVERSITY student and faculty participating in the Educational Experiences are covered for any and all acts or occurrences that happened during or arise from the Educational Experiences by professional liability insurance with coverage amounts not less than the maximum amount recoverable from a health care provider for any injury to, or death of, a patient resulting from malpractice action as specified under Section 8.01-581.15 of the 1950 Code of Virginia, as amended, or any successor statute thereto per occurrence and three (3) times the maximum amount set forth above in the aggregate. The UNIVERSITY shall also require that, during the term of this AGREEMENT, all faculties participating in the Educational Experiences are covered by workers’ compensation insurance covering the faculty in the amount required by the State of Virginia. Evidence of coverage required by this paragraph will be presented to the FACILITY upon request, and the UNIVERSITY will notify the FACILITY of any cancellation, reduction, or other material changes in the amount or scope of any coverage(s) required under this Section.

8. Ensure that all students complete HIPAA and FERPA awareness training prior to the start of their clinical education. The HIPAA and FERPA awareness training is provided by the UNIVERSITY and a Certificate of Training with the specific date(s) the training was completed and signed by the instructor will be provided to the FACILITY per their request.

9. UNIVERSITY agrees to pay FACILITY a fee upon receipt and approval of the Clinical Practice Instrument an agreed upon amount not to exceed $1,000 (ONE THOUSAND DOLLARS)/per student. Each Clinical Practice Instrument will reference Radford University, Physical Therapy Program, student name, and clinical experience time period. Clinical Practice Instrument must be submitted to the UNIVERSITY DCE within Physical Therapy Department. Payment to FACILITY will be made within thirty days of completion of the clinical program, or receipt of the Clinical Practice Instrument, whichever is later.

The FACILITY agrees to:

10. Provide supervised learning experiences for the affiliating student. Qualified personnel will be provided by the FACILITY to directly supervise the student during the clinical experience. The FACILITY shall designate and submit in writing to the UNIVERSITY the name and professional and academic credentials of the person to be responsible for the educational program hereinafter referred to as the Clinical Instructor.

11. Inform the UNIVERSITY, in writing, at least four (4) months in advance of the Number of students that will be accepted for affiliation for any given period of time and will be dependent in part on its philosophy, available space, patient population, and qualified employees.

12. Provide for orientation of the UNIVERSITY appointed DCE and students regarding FACILITY’S policies and procedures.

13. To inform the UNIVERSITY in writing at least four (4) months in advance of any student affiliation of medical tests or procedure related to occupational health or safety which it requires for students placed at its facility.

14. Allow time for Clinical Instructor and/or Center Coordinator of Clinical Education to meet periodically with the UNIVERSITY appointed DCE to discuss mutual concerns.

15. Upon reasonable request, permit inspection of its clinical educational facilities, student records, or other such items as may pertain to the Clinical Education Program utilized by the students, UNIVERSITY, or appropriate agencies.
16. To make reasonable attempts to gain access to emergency first aid treatment, in case of accident or illness to students while at the **FACILITY** for clinical experience. The **FACILITY** shall not bear the cost of the emergency treatment or any other health care services provided to the students.

17. Allow student during clinical affiliations at **FACILITY** to utilize facilities and resources including supplies and equipment of the **FACILITY** that are essential for clinical experiences.

18. Permit the use of parking facilities by students and DCE for clinical affiliation purposes with **FACILITY**.

19. The **FACILITY**’s representative will complete and submit an electronic or paper copy of the Clinical Practice Instrument to the **UNIVERSITY**’s DCE of the Department of Physical Therapy within five (5) calendar days of the completion of the student’s clinical experience. The Clinical Practice Instrument document will be used to process agreed upon fee to **FACILITY**.

It is **MUTUALLY** agreed that:

20. The **FACILITY** or **UNIVERSITY** may terminate, upon reasonable cause, the clinical placement of any student whose work performance is unsatisfactory or whose physical and/or mental health renders her/him unable to perform the essential requirements of the program with reasonable accommodations. Prior to termination, the **FACILITY** will provide the student and **UNIVERSITY** written notice of the proposed termination and reasons therefore, and shall furnish the student and the **UNIVERSITY** a reasonable opportunity to respond to such notice; provided, where the student’s health or performance poses imminent danger to self or others, suspension may be effective upon verbal notice and verbal opportunity to respond thereto, and the procedures for termination herein described may be implemented subsequent to the suspension.

21. Representatives of both the **UNIVERSITY** and the **FACILITY** shall discuss issues of mutual concern and whether or not any changes are necessary in their agreement prior to renewal.

22. The students and the D.C.E of the **UNIVERSITY** shall function in cooperation with the **FACILITY**. The **UNIVERSITY** will inform the student that she/he is not to be considered an employee of the **FACILITY** for the purposes of wages, fringe benefits, worker’s compensation, unemployment compensation, social security or any other purpose solely because of their participation in the clinical affiliation with the **FACILITY**.

23. The **Physical Therapy** Education Program shall be the responsibility of, and under the control and supervision of the **UNIVERSITY** and shall be administered through its employees. Client services shall be the responsibility of the **FACILITY**, its administration and its personnel.

24. **CONFIDENTIALITY**.

In consideration for **UNIVERSITY**’s affiliation with **FACILITY** and the right of **UNIVERSITY** to further its educational mission at or through **FACILITY** and in view of the confidential nature of information which may be secured by the **UNIVERSITY** while affiliated with **FACILITY**, **UNIVERSITY**, and its agents, representatives, employees, Faculty, contractors and students agree to hold confidential all knowledge and information obtained about **FACILITY** and any of its related facilities, including, but not limited to patient information, operational information, information regarding the business of **FACILITY**, its policies, procedures guidelines or processes, and information regarding its
agents, representatives, employees, contractors and staff both credentialed and non-credentialed.

UNIVERSITY agrees to execute such additional documents as deemed necessary by FACILITY to evidence the PARTIES’ compliance with the HIPAA as defined above, possibly including, but not limited to, business associate agreements or other agreements necessary for conformance therewith.

