Congratulations and welcome to the Rasmussen College Physical Therapist Assistant Program!

We are truly excited to have you as part of our Physical Therapist Assistant cohort! You are embarking on an educational program that is contemporary in content, unique in delivery, and entirely focused on you, the student. The next 18 months will undoubtedly be a challenging and rewarding experience. The faculty and staff of the Physical Therapist Assistant Program and all of Rasmussen College are here for the sole purpose of providing you with an exceptional education and preparing you for professional practice and service as a Physical Therapist Assistant.

As an adult learner, you ultimately have control and responsibility over this educational experience. Seize this moment and make the most out of every learning opportunity. Approach your education with maturity, initiative, motivation, flexibility, and determination. Enjoy the friendships forged, appreciate your individual and collective achievements; and marvel at your personal and professional growth along this journey.

Sincerely,

The Faculty and Staff of the Rasmussen College Physical Therapist Assistant Program
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PREFACE

Students in the Physical Therapist Assistant Program are students at Rasmussen College. Therefore, students are expected to comply with the requirements and academic standards specified in the current edition of the Rasmussen College Catalog as well as the requirements outlined in this handbook. A copy of the catalog and the most recent addendum can be found at rasmussen.edu/degrees/course-catalog. Students enrolled in the Physical Therapist Assistant Program are expected to be familiar with the information in this handbook and acknowledge such by signing the form Physical Therapist Assistant Program “Student Handbook Acknowledgement” found in the back of this handbook.

This handbook is reviewed annually to help ensure compliance with all standards, including those set forth by the Commission on Accreditation in Physical Therapy Education (CAPTE). Rasmussen College reserves the right to change any provision or requirement contained in this informational document at any time with or without notice. Please read this handbook carefully. Questions related to the content of this handbook should be relayed to the Program Director at your campus.
SECTION 1. RASMUSSEN COLLEGE AND THE PHYSICAL THERAPIST ASSISTANT ASSOCIATE’S DEGREE PROGRAM

1. ABOUT THIS HANDBOOK
The purpose of the Physical Therapist Assistant Associate’s Degree Program Handbook is as follows:

1. Provide important programmatic information.
2. Supplement the College Catalog.
3. Inform all program stakeholders of policies and procedures in the Physical Therapist Assistant Associate’s Degree Program at Rasmussen College.

*Each student must be sure to keep this handbook throughout his or her time at Rasmussen College as a reference and a guide. Students are responsible for knowing, understanding, and adhering to the policies and information contained in this handbook.*

The contents of the Physical Therapist Assistant (PTA) Associate’s Degree Program’s (referred to hereafter as “the Program” or “the PTA Program”) Handbook do not create a contract nor does possession constitute a guarantee of continued enrollment in Rasmussen College’s PTA Program. The Program reserves the right to modify, amend or delete statements in the Program’s Handbook including making changes in the curriculum and policies as deemed necessary.

This handbook pertains to the PTA Associate’s Degree Programs at all Rasmussen College Campus locations where it is offered.

2. ABOUT RASMUSSEN COLLEGE
Rasmussen College (hereafter referred to as “Rasmussen College” or “The College”) is a regionally accredited private college* and Public Benefit Corporation that is dedicated to changing lives through high-demand educational programs and public service. Rasmussen College offers Certificate and Diploma programs through Associate’s, Bachelor’s, and Master’s degrees online and across its Midwest and Florida campuses in a supportive, student-centered and career-focused environment. *Rasmussen College is accredited by the Higher Learning Commission; [www.hlcommission.org](http://www.hlcommission.org) 800-621-7440

The College is dedicated to being a primary contributor to the growth and development of the communities it serves. As a Public Benefit Corporation, Rasmussen College is committed to helping change lives through education and making a positive impact on society through public service and a variety of community-based initiatives. We focus on connecting our students to local employers and expanding community initiatives through business partnerships, workforce insights and service opportunities for our employees.

The College was founded by Walter Rasmussen in 1900 in St. Paul, MN as an innovator in education, bringing practical, career-focused education to the classroom. From its simple beginnings as a small business college, the College has experienced over a century of growth. Rasmussen College currently operates campuses in six states (Florida, Illinois, Kansas, Minnesota, North Dakota, and Wisconsin) and enrolls students in online programs across the country. For information about Rasmussen College, please visit [www.rasmussen.edu](http://www.rasmussen.edu).
3. RASMUSSEN COLLEGE MISSION
Rasmussen College is an institution of higher learning dedicated to global enrichment and meeting the evolving needs of our diverse communities.

With an emphasis on innovative programs, dynamic curriculum and general education skills, we are committed to being a pioneer in the field of career-focused education.

We empower our students, faculty and staff to exceed the expectations of society through academic excellence, community enrichment and service to the public good.

4. ABOUT THE PHYSICAL THERAPIST ASSISTANT PROGRAM
The Rasmussen College Physical Therapist Assistant Program is offered in a unique, blended learning format for the 21st Century. It combines online didactic modules that are composed of recorded and virtual lectures and activities, along with evidence-informed reviews to develop critical thinking and communication skills. Students attend immersive laboratory sessions during the courses. These immersive laboratory sessions are focused time, with low faculty to student ratios designed to develop the student’s skills in patient assessment and therapeutic management procedures as well as communication, problem solving, and clinical skills required for effective care.

Students participate in two clinical experiences: Clinical Experience I in Quarter 4 and Clinical Experience II in Quarter 6 of the 18-month program. Prior to each of these experiences, students are assessed on clinical readiness. Components of clinical instruction consists of practice under the supervision of a licensed Physical Therapist or Physical Therapist Assistant in a hospital, outpatient facility, skilled nursing facility or rehabilitation center. During their time in the clinic, students are also attend an online course revolving around communication, clinical decision making and patient management.

5. PROGRAM MISSION, VISION AND GOALS

PROGRAM MISSION
The Mission of the Physical Therapist Assistant Program is to prepare graduates that are highly-skilled, and mindful critical thinkers. The innovative, evidence-based curriculum is delivered through a blended learning model. We strive to develop clinicians who are life-long learners prepared to serve their diverse communities in an evolving healthcare environment as valued members of the health care team.

PROGRAM VISION:
The Rasmussen College Physical Therapist Assistant Program will be recognized in the region, state, and nationally for developing individuals who embrace the Core Values of the American Physical Therapy Association, poses Transferable Skills (Communication, Critical Thinking, Digital Fluency, Diversity and Teamwork, Ethics and Professional Responsibility, and Information Literacy), and demonstrate excellence in evidence based physical therapy.

PROGRAM GOALS
The student and graduate goals of the Program are to prepare students to become valuable members of a healthcare team by supporting and assisting providers in delivering quality healthcare services; and to prepare students who are proficient in cognitive (knowledge), psychomotor (skills), and affective (behavioral) learning behaviors for entry-level Physical Therapist Assistant positions. Graduates value
critical thinking, effective communication, diverse perspectives and medical ethics as they pertain to the Physical Therapist Assistant career.

**Student/Graduate Goal 1:** Graduates will demonstrate evidence-based care within the scope of practice of a Physical Therapist Assistant.

