



Clinical Education Handbook

Doctor of Physical Therapy Program *Department of Applied Medicine and Rehabilitation*

Approved : DPT Faculty on 12-20-2022 , vote 9-0-0

The mission of the Doctor of Physical Therapy program is to provide a supportive, student-focused learning environment that encourages and educates individuals to develop into compassionate, clinically and culturally competent licensed physical therapists who are productive citizens. The physical therapy curriculum will allow opportunities for scholarship, community engagement, and professional service, in addition to in-depth learning in human movement. The program will emphasize ways in which future physical therapists can contribute to the health equity of all, including rural and/or underserved populations.

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Clinical Education Student Handbook
Department of Applied Medicine and Rehabilitation
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INTRODUCTION TO CLINICAL EDUCATION PROGRAM

Clinical education gives the student an opportunity to apply the knowledge learned in the classroom to patients in the clinical setting. Experiences have been created to allow students to learn through hands-on experience and clinical reasoning, with the clinical goals of improved clinical decision-making, optimal patient care and better outcomes. The clinical education component is a key element in ensuring student success post-graduation. Thus, it is crucial for students to be involved in high quality educational experiences and to work with clinical instructors who enjoy teaching and who practice evidence-based techniques.

CLINICAL EDUCATION COURSE OVERVIEW

The student will engage in four clinical experiences. After Year One, the student will have a 10-week clinical experience to begin practicing beginning skills learned in the first year. In the summer after year two, the student will have a second 10-week clinical experience which will focus on more advanced clinical skills. During year three, the student will complete 16 weeks of clinical experiences prior to graduation that are divided into one 10 week and one 6 week experience.

The clinical experiences will take place in four different clinical practice settings to ensure the development of a well-rounded generalist clinician. The clinical experiences will be congruent with the Mission of the program which is to “emphasize ways in which future physical therapists can contribute to the health equity of all.” It will be strongly encouraged that at least one clinical experience occurs in a rural and/or underserved area, including the Wabash Valley. Of the remaining clinical experiences, at least one will be required to occur outside of the Wabash Valley. Differing clinical experience locations is an effort to promote a variety of interactions with patients, clinical instructors and environmental factors. Students are expected to complete at least one each of the following clinical experiences:

Acute/Sub-acute/Long Term Care Settings: A clinical experience in an inpatient acute, sub-acute or long term care setting, under the direction of a licensed physical therapist. Settings may include hospitals, sub-acute rehab settings or skilled nursing facilities.

Outpatient Orthopedic Rehabilitation: A clinical experience that includes patients with orthopedic conditions. It is expected that at least 50% of the patient case load includes patients with orthopedic conditions. Settings could include private outpatient clinics and/or hospital-based outpatient physical therapy clinics.

Neurological Rehabilitation: A clinical experience in neuro-rehabilitation under the direction of a licensed physical therapist that includes adults and/or pediatrics. The settings could include

inpatient rehabilitation, outpatient day program, skilled nursing facilities, or long term care. It is expected that at least 50% of the patient case load are patients with neurological conditions.

Elective: A clinical experience that involves an area of interest for the student involving a clinical setting that is somewhat different than previous clinical experiences. Clinical experiences could include pediatrics, geriatrics, women's health, sports physical therapy, aquatics, manual therapy, work hardening, etc.

ROLES AND RESPONSIBILITIES OF ACTING MEMBERS

Program Director: The program director is responsible for administration and oversight for all aspects of the DPT program. He/she will complete all tasks as outlined by CAPTE including faculty and staff evaluation, assessment of program effectiveness, supervision of program committees (ad hoc member with voting privileges), budgeting and financial management, and accreditation, among other activities as outlined in the program director job description.

CORE Faculty: Those individuals appointed to and employed primarily in the program, including the program administrator (director), the Director of Clinical Education (DCE) and other faculty who report to the program administrator. The core faculty have the responsibility and authority to establish academic regulations and to design, implement, and evaluate the curriculum. Members of the core faculty typically have full-time appointments, although some part-time faculty members may be included among the core faculty. The core faculty include physical therapists and may include others with expertise to meet specific curricular needs. The core faculty may hold tenured, tenure track, or non-tenure track positions.

Director of Clinical Education: The DCE is responsible for management of the clinical education program. Duties shall include recruitment of clinical instructors/sites, student placement, and student clinical evaluations among other activities outlined in the DCE job description.

Assistant Director of Clinical Education: The assistant DCE shall provide administrative and instructional support to the DCE.

Associated Faculty: Those individuals who have classroom and/or laboratory teaching responsibilities in the curriculum and who are not core faculty or clinical education faculty. The associated faculty may include individuals with full-time appointments in the unit in which the professional program resides, but who have primary responsibilities in programs other than the professional program.

Clinical Education Faculty: The individuals engaged in providing the clinical education components of the curriculum, generally referred to as either Site Coordinators of Clinical Education (SCCEs) or Clinical Instructors (CIs). While the educational institution/program does not usually employ these individuals, they do agree to certain standards of behavior through contractual arrangements for their services. The primary CI for physical therapist students must be a physical therapist with at least 1 year of clinical practice. However, this does not preclude a physical therapist student from engaging in short-term specialized experiences (e.g., cardiac rehabilitation, sports medicine, wound care) under the supervision of other professionals, where permitted by law.

ADMISSION/PROGRESSION/RETENTION/DISMISSAL POLICY

1. Admission to the DPT Program at Indiana State University is competitive and is based on a detailed application process which can be found on the program website at:
<http://www.indstate.edu/amr/physical-therapy/>.
2. The DPT Program at Indiana State University makes every attempt to assist and guide DPT Program students toward academic and clinical success. Students are expected to perform, at a minimum, the accepted standards for the DPT Program requirements, including but not limited to: (1) Passing of each course with 75% or greater (2) Maintaining an overall 3.0 GPA in the graduate program at all times (3) Passing of each Practical Exam with 80% or greater AND passing all critical indicators (4) Averaging 75 or above on all "Major Exams" in each course (5) Performing clinical/Classroom/Laboratory duties in a professional manner, which is safe, ethical, and legal. Students must demonstrate the Technical Standards expected of DPT students, including professional behaviors, as outlined in this handbook.
3. If a student fails to perform in any one of these areas, a timely notification is made to the student by the faculty member teaching the course, and/or the academic advisor, and/or the clinical instructor and/or the DPT Program Director. Students are notified of academic "danger" areas and may be given guidance toward study skills and remediation. Students may be referred to the Student Counseling Center or other University services. A meeting with the DPT Program Director and/or core faculty member may be necessary in some cases to clarify goals. Students, whose cumulative GPA falls below 3.0, will be placed on academic probation and will have until the end of the next didactic semester to improve their GPA. The DPT Program Student Remediation Committee will be notified of the student's probation and will work with the student to provide assistance for success. Students are also expected to conduct themselves in a professional manner at all times, including outside of formal classroom activities. Students who demonstrate consistent lapses in professional behavior may be placed on Professionalism Probation for the program which would include a formal remediation plan.
4. For students who have previously been on probation, ending another semester with a cumulative GPA below 3.0 will result in dismissal from the program. Students will be allowed probationary status only once throughout the entire 3-year program. Students who have demonstrated consistent lapses in professional behavior after 1 semester of Professionalism Probation will be dismissed from the program. Only 1 semester of Professionalism Probation will be allowed for the entire 3-year program. Students who fail to receive a passing grade for a DPT Program didactic course will not be allowed to continue in the DPT Program. The student will receive an official notification in writing from the program director indicating dismissal from the program and the date in which the dismissal goes into effect. However, a student may choose to reapply at a later date (see #5 below). Students who are readmitted into the program after a 3 year waiting period will agree to retake all program core courses (even if they received passing grades) and provide evidence of competency in both didactic and practical competencies. This will ensure the student does not lose continuity of information and is ready to proceed to clinical education in a safe, efficient, and effective manner. Reapplication to the DPT Program does not automatically indicate reacceptance into the program. Admissions are competitive and students will be treated equally according to the admissions applicant scoring for that particular year.
5. Students who are dismissed from the program may appeal the decision internally by petitioning the DPT

program director in writing within 2 weeks of official notification of dismissal. The student should write a letter describing why they believe they were unsuccessful and what measures they will take to ensure success if readmitted at a later date. The DPT program director will share the contents of the petition with the core faculty after removing any personal identifiers in order to eliminate any opportunity for bias. This will assure that the process remains objective and that faculty are evaluating the individual situation and not the person. Students may be readmitted to the program with a majority vote of the DPT core faculty. A tie vote will result in a successful appeal for the student. The student will receive a letter from the DPT program director indicating the result of the appeal. Students may be required to repeat all or a combination of courses, even if a passing grade was received; specific details will be outlined in the student's reappointment letter. Students will be permitted to petition for re-admittance only once. If the student is readmitted and fails subsequent requirements of the program or a course, the student will be dismissed from the program. Should the student elect to reapply in future years and be accepted, the student may not matriculate into the program officially until a span of 3 years has elapsed from the end of the semester in which the dismissal occurred.

