Southwest Baptist University – Department of Physical Therapy

Request for Clinical Education Placement (for Calendar Year 2017)

Facility Contact Information (Please update as needed)		
Contact Person:	Address:	Phone:
Facility:	City/State:	Fax:
	Zip:	Email:

Date	Student Placements	Please circle the primary setting offered during this internship	Reserved for SBU	Student:CI ratio
1/3/17 to 3/3/17 CEIII (9 weeks)	Student 1	Acute/Subacute IP/OP Neuro Rehab Skilled Nursing Facility OP Ortho School/Preschool Other:_____	Yes No	[1:1] [2:1] [3:1]
	Student 2	Acute/Subacute IP/OP Neuro Rehab Skilled Nursing Facility OP Ortho School/Preschool Other:_____	Yes No	[1:1] [2:1] [3:1]
	Student 3	Acute/Subacute IP/OP Neuro Rehab Skilled Nursing Facility OP Ortho School/Preschool Other:_____	Yes No	[1:1] [2:1] [3:1]
	Student 4	Acute/Subacute IP/OP Neuro Rehab Skilled Nursing Facility OP Ortho School/Preschool Other:_____	Yes No	[1:1] [2:1] [3:1]
	Student 5	Acute/Subacute IP/OP Neuro Rehab Skilled Nursing Facility OP Ortho School/Preschool Other:_____	Yes No	[1:1] [2:1] [3:1]
3/6/17 to 5/5/17 CEIV (9 weeks)	Student 1	Acute/Subacute IP/OP Neuro Rehab Skilled Nursing Facility OP Ortho School/Preschool Other:_____	Yes No	[1:1] [2:1] [3:1]
	Student 2	Acute/Subacute IP/OP Neuro Rehab Skilled Nursing Facility OP Ortho School/Preschool Other:_____	Yes No	[1:1] [2:1] [3:1]
	Student 3	Acute/Subacute IP/OP Neuro Rehab Skilled Nursing Facility OP Ortho School/Preschool Other:_____	Yes No	[1:1] [2:1] [3:1]
	Student 4	Acute/Subacute IP/OP Neuro Rehab Skilled Nursing Facility OP Ortho School/Preschool Other:_____	Yes No	[1:1] [2:1] [3:1]
	Student 5	Acute/Subacute IP/OP Neuro Rehab Skilled Nursing Facility OP Ortho School/Preschool Other:_____	Yes No	[1:1] [2:1] [3:1]
8/21/17 to 10/13/17 CEI (8 weeks)	Student 1	Acute/Subacute IP/OP Neuro Rehab Skilled Nursing Facility OP Ortho School/Preschool Other:_____	Yes No	[1:1] [2:1] [3:1]
	Student 2	Acute/Subacute IP/OP Neuro Rehab Skilled Nursing Facility OP Ortho School/Preschool Other:_____	Yes No	[1:1] [2:1] [3:1]
	Student 3	Acute/Subacute IP/OP Neuro Rehab Skilled Nursing Facility OP Ortho School/Preschool Other:_____	Yes No	[1:1] [2:1] [3:1]
	Student 4	Acute/Subacute IP/OP Neuro Rehab Skilled Nursing Facility OP Ortho School/Preschool Other:_____	Yes No	[1:1] [2:1] [3:1]
	Student 5	Acute/Subacute IP/OP Neuro Rehab Skilled Nursing Facility OP Ortho School/Preschool Other:_____	Yes No	[1:1] [2:1] [3:1]
10/16/17 to 12/8/17 CEII (8 weeks)	Student 1	Acute/Subacute IP/OP Neuro Rehab Skilled Nursing Facility OP Ortho School/Preschool Other:_____	Yes No	[1:1] [2:1] [3:1]
	Student 2	Acute/Subacute IP/OP Neuro Rehab Skilled Nursing Facility OP Ortho School/Preschool Other:_____	Yes No	[1:1] [2:1] [3:1]
	Student 3	Acute/Subacute IP/OP Neuro Rehab Skilled Nursing Facility OP Ortho School/Preschool Other:_____	Yes No	[1:1] [2:1] [3:1]
	Student 4	Acute/Subacute IP/OP Neuro Rehab Skilled Nursing Facility OP Ortho School/Preschool Other:_____	Yes No	[1:1] [2:1] [3:1]
	Student 5	Acute/Subacute IP/OP Neuro Rehab Skilled Nursing Facility OP Ortho School/Preschool Other:_____	Yes No	[1:1] [2:1] [3:1]

Please send form attention: Kriss Layman by Fax: 417-328-1989 or Email: Klayman@sbuniv.edu

or Mail: 1600 University Ave, Bolivar MO 65613