- Outcome 1a: Identify best available evidence in healthcare as it relates to physical therapy practice.
- Outcome 1b: Appraise clinical situations to determine safe and appropriate solutions or actions.
- Outcome 1c: Safely implement appropriate physical therapy intervention under the direction and supervision of a physical therapist.

**Student/Graduate Goal 2:** Graduates will understand and value the therapeutic alliance between the patient/client and therapist.

- Outcome 2a: Develop and enhance the therapeutic alliance with the patient/client to maximize clinical outcomes.
- Outcome 2b: Describe and demonstrate ethical and professional behaviors in the operation and management of physical therapy practice.

**Student/Graduate Goal 3:** Upon successful completion of this Program, graduates will take the National Physical Therapy Examination (NPTE) and will excel in their integral role within a dynamic healthcare environment.

- Outcome 3a: Graduation rate of at least 60%
- Outcome 3b: Two-year average pass rate on the NPTE of at least 85%.
- Outcome 3c: Employment rate six months after graduation of at least 90%.

### 6. ACCREDITATION

**Programmatic Accreditation**

Graduation from a physical therapist assistant education program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, VA 22314; phone: 703-706-3245; accreditation@apta.org is necessary for eligibility to sit for the licensure examination, which is required in all states.

Effective April 26, 2017, **Rasmussen College – Brooklyn Park/Maple Grove** has been granted Candidate for Accreditation status by the Commission on Accreditation in Physical Therapy Education (1111 North Fairfax Street, Alexandria, VA, 22314; phone: 703-706-3245; email: accreditation@apta.org). If needing to contact the program/institution directly, please call (763) 496 6022 or email Matthew.Vraa@rasmussen.edu.

Candidate for Accreditation is a pre-accreditation status of affiliation with the Commission on Accreditation in Physical Therapy Education that indicates the program is progressing toward accreditation and may matriculate students in technical/professional courses. Candidate for Accreditation is not an accreditation status nor does it assure eventual accreditation.
Effective November 28, 2017, Rasmussen College – Land O’ Lakes/East Pasco has been granted Candidate for Accreditation status by the Commission on Accreditation in Physical Therapy Education (1111 North Fairfax Street, Alexandria, VA, 22314; phone: 703-706-3245; email: accreditation@apta.org). If needing to contact the program/institution directly, please call (813) 435-3645 or email Tania.Tablinsky@rasmussen.edu.

Candidate for Accreditation is a pre-accreditation status of affiliation with the Commission on Accreditation in Physical Therapy Education that indicates the program is progressing toward accreditation and may matriculate students in technical/professional courses. Candidate for Accreditation is not an accreditation status nor does it assure eventual accreditation.

Rasmussen College – Ocala is seeking accreditation of a new physical therapist assistant education program from CAPTE. The program is planning to submit an Application for Candidacy, which is the formal application required in the pre-accreditation stage, on December 1, 2019. Submission of this document does not assure that the program will be granted Candidate for Accreditation status. Achievement of Candidate for Accreditation status is required prior to implementation of the technical phase of the program; therefore, no students may be enrolled in technical courses until Candidate for Accreditation status has been achieved. Further, though achievement of Candidate for Accreditation status signifies satisfactory progress toward accreditation, it does not assure that the program will be granted accreditation.

**Programmatic Contingency Plans**

**Candidacy Contingency Plan**

Rasmussen College has a contingency plan in place should the Physical Therapist Assistant (PTA) program not receive Candidacy for Accreditation from the Commission on Accreditation in Physical Therapy Education (CAPTE). Students enrolled in the PTA program are not eligible to start technical courses until Candidacy for Accreditation has been granted by CAPTE. If candidacy is not achieved, students will be notified of the program status and advised of other programs offered at Rasmussen College.

**Accreditation Contingency Plan**

Rasmussen College has a contingency plan in place should the PTA program not receive Accreditation from CAPTE. Students who are enrolled in the PTA program will be notified if an adverse decision on accreditation is received by CAPTE, and at that point no new students will be enrolled into the program until accreditation can be achieved.

Students enrolled in the PTA program at the time of an adverse decision on accreditation by CAPTE will be offered the option of completing their current coursework. Students will have the option of remaining in the PTA program until a final decision regarding the PTA program accreditation status is received from CAPTE. Students not opting to stay in the program will receive assistance to identify an accredited PTA program for consideration of transfer.
SECTION 2. ACADEMICS

1. GENERAL INFORMATION
In the Physical Therapist Assistant Program, it is the students’ responsibility to understand course material and perform lab skills at the required level of competence. Students are expected to actively participate in the learning experience. Active learning promotes independent thinking and problem solving and students are expected to seek and confirm answers on their own rather than relying solely on faculty to provide answers. This process promotes lifelong learning and is reinforced by students’ self-assessment of their progress in development of Communication, Critical Thinking, Digital Fluency, Diversity and Teamwork, Ethics and Professional Responsibility, and Information Literacy during the program’s Capstone project.

Faculty have high expectations for Physical Therapist Assistant students as they will soon be professional colleagues. These expectations are reflected in the Program’s Mission, Vision, Goals, and individual course objectives. By accepting admission into the program, students have agreed to pursue the challenge of meeting these expectations.

2. PROGRAM SEQUENCING
Students will be accepted into the program on a rolling basis, technical courses commence once per year and students complete these courses as set by the course by quarter/term set below. Students who have transfer credit for non-core technical courses are still required to complete the core technical courses in sequence.

<table>
<thead>
<tr>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Quarter 3</th>
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<tbody>
<tr>
<td>Term 1</td>
<td>Term 2</td>
<td>Term 1</td>
</tr>
<tr>
<td>PHT 1000 PTA Fundamentals w/Lab (6)</td>
<td>PHT 1100 Introduction to Evidence-Based Practice and Therapeutic Interventions /Lab (4)</td>
<td>PHT 1200 Principles of Musculoskeletal Physical Therapy - Lower Quarter w/Lab (5)</td>
</tr>
<tr>
<td>BSC 2346 Human Anatomy and Physiology I (5)</td>
<td>BSC 2347 Human Anatomy and Physiology II (5)</td>
<td>GE Math - Req (4)</td>
</tr>
<tr>
<td>HSC 1531 Medical Terminology (4)</td>
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<tr>
<th>Quarter 4</th>
<th>Quarter 5</th>
<th>Quarter 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Term 1</td>
<td>Term 2</td>
<td>Term 1</td>
</tr>
<tr>
<td>PHT 2500 PTA Clinical I (8)</td>
<td>PHT 2600 Physical Therapy Practice Across the Lifespan w/Lab (4)</td>
<td>PHT 2650 Physical Therapy Practice for Special Populations w/lab (4)</td>
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<tr>
<td>ENC 1101 English Composition - Req (4)</td>
<td>Communication (4)</td>
<td>Social Science (4)</td>
</tr>
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3. COURSE DELIVERY

The Program is comprised of three types of course delivery:

**Online:** Didactic components of courses are completed via the Rasmussen College online learning management system (LMS). Faculty incorporate lectures, learning activities including required readings, asynchronous forum based discussions, live online class sessions, online quizzes and exams, and evidence-based reviews to develop transferable skills including critical thinking/reasoning and professional communication with peers and faculty. PTA technical courses have required online proctoring for online quizzes and exams and are subject to the academic integrity policy.