PHYSICAL THERAPY PROGRAM GOALS

Graduates of the Indiana State University Doctor of Physical Therapy program will be prepared to provide competent healthcare through having the skills needed to effectively examine, evaluate, diagnose, and provide appropriate interventions for clients with all levels of physical impairments. The specific degree objectives include:

Student Goals

1. Students will practice in an ethical and legal manner utilizing effective oral and written interdisciplinary communication skills to patients and stakeholders within the profession including those in rural and underserved areas.
2. Students will demonstrate competent entry-level patient care skills and will be able to critically reason in examination, evaluation, diagnosis, prognosis and intervention while functioning as autonomous practitioners.
3. Students will promote health and wellness in their community.
4. Students will demonstrate competence in assessing evidence based literature, appraising the literature, and implementing it to enhance practice patterns.

Commission on Accreditation of Physical Therapy Education

CAPTE

The Commission on Accreditation of Physical Therapy Education (CAPTE) establishes standards and criteria that a program must adhere to in order to be eligible for accreditation. If a student feels that the program does not meet accreditation standards set by CAPTE and wishes to file a complaint, one may do so at:

<http://www.apta.org/CAPTE>.

The curriculum of the DPT program is designed to prepare students to meet the practical expectations listed below, as dictated by CAPTE guidelines (<http://www.apta.org/CAPTE>):

Professional Ethics, Values and Responsibilities

- 7D1** Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.
- 7D2** Report to appropriate authorities suspected cases of abuse of vulnerable populations.
- 7D3** Report to appropriate authorities suspected cases of fraud and abuse related to the utilization of and payment for physical therapy and other health care services.
- 7D4** Practice in a manner consistent with the APTA *Code of Ethics*.
- 7D5** Practice in a manner consistent with the APTA *Core Values*.
- 7D6** Implement, in response to an ethical situation, a plan of action that demonstrates sound moral reasoning congruent with core professional ethics and values.
- 7D7** Communicate effectively with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers.
- 7D8** Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all professional activities.
- 7D9** assess and critically analyze scientific literature.
- 7D10** Apply current knowledge, theory, and professional judgment while considering the patient/client perspective, the environment, and available resources.
- 7D11** Identify, evaluate and integrate the best evidence for practice with clinical judgment and patient/client values, needs, and preferences to determine the best care for a patient/client.
- 7D12** Effectively educate others using teaching methods that are commensurate with the needs of the learner, including participation in the clinical education of students.
- 7D13** Participate in professional and community organizations that provide opportunities for volunteerism, advocacy and leadership.
- 7D14** Advocate for the profession and the healthcare needs of society through legislative and political processes.
- 7D15** Identify career development and lifelong learning opportunities, including the role of the physical therapist in the clinical education of physical therapist students.

Patient/Client Management Screening

7D16 Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.

Examination, Evaluation and Diagnosis

7D17 Obtain a history and relevant information from the patient/client and from other sources as needed.

7D18 Perform systems review¹.

7D19 Select, and competently administer tests and measures² appropriate to the patient's age, diagnosis and health status including, but not limited to, those that assess:

- a. Aerobic Capacity/Endurance
- b. Anthropometric Characteristics
- c. Assistive Technology
- d. Balance
- e. Circulation (Arterial, Venous, Lymphatic)
- f. Self-Care and Civic, Community, Domestic, Education, Social and Work Life
- g. Cranial and Peripheral Nerve Integrity
- h. Environmental Factors
- i. Gait
- j. Integumentary Integrity
- k. Joint Integrity and Mobility
- l. Mental Functions
- m. Mobility (including Locomotion)
- n. Motor Function
- o. Muscle Performance (including Strength, Power, Endurance, and Length)
- p. Neuromotor Development and Sensory Processing
- q. Pain
- r. Posture
- s. Range of Motion
- t. Reflex Integrity
- u. Sensory Integrity
- v. Skeletal Integrity
- w. Ventilation and Respiration or Gas Exchange

7D20 Evaluate data from the examination (history, health record, systems review, and tests and measures) to make clinical judgments.

7D21 Use the International Classification of Function (ICF) to describe a patient's/client's impairments, activity and participation limitations.

¹ **Systems Review:** Including the cardiovascular/pulmonary system through the assessment of blood pressure, heart rate, respiration rate, and edema; the integumentary system through the gross assessment of skin color, turgor, integrity, and the presence of scar; the musculoskeletal system through the gross assessment of range of motion, strength, symmetry, height, and weight; the neuromuscular system through the general assessment of gross coordinated movement and motor function; and the gross assessment of communication ability, affect, cognition, language, and learning style, consciousness, orientation, and expected behavioral/emotional responses.

² **Test and Measures:** The list is adapted from the *Guide to Physical Therapist Practice (2014)*.

7D22 Determine a diagnosis that guides future patient/client management.

Prognosis and Plan of Care

7D23 Determine patient/client goals and expected outcomes within available resources (including applicable payment sources) and specify expected length of time to achieve the goals and outcomes.

7D24 Establish a safe and effective plan of care in collaboration with appropriate stakeholders, including patients/clients, family members, payors, other professionals and other appropriate individuals.

7D25 Determine those components of the plan of care that may, or may not, be directed to the physical therapist assistant (PTA) based on (a) the needs of the patient/client, (b) the role, education, and training of the PTA, (c) competence of the individual PTA, (d) jurisdictional law, (e) practice guidelines policies, and (f) facility policies.

7D26 Create a discontinuation of episode of care plan that optimizes success for the patient in moving along the continuum of care.

Intervention³

7D27 Competently perform physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:

- a. Airway Clearance Techniques
- b. Assistive Technology: Prescription, Application, and, as appropriate, Fabrication or Modification
- c. Biophysical Agents
- d. Functional Training in Self-Care and in Domestic, Education, Work, Community, Social, and Civic Life
- e. Integumentary Repair and Protection
- f. Manual Therapy Techniques (including mobilization/manipulation thrust and nonthrust techniques)
- g. Motor Function Training (balance, gait, etc.)
- h. Patient/Client education
- i. Therapeutic Exercise

Management of Care Delivery

7D28 Manage the delivery of the plan of care that is consistent with professional obligations, interprofessional collaborations, and administrative policies and procedures of the practice environment.

7D29 Delineate, communicate and supervise those areas of the plan of care that will be directed to the PTA.

³ **Interventions:** This list is adapted from the *Guide to Physical Therapist Practice (2014)*.

- 7D30** Monitor and adjust the plan of care in response to patient/client status.
- 7D31** Assess patient outcomes, including the use of appropriate standardized tests and measures that address impairments, functional status and participation.
- 7D32** Complete accurate documentation related to 7D15 - 7D30 that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies.
- 7D33** Respond effectively to patient/client and environmental emergencies in one's practice setting.
- 7D34** Provide physical therapy services that address primary, secondary and tertiary prevention, health promotion, and wellness to individuals, groups, and communities.
- 7D35** Provide care through direct access.
- 7D36** Participate in the case management process.

Participation in Health Care Environment

- 7D37** Assess and document safety risks of patients and the healthcare provider and design and implement strategies to improve safety in the healthcare setting as an individual and as a member of the interprofessional healthcare team
- 7D38** Participate in activities for ongoing assessment and improvement of quality services.
- 7D39** Participate in patient-centered interprofessional collaborative practice.
- 7D40** Use health informatics in the health care environment.
- 7D41** Assess health care policies and their potential impact on the healthcare environment and practice.

Practice Management

7D42 Participate in financial management of the practice setting, including accurate billing and payment for services rendered.

7D43 Participate in practice management, including marketing, public relations, regulatory and legal requirements, risk management, staffing and continuous quality improvement

CLINICAL EDUCATION METHODS OF INSTRUCTION

The student will participate in experiential clinical learning under the guidance of a licensed physical therapist (Clinical Instructor) with at least 1 year of experience as a PT, and the clinical director for the physical therapy program.

SUPERVISION OF PHYSICAL THERAPY STUDENTS BY CLINICAL INSTRUCTOR

Physical Therapy students are not allowed to practice as a licensed physical therapist. Students will practice under the supervision of a licensed physical therapist. Students are not to be used as additional staff members. The clinical instructor in collaboration with the Director of Clinical Education (DCE) will need to determine appropriate supervision for the student.

CONFIDENTIALITY POLICY (STUDENT RECORDS AND SENSITIVE INFORMATION)

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. In accord with this law, all student information and records will be kept confidential within a locked file, in a locked office, in the Records Room within the Department of Applied Medicine and Rehabilitation.

STUDENT INFORMATION TO BE RELEASED TO CLINICAL SITES

Consistent with the University's Policy and the Family Educational Rights and Privacy Act (FERPA), student information regarding grades, academic standing or other confidential information will not be shared with a clinical site. However, the DPT program may disclose a student's directory information such as a student's name, address and telephone number to allow for communication between the student and the clinical site. In addition, the DCE may choose to disclose selective information about a student's performance in order to assist the clinical site in planning and delivering an appropriate learning experience for the student. In the event the clinical sites require the program to submit limited health information such as immunizations, background checks, drug screens and the like, the program will abide. Students will sign an authorization for release of this information.