UNIVERSITY recognizes that its obligations under the confidentiality portion of this AGREEMENT amount to material consideration for allowing the UNIVERSITY the right to participate in educational opportunities at FACILITY or its facilities.

25. MISCELLANEOUS.
   A. ASSIGNMENT. This AGREEMENT may not be assigned without prior written consent of both PARTIES.
   B. CHOICE OF LAW. This AGREEMENT shall be governed by the laws of the Commonwealth of Virginia.
   C. NON-DISCRIMINATION. Neither PARTY will discriminate on the basis of age, sex, race, religion, national origin, or disability.
   D. ENTIRE AGREEMENT. This AGREEMENT contains the entire AGREEMENT between the PARTIES regarding the subject matter hereof and shall supersede any prior AGREEMENTS between the PARTIES.
   E. WAIVER. No failure by either Party to insist upon strict performance of any covenant, term or condition of this Agreement or to exercise a right or remedy hereunder shall constitute a waiver. No waiver of any breach shall affect or alter this Agreement, but each and every covenant, condition and term of this Agreement shall continue in full force and effect with respect to any other existing or subsequent breach.
   F. INDEPENDENT CONTRACTORS. In the performance of the responsibilities outlined herein, it is mutually understood and agreed that each PARTY is at all times acting and performing as an independent contractor. It is agreed by the PARTIES hereto that no work, act, commission or omission of either PARTY shall be construed to make or render one PARTY the agent, employee or servant of the other PARTY.
   G. NO THIRD PARTY BENEFICIARIES. This Agreement is entered into by and between the Parties hereto and as such no person or entity shall be deemed or construed a third party beneficiary hereunder.
   H. SEVERABILITY. The invalidity or unenforceability of any particular provision of this Agreement shall not affect the other provisions hereof, and this Agreement shall be construed in all respects as if such invalid or unenforceable provisions were omitted.
   I. NOTICES. Any notice or other communication required by this AGREEMENT shall be in writing and shall be deemed given if hand delivered, sent via overnight mail by a reputable overnight courier, such as FedEx, or sent postage prepaid by a certified or registered mail, return receipt requested, or via electronic mail or facsimile addressed as follows:

     If to UNIVERSITY: RADFORD UNIVERSITY
     PROCUREMENT AND CONTRACTS

18
The AGREEMENT shall be effective from the date of its execution and shall remain in effect for a four-year period to meet the Commission Accreditation in Physical Therapy Education (CAPTE) requirements and Radford University’s Doctor of Physical Therapy curriculum’s clinical experience obligation to our students.

This AGREEMENT will be reviewed annually prior to expiration date and will automatically renew unless otherwise indicated by one of the PARTIES. All renewals will be for an additional four-year period as agreed upon both PARTIES.
This **AGREEMENT** may be changed or discontinued by either party with sixty (60) days written notice at any time during the period of the **AGREEMENT**. However, if an academic semester and clinical affiliation has commented, the **AGREEMENT** shall remain in effect through the completion of that semester and clinical affiliation.

This **AGREEMENT** must be revised or modified by mutual consent. All modifications must be in writing and signed by an official of the **UNIVERSITY** and **FACILITY**.

**WITNESS**, the following authorized signatures of the **PARTIES** hereto:

**FACILITY**

<table>
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<tr>
<th>NAME OF FACILITY</th>
<th>SIGNATURE</th>
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**UNIVERSITY**

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**PROCUREMENT AND CONTRACTS - DESK TOP PROCEDURES**

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<tr>
<td>TITLE OF FORM:</td>
<td>MEMORANDUM OF AGREEMENT AFFILIATION W/BUDGET</td>
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<tr>
<td>PROCEDURE:</td>
<td>ID PC-005-DPT-MOA-FY14</td>
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<td>EFFECTIVE DATE:</td>
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PROCEDURES AND DISTRIBUTION OF MOA:

STANDARD AFFILIATION AGREEMENT PROCEDURE [ID # PC-003-SAA]
EFFECTIVE JULY 2013:

1. ANY CHANGES TO THE OAG APPROVED AFFILIATION AGREEMENT MUST RECEIVE PRIOR APPROVAL BY THE DIRECTOR OF PROCUREMENT AND CONTRACTS, OR DESIGNEE.

2. IF APPROVED, OR NO CHANGES WERE MADE:
   A. DEPARTMENT/SCHOOL SENDS STANDARD AFFILIATION AGREEMENT TO ORGANIZATION TO SIGN
   B. ORGANIZATION SIGNS AND RETURNS AGREEMENT TO DEPARTMENT/SCHOOL
   C. DEPARTMENT FACULTY DESIGNEE SIGNS AGREEMENT AND RETAINS A COPY FOR DEPARTMENTAL RECORDS
   D. DEPARTMENT/SCHOOL SENDS ORIGINAL TO PROCUREMENT AND CONTRACTS TO RETAIN (POB 6885).
   E. DEPARTMENT/SCHOOL SENDS A COPY OF THE SIGNED AFFILIATION AGREEMENT TO ORGANIZATION FOR THEIR RECORDS.
   F. PROCUREMENT & CONTRACTS COBBLESTONE FILE NAME SAA-FY-[DEPARTMENT/SCHOOL]-[ORGANIZATION]

3. DPT MOA PAYMENT FORM
   A. WITHIN 30 DAYS OF THE COMPLETION OF EACH SUCCESSFUL STUDENT EXPERIENCE, FACILITY PROVIDES DPT WITH A CLINICAL PRACTICE INSTRUMENT REFERENCING ALL REQUIRED ITEMS AS STATED IN ADDENDUM OF THE MOA.
   B. DPT COMPLETES DPT MOA PAYMENT FORM FOR EACH STUDENT PLACED AT FACILITY.
   C. DPT SENDS COMPLETED DPT MOA PAYMENT FORM AND A COPY OF MOA TO ACCOUNTS PAYABLE (POB 6906)
   D. ACCOUNTS PAYABLE PROCESSES PAYMENT TO FACILITY BASED ON INFORMATION PROVIDED ON DPT MOA PAYMENT FORM
   E. REFERENCE:
      PROCEDURE ID: PC-005-DPT-MOA-FY14
      DPT MOA PAYMENT FORM
DPT MOA PAYMENT FORM

This DPT MOA Payment Form is designed for the specific purpose of processing payment for a fully executed MOA after the completion of requirements stated in Section 9. of the MOA. DPT sends this completed form with a copy of the MOA to Accounts Payable (PO Box 6906) for processing. Keep a copy for department records. Do not email this form if a SSN is provided.