PTA courses require the use of LockDown Browser and a webcam for online quizzes and exams. The webcam can be built into your computer or can be the type that plugs in with a USB cable. Watch this [short video](#) to get a basic understanding of LockDown Browser and the webcam feature. A student [Quick Start Guide (PDF)](#) is also available.

**System Requirements for LockDown Browser and Monitoring**

- Windows: 10, 8, 7 *
- Mac: OS X 10.10 or higher *
- For Mac users: Safari must function properly on the computer
- iOS: 7.0+ (iPad only). Must have a compatible LMS integration. Details.
- Adobe Flash Player
- Web camera (internal or external) & microphone (One will be provided if not currently available to student)
- A broadband internet connection

* LockDown Browser and Respondus Monitor may continue to run in older operating systems that have reached "end-of-life" but students may encounter unexpected results.

**Onsite laboratory:** Onsite laboratory components of courses include half day and full day immersive laboratory sessions. This time with faculty is focused on the development of the student’s communication, problem solving, clinical reasoning, and psychomotor skills required for effective patient care. Faculty supervised open lab hours will be available for practice and review of techniques and skills. An open lab schedule will be provided for each course prior to the start of the quarter or term that the course is offered. Additional hours can be requested. The open lab schedule may be subject to change due to unforeseen circumstances and students will be notified.

**Clinical:** Clinical components of courses consist of practice under the supervision of a licensed Physical Therapist or Physical Therapist Assistant in an off-site clinical practice environment such as a hospital, outpatient facility, skilled nursing facility or rehabilitation center.
4. STUDENT SUCCESS
Student success is paramount for Rasmussen College and the Physical Therapist Assistant Program. Rasmussen College has several general resources for students to aid them in their success in the program. The Student Success Guide (http://guides.rasmussen.edu/studentsuccessguide) has information for New Students, Managing Your Time, Reading Strategies, Writing Resources, Study Strategies and Test Taking Tips.

The Physical Therapist Assistant Program has a web page with commonly used resources in the program. This can be found at http://guides.rasmussen.edu/healthsciences/physicaltherapistassistant.

We strongly encourage the students to review these resources prior to and while in the program for their continued success. The Library and Learning Services team (http://guides.rasmussen.edu/library) has information on finding articles, textbooks and other resources while in the program.

Students should reach out to Program Faculty or Director immediately regarding any concerns or difficulty. Students may also reach out to their Advisor at the campus with questions or concerns about their general education or PTA courses. Finally, students may schedule time with a Librarian or Learning Services staff member for support with coursework.

5. GRADING SCALES AND POLICIES
Courses with a course code designation of “PHT” must follow the School of Health Sciences Grading Scale and maintain a cumulative course grade of 73% (C) or higher. If the student does not maintain a 73% (C) cumulative grade in the course, the resulting grade will be an F and the student will fail the course. Exceptions are PHT 2500 PTA Clinical I and PHT 2700 PTA Clinical II. Grading for these courses is explained in the Clinical Education section of this handbook (Section 3.5). PHT Courses include:

<table>
<thead>
<tr>
<th>Letter Grade</th>
<th>Percentage Range</th>
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<tbody>
<tr>
<td>A</td>
<td>100% - 93%</td>
</tr>
<tr>
<td>A-</td>
<td>92% - 90%</td>
</tr>
<tr>
<td>B+</td>
<td>89% - 87%</td>
</tr>
<tr>
<td>B</td>
<td>86% - 83%</td>
</tr>
<tr>
<td>B-</td>
<td>82% - 80%</td>
</tr>
<tr>
<td>C+</td>
<td>79% - 77%</td>
</tr>
<tr>
<td>C</td>
<td>76% - 73%</td>
</tr>
<tr>
<td>F</td>
<td>72% and below</td>
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The following programmatic grading policies apply and the student must achieve all of the following standards to successfully pass the above courses:

- The Program contains courses with a co-requisite laboratory component, co-requisite clinical experience component, in addition to the lecture component of a course. Satisfactory performance (score of 73% or higher) each lecture, laboratory or clinical experience is required to earn a passing grade in the course. Failure to earn a satisfactory grade in each lecture, laboratory or clinical experience component of a course will result in failure of all components of the course.
● The student must satisfactorily complete all skills checks and pass practical exams with a grade of 73% or higher. If the student fails a critical safety element or the professionalism portion of the practical exam, they receive an automatic F even if their total score is 73% or higher. Students will be given remediation and allowed one additional attempt to pass a failed practical exam. The highest grade that can be achieved on a retake is 73%. Students who fail a lab exam may be required to attend campus for laboratory individual remediation time in addition to scheduled class sessions. This attendance is mandatory. Students are responsible for any additional expense they may incur as a result of required additional campus or remediation time.

● Students must satisfactorily maintain and pass all PTA courses with a grade of 73% or higher. In addition, students must satisfactorily complete all skills checks and pass practical exams with a grade of 73% or higher. Student course grades will be monitored weekly beginning week 5 of an 11-week course and week 3 of a 5.5-week course. Students with a course grade lower than a 73% in any PTA course or who fail a practical exam will be required to meet with a core faculty member and complete a Learning Plan with goals, resources, and strategies.

- **Lecture Courses**: Students requiring remediation will schedule time to meet with the course faculty member to review the Learning Plan.
- **Lab Courses**: Students requiring remediation are allowed one additional attempt to pass failed practical exams. The highest grade that can be achieved on a retake is 73%. Students are required to meet with a lab faculty member during open lab or another agreed upon time to review the Learning Plan. Attendance is mandatory and failing to participate may result in failing the course.

● If a student fails a course and is unable to progress in the Program they will be dismissed from the Program.

● A Physical Therapist Assistant (PTA) program re-enrollment is defined as any student who was enrolled in the Physical Therapist Assistant program and previously attempted any program-specific core course (PHT prefix) and earned a grade of A-F or W in those courses. This includes students who have withdrawn from the Program and/or withdrawn from the College. The College reenter and program transfer policies apply to any Physical Therapist Assistant student who withdrew from the program prior to attempting any core courses (PHT prefix).

● Re-enrolling students are treated as new students for the purposes of tuition, academic program requirements, and graduation standards. Re-enrollment is limited to one time for students withdrawn from the Program for any reason. However, students who have been administratively withdrawn/dismissed from the Physical Therapist Assistant program for disciplinary or conduct reasons may not be eligible for re-enrollment into the program and may not be eligible for reentry to Rasmussen College.

● Re-enrolling students admitted to a subsequent PTA cohort must meet all current entrance requirements as identified in the Entrance Requirements for the Physical Therapist Assistant Associate’s degree program. Acceptance is also subject to cohort size limitations at the campus to which they are applying. In addition, re-enrolling applicants are required to demonstrate competencies from previously passed or completed PHT courses. An applicant must prove competencies in course sequence order. At any point that competencies are not proven, the applicant cannot attempt any subsequent competencies. Students will be allowed one attempt
to achieve a passing grade as defined by the Health Sciences Program Grade Scale on each of the required competencies, failure to meet this threshold will require the student to re-take the associated courses in the program. Competency assessment may begin no earlier than six (6) months prior to the start date of the re-enrolling quarter and must be completed no later than the Friday two weeks prior to the start date of the re-enrolling quarter.