SELECTION OF CLINICAL EDUCATION SITES

Students will select clinical sites from a formal list of clinical sites that have established contracts with ISU. The student will select multiple choices of clinical sites. From the student's choices, the DCE will contact the facilities. If the facility is unable to confirm a student placement, the DCE will move down the list until a facility confirms they can place a student. If none of the student's choices are available, the student will be placed at an available site that allows for the most optimal educational experience. The DCE is responsible for assuring that the contracts at the established sites are current and fully executed, and validating that the placement meets the quality standards for clinical education sites. The DCE will continually work to accumulate quality education sites.

In addition to selecting from a list of established clinical sites, students will have the opportunity to select a facility that ISU does not have a contract with for one clinical experience. The student will not contact the facility but bring the contact information to the DCE. From there, the DCE will contact the facility. Keep in mind that it can take several months to obtain a fully executed contract, and therefore students must make this request in a timely fashion. The DCE will determine if the clinical site is appropriate for the student. It is encouraged that students look for a facility that provides a unique and enhanced learning experience (e.g. a large teaching hospital, specialty clinic or a military hospital). Students are also encouraged to look for clinicians who have additional training or certifications, such as board certification in orthopedics, wound care and/or fellowship trained in manual therapy. The DCE can assist the student in finding additional resources for quality clinical instructors. The student can search board certification therapists by geographical location on the APTA website as well. Please refer to Policy for Student Placement for Clinical Education for specifics.

There are standard requirements for clinical education experiences. Students need to keep in mind that the State Boards Exam for licensure is a comprehensive exam to ensure a general practitioner, and students should therefore choose clinical education sites which will expose them to the greatest variety of clinical settings and learning experiences.

***NOTE:** The DCE has the final decision in determining if a clinical site is appropriate. The DCE also reserves the right to place students outside the regular process for student placement if extenuating circumstances should arise.

Please refer to Appendix A and B for more detailed information on student placement for Clinical Education.

CLINICAL CONTRACT STORAGE

All clinical contracts will be stored in the office of the Director of Clinical Education as well as the DPT Contract Coordinator's office in the Department of Applied Medicine and Rehabilitation. In addition, each clinical affiliation site will have its own folder with a copy of the contract and the Clinical Site Information Form, which will be located in the DPT Contract Coordinator's office. The student is not allowed to take any of the information in these files outside of the DCE or Contract Coordinator's office.

CLINICAL EDUCATION PROCESS

STUDENT PREPARATION FOR CLINICAL EXPERIENCES:

1. Complete OSHA, HIPAA and CPI training.
2. Complete all prerequisite course training with a grade of "C" or better.
3. Provide proof of Health Insurance and keep it current throughout all clinical education experiences.
4. Complete and have evidence of current CPR training.
5. Complete additional National criminal background check and drug screen if required by clinical site
6. Complete all required immunizations.
7. Attend Pre-Clinical Education Conference/meeting.

ADDITIONAL STUDENT PREPARATION INFORMATION:

STUDENT HEALTH INSURANCE

Students will be required to have their own health insurance prior to going out on clinical affiliations. Neither the University or the Department of Applied Medicine and Rehabilitation provide health insurance to students. It is the responsibility of each student to be covered by health insurance. Students must realize there are health risks associated with working in clinical settings with patients with disease and illness. Students on clinical experiences outside of the immediate area may not have access to Indiana State University Student Health Services.

CPR CERTIFICATION

All students will be required to be CPR certified by the American Heart Association (CPR for healthcare providers) prior to the first clinical affiliation and must maintain certification through all clinical affiliations. The AMR will offer this certification to those students needing it; however the student may be responsible for all associated fees.

CRIMINAL BACKGROUND CHECK

All students are required to obtain a National criminal background check prior to matriculation. Students who do not pass the criminal background check due to a felony will not be allowed to continue in the DPT Program. For students with a misdemeanor, depending on the charge, a meeting by the DPT Faculty and Chair of the Department will be held to determine whether a student may continue in the program. This may be required again prior to clinical education placement.

IMMUNIZATIONS

The following immunizations are required for admission by the State of Indiana and/or Indiana State University and various clinical sites: (proof of completion required)

- 2 MMR (Mumps, Measles, Rubella) immunizations
- Varicella
- Tetanus/Diphtheria/Pertussis
 - Td Booster within the past 2 years or
 - Tdap Booster within the past 10 years
- Tuberculin/PPD test (2 step annually)
- Hepatitis B (3 step series)
- Influenza (annually)
- Meningitis B Conjugate/Meningococcal Group B series

COVID vaccine: While ISU does not mandate this, each and/or all clinical sites may require each student to be fully vaccinated so that those that are not fully vaccinated may not find a clinical placement, which would greatly effect a timely graduation.

Failure to comply with the immunization requirements will prohibit students from participating in clinical education experience.

DRUG TESTING

Prior to matriculation into the DPT program, a 10-Panel non-dot drug screen is required. This screening may also be required prior to clinical education placement, or at other times as determined by the DPT Program Director and DCE.

PHYSICAL/HEALTH HISTORY

Prior to matriculation into the DPT program, a health history and physical must be completed by the student's healthcare provider.

PRE-CLINICAL EDUCATION PROCESS

1. Students will browse the files for a particular site where they would like to set up a clinical experience.
2. Students will browse the site contracts for *site---specific requirements* (like additional criminal background check, physical exam, etc.)
3. Students will communicate to the DCE the choices selected for the clinical education experience.
4. Students may request to set up one clinical education experience that is not currently contracted with ISU. (No guarantees can be made)
5. The DCE will contact the facility to execute the placement of the student
6. The DCE will send all appropriate materials to the CI prior to the start---date of the clinical experience.
7. The student will contact the facility one---month prior to the start of the clinical placement to validate that all materials were received and inquire about any other specific instructions.
8. The student will provide the clinical site with a copy of the “Student Skills Sheet” after contacting the facility and will comply with any other prerequisite instructions.
9. The student will arrange all *housing and travel* to finalized clinical education placement sites.

ADDITIONAL STUDENT PRE-CLINICAL INFORMATION

TRAVEL AND HOUSING

Students will be responsible for finding housing accommodations for clinical experiences and for all expenses associated with housing. Students will also be responsible for all costs associated with travel expenses to and from clinical experiences. Some clinical institutions may require additional drug testing, etc. When contracts are obtained from clinical sites, the sites’ specific requirements will be posted, and students are responsible for any additional costs that may be incurred.

STUDENT RESPONSIBILITIES DURING CLINICAL EDUCATION PROCESS

1. Comply with all facility rules and regulations
2. Wear name tag at all times
3. Communicate to patients that you are a *physical therapy student*
4. Maintain all *HIPAA regulations*
5. Participate in clinical education assignments determined by the facility
6. Participate in clinical education assignments as assigned by the DCE
7. Report all scheduled days to work with clinical instructor and work the CI’s schedule
8. Notify DCE of schedule if scheduled for less than full time or over-time (average 40hrs/week)
9. Report all missed days to the DCE as soon as possible
10. All missed days due to illness must be made up unless special circumstances approved
11. Complete all assessment forms, along with student portion of the CPI

ADDITIONAL STUDENT ‘DURING CLINICAL’ INFORMATION

NAME TAGS

All DPT students will be provided with name tags that they are required to wear on clinical experiences. Name tags are to ensure that the student is easily identifiable as a student to patients and other healthcare providers. It is important to know that all patients have the risk-free right to refuse to be treated by a student, and you must identify yourself as such. If the name tag is lost, a replacement name tag will be provided at the student’s expense.

ATTENDANCE POLICY

Students on clinical experience must complete the required hours set by the Director of Clinical Education (DCE). Absence is not allowed. If a student misses a day, they are required to report the absence to the DCE and will be required to make up the day on a weekend or another day during the week (if the student is working four, 10 hour days). Students are required to work the schedule of the lead clinical instructor. Special circumstances are reviewed.

CONFIDENTIALITY AND PROTECTION OF DIGNITY AND RIGHTS OF PATIENTS

Students must comply with all state and federal laws associated with patient rights, privacy and protected health information and are required to keep patient information confidential when on clinical assignments. Students will not abuse patient information and will only report appropriate information when involved in assignments and case studies. Students must be granted permission to access patient records and be authorized to view images or material about a patient. Please refer to the *Health Insurance Portability and Accountability Act of 1996* (HIPAA) for more information regarding confidentiality and privacy of patient records at: <http://www.hhs.gov/ocr/privacy/hipaa/understanding/index.html>. In addition, students shall seek permission from their clinical instructor or the most appropriate person within the clinic’s organization to use any non-protected health information or materials (patient care protocols, administrative information, etc.) for purposes outside of normal patient care responsibilities.

DRIVING POLICY

Students shall be responsible for his or her own transportation to and from class/lab and clinical experiences. During clinical experiences, students shall not be authorized to transport any client/patients of a facility by car or other vehicle. Official university rules regarding travel can be found at: <http://www.indstate.edu/controller/travel.htm>. Official policy regarding use of university vehicles can be found at: <http://www.indstate.edu/riskman/driving.htm>.

FACULTY AVAILABLE DURING CLINICALS

If there are any issues that need to be addressed, students and clinic staff can contact the following faculty/staff in the ISU DPT Program.