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<td>Check the appropriate box if above number is one of the following: XFIN–Federal Tax Identification Number, or □SSN–Social Security Number</td>
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CERTIFICATE OF LIABILITY

Office of Risk Management
P. O. Box 6923
Radford, VA 24142
(540) 831-7204

CERTIFICATE OF LIABILITY COVERAGE

Administered by
Commonwealth of Virginia
Department of the Treasury
P. O. Box 1879
Richmond, VA 23218-1879

ISSUED TO: [blank]

AUTHORITY: §2.2-1837, Code of Virginia and the Commonwealth of Virginia Risk Management Plan

COVERAGE PERIOD: Continuous, effective May 26, 2017

PURPOSE: Verification of liability coverage for activities of Radford University, its employees, and authorized agents as it relates to the clinical learning experience through the application of knowledge and skills in actual patient-centered situations in a health care facility

COVERAGE: Tort Liability, including Medical Malpractice and Automobile Liability

LIMITS: $100,000 for tort claims against the Commonwealth and $2,000,000 for claims, other than medical malpractice claims, against officers, employees, and agents of the Commonwealth. For malpractice claims against health care providers, the limit is in the amount set forth in §8.01-581.15, Code of Virginia.

This document is for information purposes only. It does not alter the Code of Virginia or any provisions of the Commonwealth of Virginia Risk Management Plan.

VERIFIED BY:
Signature [blank]
State Official’s Name: Jeanie Quesenberry
Title: Manager, Risk Management & Finance System Security
Date: May 26, 2017
STUDENT ROLES, RESPONSIBILITIES & RIGHTS IN CLINICAL EDUCATION

Students are required to follow all regulations outlined in the University’s Standards of Student Conduct Handbook, the Department Student Handbook and Clinical Handbook.

PRE/CLINICAL EDUCATION REQUIREMENTS

CPR Certification: The American Heart Association BLS-C Health Care Provider course is preferred for CPR. Renewal for the AHA/BLS-C certification is every two years. Students may also take the American Red Cross CPR for the Professional Rescuer course. Renewal for the ARC/CPR certification is every 12 months. CPR certification must be up-to-date during the whole period of student clinical education experiences. Up-to-date CPR cards are required throughout the complete time within clinic and students will be removed from the clinic for not meeting standards of practice as dictated by accrediting hospital/practice agencies and the Radford University DPT Program. Clinical sites may have specific CPR requirements such as only accepting AHA BLS-C course.

Criminal Background and Drug Screen Requirement: Students will successfully complete a background check and drug screening during each semester prior required clinical experiences. Radford University DPT program utilizes CertifiedBackground.com for admission and clinical education preclinical background check and drug screening. If background and/or drug screen results are not received in the identified time period, students will be restricted from attending clinical experiences. Negative background and drug screen results may result in students being denied participation in the currently assigned clinical experience and may be dismissed from the DPT program. Students should be aware that clinical sites may require additional preclinical screenings in addition to Radford University DPT requirements. In this case, additional expenses such as an additional site specific background check is to be paid by the site. Students are to inform the program DCE if this is not the case.

In the circumstance that a student’s background/drug test is flagged, the DCE will bring this to the attention of the student. The DCE will refer to the current clinical agreement with the organization where the student is currently assigned. Based on the current clinical agreement, the DCE may be required to share this information with the external assigned clinic and in that case it will be the assigned organization’s decision whether or not to allow the student to attend clinic. If the assigned clinic refuses to accept a student based on a background or drug test, the student’s case will be reviewed by the Clinical Education Committee for next steps. Next steps may include: delay in attending clinical education sites which will delay graduation; or dismissal from the program.

- RUDPT Students will complete a drug test and background check during the preclinical semester prior to the each clinical experience and these records are available to the program administrative assistant, program director and DCE via Castlebranch login and password.
- Clinical sites may require their own background and drug testing in addition to those required by the department. These must be completed in a timely manner in order to attend the clinical experience assigned.
Health Forms, including PPD/Quantiferon Gold and Immunization Maintenance: The Commonwealth of Virginia and/or Radford University requires that the health record form and certificate of immunizations be completed and submitted to the student health center prior to enrollment at Radford University and each subsequent fall semester. The form may be accessed on the Student Health Services webpage: http://health.asp.radford.edu/index.htm. Students who have not met this requirement by the end of their first term may be dismissed from the University. These student health forms must be updated on a yearly basis or as changes occur to meet the requirements of the University as well as to meet the needs of the student assigned clinical placements.

Students are strongly encouraged to make personal copies of completed health forms for their own records.

During each preclinical semester students are required to provide an up-to-date health record including immunization, flu vaccination, and Tuberculin skin test (PPD/TST)/Quantiferon Gold records directly to the Director of Clinical Education via the Castlebranch online platform. Documentation of these health records are required to attend clinical assignments, therefore students who have not maintained an updated student health form will be precluded from clinical experiences. The Director of Clinical Education will secure all confidential information in the Office of the Director of Clinical Education accessible to the Program director and administrative assistant.

Some clinical sites require a copy or originals of student health records, i.e. immunizations, ppds, flu shot, prior to the student’s arrival to the assigned clinical site. If the records are not complete in a timely manner, the clinical site has the right to cancel the student placement and the student will lose his/her clinical experience assignment. No reassignments are guaranteed.