6. RASMUSSEN COLLEGE ACADEMIC INTEGRITY POLICY

Students are responsible for reading the most recent Academic Integrity Policy located in the College catalog. A copy of the catalog and its addendum can be located at www.rasmussen.edu/degrees/course-catalog.

7. PHYSICAL THERAPIST ASSISTANT CAPSTONE COURSE

This course will reflect on your journey through the PTA program. You will prepare a portfolio of Rasmussen College transferable skills and begin your transition to the professional workforce. The PTA Capstone course will help prepare you for the National Physical Therapist Assistant Exam.

Failure to meet all requirements may result in a failing grade or “F” in the Capstone course and student will be required to repeat the course. Students will only be awarded 2 attempts to successfully complete their Capstone course.
SECTION 3. CLINICAL EDUCATION

1. INTRODUCTION

Clinical education is an integral component of the Rasmussen College Physical Therapist Assistant Associate’s Degree Program. It is your chance to assimilate all of the foundational knowledge and skills acquired in your studies and in the laboratory and apply them in situ to live patients. This is where “the magic” happens! Students experience substantial personal and professional growth as they undergo the journey from student to clinician under the mentorship of their clinical faculty in the real-life clinic environment. We expect it to be an absolutely spectacular ride chock-full of moments of discovery!

Within this Clinical Education section of the handbook you will find information about the curriculum, expectations, rules, regulations, and policies governing and related to the clinical education component of the Program. This section is intended to supplement the information found in the rest of the handbook. We hope that it will be a valuable reference guide to inform all those directly involved with the clinical education process including academic faculty, clinical faculty, Center Coordinators of Clinical Education (CCCEs), Clinical Instructors (CIs), and students.

Questions related to the content of this section of the handbook should be directed to the campus Clinical Education Coordinator or the campus Program Director.

Regards,

Rasmussen College

Physical Therapist Assistant Associate’s Degree Program Leadership
2. CLINICAL EDUCATION DESIGN

The clinical education design includes an online didactic experience and site based clinical experience. The unique design of the online coursework allows for synchronous and asynchronous reflection and discussion regarding students’ clinical experiences. Program faculty have real-time insight into the experiences of students. Students remain connected with their classmates and Program faculty throughout the experience and have the ability to learn from each other and directly apply their knowledge in clinic. Students are introduced to metacognitive skills through this type of reflection.

The clinical education consists of two experiences. Students will complete at least 36 hours per week during the clinical experience. All clinical education hours must be completed by the end of the scheduled quarter. The first, PTA Clinical I, is a 210 hour (5.5 week) experience designed for students to practice, with maximum supervision, selected intervention and data collection skills. Students will be placed at one of the following types of facilities: skilled nursing, inpatient, outpatient, home health, rehabilitation, or acute care. Students will have experiences with patients with diverse diagnoses. In PTA Clinical II, students spend 360 hours (10 weeks) in clinical practice. Students will be placed at one of the types of facilities listed above and may also be placed in a specialty area such as pediatrics. The PTA Clinical II builds on and includes the PTA Clinical I course objectives developing a comprehensive clinical education experience. It is the Program’s goal that each student will have clinical experience in an inpatient setting and an outpatient setting.

Both clinical education courses include didactic online instruction and evening synchronous/live sessions. The accompanying online didactic course work for PTA Clinical I spans the entire 11-week quarter. It includes both administrative and clinical content and requires reflection on their clinical experience. The didactic clinically related content takes a systems approach to reviewing common patient diagnoses seen across the continuum of care. This is accomplished in a scheduled virtual rounds format. Students will review and discuss cases related to a specific system during live online sessions. Additionally, in virtual rounds students study the administrative aspects of running a physical therapy service. The concept of customer service is reinforced along with topics regarding reimbursement, delegation, organizational planning and operations. Students further their study of ethics and professional behaviors and relate this to actual situations they observe in the clinic. In PTA Clinical II students also participate in online virtual rounds and asynchronous course work with Program faculty. The course work is focused on building the therapeutic alliance and developing reflective, empathetic and mindful practitioners. Students reflect with faculty and classmates on application of these principles to their clinical experience.
PHT 2500 - PHYSICAL THERAPIST ASSISTANT CLINICAL I
This course is designed to allow for application of fundamental material learned in the classroom in the physical therapy health care environment. Additionally, this course will include an emphasis on coursework that focuses on topics such as documentation, data collection, theory, clinical judgment and utilization of the medical record. Students will experience Physical Therapist Assistant interventions, prioritizing responsibilities in a changing environment, applying ethical and professional behaviors, as well as interaction within the PT/Physical Therapist Assistant team. Upon completion of this course, the student should have a full understanding of the role of the Physical Therapist Assistant and PT/Physical Therapist Assistant team in the clinical environment. Students are expected to be at a rating “Advanced Beginner” on the PTA CPI by the end of this experience.

Course Objectives:

By the end of this course, the student should be able to:

1. Identify strategies to prioritize responsibilities within a dynamic healthcare environment.
2. Describe and demonstrate ethical and professional behaviors in the operation and management of physical therapy practice.
3. Produce accurate documentation of the physical therapy encounter.
4. Apply fundamental classroom material in the practical clinical environment.
5. Gain initial clinical experience with maximal supervision.
6. Reflect on clinical experience.

PHT 2700 - PHYSICAL THERAPIST ASSISTANT CLINICAL II
In this clinical course, the student will learn and apply advanced strategies in developing a therapeutic alliance with clients/patients. Students will determine how to utilize health information technology, making decisions about appropriate use within the clinical environment. Students will be prepared for moral reasoning, resolving conflict and effective decision making while practicing under the supervision of a physical therapist. Upon completion of this course, the student will be prepared for entry level practice as a Physical Therapist Assistant. Students are expected to be at a rating “Entry Level” on the PTA CPI by the end of this experience.

Course Objectives:

By the end of this course, the student should be able to:

1. Demonstrate effective verbal and nonverbal communication applicable to patient interactions.
2. Apply metacognitive skills within the practice of physical therapy.
3. Utilize appropriate resources in equivocal clinical scenarios.
4. Demonstrate the appropriate use of technology in modern patient management.
5. Upon completion, perform as an entry-level physical therapist assistant.
3. CLINICAL EDUCATION ROLES

ROLE OF THE CLINICAL EDUCATION COORDINATOR (CEC)

The CEC is the Rasmussen College faculty member who carries the primary responsibility for overseeing and coordinating the clinical education component of the program. The CEC works directly with the other program academic faculty, clinical faculty, and students to provide a variety of structured clinical learning experiences designed to facilitate clinical competence. As CEC, he or she represents the College, provides indirect supervision of students in the clinic, and works directly with the Center Coordinator of Clinical Education (CCCE) and/or Clinical Instructor (CI) as appropriate. The CEC may be assisted by other faculty members or administrative assistants in these responsibilities.