Stasia Tapley, PT, DPT: Director of Clinical Education: 812-237-2860; stasia.tapley@indstate.edu

Maria Osborne, PT, DPT: Asst. Director of Clinical Education: 812-237-2347; maria.osborne@indstate.edu

POST-CLINICAL EDUCATION PROCESS

1. Return the CPI and all appropriate materials to the DCE
2. Attend debriefing session and/or

Participate in class meeting with upcoming classmates who will be selecting clinical sites, as required

GRADING ON CLINICALS

The student will be assessed by the Clinical Instructor utilizing the CPI assessment tool. The student will have a mid--term evaluation and a final evaluation. The DCE will assign a letter grade to the clinical experience based upon satisfactory progress on the CPI and completion of other course requirements as outlined in the course syllabus.

DPT PROGRAM TIME OFF/LEAVE OF ABSENCE POLICY

The student may petition the PT core faculty for time off or a temporary leave of absence from the program. Decisions will be made on a case by case basis, and will be limited to extraordinary circumstances such as health, legal or family situations that interfere with the student's successful completion of the program. Students will submit a formal written request to the Program Director, and approval will require a majority vote of the core faculty.

STUDENT GRIEVANCE POLICY

If a student should have a complaint about the Program or dissatisfaction with the Program, it should be brought to the attention of the DPT Program Director or the appropriate person. The Director will examine the complaint and work with the appropriate personnel to resolve the complaint and/or issue. The Program Director will keep a formal record of complaints, including the nature of the complaint and the resolution procedure for each complaint. If the complaint cannot be adequately resolved by the Program Director, or if the complaint is about the program director, it will be reported to the Chair of the Department of Applied Medicine and Rehabilitation or to the Dean of the College of Health and Human Services, if needed. All records of complaints will be kept for a minimum of five years and will be used for program assessment and planning. A suggestion or complaint may also be informally made by completing the "DPT General Feedback Survey" which is given online anonymously each semester and may be reviewed by the Program Director and considered by Core Faculty for future action.

If the student should have a complaint about the Director of Clinical Education, he/she may contact the Department Chairperson directly. Students with concerns about clinical education placement or grading may appeal internally to the clinical education appeal committee.

Students are encouraged to review the official College of Health and Human Services Student Grievance Policy at the following link for more information:

<http://www.indstate.edu/health/sites/health.indstate.edu/files/student-grievance-procedures.pdf>

REMEDIATION

If a student is having difficulty completing the requirements of the clinical experience, additional clinical experiences may be required for the student in a setting that allows them to meet their requirements. The DCE is responsible for determining if a student is in need of additional clinical hours. If a student is showing weakness in a certain area on the CPI, another clinical experience may be required. If a student fails a clinical experience, the student will be required to complete a comparable clinical experience. The additional clinical experience may need to be completed after the scheduled graduation date and may result in the student not being able to attend graduation/graduate at originally scheduled time. The DCE and student will set goals and parameters of the specific clinical experience for remediation. The clinical instructor, for this clinical, will be given a copy of the CPI that was failed and will specifically work to improve the student's skills which are in need of improvement. Failure of a clinical experience for non-"Red Flag Criteria on the CPI" will be permitted to repeat a maximum of 1 (one) clinical experience. Students who fail two (2) clinical experiences for non-"Red Flag Criteria on the CPI" will not be allowed to continue in the DPT program. If initial failure of a clinical experience is due to "Red Flag Criteria on the CPI"/Professionalism items, then the student will not be allowed to continue in the DPT program.

EVALUATION OF THE CLINICAL EDUCATION PROGRAM

To ensure that the clinical education program is meeting the Mission and goals of the program, there will be a formal process to review the program.

- SCCE's will complete a CSIF (or provide like information) in conjunction with formalizing the contract process
- Students will provide their CI with a skill sheet checklist prior to their clinical affiliation
- Students will complete the student portion of the CPI
- Students will give the DCE informal feedback at mid-term (phone or on-site)
- DCE will perform a Clinical Experience Interview with the CI at mid-term
- Students will complete a Student Evaluation of the DCE after each clinical
- Students will complete and turn in the Clinical Course Evaluation Form after each clinical experience.
- Students will complete a self-assessment of their progress with the Generic Abilities/Professional Behaviors Form for appropriate level
- CI's or SCCE's will complete assessments of the DCE
- Program Director or department Chair will complete assessment of the DCE
- Patient surveys may be given during the course of the clinical affiliation

**DOCTOR OF PHYSICAL THERAPY PROGRAM
INDIANA STATE UNIVERSITY
DEPARTMENT OF APPLIED MEDICINE AND REHABILITATION**

COMMUNICATION POLICY

Policy: Timely communication among clinical faculty, academic faculty, and students regarding information about the program and student clinical performance.

Purpose: Timely communication among clinical faculty, academic faculty, and students is essential in the delivery of an effective, efficient, and proficient Physical Therapist Education Program.

Procedure: 1. Annual Program Update to Clinical Faculty

An annual program update will be provided for all clinical sites between February and March of each year. The *Annual Program Update to Clinical Faculty* will be provided with the *Student Placement Form*. This update will contain the changes that have occurred within the Program over the last year.

The *Annual Program Update to Clinical Faculty* will include, but is not limited to:

- A. Curriculum changes
- B. Program Review and Accreditation
- C. New clinical sites
- D. Academic and clinical faculty news
- E. Student successes

Notification to the students regarding these changes will be made through the *Doctor of Physical Therapy Program Student Handbook and Clinical Education Handbook*, course syllabi, or signed and dated acknowledgements of receiving such notice.

2. Changes within a Clinical Course

If Changes are made to a clinical course and are implemented prior to the beginning of a new DPT cohort, the information regarding these changes will be sent to the clinical sites (scheduled to provide clinical education to a student). Notification of student placement will be provided at least one month prior to the start of the clinical education experience or when the change is implemented if it occurs following the start of the clinical course.

Notification to the students regarding these changes will be made through the course syllabus or signed and dated acknowledgements of receiving such notice.

All notifications will be incorporated in the *Annual Program Update to Clinical Faculty* and, if applicable, the next edition of the *Doctor of Physical Therapy Program Student Handbook and Clinical Education Handbook*.

3. Immediate notification to clinical faculty

When "breaking news" regarding the clinical education of the Doctor of Physical Therapy Program's students is received, a broadcast memo, fax or e-mail will be provided to the clinical sites and students affected.

All notifications will be incorporated in the *Annual Program Update to Clinical Faculty* and, if applicable, the next edition of the *Doctor of Physical Therapy Program Academic and Clinical Education Handbook*.

**DOCTOR OF PHYSICAL THERAPY PROGRAM
INDIANA STATE UNIVERSITY
DEPARTMENT OF APPLIED MEDICINE AND REHABILITATION**

UNIVERSITY LIABILITY INSURANCE

Liability Insurance - Indiana State University provides students in the Doctor of Physical Therapy Program with liability insurance in the amount of \$1,000,000 per incident/\$3,000,000 aggregate to cover their own actions while working within the scope of their learning experience. The Doctor of Physical Therapy program sends a certificate of liability insurance to all affiliating clinical centers when initiating contracts, and provides updates at the beginning of each calendar year. Students are protected by the liability policy for the time they are enrolled in a clinical course.

**DOCTOR OF PHYSICAL THERAPY
PROGRAM INDIANA STATE UNIVERSITY
DEPARTMENT OF APPLIED MEDICINE AND
REHABILITATION**

DRESS CODE AND GROOMING POLICY DURING CLINICAL EDUCATION

Procedure:

General Appearance:

1. Earrings will be confined to the ear lobe. No dangling earrings will be worn. No more than two (2) earrings per ear may be worn and no other visible body piercing is allowed. This includes body piercings visible through clothing. Examples of body piercing include, but are not limited to, the eyelid, nose and tongue.
2. Hair longer than shoulder length will be tied back in a neat manner.
3. Use of fragrances should be avoided.
4. Personal hygiene should be attended to prior to arriving in the clinical site.
5. Nails must be short and well-manicured. Nail color should be neat and have a professional appearance.
6. Artificial nails, nail extensions, nail tips, etc. are not permitted as they may harbor harmful pathogens.
7. Tattoos should be covered if at all possible. Students will refer to clinical site policies for further information.
8. The wearing of jewelry is discouraged. Patient safety, as well as potential loss of jewelry are both concerns.

Name Tag:

A Physical Therapist Student Name Tag or one approved by the clinical site must be worn and visible at all times.

Attire: As a general rule the student will follow the stated guidelines of the clinical site.

1. Lab jackets may be a requirement of the clinical site.
2. Slacks worn with a professional shirt are recommended while in the clinical site. No jeans are allowed. No "Classic" T-Shirts or T-Shirts with logo's or insignia for commercial companies are allowed.

3. Tank tops or sleeveless shirts are not allowed.
4. Scrubs may be worn if approved by clinical site.
5. Clothing should be modest. At no time during the course of patient treatment should any of the following be visible: bare midriff, excessive cleavage or natal cleft.
6. Wearing dresses or skirts is discouraged as these may interfere with the ability to provide appropriate treatment or assistance to assigned patients.
7. No leggings, stretch pants, capris or sweatpants are allowed.