In the event where the student requests the DCE converse with the clinical site regarding of student health records, the DCE will be unable to do so until a FERPA authorization form is completed and signed off providing the DCE permission to do so.

Health Insurance: Health insurance coverage is REQUIRED and students will not be allowed to participate in clinical placements without personal health insurance. Information regarding health insurance is to be provided on the first page of the RU health form. Fill in the insurance information on the Radford University health form which may be accessed: http://www.radford.edu/content/dam/departments/administrative/student-health/documents/AD3%20health%20record%20Spring%202015.pdf

HIPAA Policy: All students in the Physical Therapy program are required to have participated in the online HIPAA training and passed an examination prior to their first clinical experience. The student is to provide applicable documentation of this HIPAA training prior to each clinical experience within the preclinical course platform.

Malpractice Insurance: All students are covered by Radford University malpractice insurance while functioning as a Radford University student in course related activities. In addition, some clinical sites require students carry their own malpractice insurance policy and students are referred to Code of Virginia for more information.

Release of Records: The department will not release student information except as allowable per the
university policy without obtaining the written consent of the student. A full statement of the Family Educational Rights and Privacy Act (FERPA) and information as to how students may exercise the rights accorded them by this policy are available from the office of the University Registrar or from the Dean of Students Office. Written consent using RU’s Authorization and Request for Release of Records and Information is attained and secured in the Director of Clinical Education’s office. Students may revise the release of information form at any time by providing written notice to the Director of Clinical Education or the Department Program Director. The release of records form may be accessed on the RU registrar website: http://www.radford.edu/content/dam/departments/administrative/registrar/content-files/forms/FERPA-Form.pdf.

University and federal laws permit the university to routinely release information in the following categories:

- Student’s name, local & home address, phone listing
- E-mail address
- Major field of study
- Participation in officially recognized activities & sports
- Weight & height of members of athletic teams
- Photograph
- Dates of attendance
- Degrees & awards received
- The Department of Physical Therapy may request students release additional records for the purposes of program improvement and accreditation reporting.

Clinical Handbook: The student will sign and submit directly to DCE an Acknowledgement of Clinical Handbook including updated editions during orientation and during each the preclinical semester. The most recent clinical handbook may be accessed on the department website at: http://www.radford.edu/content/wchs/home/pt/clinical/clinical-handbook.html

Student Contact with Clinical Sites and Clinical Instructors (CIs):

- **Student Clinical Letter:** To assist with the best possible outcomes, students will be responsible to write a letter of introduction to each of their assigned clinical instructors prior to each clinical experience which will be approved by the DCE prior to sending to assigned Clinical Instructors. The department will include the student letter within the clinical packet mailed to sites.

  Letters of introduction will include, but are not limited to:

  - describing how the student learns best
  - identifying personal strengths and needs (i.e. reference the Clinical Performance Instrument criteria)
  - a list of desired experiences, goals, and outcomes from the clinical experience.
  - clinical curricular outcome expectations

- **Student are to call or email their assigned CI** at least 3 weeks prior to clinical rotations to review clinical site requirements, clinical instructor expectations, request a list of the most common diagnoses in order to best prepare for each experience, as well as ask questions regarding what to wear, where to park, etc. Students and Clinical Instructors should also exchange contact information prior to the first day of the clinical experience to maintain effective communication.
In no circumstance is the student to contact clinical sites to request new clinical placements.

**Attendance:** Clinical experiences are 12 weeks in duration and full time. There are exceptions to this timeframe when it comes to international clinical education experiences. The official RU policy states: “All students are expected to be officially registered and attend classes on a regular basis. No absences of any nature will be construed as relieving the student from responsibility for the completion of all tasks assigned by the instructor. A student registering late for a class will be responsible for all work assigned and material covered during the class sessions missed due to late registration.”

Students are expected to report to their clinical site prepared and on time. Absences other than those preapproved by both the DCE and the onsite Clinical Instructor will not be tolerated. Program faculty realizes that circumstances in life may occur that we cannot control such as personal or family medical emergencies, and in these cases, you are to contact the DCE as soon as safely possible.

Students and Clinical Instructors should exchange contact information prior to the first day of the clinical experience. Students presenting with flu like symptoms are encouraged to stay home for the safety of their patients, clinicians and themselves. Please see the Leave and Excuse Policy below for more information regarding clinic absences.

**RU DPT ABSENCE POLICY (Clinical Experience Courses)**

**Policy:** Full-time clinical attendance is required within each 12 week clinic experience based on the assigned clinical faculty’s work schedule. Unexcused absence or repeated tardiness will result in grade reduction or course failure.

**Procedure:** The student will be expected to assume the work schedule of assigned clinical faculty that equates to a full time work schedule. A frequently asked student question is, “What is the expectation during holidays such as July 4th if my assigned clinician is working the holiday?” The answer is the same as every day: you follow your clinician’s schedule. In the event of illness, the student is responsible for notifying supervising clinical faculty prior to the start of the work day. The student is also responsible for notifying the DCE by email within 24 hours of any absence from the clinic. Any absence during a clinical course may require make-up time scheduled at the discretion of the clinical faculty and is limited to clinical site availability. Repeated absences or tardiness may result in grade reduction (course grade reduced by 10% for each day missed without student informing their CI) or course failure.

- Student(s) are required to complete 3-full-time 12 week clinical experiences (or time equivalent) to fulfill Radford University DPT clinical education curriculum requirements.
- Full-time clinical attendance is defined based on the concept of a 40 hour work week although each clinical site defines fulltime differently and the site’s definition of full-time supersedes the otherwise 40 hour rule.
- Weekly goal reflections worksheets signed off by students and supervising Clinical Instructors confirm this requirement is met and are tracked by the Director of Clinical Education (DCE) or designee.
- Any emergent absences are required to be reported to the onsite assigned Clinical Instructor.
prior to the clinic day as feasibly possible.