Responsibilities:

1. Serves as the key contact person/liaison between the Program and clinical sites/faculty.
2. Recruits, evaluates, and retains clinical affiliating sites.
3. Communicates regularly with clinical sites and clinical instructors in planning for student affiliations.
4. Ensures CIs are prepared to use Physical Therapist Assistant Clinical Performance Instrument (PTA CPI) Web.
5. Provides the Program Handbook and other required material to the clinical site.
6. Works with the facility and the College’s legal counsel to establish affiliation agreements that meet the needs of the college, student and facility.
7. Schedules the dates and assignments for clinical education experience, including special scheduling (i.e., holidays, atypical arrangements, missed clinical educational time).
8. Assigns students to sites for clinical experiences.
9. Provides or facilitates continuing education and training of clinical instructors in collaboration with the facility CCCE.
10. Monitors and facilitates student progress toward individual and course goals/objectives during clinical experiences.
11. Counsels students individually on clinical performance and professional behavior issues.
12. Encourages the CI to provide opportunities for the student to interact and problem solve with students and professionals from other disciplines.
13. Determines the grades for clinical practice courses.
14. Evaluates the effectiveness of clinical instructors, clinical facilities, student programs, and the Program’s clinical education component.
15. Communicates information related to student clinical performance to Program core faculty.
16. Maintains necessary/appropriate documentation related to student clinical performance and
17. Addresses any changes within the clinical education site that may affect students’ clinical educational experiences.

18. Provides intervention, guidance, and problem-solving strategies for both the student and clinical instructor, when necessary. Determines an action plan when issues of student performance and/or conduct arise.

ROLE OF THE CENTER COORDINATOR OF CLINICAL EDUCATION (CCCE)
This individual is usually a physical therapist or physical therapist assistant employed by the clinical facility. The Center Coordinator is the clinical staff member responsible for the development and coordination of clinical education at that clinical site.

Responsibilities:

1. Serves as the key contact person for the CEC in planning for upcoming clinical education rotations/experiences.
2. Facilitates the completion of the Affiliation Agreement with the college.
3. Assures the Program is provided with current clinical site and clinical instructor information through the completion and update of the Clinical Site Information Form (CSIF).
4. Provides the Program with current information regarding student prerequisite requirements (immunizations, laboratory tests, certifications, screenings, etc.).
5. Selects Clinical Instructors (CI) to supervise and educate PTA students based on the Program’s criteria for CIs, and delegates clinical supervision of students to approved CIs.
6. Provides or arranges for education and training of CIs in collaboration with the CEC.
7. Informs the Clinical Instructor of all pertinent information from the Program.
8. Oversees the orientation of the student to the clinical facility.
9. Acts as a liaison between the student and Clinical Instructor.
10. Supervises the performance assessment of the student.
11. Evaluates, in consultation with the CEC, the effectiveness of the clinical education program and the facility’s Clinical Instructors.
12. Maintains necessary/appropriate documentation related to the site’s clinical education program.
ROLE OF THE CLINICAL INSTRUCTOR (CI)
The Clinical Instructor (CI) is a licensed physical therapist selected by the CCCE to directly supervise the affiliating student. This individual provides direct supervision to the student in the clinic and delivers the data for assessment of student performance. The CI must be willing to work with students and be able to develop an appropriate environment for learning in the clinic.

Responsibilities:

1. Reviews this handbook and all information provided by the CEC.
2. Collaborates with the CEC, CCCE, and with the student to identify appropriate objectives for the clinical experience within the specific setting, identifies unique learning experiences, and provides the student with "hands on" learning opportunities.
3. Supervises the student appropriately in order to provide quality learning experiences in all appropriate areas of the patient management experience including administration as applicable.
4. Ensures that student learning does not compromise the delivery or safety of patient/client care.
5. Provides both formal and informal feedback to the student regarding his/her performance on a regular basis, including the completion of a midterm and final evaluation using the Clinical Performance Instrument (CPI).
6. Provides opportunities for the student to interact and problem solve with students and professionals from other disciplines.
7. Communicates with the CCCE and CEC regarding student performance; identifies problems in student’s performance and conduct, communicates with the student regarding these issues and plans remedial activities in collaboration with the CCCE, CEC and the student, if necessary.
8. Completes Program required documentation in a timely manner.
9. Makes an effort to address the varying needs of clinical students in terms of experience, learning style, and progress within the curriculum and interpersonal communication characteristics.
10. Models professional behaviors including, but not limited to, legal and ethical physical therapy practice.
ROLE OF THE STUDENT
The student is responsible for taking an active role in directing his or her own learning.

Responsibilities:

1. Submit to the CEC preferences and all other required paperwork for clinical education placements by appropriate deadlines.
2. Ensure require immunizations are complete.
3. Plan for transportation, food, housing and other necessities associated with clinical education. Students cannot work at any employment during clinical experiences that interferes with the clinical education process.
4. Secure and wear appropriate uniform/dress designated by each site, this includes a name badge with “student PTA” designation.
5. Read and abide by the policies, procedures and standards of the college, the Program, the clinical facility and the profession. This includes following facility/school policies and procedures regarding such items as confidentiality, conduct, dress, hours of attendance, etc.
6. Notify the CI and CEC when unable to attend clinic. This includes late arrival and early departure. (See program attendance policy.)
7. Make arrangements with the CI to make up missed clinical educational time and notify the CEC of these arrangements.
8. Demonstrate appropriate technical competence for the level of professional education achieved prior to a clinical education experience.
9. Participate actively in the clinical education process, develop both technical and professional skills, behaviors and attitudes.
10. Communicate any issues or concerns during the clinical education experience to the appropriate individual (CI, CCCE, CEC).
11. Complete any and all assignments during the clinical education experience.
12. Complete all required feedback to the clinical instructor and CEC regarding the learning experience.
4. CLINICAL EDUCATION PROCESS

CLINICAL EDUCATION SITES AND AFFILIATION AGREEMENTS

Clinical education is conducted in approved facilities that meet Rasmussen College and the Program standards. The facility representative, usually the Center Coordinator for Clinical Education (CCCE), certifies that the site meets these standards. Evidence is provided on the facility’s Clinical Site Information Form (CSIF) and verified by the CEC.

Prior to student placement, an Affiliation Agreement must be executed between Rasmussen College and the clinical site. The CEC is responsible for coordinating and maintaining all agreements. Occasionally, clinical sites may require the use of their internal contract/agreement format. In such cases, the CEC, appropriate administrators, and legal counsel (if needed) will review the facility’s contract/agreement prior to formal execution of signatures. Copies of fully executed agreements are kept on file in the CEC offices.

The CEC maintains current information on all clinical sites with active affiliation agreements in place. The CEC references this information prior to and in preparation for placing students in appropriate facilities for clinical experiences.

CLINICAL EDUCATION FACULTY QUALIFICATIONS

Rasmussen College clinical education faculty consists of respected members of the professional community who collaborate with the Program to integrate didactic and clinical education components of the curriculum plan and deliver a high-quality clinical education program. Clinical education faculty members provide direct development, supervision and mentoring to students during structured clinical education experiences.