Shoes:

Shoes must have a closed toe and at least a strap closure on the heel. The heel should be no higher than 1.5 inches. Socks or hose must be worn at all times. Tennis shoes should not be worn (unless approved by the clinical site.)

If the clinical site has a dress code that is more restrictive or specific than the Doctor of Physical Therapy Program's policy, the student is expected to abide by the clinical site's dress code policy.

Prior to attending each clinical facility, the student will contact the site regarding dress code requirements.

**DOCTOR OF PHYSICAL THERAPY PROGRAM
INDIANA STATE UNIVERSITY**

POLICY REGARDING PREGNANCY

According to the National Institute for Occupational Safety and Health (NIOSH) and the National Council of Radiation Protection (NCRP), control measures should be taken to avoid or reduce reproductive hazards in the pregnant female.

The following table lists chemical and other disease-causing (infectious) agents that have been shown to have harmful effect on pregnant women.

Agent	Observed Effects	Preventive Measures
Ionizing radiation	miscarriage, birth defects, low birth weight, developmental disorders	wrap-around apron, or front and back protection utilized
Strenuous physical labor	miscarriage late in pregnancy, premature delivery	decreased prolonged standing and heavy lifting
Cytomegalovirus (CMV)	birth defects, low birth weight, developmental disorders	good hygienic practices such as handwashing, gloves, gown, mask
Human parvovirus B (Fifth Disease)	Miscarriage	Good hygienic practices such as handwashing, gloves, gown, mask
Rubella (German Measles)	Birth defects, low birth weight	Vaccination before pregnancy if no prior immunity
Varicella - zoster virus (Chicken pox)	Birth defects, low birth weight	Vaccination before pregnancy if no prior immunity
Tuberculosis	Congenital syndrome	Annual testing, good hygienic practices such as handwashing, gloves, gown, mask
Aerosolized pentamidine	Unknown	Good hygienic practices such as mask
Ribavirin (Virazole)	Unknown	Good hygienic practices such as handwashing, gloves, gown, mask

Pregnant females **with immunity through vaccinations or earlier exposures are not generally at risk** from diseases such as cytomegalovirus (CMV), hepatitis B, human parvovirus B19 (fifth disease), Rubella (German measles), or Varicella-zoster virus (chicken pox). But pregnant workers without prior immunity should avoid contact with infected children or adults.

The pregnant Physical Therapist student should also use good hygiene practices such as frequent handwashing to prevent the spread of infectious diseases among other healthcare workers. In addition, universal precautions should be followed.

Based on the above information, the following guidelines will be utilized for students in the Doctor of Physical Therapy program:

Upon confirmation of pregnancy, the student initiates the first step of declaring her pregnancy by voluntarily notifying the Program Director AND DCE in writing. In the absence of the voluntary written disclosure, a student cannot be considered pregnant. Following disclosure, program policies will be reviewed to provide the student with a complete understanding of her status in the program.

The pregnant Physical Therapist student has the following options concerning clinical education:

1. Continue clinical education without modification or interruption. The student accepts full responsibility for her own actions and the health of her baby. She relieves Indiana State University, its faculty, and the clinical site of any responsibilities in case of adverse effects.
2. Take a leave of absence from the clinical assignments during her pregnancy. The student and faculty will determine if an incomplete may be given for the course or if the student should withdraw from the clinical course. The length of pregnancy leave will be determined by the student's attending physician and a written release must be given to the DCE prior to returning to clinical affiliations. Graduation dates could be affected.
3. Take a leave of absence from the program. If the student notifies the Program Director of her desire to return, she will be reinstated in the program. Depending on the semester of leave, reinstatement would be after completion of pregnancy leave at the appropriate semester of the next academic year. The length of pregnancy leave will be determined by the student's attending physician and a written release must be given to the Program Director/DCE prior to returning to clinical. Graduation dates could be affected.

Notification of the student's option must be furnished to the Program Director/DCE prior to clinical placement. The declared pregnant student must follow the established program policies and meet the same clinical educational criteria as all other students prior to graduation.

NOTICE TO ALL FEMALE STUDENTS

Formal, voluntary notification is the only means by which the clinical facility and Indiana State University’s Doctor of Physical Therapy program can ensure the policies are followed. In the absence of the voluntary written disclosure, a student cannot be considered pregnant and be given the established guidelines to follow at the clinical site. Written notification should be furnished to the Program Director. Notification of the pregnancy will be communicated to the appropriate personnel at the clinical site.

NOTIFICATION OF PREGNANCY

I, _____, am declaring that I am pregnant.

(Print name)

I became pregnant in _____, _____; _____
(month) (year) (estimated due date)

I choose the following option concerning my pregnancy:

(please circle option)

- 1 - continue without modification
- 2 - leave of absence from clinic only
- 3 - leave of absence from the program

STUDENT SIGNATURE DATE

FACULTY SIGNATURE DATE

The Effects of Workplace Hazards on Female Reproductive Health, Jan. 9, 2003.
<http://www.cdc.gov/niosh/99-104.html>

Guidelines for Vaccinating Pregnant Women, U.S. Department of Health and Human Services Centers for Disease Control and Prevention. Jan. 9, 2003. <http://www.immunize.org/genr.d/preguid.htm>

**DOCTOR OF PHYSICAL THERAPY PROGRAM
DEPARTMENT OF APPLIED MEDICINE AND REHABILITATION
INDIANA STATE UNIVERSITY**

SUBSTANCE ABUSE POLICY

University Policy: Code of Student Conduct (p.11)

The Indiana State University Code of Student Conduct, approved by the Board of Trustees, provides a procedure and rules by which a student will be afforded due process in the matter of alleged violations of university standards, rules and requirements governing academic and social conduct of students. Possession of alcohol and controlled substances on University property or in conjunction with University sponsored activities, except as expressly permitted by state law and University policies, is prohibited [See Student Conduct Code, 9: Violation D].

Directed Practice or Clinical Education is a University sponsored activity activated by student enrollment. A student shall be subject to disciplinary action or sanction upon violation of listed conduct proscriptions.

DPT Program Policy

Physical Therapy education requires directed practice or clinical education in a variety of health care settings. Health care facilities may be located within Terre Haute, within Indiana or outside the state of Indiana. The Student Conduct Code remains in force regardless of student location.

DPT Programs follow a Code of Ethics, which requires every provider [as well as students] to maintain a competent level of practice. As students involved in clinical education are in direct contact with patients, it is the policy of the DPT Program and Applied Medicine and Rehabilitation Department that students performing in clinical education be unimpaired by the consumption of alcohol or controlled substance. Students, who are found to be under the influence of drugs or alcohol, are subject to disciplinary action up to termination from the academic program in which they are enrolled.

Procedure

1. Reasonable suspicion to believe a student is under the influence of alcohol or controlled substance may exist when:
 - a) a controlled substance or alcoholic or cereal malt beverage is in the possession of the student, on his/her person or under her/his control. Under his/her control includes, but it not limited to the student's locker, automobile, book bag, duffel bag; or,
 - b) appearance of impairment, including, but not limited to: Increased drowsiness, decreased motor coordination, changes in pupil size, excitation, euphoria, alcohol odor on the breath, intoxicated behavior without alcohol odor, increased or repeated errors, decreased concentration, memory problems, notable change in verbal communication (stuttering, loud, incoherent, slurred, etc.) or written communication, frequent or unexplained disappearances, irrational or aggressive behavior(verbal or physical) and/or disorientation.

2. The contact person (clinical instructor, clinical supervisor, etc.) shall:
 - a) evaluate whether possession or behavior change(s) constitute reasonable suspicion that a student is under the influence of controlled substance(s) or alcohol;
 - b) document the conditions giving rise to the reasonable suspicion and shall, with at least one witness, obtain from the student a listing of all medications, prescription and over-the-counter, the student is taking;
 - c) contact the appropriate administrator at the health facility and the Doctor of Physical Therapy Program Director to report the matter;
 - d) relieve the student from performing duties at the facility;
 - e) present, in the company of at least one witness, the student with consent/refusal form for laboratory testing of student's urine and/or blood samples; and
 - f) in the event student consents to testing, arrange for the collection of the appropriate urine and/or blood sample. If student assignment is at a hospital, appropriate testing will be done there. If not, the student should be driven to a facility that can provide testing. The student is responsible for any costs associated with testing. Laboratory testing may include, but is not limited to, any or all of the following tests:
 - g) Blood alcohol
- Urine drug screen for street/illegal drugs:
 - amphetamines/methamphetamines,
 - cocaine,
 - class opiates,
 - phencyclidine (PCP),
 - marijuana,
 - class barbiturates, and
 - class benzodiazepines.
- Urine drug screen for prescription drugs
3. The student, once relieved from performance of his/her duties, executing the consent/refusal form, and, if consent is given, giving samples, shall be provided transportation to his/her residence.
4. In the event test results are negative, the student may return to his/her health care assignment after consultation with The DPT Program Director. If the results are positive, the matter will be reported to the DPT Program Director and the Chair of Applied Medicine and Rehabilitation for appropriate action.

For more information, go to: <http://www.indstate.edu/sjp/docs/code.pdf>.