- The student is responsible for notifying the DCE by email within 24 hours (EST) of any absence from the clinic. In emergent circumstances where calling or emailing is not possible, students may request the Clinical Instructor (or emergency contact) contact the DCE.
- Medical absences or illnesses longer than or equal to three (3) successive days require written medical release/documentation prior to returning to clinical experiences with copies provided to both the Clinical site and the DCE.
- Preplanned absences related to professional development require prior approval by the DCE and CI prior to the start clinical experience.
- A plan of action will be established between the CI and student to address any make-up needs in order to maintain the expectation of full time clinical status. The student is to email the DCE the dates of absence(s) and the proposed “make-up” plan.
- Repeated absences will be reviewed on an individual basis by the CI and DCE. Repeated absences or tardiness may result in grade deduction (course grade reduced by 10% for each day missed) or course failure.
- The availability of “make-up” time will be limited due to clinical site accessibility. This will potentially result in a postponement of graduation based on curricular lock-step requirements and local clinical site availability.
- In the event that a student misses 1/3 or more of a clinical experience (time that equates to 4 full time weeks) will result in an “Incomplete” grade and the student must repeat an additional 12 week clinical experience. An individualized plan will be developed in order to ensure that student meets the curricular requirements. This will result in the postponement of graduation based on curricular step-lock requirements, clinical site availability, and restricted semesters dedicated for clinical experiences.

**Dress Code/Clinical Experience Attire:** Clinical dress is based on the student’s assigned site’s dress code/policy. Contact your assigned clinical instructor for more information.

Students are expected to wear a Radford University clinical nametag in all public forums as professional attire including during clinical experience specifying the following:

Students are encouraged to contact their assigned site to find out the clinics professional dress. Students are to follow the expected agency attire. In the case where there is no written policy at the agency site, students are expected to follow the following Radford University DPT clinical dress policy:

Clinical attire includes:

- Radford University photo badge ID which includes: Radford University, Student Name, Photograph
- Pants are to be ankle length: no denim, no capris, and no shorts. No skirts or dresses.
- Footwear should be well maintained and presentable. Tennis shoes, sneakers, clogs, open-toed or open heel styles are not acceptable unless allowable per the site’s dress code/policy.
- Socks or stockings must be worn with shoes.
- Shirts and blouses should be tucked in or long enough as to not expose skin when bending, squatting, or transferring patients.
- Tattoos should not be within visible sight if possible. Refer to each clinical site’s policies for more information.
- For your safety, dangling navel, nose, toe, and earrings are not acceptable.
- Minimize rings on fingers as possible.
- A white, clean laboratory coat may be required and is to be purchased by the student.

**Housing & Meals**: Students are responsible for providing their own room and board, including the cost of housing and meals during all clinical experience.

**Travel / Transportation Policy**: Students are responsible for providing their own transportation to and from clinical experience, agencies and sites. Adequate coverage of an automobile insurance must be maintained, and is the personal responsibility of the student. Students should also be aware that transporting others (i.e. clients or patients utilizing a personal vehicle) are personally liable for this decision and are hereby advised not to transport clients during clinical experiences.

**Surveys**: Students are expected to complete surveys regarding the site, clinical instructor, and DCE during each clinical semester.

**DIRECTOR OF CLINICAL EDUCATION, CLINICAL INSTRUCTOR ROLES, RESPONSIBILITIES & RIGHTS**

**OVERVIEW**

Clinical assignments are arranged and assigned by the DCE. Clinical assignments are completed using the database to blindly assign clinical placements based on student individual ranking of available clinical sites. In order to meet curricular requirements, students are discouraged from ranking similar sites to prior clinical experiences already completed, i.e. 2 outpatient facilities.

Course objectives and clinical instructor expectations are mailed to Clinical Instructors at contracted sites to assist in reinforcing content currently presented in the classroom setting and for communicating outcome expectations. Expectations may also be found within the course syllabi and skills sheets.

Clinical experiences offer the opportunity for students to apply skills, knowledge and professional attributes gained through previous curricular experiences. The goal is for the clinical aspect of the curriculum to be diverse. The development of students to perform as entry-level practitioners of physical therapy before graduation is the most important factor in these assignments.

- The first clinical experience therefore may be in outpatient rehabilitation, inpatient rehabilitation or skilled nursing facilities.
- The second year clinical experience expands opportunities to include home health and acute/hospital, as well as affiliation settings not yet experienced in the first clinical experience.
- The last and third clinical experience may occur anywhere licensed physical therapists currently practice including specialties in practice such as pediatrics, cardiac rehabilitation, and women’s health to name a few.

To assist with the best possible outcomes, students will write a letter of introduction to each of their assigned clinical instructors prior to each clinical experience. Letters of introduction will include, but are not limited to describing how the student learns best, his/her self-assessed strengths and needs, and a list of desired experiences, goals, and outcomes from the clinical experience.
Students participating in the clinical educational program of the physical therapy program shall not be deemed employees of the clinical site for the purpose of compensation, fringe benefits, worker’s compensation, unemployment, minimum wage laws, income tax withholding or social security. Students may only receive monetary funding in the form of a scholarship to further their educational experience during the clinical experience(s).

**Director of Clinical Education Roles and Responsibilities:** The Director of Education (DCE) facilitates and directly supervises the clinical education program within the Radford University Physical Therapy curriculum. The roles and responsibilities of the DCE are administrative, managerial and educationally based. The DCE is charged with ensuring the development of student clinicians including providing students access to opportunities to acquire necessary clinical skills at entry-level practice of physical therapy. The DCE develops, manages, coordinates, administers and analyzes the clinical education program in order to provide quality assurance and meet the current APTA vision as well as practice expectations. The DCE represents Radford University and contributes to the development of clinical education faculty as clinical teachers, mentors and practitioners. The DCE communicates and facilitates all aspects of the clinical education program to all involved parties.