The CCCE may be a physical therapist, physical therapist assistant, or other non–physical therapist professional at the clinical facility who possesses the requisite skills to develop and implement an effective clinical education program. This role includes coordinating learning activities available at the clinical facility, determining the readiness of facility-based physical therapists or physical therapist assistants to serve as clinical instructors, and developing the instructional skills of the clinical instructors. The CCCE administers, manages, and coordinates the assignment of Clinical Instructors (CIs) to incoming students within the clinical site. Finally, the CCCE works with the CEC to execute a clinical affiliation agreement, completes and updates the clinical site information form (CSIF), and provides oversight to the student’s clinical education experience.

The Clinical Instructor (CI) is the licensed physical therapist or physical therapist assistant at the clinical facility that directly supervises and instructs the student during the clinical education experience. Minimum requirements for clinical instructors include:

- Clinical competence (determined by the CCCE or clinic supervisor) in the area of practice in which they will be providing clinical instruction,
- Licensure as a physical therapist or a physical therapist assistant in the jurisdiction in which they practice,
- A minimum of one year of experience in clinical practice,
- Legal and ethical behavior that meets or exceeds the expectations of members of the profession of physical therapy, and
• Communication, interpersonal, instructional, supervisory, and evaluation skills conducive to effective clinical education.

Additional preferred, but not required, qualifications for a clinical instructor include:

• Professional membership in the American Physical Therapy Association (APTA)
• APTA clinical instructor credentialing

PROCEDURES FOR CLINICAL EDUCATION PLACEMENT
The CEC will contact clinical education facilities to solicit student placements for the coming year. This process occurs in March of the prior year. The CEC maintains a list of available clinical placements for each clinical experience. This record is updated regularly through (1) returned Student Commitment Forms (annual request for placements) and (2) informal communications with sites regarding available student placements (email, phone calls).

The following process is then used in scheduling students for clinical placements:

1. Students rank order their top three choices for PTA Clinical I and their top three choices for PTA Clinical II from the list of available placements. Students are encouraged to review the Clinical Site Information Forms (CSIFs), website, and other information prior to turning in their preference list.

2. The CEC and core faculty (as needed) will assign clinical sites to students after considering the following factors:
   1. Site availability
   2. Location, setting, and experiences available at the clinical facility
   3. Type of facility and expectations/considerations of the clinical faculty
   4. Educational and personal goals of the student
   5. Student preference

3. The CEC strives to achieve the best fit for each student, in terms of clinical site, clinical faculty, and his/her educational learning needs. When several students are requesting the same site and the assignment is deemed appropriate by the CEC and faculty, decisions include clinical site utilization and relationships and may be made either by draw or collaboration with students on alternative placements.

4. Students and sites will be informed of placements for PTA Clinical I during the third academic quarter. They will be informed of PTA Clinical II placements during quarter five.

5. The CEC reserves the right to reassign a clinical education experience in order to meet any of the above stated priorities or to address any unforeseen circumstances. The CEC will work with the student to provide the best possible alternative in this situation.
6. Clinical education sites may cancel a clinical rotation at any time, even after a student is assigned. The CEC will work with the student to provide the best possible alternative in this situation.

Clinical placement decisions are guided by an effort to assure that student experiences address the following:

1. Management of patients/clients representative of those commonly seen in practice across the lifespan and the continuum of care
2. Practice in settings representative of those in which physical therapy is commonly practiced
3. Participation as a member of the PT/PTA team
4. Opportunities for involvement in inter-professional practice
5. Other experiences that lead to the achievement of expected student outcomes

Clinical placements ensure that students are exposed to a variety of practice settings. Types of settings include, but are not limited to, outpatient, acute care, sub-acute care, neuro rehabilitation, skilled nursing, home care, and industrial facilities. Types of specialty area exposures may include: pediatrics, geriatrics, sports medicine, aquatics, women’s health, wound care, orthopedics)

**NOTE:** Students may be placed at locations outside of the campus metro, state, or region. Travel and housing arrangements for Clinical Experiences are the responsibility of the student, not the Program or internship site. Students are responsible for all expenses related to clinical experiences including travel, lodging, clothing, food, and any additional expenses. Costs of any necessary emergency services are the responsibility of the student.

**STUDENT PREPAREDNESS FOR CLINICAL EDUCATION**

Core faculty members play a crucial role in establishing and maintaining continuity between the didactic and clinical education components of the program. Core faculty members have the following responsibilities:

1. Assess student performance during academic preparation and make recommendations for improvement
2. Enforce safe, professional, and ethical student behavior during all learning activities (e.g., practical exams, role playing scenarios, etc.) to prepare students for clinical education
3. Determine expectations for professional development, skill acquisition, and clinical competence for each clinical education experience
4. Assure that only students who meet academic, safety and other professional expectations are progressed into clinical education experiences.

The criteria used to determine student preparedness for clinical education are as follows:
1. Successfully pass all courses prior to each clinical education experience.
2. Demonstrate competence in examination and intervention skills on all skills checks and pass practical examinations with a minimum grade of 73% and no safety or professional deficits.
3. Demonstrate professional behaviors in all program activities to include, but not limited to, student self-assessments, active participation and interactions with faculty in didactic courses, and appropriate patient-therapist interactions during practical examinations and competency skills checks.

As mentioned above, students must pass all skills checks and achieve a minimum grade of 73% on each practical examination in order to pass the assessment and pass the course. In addition to testing psychomotor skills, these assessments include required demonstration of appropriate professional behaviors and safety awareness throughout the activity. Any demonstration of unsafe, unprofessional, or unethical behavior during these assessments will result in an automatic failure regardless of the student's overall score. Essential safety and professional elements that must be passed during each practical examination or skills check include:

1. Establishes and maintains safe environment
2. Ensures the safety of self, patient, and others (e.g., universal precautions, responding and reporting emergency situations)
3. Recognizes "red flag" signs and/or symptoms and appropriately identifies the need for communication with the PT
4. Uses acceptable techniques for safe handling of patients (e.g., body mechanics, guarding, level of assistance)
5. Demonstrates awareness of contraindications and precautions of patient intervention
6. Applies interventions using appropriate treatment parameters within the plan of care established by the PT to maintain patient safety and achieve desired therapeutic outcomes
7. Recognizes physiological and psychological changes in simulated patient scenarios and adjusts patient interactions or interventions accordingly

**Communication with Clinical Education Sites**
The PTA program maintains a close partnership with each clinical education site. The CEC or other core faculty conducts a mid-term site visit or telephone conference during each clinical experience to assess student progress and identify any areas in need of further development. Prior to the contact, communication from the PTA program to the CCCE/CIs is made to set up a convenient time and mode of communication. If problems are identified during the call/visit, discussions at that time and possibly throughout the remainder of the clinical experience will be determined with the CI and CCCE, with documentation of problems/issues. If adequate improvement is not made, subsequent contacts may be scheduled to discuss options and expectations for the remainder of the clinical experience.

**Guidelines and Information for Clinical Education Sites**

**Prior to Student Arrival**
Prior to each clinical experience, the CEC communicates with the clinical education site and sends information relating to each student that has been assigned to the site. This information includes the following:

- Student Data Sheet – information completed by the student including Emergency Contacts
- Verification of Health Assessment and Immunizations
- Information relating to any issue evidence on the required background check. This information will be discussed with the student first.
- Results of drug testing if required by the site.
- Information relating to any medical or other requirements of the site.