**DOCTOR OF PHYSICAL THERAPY PROGRAM
CONSENT/REFUSAL FORM FOR DRUG AND ALCOHOL TESTING
DEPARTMENT OF APPLIED MEDICINE AND REHABILITATION
INDIANA STATE UNIVERSITY**

I, _____, SS# _____, hereby consent to provide a urine and/or blood sample for the purpose of testing for the presence of controlled substance [unlawful drugs and prescription drugs] at a designated laboratory. I understand that I am responsible for payment of said laboratory testing. I authorize release of the test results to the DPT Program Director at INDIANA STATE University. Test results may be released to other parties as applicable, such as the Chairperson of Allied Health. Call prior to faxing the report to INDIANA STATE University, Department of Applied Medicine and Rehabilitation 812-237-3615. I understand that refusing to provide a sample(s), tampering with samples or providing false information on a specimen's chain of custody form, may constitute grounds for termination in the DPT program. I understand that failure to pass the drug/alcohol test may result in disciplinary action up to and including termination.

Laboratory testing includes the following tests:

Student Signature: _____

Clinical Instructor/Supervisor Signature: _____

Witness Signature: _____

Date and Time: _____

REFUSAL FOR DRUG AND ALCOHOL TESTING

I, _____, SS# _____,

do not consent to provide a urine and/or blood sample for the purpose of reasonable cause testing. I understand that refusal to participate in testing may result in my termination in the PT program.

Student Signature: _____

Clinical Instructor/Supervisor Signature: _____

Witness Signature: _____

Date and Time: _____

**INDIANA STATE UNIVERSITY
DOCTOR OF PHYSICAL THERAPY PROGRAM
DEPARTMENT OF APPLIED MEDICINE AND REHABILITATION**

HEPATITIS B VACCINE REQUIREMENT

All health care workers who come in contact with body fluids such as blood, semen, vaginal secretions, saliva, or body fluids containing blood are considered to be at high risk for contracting hepatitis. Students enrolled in Doctor of Physical Therapy Programs are therefore considered at high risk.

Since you are considered at high risk for exposure to HBV (Hepatitis B virus), we REQUIRE that you receive the vaccine to immunize you against the virus. The vaccine is given in a series of three doses over a six month period. The cost of the vaccine is approximately \$82 per dose. This vaccine is available at the Student Health Center at Indiana State University and the local health clinic as well as physician's offices for a fee. You are responsible for the cost of the vaccine; however, some insurance companies will cover the cost of the vaccine.

There are certain groups of students (including physical therapist students) that are more at risk for exposure to Hepatitis B than usual. These students will require a titer to determine if the vaccines have been effective. This is done through a blood test 6-8 weeks after the last Hepatitis B shot.

The Occupational Safety and Health Administration (OSHA) recognizes only the employer and employee in its policies and guidelines. Students are not considered employees. As such, students are not covered under the OSHA policy by either Indiana State University or the facility providing clinical education. A student having exposure of blood borne pathogens must seek medical follow-up through their private physician or county health clinic. It is up to the individual student to follow body-substance isolation procedures and to protect themselves via vaccination.

You must have a valid medical reason to refuse the hepatitis B vaccine.

**INDIANA STATE UNIVERSITY
DOCTOR OF PHYSICAL THERAPY PROGRAM
DEPARTMENT OF APPLIED MEDICINE AND REHABILITATION**

Hepatitis Information Sheet

Hepatitis Infection

Hepatitis is an inflammation of the liver. The form of viral hepatitis, formerly called "serum hepatitis," is caused by the Hepatitis B virus (HBV). This form of viral hepatitis, which is the major cause of acute and chronic hepatitis, cirrhosis and primary hepatocellular carcinoma, is transmitted by intimate exposure to infectious blood or serum derived fluids, semen, vaginal secretions, or saliva. In the workplace, exposure is parenteral, or by contact with mucous membranes or non-intact skin, most commonly by needle stick or sharps accident, or by contamination of unapparent breaks in the skin. Also, contaminated fomites play a role in HBV transmission. Approximately 0.2-0.9% of adults in the U.S., and greater than 1% of hospitalized patients, are infectious for Hepatitis B.

Hepatitis B infection is the major infectious occupational hazard to healthcare workers, causing approximately 12,000 infections, 3,000 cases of acute clinical illness, 600 hospitalizations, 1,000 chronic carriers, and 200 deaths annually. Without pre or post-exposure prophylaxis, 6-30% of non-immune healthcare workers who sustain an exposure from an infectious source develop Hepatitis B infection. The use of Hepatitis B vaccine and other appropriate environmental controls can prevent almost all occupational infections.

The Vaccine

Hepatitis B vaccine (recombinant) is a non-infectious, recombinant DNA Hepatitis B vaccine produced in yeast cells. The yeast derived vaccines contain no human plasma so there is absolutely no possibility that they can cause HIV infection. This was a concern, without merit, with the previous vaccine derived by inactivated antigen from the plasma of chronic HBV carriers. The vaccine is given in a series of three (3) doses over a six (6) month period. The vaccine induces protective antibody levels in 85-97% of healthy adults completing the series.

Side-Effects

No serious side effects have been noted; however, it is possible that with expanded use, rare adverse reactions may become noted. In studies, 22% noted soreness at the site and 14% noted fatigue. Fewer persons experienced fever, joint pain, local reaction, rash, headache or dizziness.

Contraindications

*The vaccine is contraindicated if you have a hypersensitivity to yeast or any other components of the vaccine.

*Immunocompromised persons, e.g., hemodialysis patients, those receiving immunosuppressive drugs, or those with HIV infection, may not develop protective antibody levels with the course recommended for healthcare workers and would need special monitoring.

*Product literature states that it is not known whether the vaccine causes fetal harm and should only be given to a pregnant woman if clearly needed and caution should be used during administration to nursing mothers.

The Center for Disease Control states that since HBV infection in a pregnant woman may result in severe disease for the mother and newborn, and since the vaccine contains only non-infectious HBsAg particles, hence there should be no risk to the fetus, that neither pregnancy nor lactation should be considered a contraindication.

The American Public Health Association states, "Pregnancy is not a definitive contraindication for receiving the inactivated vaccine."

Deferrals

*Those with known hypersensitivity to yeast

*Those known to be immune to Hepatitis B

*Those with history of immunosuppressive disorders

*Those receiving hemodialysis

*Those who are HIV positive, must bring written specific authorization from their attending physician stating they will be closely monitored and additional doses of the vaccine will be given by the physician if necessary

*Pregnant women must have written consent from their obstetricians

*Lactating women must have written consent from their pediatricians

As with any vaccine, persons with any febrile illness (temperature 100°F or greater) or active infection should postpone immunization until symptoms clear.

Signs and Symptoms of HBV

The most commonly identified signs and symptoms of HBV are:

- * Anorexia

- * Abdominal discomfort

- * Nausea and vomiting

- * Arthralgia and rash

- * Mild fever

- * Jaundice

HEPATITIS B VACCINATION FORM

I have received information concerning the Hepatitis B virus and the Hepatitis B vaccine. I understand the benefits and risks involved with receiving the vaccine. I understand the risks associated with contracting the disease while caring for clients during my clinical courses.

Student Signature

Date

Directions: Complete ONE of the sections below. Either verification of immunization series or completion of the declination statement is required prior to beginning a clinical.

HEPATITIS B VACCINATION

I will obtain the vaccine at my own expense and show documentation after each phase is completed.

I have received the Hepatitis B vaccine and attached documentation.

Student Signature

Date:

HEPATITIS B VACCINE DECLINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. School officials have required that I be vaccinated with Hepatitis B vaccine at my own expense. However, I have a valid medical reason to decline the Hepatitis B vaccine at this time. I have attached my medical excuse signed by my physician. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.

I further understand that neither Indiana State University, the Department of Applied Medicine and Rehabilitation nor the Doctor of Physical Therapy Programs, nor the clinical agencies are responsible for the payment of or provision for health care should I acquire Hepatitis B or become exposed to the Hepatitis B virus.

Student Printed Name

Student Signature

Date

Witness Printed Name

Witness Signature

Date

Indiana State University
Doctor of Physical Therapy Program
PERTUSSIS VACCINATION POLICY

Pertussis

Pertussis, or whooping cough, is an acute infectious disease caused by the bacterium *Bordetella pertussis*. Outbreaks of pertussis were first described in the 16th century, and the organism was first isolated in 1906.

In the 20th century, pertussis was one of the most common childhood diseases and a major cause of childhood mortality in the United States. Before the availability of pertussis vaccine in the 1940s, more than 200,000 cases of pertussis were reported annually. Since widespread use of the vaccine began, incidence has decreased more than 80% compared with the prevaccine era. Pertussis remains a major health problem among children in developing countries, with an estimated 285,000 deaths resulting from the disease in 2001.

Reported cases of pertussis -- once a common childhood illness -- dropped dramatically after routine childhood immunization was introduced in the 1940s. However, reports of pertussis in the U.S. have been rising since the mid-1970s. There were approximately 10,000 cases in 2003 -- the highest number of reported cases in more than 35 years. Pertussis, significantly under-reported and under-recognized, is a common cause of prolonged cough-related illness in adolescents and adults. In fact, in a clinical study involving 442 adolescents and adults who had a cough-related illness for more than seven days, approximately 20 percent of these patients had laboratory-documented pertussis.

