## Southwest Baptist University – Department of Physical Therapy

Poquest for Clinical Education Placement (for Calendar Vear 2017)

Request for Chilical Education Placement (for Calendar fear 2017)						
		Facility	Contact Information (Pl	ease 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
	Student 1	Acute/Subacut OP Ortho Sc	e IP/OP Neuro Rehab hool/Preschool Other:	Skilled Nursing Facility	Yes No	[1:1] [2:1] [3:1]
1/3/17 to 3/3/17 CEIII (9 weeks)	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/Subacut OP Ortho Sc	e <u>IP/OP Neuro Rehab</u> hool/Preschool Other:	Skilled Nursing Facility	Yes No	[1:1] [2:1] [3:1]
3/6/17 to 5/5/17 CEIV (9 weeks)	Student 1	Acute/Subacut OP Ortho Sc	e <u>IP/OP Neuro Rehab</u> hool/Preschool Other:	Skilled Nursing Facility	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/Subacut OP Ortho Sc	e <u>IP/OP Neuro Rehab</u> hool/Preschool Other:	Skilled Nursing Facility	Yes No	[1:1] [2:1] [3:1]
8/21/17 to 10/13/17 CEI (8 weeks)	Student 1	Acute/Subacut OP Ortho Sc	e <u>IP/OP Neuro Rehab</u> hool/Preschool Other:	Skilled Nursing Facility	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/Subacut OP Ortho Sc	e <u>IP/OP Neuro Rehab</u> hool/Preschool Other:	Skilled Nursing Facility	Yes No	[1:1] [2:1] [3:1]
	Student 1	Acute/Subacut		Skilled Nursing Facility	Yes	[1:1] [2:1] [3:1]

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

Other:

**Skilled Nursing Facility** 

**Skilled Nursing Facility** 

**Skilled Nursing Facility** 

**Skilled Nursing Facility** 

No

Yes

No

Yes

No

Yes

No

Yes

No

[1:1] [2:1] [3:1]

[1:1] [2:1] [3:1]

[1:1] [2:1] [3:1]

[1:1] [2:1] [3:1]

School/Preschool Other:

School/Preschool Other:

School/Preschool Other:

School/Preschool Other:

School/Preschool

IP/OP Neuro Rehab

IP/OP Neuro Rehab

IP/OP Neuro Rehab

**IP/OP Neuro Rehab** 

OP Ortho

OP Ortho

OP Ortho

OP Ortho

OP Ortho

Acute/Subacute

Acute/Subacute

Acute/Subacute

Acute/Subacute

10/16/17

to

12/8/17

CEII

(8 weeks)

Student 2

Student 3

Student 4

Student 5

or Mail: 1600 University Ave, Bolivar MO 65613