**DCE ASSESSMENT**

Multiple assessment tools will be used to assess whether the DCE meets role expectations as described in the APTA Model Position Description for the PT Program ACCE/DCE: [http://www.apta.org/ModelPositionDescription/ACCE/DCE/PT/](http://www.apta.org/ModelPositionDescription/ACCE/DCE/PT/) Assessments of the DCE include, but are not limited to: [http://www.apta.org/Educators/Assessments/ACCE/DCE/](http://www.apta.org/Educators/Assessments/ACCE/DCE/)

- ACCE/DCE Performance Assessments for Self and Academic Administrators
- ACCE/DCE Performance Assessments for CIs and CCCEs
- ACCE/DCE Performance Assessments for Students
- DCE Annual Performance Evaluation

**CLINICAL FACULTY ROLES AND RESPONSIBILITIES**

Each affiliated (contracted) clinical site is required to maintain an up-to-date clinical site information form of their site via the CSIF web ([https://csifweb.amsapps.com/user_session/new](https://csifweb.amsapps.com/user_session/new)). Information about the APTA Clinical Site Information Form (CSIF) developed by Department of Physical Therapy Education (1111 North Fairfax Street, Alexandria, Virginia 22314) may be accessed at American Physical Therapy Association on-line: [http://www.apta.org/CSIF/](http://www.apta.org/CSIF/). The CSIF form contains information specific to each site including, but not limited to: Contact Information, Clinical Site Accreditation/Ownership, Clinical Site Primary Classification, Clinical Site Location, Information About the Clinical Teaching Faculty, Clinical Instructor Information, Areas of Practice, Site hours of Operation, Special Programs/Activities/Learning Opportunities, Health and Educational Providers at the Clinical Site, Housing, Transportation, Meals, Stipend, and Special Considerations.

Once clinical sites are contracted, CCCEs will be asked to identify physical therapists who demonstrate exemplary clinical competence in particular areas of expertise or specialty in practice including APTA credentialed instructors (CIs) on the APTA Clinical Site Information Form (CSIF).

The program expects all clinical education faculties to demonstrate clinical teaching effectiveness in the areas of supervision, mentorship, communication and core professional values and to meet
Clinical experience course objectives and outcomes.

Clinical faculties are encouraged to reach out to the program DCE with questions at rhuth@radford.edu or 540 224-6673. Additional resources and guidance may be accessed here: http://www.apta.org/uploadedFiles/APTAorg/Educators/Clinical_Development/Education_Resources/ClinicalEducationResources.pdf

CI ASSESSMENT

Multiple assessment tools will be used to assess whether clinical education faculty are effective teachers. These assessment tools will evaluate student supervision, mentorship, communications and core values. Assessments go through a triangulated review by the Clinical Education Review Committee (CERC).

Clinical Instructors are assessed by students, the DCE and through self-reflection as follows:

1) Student Supervision
   a) Clinical Performance Instrument (CPI)
   b) DCE observation and conferences with student and CI (onsite and teleconferences)
   c) APTA surveys
   d) Student report/reflections
2) Mentorship Quality
   a) DCE observation and conferences with student and CI (onsite and teleconferences)
   b) APTA student surveys
   c) Student report/reflections
3) Communication
   a) Written: CPI, weekly written goal sheet feedback
   b) Verbal: contacting DCE as appropriate/timely, CI/student weekly meetings
   c) Student report/reflections
4) Core values
   a) DCE observation and conferences with student and CI (onsite and teleconferences)
   b) APTA student surveys
   c) Student report/reflections

Data gathered is triangulated, reviewed by the Clinical Education Review Committee (CERC), and reported by CERC to the full faculty at least once annually.
   a) CI reviews both student, DCE, and curriculum
   b) Student reviews both the CI and DCE, assigned site, and curriculum
   c) DCE reviews student, CI & DCE
   d) Clinical Curriculum Review Committee reviews Clinical Education Program

CLINICAL FACULTY RIGHTS AND PRIVILEGES
The responsibilities of clinical faculty (CCCEs and CIs) are delineated by the DCE following clinical agreement execution and confirmation of clinical placement availability. The DCE is responsible for coordinating, managing and communicating the efforts of the academic program and clinical education sites in the education and preparation and follow through of DPT assigned student clinical experiences. Communication methodologies include e-mails, on-going telephone conferences, on site visits, department website, e-mails, video conferencing, CPI Web, participation in CERC, and through on-going CEU on-site trainings.

The clinical education faculty (CCCEs and CIs) are afforded rights and privileges appropriate and similar to the rights and privileges of clinical faculty in other Radford University programs. All clinical faculties at Radford University have access to research resources including library, laboratory space, department equipment, and support from the Office of Sponsored Programs and Grants Management. Additional privileges include:

- **Continuing Education Opportunities**: Free CPI web 2.0 training .2 CEUs through APTA Learning Center: Clinical faculties who have not taken CPI web training will be instructed to do so. Training is required by all Radford University DPT clinical instructors. For more information about the CPI training: [https://www.apta.org/PTCPI/](https://www.apta.org/PTCPI/)

- All clinical instructors will receive a certificate indicating their participation in Radford University’s clinical education program including an estimate of supervision hours for Type II continuing physical therapy education credit.

- Clinical faculty will be invited and encouraged to participate and contribute annually in an external review of the clinical education program. All clinical faculties are invited to participate and contribute to the Radford University Department of Physical Therapy Clinical Education Review Committee. Outcomes of committee meetings will be communicated within information packets and through meeting notes sent via email. Clinical faculty participating within the annual review process may be claim as Type II continuing education credit.

- Representatives from clinical sites who have provided clinical education for RUDPT students will be invited to participate in the Radford University DPT annual career recruitment fair.

- Any on-going changes or additions to the rights or privileges during clinical experiences will be provided to all clinical faculties by e-mail from the DCE.

**POLICIES**

**Americans with Disability Act and Acknowledgement of Radford University’s Policy for students with disabilities.** Please refer to the student handbook for more information.

**Attendance**-See the complete Leave of Absence Policy within the student handbook.
Clinical Experience Grading Policies-Student Clinical Experience grades of pass/fail will be determined by the DCE. Reporting of grades will be communicated with students within the online d2l course. Please refer to the student handbook for more information as well as the Clinical Remediation/Dismissal Policy and Procedures within this clinical handbook.