Bordetella Pertussis

B. pertussis is a small, aerobic gram-negative rod. It is fastidious and requires special media for isolation. *B. pertussis* produces multiple antigenic and biologically active products, including pertussis toxin, filamentous hemagglutinin, agglutinogens, adenylate cyclase, pertactin, and tracheal cytotoxin. These products are responsible for the clinical features of pertussis disease, and an immune response to one or more produces immunity to subsequent clinical illness. Recent evidence suggests that immunity from *B. pertussis* infection is not permanent.

Pathogenesis

Pertussis is primarily a toxin-mediated disease. The bacteria attach to the respiratory cilia, produce toxins that paralyze the cilia, and cause inflammation of the respiratory tract, which interferes with the clearing of pulmonary secretions. Pertussis antigens appear to allow the organism to evade host defenses, in that lymphocytosis is promoted but chemotaxis is impaired. Until recently it was thought that *B. pertussis* did not invade the tissues. However, recent studies have shown the bacteria to be present in alveolar macrophages.

Clinical Features

The incubation period of pertussis is commonly 7-10 days, with a range of 4-21 days, and rarely may be as long as 42 days. Insidious onset of coryza (runny nose), sneezing, low-grade fever, and a mild occasional cough, similar to the common cold. The cough gradually becomes more severe, and after 1-2 weeks, the second, or paroxysmal stage, begins.

It is during the paroxysmal stage that the diagnosis of pertussis is usually suspected. Characteristically, the patient has bursts, or paroxysms, of numerous rapid coughs, apparently due to difficulty expelling thick mucus from the tracheobronchial tree. At the end of the paroxysm, a long inspiratory effort is usually accompanied by a characteristic high-pitched whoop. During such an attack, the patient may become cyanotic (turn blue). Children and young infants, especially, appear very ill and distressed. Vomiting and exhaustion commonly follow the episode. The patient usually appears normal between attacks.

Paroxysmal attacks occur more frequently at night, with an average of 15 attacks per 24 hours. During the first 1 or 2 weeks of this stage, the attacks increase in frequency, remain at the same level for 2 to 3 weeks, and then gradually decrease. The paroxysmal stage usually lasts 1 to 6 weeks but may persist for up to 10 weeks. Infants younger than 6 months of age may not have the strength to have a whoop, but they do have paroxysms of coughing.

In the convalescent stage, recovery is gradual. The cough becomes less paroxysmal and disappears in 2 to 3 weeks. However, paroxysms often recur with subsequent respiratory infections for many months after the onset of pertussis. Fever is generally minimal throughout the course of the illness.

Older persons (i.e., adolescents and adults) and those partially protected by the vaccine may become infected with *B. pertussis* but often have milder disease. Pertussis infection in these persons may be asymptomatic, or present as illness ranging from a mild cough illness to classic pertussis with persistent cough (i.e., lasting more than 7 days). Inspiratory whoop is uncommon. Adolescents and adults have accounted for more than half of reported pertussis cases in recent years.

Even though the disease may be milder in older persons, those who are infected may transmit the disease to other susceptible persons, including unimmunized or under immunized infants. Older persons are often found to have the first case in a household with multiple pertussis cases.

For more detailed information visit

<http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/pert.pdf>

Medical Management

The medical management of pertussis cases is primarily supportive, although antibiotics are of some value. Erythromycin is the drug of choice. This therapy eradicates the organism from secretions, thereby decreasing communicability and, if initiated early, may modify the course of the illness. An antibiotic effective against pertussis (such as azithromycin, erythromycin or trimethoprim sulfamethoxazole) should

be administered to all close contacts of persons with pertussis, regardless of age and vaccination status.

Vaccination

This vaccination is **required** by Indiana State University's Medical Directors and allied health faculty, unless there is a medically valid reason.

There are different types of vaccine available. Tdap is the recommended choice (for adults) as indicated in the following which is a recommendation from the CDC's Advisory Committee on Immunization Practices (ACIP) reported in October 2005.

During spring of 2005, two Tetanus Toxoid and Reduced Diphtheria Toxoid and Acellular Pertussis vaccines adsorbed (Tdap) formulated for adolescents and adults were licensed in the United States (BOOSTRIX[®], GlaxoSmithKline Biologicals, Rixensart, Belgium and ADACEL, Sanofi Pasteur, Toronto, Ontario, Canada). ACIP voted to recommend a single dose of Tdap for adolescents aged 11- 18 years in June 2005 and adults aged 19-64 years in October 2005.

Contraindications and Precautions to Vaccination

Tdap (aka BOOSTRIX[®])

Tdap is contraindicated for persons with a history of a severe allergic reaction to a vaccine component or following a prior dose of vaccine. Tdap is also contraindicated for persons with a history of encephalopathy not due to another identifiable cause occurring within 7 days after administration of a pertussis-containing vaccine. Precautions to Tdap include a history of Guillian- Barre' syndrome within 6 weeks after a previous dose of tetanus toxoid-containing vaccine, and a progressive neurologic disorder (such as uncontrolled epilepsy or progressive encephalopathy) until the condition has stabilized. Persons with a history of a severe local reaction (Arthus reaction) following a prior dose of a tetanus and/or diphtheria toxoid containing vaccine should generally not receive Tdap or Td vaccination until at least 10 years have elapsed after the last Td-containing vaccine.

How long before the vaccine will protect you? Approximately one (1) week after you receive the vaccine your immune system most likely will have developed enough antibodies to protect you.

**Information in this publication was collected from the Centers for Disease Control and Prevention website.

Where Can You Receive the Vaccination?

You may check with your attending physician and make arrangements to receive the vaccine through their office. The usual cost is \$35-\$50.

**INDIANA STATE UNIVERSITY
DOCTOR OF PHYSICAL THERAPY PROGRAM
DEPARTMENT OF APPLIED MEDICINE AND REHABILITATION
PERTUSSIS VACCINATION/DECLINATION FORM**

I have received the information concerning the Pertussis bacteria and the Pertussis vaccination. I understand the benefits and risks involved with receiving the vaccines. I understand the risks associated with contracting the disease while caring for clients during my clinical courses.

Student Signature

Date

Directions: Complete ONE of the sections below. Either verification of immunization series or completion of the declination statement is required prior to entry in the clinical experience.

PERTUSSIS VACCINATION

_____ I will obtain the vaccine at my own expense and show documentation when completed.

_____ I have received the Pertussis vaccine and attached documentation.

PERTUSSIS VACCINATION DECLINATION

I understand that due to my occupational exposure to potentially infectious materials, I may be at risk of acquiring Pertussis infection. School officials have required that I be vaccinated with Pertussis Vaccine at my own expense. However, I decline the Pertussis Vaccination at this time due to medically valid reasons. I have attached my medical excuse signed by my physician. I understand that by declining this vaccine, I continue to be at risk of acquiring Pertussis, which for some may result in serious illness. Additionally, documented exposure/contact with a patient with pertussis may result in missed clinical days which would have to be made up (exposed individuals should be treated for 7-14 days with appropriate antibiotics and if symptomatic may not return to the clinic setting for 5 days).

I further understand, that neither Indiana State University, its Doctor of Physical Therapy Program, nor the clinical agencies are responsible for the payment of or provision for health care should I acquire Pertussis or become exposed to the Pertussis bacteria.

Student Printed Name

Student SS#

Student Signature

Date

Witness Printed Name _____ Witness Signature _____ Date _____

DOCTOR OF PHYSICAL THERAPY PROGRAM
Indiana State University
Department of Applied Medicine and Rehabilitation

HEALTH INSURANCE COVERAGE POLICY

By signing this agreement, I, _____, understand that it is the policy of the Doctor of Physical Therapy Program to obtain and maintain health insurance throughout the Doctor of Physical Therapy Program, including all academic semesters and clinical experiences. I agree to obtain health insurance and provide a copy of the insurance card and policy number by November 1st of the year 20_____.

Furthermore, I understand that the program may request documentation of health insurance coverage at any time during my education in the DPT Program at Indiana State University and failure to do so is considered grounds for dismissal from the Doctor of Physical Therapy Program. I will notify the Program Director/DCE should any changes in health insurance coverage occur.