Information about academic standing is not shared with the clinical education site. The student may provide this information to the site, or may provide written permission for the information to the provided to the site by the CEC. The CEC will relay any concerns relative to the student’s preparedness for clinical education. This process allows the clinical faculty to focus on specific areas of weakness to improve the overall learning experience for the student.

At The Clinical Facility

Orientation to Clinical Site
The student should have an adequate orientation to the clinical site. Orientation is one of the most important aspects of a positive and productive experience for the students, as well as the CI. Please see the CEC or Program Director for documentation regarding orientation.

Clinical Experience
Affiliating clinical facilities are expected to provide educational experiences consistent with Physical Therapist Assistant professional education for any student accepted for a clinical rotation. This includes all aspects of patient care and practice management as is appropriate to the unique clinical facility and to the student’s level of education and experience.

Supervision
A physical therapist or physical therapist assistant must be on the premises for any student to perform direct patient care. All supervision of student education must be performed in accordance with state law and applicable state, federal, payer and college policies. For clinical education purposes, Rasmussen College PTA students are qualified to provide services only under the direction and direct supervision of the physical therapist or physical therapist assistant who is responsible for patient/client management. Direct supervision means the physical therapist or physical therapist assistant is physically present and immediately available for direction and supervision. The physical therapist or physical therapist assistant will have direct contact with the patient/client during each visit that is defined in the Guide to Physical Therapist Practice, as all encounters with a patient/client in a 24-hour period. Telecommunications does not meet the requirement of direct supervision.
Chemistry, Institution, Local, State and National rules/laws/regulations during their experience for supervision and practice.

As regulations regarding student supervision are subject to change, any additional or updated information regarding supervision will be provided to students prior to clinical experiences. Students and CCCEs/CIs may also look at www.apta.org for the most current information.

Requirements may vary according to practice setting, payer source, or state. When determining the appropriate level of supervision for students, it is necessary to discern and differentiate requirements that are:

- obligatory from a legal standpoint (practice act, statute, rules)
- best practice recommendations (such as an APTA position statement)
- requirements for reimbursement (CMS regulations, third-party payer)
- requirements of the employer or facility

It is the responsibility of each clinical educator to determine all relevant requirements for student supervision in his/her practice setting and to appropriately discern his/her obligation to each requirement.

If a student believes that supervision during the clinical experience is not consistent with these guidelines, it is the student’s responsibility to address this issue with the clinical instructor and/or contact the Clinical Education Coordinator/Program Director immediately.

**STUDENT COMPETENCE**

Prior to clinical placement, students are expected to demonstrate safety and competence in appropriate laboratory and simulated patient data collection and intervention skills and knowledge applied within the plan of care developed by a physical therapist. A list of skills in which students are to be competent is located in Appendix B. Clinical instructors are to be aware of this information so as to assist them in the educational process. Only those skills and knowledge which have been covered prior to clinical placement are covered under the liability policy. If the CI teaches a skill or procedure not addressed in prior academic coursework, the clinician does so at his/her own risk and assumes responsibility and/or liability for such instruction and student performance of those specific tasks.

**UNIQUE LEARNING OPPORTUNITIES**

The student should be provided with opportunities to participate in learning experiences unique to the clinical site. These opportunities may include, but are not limited to, involvement in:

- Surgery observation
- Physician’s rounds
- Quality improvement procedures/projects
- Patient care/family conferences
- Department staff meetings and in-services
PATIENT/CLIENT PARTICIPATION
Patients and clients are to be notified of student participation in their care and that they have a risk-free right not to participate in the clinical education process.

DOCUMENTATION
Any documentation written by the student must be in accordance with facility, policy, local state or federal regulations, and/or payer policy. When included in the medical record, documentation should be signed with the student’s full name, followed by the abbreviation “Student Physical Therapist Assistant” (SPTA) unless policy or regulation denotes otherwise. ALL student documentation must be read and co-signed by a physical therapist or physical therapist assistant.

In the event that facility policy or other regulation does not allow for student documentation in the medical record, students are required to practice documentation regarding patient encounters and have it reviewed by the CI. If necessary, all such documentation should be disposed appropriately according to facility policy to protect patient privacy in accordance with HIPAA rules.

COMMUNICATION WITH THE CEC
The CEC or another Program faculty member will contact the CI by phone or email to arrange a midpoint visit or phone call to discuss student progress and to answer any questions the CI might have. The CI and/or the CCCE are encouraged to contact the CEC at ANY TIME if questions or concerns arise. They are encouraged to contact the CEC immediately at the first sign of any concerns regarding student performance that concerns critical skills, patient safety, or other performance/behaviors that would indicate a student may not pass a given clinical experience.

STUDENT ATTENDANCE/PROMPTNESS
Student attendance is required and promptness is expected during the entire clinical experience. The student is expected to comply with the schedule of the facility. The facility may consider special accommodations with notification of the program, assuming that the required hours and experiences can be met within the allotted time frame. The Program does not provide the student with “time off” or “days off” during the clinical.

It is the responsibility of the student to notify the clinical education faculty and CEC if the student will be late or unable to attend clinical education time. Notification must occur not later than 8:00 a.m. or the starting time for the clinical experience. Excused absences will only be permitted for an EMERGENCY OR SERIOUS ILLNESS. Please see the “Attendance Policy” of this handbook (Section 4.3).

Failure to notify the clinical education faculty or the College of an absence is a serious breach of professional conduct and will not be tolerated. If this situation occurs, the first instance will result in a
written warning to the student. Subsequent violations may result in the removal of the student from the clinical education experience and failure of the course.

**STUDENT PROGRESS DURING THE CLINICAL EXPERIENCE**

In the event that a student is dissatisfied or is having difficulty at his/her clinical site, the following steps must be taken:

The student should first express his or her concerns to the Clinical Instructor. Most problems will be resolved by this approach. If the difficulties persist, the student should contact the CEC in a timely manner. When the student contacts the CEC, the CEC will document in writing the time, date, and concerns as well as recommendations made to the student. If necessary, the CEC will arrange a meeting with the student, the CI, and/or CCCE to attempt resolving any issues and to develop a plan for a successful clinical experience. That plan/strategy will be documented and placed in the student’s file.

In the event that a CI has concerns about the performance of a student, the CI should address them with the student. The date, time, and areas discussed, as well as recommendations made should be written and signed by the clinical instructor and student. The CI should contact the CEC immediately to share the considerations and the agreed upon performance expectations. The CEC may choose to visit the clinical site to observe the student directly. In most instances, a plan will be developed and implemented to address concerns and help the student successfully complete the clinical education experience. A written summary of the meeting and the action plan should be signed by all in attendance and placed in the student’s file. If after intervention, the student does not meet the specific goals and objectives of the clinical education experience, successful completion of a remediation assignment may be required. If the student’s clinical performance has endangered the welfare of a patient/client, the CEC or Program Director may act to withdraw the student immediately and issue a failing grade.

**FACILITY RULES AND REGULATIONS**

Students are expected to comply with the rules and regulations of the clinical site. The clinical site must inform the student of these rules and regulations.