Clinical Site Information Sharing Policy-Prior to the clinical experience, and after a release of information is signed by the student and provided to the Director of Clinical Education, the department of physical therapy may provide the following information to clinical instructors and or the coordinator of clinical education upon request:
- CPR certification
- Student contact information
- Listing of courses completed
- Certification of HIPPA and Standard Precautions training
- Drug test results
- Background check information -Criminal background check information may be released to the clinical sites by request. The department of physical therapy will notify clinical sites that the student has completed a current criminal background check and that the program has determined that the student is suitable for clinical practice.

A signed copy of the student information release form will be maintained in a secure area in the office of the Director of Clinical Education.

Students are encouraged to disclose further personal information to their assigned clinical instructors albeit academic or disabilities within their introduction letter for best possible outcome success of each clinical experience. The letter of introduction is sent to the clinical instructor and a copy is maintained within the student clinical education record.

Clinical Education Calendar
Spring clinical experiences begin with the regularly scheduled semester and following the 12 week clinical, students return to the department to finalize academic requirements including their Capstone Projects. Summer clinical experiences are scheduled within summer session III. To allow for 12 week experiences during the summer, the clinical experiences extend two weeks beyond what the academic calendar indicates.

Clinical Remediation/Dismissal Policy and Procedures
Students are required to successfully complete and pass three full-time clinical experiences (or what equates to 36 full-time clinical weeks). Clinical experiences are intended to expose students to a variety of experiences and entry-level professional skills. Grading for clinical experiences is based on a pass/fail system. The pass/fail system is based on a point system which equates to the “Rubric Grading Scale” per the student handbook. A score of “B” or better defines a passing grade. Final course grades are recorded by the Director of Clinical Education (DCE) of Radford University’s Physical Therapy Program.

The DCE, in collaboration with the Program Director/CERC, determines that the student has “Failed” the clinical experience. A student with a failed clinical experience will be dismissed from the program.

An automatic course failure will occur in the following situations:
- The preclinical requirements of the clinical placement site are not met prior to or during the
clinical experience. Examples include: positive drug test, flagged background check that does not meet clinical site requirements, and other clinical site specific requirements requested by the assigned clinic.

- Scores tallied within the clinical education course equates to below a “B” as described within the student handbook.
- The SMART plan is not completed in the defined time period or does not meet the objectives set forth and agreed upon by the student and DCE. Examples include: documented repeated unprofessional behavior(s) and/or safety offenses.
- Does not complete to what equates to 36 full-time clinical weeks of clinical education as defined by the Attendance Policy within the student handbook.

A grade of “In Progress” (IP) or “Incomplete” (I) may result when the DCE determines that the student has not met academic or professional criteria of the course. The DCE will request a review by the Program Director and/or CERC Committee before final grades are granted. Examples in which this may occur include, but are not limited to:

- Medical leave
- Leave of absence
- Military deployment
- Where the site cannot accommodate for the needs of a student

The student granted an “IP” or “I” will not graduate in the normal sequence schedule due the program’s lock-step curriculum.

A student provided a grade of IP or I require a SMART plan. Development and implementation of this SMART plan will include the student, DCE, and other assigned faculty, such as the Program Director, CERC members, and the student’s academic advisor. The purpose of the SMART plan is to remediate student deficits noted during the clinical experience. The student will propose the SMART plan under the direction of the DCE. The student must obtain signatures of approval from all parties named in the plan (i.e. student, faculty, advisor, DCE). The student must abide to the time line established for each component of the SMART plan. Once the SMART plan has been successfully completed and objectives are met, the student may resume continuance in the clinical experience sequence. If the student does not complete the SMART plan, the student will be dismissed from the program.

Communications Technology Policy
Students participating in clinical experiences may use personal cell phones only during scheduled lunch breaks or during regularly scheduled daily breaks. The use of cell phones including texting is prohibited during all clinical treatment time and learning experiences e.g. patient treatments, seminars, professional presentations, and clinical instruction. Clinical instructors have the authority to uphold this policy including requesting that cellphones be put away and not brought into clinical sites. CIs who observe students violating this policy are encouraged to discuss this with students in a direct and timely manner. If students are observed repeating this offense after this discussion, CIs are asked to follow up with the DCE who will then further discuss this with the student.

Interruption of Clinical Experience - see Clinical Remediation/Dismissal Policy and Procedures
There are various reasons why a clinical experience may be interrupted i.e. absences due to illness, medical, maternity leave, military leave, personal, and student performance (i.e. repeated
Safety issues). The determination of dropping or withdrawing a student from a clinical experience course will be determined by the DCE in collaboration with the Clinical Instructor, the program director and designated faculty. Remediation plans will be determined on an individual basis by designated faculty overseen by the DCE.

**Student/CI Planning and Feedback**

Students are required to develop proposed weekly goals that reflect affective, cognitive and psychomotor emphasis reflective of the CPI criteria. The Clinical Instructor and the student will review student proposed goals at the beginning and end of each week during the clinical experience. CIs and students may agree to have the student document CI verbal feedback received throughout the week on the goal sheets to facilitate effective and timely discussions.

Clinical faculty, students and the DCE will use the Liaison International system software Clinical Performance Instrument (CPI) as the main form of communication tool at midterm and final. Each student and clinical instructor will be required to take the free CPI on-line web training course to become familiar and obtain access to the management system ideally prior to the student attending the clinic. Student clinical performance will be graded on the CPI criteria per the APTA guidelines.

All student weekly goal reflections and CPI criteria at midterm and final are to include comments of support that include all 5 Performance Dimensions as described within the CPI training and guide:

- **Supervision/guidance:** refers to the 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:** refers to the 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 or highly skilled performance.

- **Complexity:** refers to the number of elements that must be considered relative to the patient task, 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:** refers to the 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:** refers to the 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.