Health Insurance Company _____

Policy Number _____

Name of Policy Holder _____

Student Signature _____ Date _____

Witness _____ Date _____

APPENDIX A

Procedure for Student Placement in Clinical Education Doctor of Physical Therapy Program

1. DCE to meet with students to explain/discuss the Clinical Education Handbook (January of 1st year)
2. DCE to provide list of sites with which we have clinical affiliation contracts (each semester)
3. DCE to instruct students in type of clinical experience for which they are to be placed (January of the year preceding the clinical rotation date; “national slot request day” is March 1st for the *following* calendar year).
4. DCE requests that students complete a “wish list” (5 sites), due within 2 weeks of said request
 - a) *Students will choose sites from our “established clinical sites” list*
 - b) *Students may request a site that is not on the list and if deemed appropriate by the DCE, we (ISU) will try to establish a contract with that site (as stated in the Clinical Education Handbook, this opportunity may occur only once and there is no guarantee that a contract and a slot will be available). **The student will at no time contact the facility in attempt of setting up their own clinical affiliations.** Students are permitted to network with therapists at professional meetings, conferences, etc. but must refer all potential sites to the DCE. The DCE should always be the lead contact person in negotiating clinical rotations.*
 - c) *Once list is turned in, no changes will be made to “wish list” unless there is an emergency or DCE requests an addition to the wish list due to placement difficulties*
5. DCE and assistant will go through list sequentially and contact all sites deemed appropriate for student placement (based on type of site and previous evaluations from students). This begins upon receipt of lists and is ongoing until all students are placed.
6. Students will be placed according to preference, but if the same site is desired by more than one person, the following applies:
 - a) *For first year students, slots will be assigned based on maximizing the potential to give students (collectively) the highest possible ranked choice from the “wish list”*
 - b) *Seniority “rules”; 3rd year student gets preference over 2nd year student*
 - c) *In event of a remaining tie, students not given their first choice or any choice from a previous wish list will be awarded the higher choice*
 - d) *In the event of a remaining tie, the higher GPA will determine the placement*
 - e) *In the event of a remaining tie, the choice will be determined by a draw or a similar random selection*
7. If none of the student’s “wish list” sites are available (or no list is turned in) or if the DCE deems another site more educationally appropriate for the student (there are standard requirements for clinical education experiences), the student will be placed at an available site that meets their needs (as determined by DCE). **If the student wants to stay on track and avoid delayed graduation, the student must accept that available slot.**

- a) *Once a site placement is made, there will be no changes made (except for emergency/unusual situations)*
 - b) *If a placement is made outside of the student "wish list", the DCE will notify that student once placement is made to allow time to secure housing*
 - c) *All students will be notified of their placement once everyone in that class has been successfully placed (but no later than January for Summer clinicals)*
-
8. DCE will meet with 1st and 2nd year students (separately) to explain/discuss Clinical Education 1 and 2 Syllabi respectively and to provide instructions concerning contacting Clinical Instructor, etc. (March/April)
 9. DCE will meet with 3rd year students to go over Clinical Education 3 Syllabus and provide instructions concerning contacting Clinical Instructor, etc. (November/December)

APPENDIX B

Emergency COVID-19 Response Procedure for Student Placement in Clinical Education Doctor of Physical Therapy Program

10. DCE to meet with students to explain/discuss the Clinical Education Handbook (January of 1st year)
11. DCE to provide list of sites with which we have clinical affiliation contracts (each semester)
12. DCE to instruct students in type of clinical experience for which they are to be placed (January of the year preceding the clinical rotation date; “national slot request day” is March 1st for the *following* calendar year).
13. DCE requests that students complete a “wish list” (5 sites), due within 2 weeks of said request
 - d) *Students will choose sites from our “established clinical sites” list*
 - e) *Students may request a site that is not on the list and if deemed appropriate by the DCE, we (ISU) will try to establish a contract with that site (as stated in the Clinical Education Handbook, this opportunity may occur only once and there is no guarantee that a contract and a slot will be available). **The student will at no time contact the facility in attempt of setting up their own clinical affiliations.** Students are permitted to network with therapists at professional meetings, conferences, etc. but must refer all potential sites to the DCE. The DCE should always be the lead contact person in negotiating clinical rotations.*
 - f) *Once list is turned in, no changes will be made to “wish list” unless there is an emergency or DCE requests an addition to the wish list due to placement difficulties*
 - g) *If 5 distinct sites/cities are not provided, the DCE will fill in the remaining cities where an appropriate slot is available and a slot will be assigned*
14. DCE and assistant will go through list sequentially and contact all sites **deemed appropriate** for student placement (based on type of site and previous evaluations from students). The process begins upon receipt of lists and is ongoing until all students are placed. Placing students into clinical sites is more complex during and post COVID-19 pandemic as the pandemic has resulted in a decreased number of sites/slots available each year. If DCE has prior knowledge of a site with respect to declining all student placements, that site will not be contacted again.
15. Students will be placed according to preference, but if the same site is desired by more than one person, the following applies:
 - a) *For first year students, slots will be assigned based on maximizing the potential to give students (collectively) the highest possible ranked choice from the “wish list”*
 - b) *Seniority “rules”; 3rd year student gets preference over 2nd year student*
 - c) *In event of a remaining tie, students not given their first choice or any choice from a previous wish list will be awarded the higher choice*
 - d) *In the event of a remaining tie, the higher GPA will determine the placement*
 - e) *In the event of a remaining tie, the choice will be determined by a draw or a similar random selection*
16. If none of the student’s “wish list” sites are available (or no list is turned in) or if the DCE deems another site more educationally appropriate for the student (there are standard requirements for clinical education

experiences), the student will be placed at an available site that meets their needs (as determined by DCE).
This becomes more prevalent during and/or after post COVID -19 pandemic meaning that if there is not a direct match, a lottery system will be used to place students in the available slots offered to the program. **If the student wants to stay on track and avoid delayed graduation, the student must accept that available slot.

- d) *Once a site placement is made, there will be no changes made (except for emergency/unusual situations)*
 - e) *If a placement is made outside of the student "wish list" or using the lottery system, the DCE will notify that student once placement is made to allow time to secure housing*
 - f) *All students will be notified of their placement once everyone in that class has been successfully placed (but no later than January for Summer clinicals)*
17. DCE will meet with 1st and 2nd year students (separately) to explain/discuss Clinical Education 1 and 2 Syllabi respectively and to provide instructions concerning contacting Clinical Instructor, etc. (March/April)
18. DCE will meet with 3rd year students to go over Clinical Education 3 Syllabus and provide instructions concerning contacting Clinical Instructor, etc. (November/December)

- Concerns/complaints regarding clinical placements and evaluations will be resolved internally by a clinical coordination committee

APPENDIX C

DOCTOR OF PHYSICAL THERAPY TUITION COSTS

	IN-STATE*	OUT-OF-STATE*
YEAR ONE (Credit Hours: 40)		
<i>Summer-Spring</i>	\$17,280	\$33,960
YEAR TWO (Credit Hours: 33)		
<i>Summer-Spring</i>	\$14,256	\$28,017
YEAR THREE (Credit Hours: 27)		
<i>Summer-Spring</i>	\$11,664	\$22,923
TOTAL TUITION COST:	\$43,200	\$84,900

*These costs **do NOT** include textbooks or fees.

**The University Board of Trustees reserves the right to change fees at any time in the future. The right to correct errors is also reserved.

For additional information on University fees and program fees, please visit:

Office of the Bursar: <http://www.indstate.edu/bursar/academicfees.htm>

Miscellaneous Fees: <http://www.indstate.edu/bursar/miscfees.htm>

DPT, Other Expenses: <http://indstate.edu/pt/pdfs/dpt---additional---costs---table.pdf>

APPENDIX D

DOCTOR OF PHYSICAL THERAPY ADDITIONAL PROGRAM COSTS

Additional Costs*			
<i>ISU DPT Program</i>			
<i>Type</i>	<i>Amount</i>	<i>Time Frame</i>	<i>Renewal</i>
CPR Certification	\$50.00	Before First Clinical	As Required
Background Check	\$24 - \$50.00	At Matriculation	As Required
Drug Testing	\$36.00	At Matriculation	As Required
Program Fee	\$1,800.00	Due with tuition	Each Semester
APTA Dues**	\$80.00	First Semester	Annually
Vaccines	\$300.00	At Matriculation	As Required

**Additional costs may be incurred depending on clinical site requirements (such as further drug testing, background checks, updated TB test, influenza vaccine, additional liability insurance, housing, etc.).*

*** APTA membership and Indiana Physical Therapy Association membership is required for a semester 1 course, and annual renewal is required for clinical education courses.*



Doctor of Physical Therapy Program
Department of Applied Medicine and Rehabilitation

AUTHORIZATION FOR RELEASE OF INFORMATION

I HEREBY REQUEST AND AUTHORIZE THE USE, DISCLOSURE AND/OR RELEASE BY INDIANA STATE UNIVERSITY OF ANY OR ALL REQUIRED DATA NECESSARY AS REQUESTED BY THE STUDENT'S CLINICAL SITES, INCLUDING, BUT NOT LIMITED TO LIMITED HEALTH INFORMATION SUCH AS IMMUNIZATION RECORDS (including proof of vaccination against COVID-19), BACKGROUND CHECKS, AND DRUG SCREENS.

I understand that I may refuse to sign this authorization. I understand that refusal to sign this disclosure will prevent ISU from providing information to my clinical placement site, and my ability to continue with the placement may be impacted. I may inspect or copy any information used or disclosed under this authorization.

University ID Number: _____

Print Name

Date

Sign Name

Date



Doctor of Physical Therapy Program
Clinical Education Student Handbook
Department of Applied Medicine and Rehabilitation

STUDENT HANDBOOK AGREEMENT

I have personally read, understand, and agree to the guidelines explained in Indiana State University's Doctor of Physical Therapy Clinical Education Handbook. While enrolled in this program, I agree to cooperate with the University, Program and course policies. I agree that I am capable of performing the requirements of the Clinical Education Program. I also fully understand that by not following the policies, I risk possible expulsion from the Program and potentially the University.

Print Name **Date**

Sign Name **Date**

** Please detach signed form and return to Program DCE.*