Overall grades are determined and posted by the DCE based on the course syllabi grading criteria, student feedback, and clinical instructor feedback. On-site visits and/or teleconferences will be conducted whenever possible or by request of the student and/or CI.

**Student Clinical Experience Policy**
The program faculty has determined the types of and progression of student clinical site placement based on the curriculum. Students participating in their first clinical experience placement will have opportunity to gain clinical experience in skilled nursing home facilities, in-patient rehab setting, and out-patient clinical environments. Once students compete their second year of the curriculum and again based on curriculum content, clinical experiences, and clinical skills development their clinical opportunities will be increased from sites identified in year I to include in addition the acute care hospital setting and home care environment. Students participating in their third and final clinical experience will have completed all of the course sequence in the doctoral curriculum except their Capstone Research Project and will be eligible to participate in all clinical practice environments previously identified as well as specialty areas such as pediatrics, sports medicine, industrial rehab, women’s health, and school programs.

**Student Grade Determination:** Overall grades will be determined and posted by the DCE of the Physical Therapy Program based on the course syllabi grading criteria, conferences, clinical instructor’s grading on CPI and feedback, as well as student feedback.

**Processing Complaints**
Complaints about any aspect of the program or its constituents are encouraged to be communicated directly and in a timely manner. Complaints from students or Clinical Instructors are to be directed to the DCE who will provide feedback and offer suggestions how to move forward effectively.

All complaints regarding safety of the student or clients/patients MUST be directed in a timely manner to the DCE and flagged on the CPI. Students may be pulled immediately from treating patients until the DCE is contacted. Whenever safety is in question, all practitioners are reminded to “do no harm.”

- Complaints regarding the Clinical Education Program within the Department of Physical Therapy may be made to: Dr. Renée Huth: (540) 224-6673 or rhuth@radford.edu.
- Complaints regarding the Director of Clinical Education may be made to the Program Director, Dr. Brent Harper at bharper2@radford.edu.
- Complaints regarding the Program Director may be made to the Associate Dean of Waldron College, Dr. Corey Cassidy at cherd@radford.edu

For more information regarding the grievance or complaints process, please review the Department of Physical Therapy Student Handbook which may be accessed on the department’s website or contact the DCE (rhuth@radford.edu) or Program Director (bharper2@radford.edu).

**Clinical Education Outcomes Evaluation**
While the DCE oversees and directs the Clinical Education aspect of the curriculum, the core faculty, including the DCE, is responsible for the development, implementation, review, and continued improvement of the professional curriculum which includes the Clinical Education Program. Curricular content and its ability to prepare students to meet clinical demands are assessed on a continuous basis with formal review annually.

Methods used in the assessment process will consist of regularly scheduled faculty meetings, annual faculty retreats, input from student focus groups, and results from Curriculum Review Committee meetings. Input from clinical education faculty members will be gathered through
conducting Clinical Education Review Committee (CERC) meetings and results of clinical on-site visitations by the DCE. Input from the clinical community are welcome informally and received formally annually at CERC meetings.

Additional feedback used to assist in the evaluation and continuous improvement of the clinical education program will include:

- CPI Web 2.0 assessments
- Student self-evaluation
- Student APTA Evaluation of Site, CI, DCE and curriculum
- Clinical Instructor Evaluation of DCE and curriculum
- DCE Onsite and telephone conferences with students and CIs
- Director of Clinical Education Annual Evaluation
- Curriculum Committee
- Clinical Education Review Committee
- DCE participation in Mid-Atlantic Physical Therapy Consortium
Student Information Release Authorization

In compliance with the federal Family Educational Rights and Privacy Act of 1974 (FERPA) and the Board of Visitors’ Policy on Access to and Release of Student Education Records, the University is prohibited from providing certain information from your student record to a third party, such as information on grades, billing, tuition and fee assessments, financial aid, and other student record information. This restriction applies, but is not limited to your parents, your spouse, or a sponsor. FERPA does permit the University to disclose information from your student record to your parent(s) or legal guardian(s) if they claim you as a dependent for federal tax purposes, and Chapter 495, 2008 Virginia Acts of Assembly requires disclosure to those who claim you as a dependent.

You may, at your discretion, grant the University permission to release information about your student record to a third party by submitting this completed form. The specified information will be made available only if requested by the authorized third party.

Submit your completed form to the Office of the Registrar in person, by mail, or by fax. Please note that your authorization to release information has no expiration date; however, you may revoke your authorization at any time by sending a written request to the same address. NOTE: For the third party designee(s) you name on this form, this release overrides all FERPA directory suppression information that you have set up in your student record.

A. Student Information

| Name (Last, First, Middle Initial) | Student ID Number |

B. Third-Party Designee(s)

| Name (Last, First, Middle Initial) | Name (Last, First, Middle Initial) |
| Current Address (Street/PO, APT, City, State & Zip) | Current Address (Street/PO, APT, City, State & Zip) |
| Phone Number | Phone Number |
| Relation to Student | Relation to Student |

Information Types Allowed (Check one or more of the items below to grant authorization)

- Academic records, including grades/GPA, demographic, registration, academic status, and/or enrollment information.
- Student Account and Financial Aid records, including billing statements, charges, credits, payments, past due amounts, collection activity, financial aid awards, disbursements, and/or financial aid satisfactory academic progress reports.
- Conduct records, including any information on file with the Dean of Students Office. (Note: Conduct items may be discussed with the authorized individuals, but not copied and/or disseminated as a physical or electronic release to anyone other than the student of record.)
- All of the above listed records.
- The above listed individual(s) claims me as a legal dependent for federal tax purposes. The University may release information from all of my records listed above to those individuals.

C. Certification

| Student’s Signature | Date |
CLINICAL HANDBOOK ACKNOWLEDGEMENT SIGN-OFF

- I have read and have been provided an opportunity to ask questions about the materials within this handbook.

- I comprehend the materials presented in this Clinical Handbook.

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This page is to be returned to:
The Director of Clinical Education
Radford University Physical Therapy Department