**STUDENT’S RELATIONSHIP TO FACILITY**

Any clinical site accepting a PTA student for a clinical experience agrees not to hire the student to work at the same clinical site during the clinical course. The student should NOT be substituted for paid staff during the experience. The student may NOT assume the responsibility or place of a qualified staff person. However, as the student demonstrates proficiency in clinical skills, she/he should be permitted to perform with less, but still appropriate, supervision.

**POTENTIAL CONFLICT OF INTEREST**

The clinical education evaluation process is based on the need for objective, unbiased evaluation of the student’s performance. Therefore, it is crucial that students avoid any relationships that may
provide a conflict of interest in this evaluation process. For this reason, students may not be allowed to complete clinical experiences at facilities where they have previously worked or spent substantial volunteer hours, where they are currently working or volunteering, or where they have a future work commitment. Students may not be allowed to complete clinical education course work in a facility where any family member(s) (past/present/future) are employed, or have an ownership or financial interest in the company. Decisions on placement will be done by the Clinical Education Faculty with input from Academic Faculty in order to serve the best interest of the student.

Students that are married, engaged or dating will not be allowed to participate in clinical experiences at the same facility at the same time. These relationships could be viewed by external or internal stakeholders as a potential for this to be a conflict of interest for the students or for the CCCE, CI or facility.

Finally, students may not be permitted to complete clinical experiences at sites where the clinical facility has awarded the student a scholarship or signed an employment agreement. Should this be a condition of the scholarship, the issue will be addressed by the clinical facility, the student, and the Clinical Education Faculty.

Such conflict of interest placements have the potential for grading bias. Students have an ethical obligation to comply with these guidelines and notify the Clinical Education Faculty in advance of clinical placements if there is a potential for conflict of interest to be present. Students who are unsure if a conflict exists should contact the Clinical Education Faculty to determine their eligibility for the site. The Clinical Education Faculty reserves the right to avoid assigning a student to any clinical facility where it is believed to be a conflict of interest or where one may exist. If it is found out that there is a potential conflict of interest, or was intentional failure to disclose this information, it could result in removal from the site, termination, or failure of the clinical education course. This situation is considered unethical and unprofessional.

**EARLY TERMINATION OF THE CLINICAL EXPERIENCE**

Following consultation with the CCCE and the CI, the CEC and the PTA faculty may remove a student from the clinical site if, in their judgment, the student is performing incompetently or poses a safety threat to the patients or staff of the facility. The clinical site supervisor and the CI may immediately remove any student from the premises who poses an immediate threat or danger, or for just cause under the clinical site’s disciplinary policy.

**CLINICAL SITE DRESS CODE**

Students must follow the facility-specific dress code policies of each clinical site to which they are assigned. If laboratory coats and/or scrubs are required by the facility, then the student will be responsible for securing those items. Students should be well groomed and appearance should reflect modesty and cleanliness. Dress and attire should conform to the image of the professional physical therapist assistant. No tank tops, shorts or short skirts will be allowed. Hair must be clean and neat and must be fashioned as to not fall forward or over the sides of the face when working with patients/clients or otherwise interfere with patient care. If worn, beards and mustaches must be clean and neatly trimmed. Nails will be kept short in order to enable easy cleaning, prevent puncture of gloves, and prevent injury to the patient/client. Students should not wear excessive fragrance, makeup, or jewelry.
Body art such as facial/body piercings or easily visible tattoos may be required to be camouflaged, covered or removed.

If a facility has no specific dress code, students must conform to the standard dress code established by Rasmussen College which can be found in Section 4.4 of this handbook.

OTHER CLINICAL PLACEMENT POLICIES/GUIDELINES
Students should be aware that any or all of their clinical experiences may be scheduled outside of the local area. Potential hardships related to travel should be presented to the CEC who may factor in those circumstances when making placement considerations. However, depending on the circumstances, there is no guarantee that allowances for personal preference or special accommodations will be made. Students will be responsible for the arrangement of and all associated costs of transportation and housing for each clinical experience course.

CHANGE IN OR CANCELLATION OF CLINICAL PLACEMENT
Clinical sites occasionally cancel clinical placements if circumstances (staffing, caseload, facility ownership, etc.) change to the extent that they are unable to provide a learning environment for the student. In the event of cancellation by the facility, the student is notified by the CEC immediately. In most cases, the CEC is able to find an alternate placement without a significant loss of clinical clock hours or internship/externship “continuity” for the student. In certain cases, however, depending upon the timeline of the cancellation and other specific circumstances, student placement into an alternate facility may require the re-scheduling or addition of clinical practice hours.

Students are not allowed to decline or change their clinical site assignments. A student wishing to appeal a placement decision should submit an appeal in writing to the CEC. The resulting decision will be based on the information provided. Situations such as weddings, employment opportunities, vacations or other circumstances that existed before the clinical site was selected usually do not warrant the CEC to change the clinical placement.

REQUESTS TO ALTER CLINICAL ASSIGNMENTS
Once the student and the facility have been given notice of the dates of the clinical assignment, the student has a commitment to that facility. In order to honor our commitments to clinical sites, requests by students to alter any aspect of a clinical experience (e.g. time frame, emphasis of experience, location of rotation) after a facility has been notified are discouraged. Clinical sites make staffing plans based upon student assignments and competition for clinical experiences is high. Cancelled experiences by the university are slots that may have been taken by another classmate or may have been utilized by another program.

All requests made by a student to change any aspect of a clinical experience must be made to the Clinical Education Coordinator in writing prior to the start of the experience. Written requests must address specifically what aspects of the assigned rotation the student wishes to alter and the rationale for requesting the change. The faculty will review the request and a written response will be given to the student within two weeks.
The following are examples of unacceptable reasons for requests:

- The location of the clinical site requires a longer commute than the student anticipated.
  - Although this can be burdensome, it is not unrealistic to find students commuting an hour or more one way.
- The student wishes to take time off for vacation or travel.
  - Students are expected to plan travel/vacation time around scheduled clinical education experiences.
- The student anticipated having housing provided at a clinical site, but the site is no longer able to honor that provision.
  - In the present clinical environment it is not common for clinical sites to provide housing for students.
  - Each student is informed that it is the student’s responsibility to incur all travel and housing expenses associated with clinical education prior to enrolling in the program.
- The student wants a different type of experience at a specific time.
  - Scheduling specific clinical and meeting the needs of all students for wants and needs is challenging. The Program schedules clinical experiences based upon the programmatic goal of providing diverse experiences to all students.

5. EVALUATION

ASSESSMENT OF THE STUDENT

The Clinical Performance Instrument (CPI)

Clinical faculty will use the Physical Therapist Assistant Clinical Performance Instrument (PTA CPI), developed by the American Physical Therapy Association (APTA), to formally assess student performance during clinical education experiences. This instrument also facilitates student self-assessment, individual tracking of progress, and realistic goal setting toward entry-level clinical skill development. It is now available online. All students and Clinical Instructors (CIs) must complete the PTA CPI Web training through the APTA Online Learning Center. This will allow you to access the instrument once a CI is registered by the college as a clinical instructor using PTA CPI Web. The course is located on the APTA Learning Center at http://learningcenter.apta.org/ under the name LMS-120A: 2012 PTA CPI - Documenting Student Performance with the Physical Therapist Assistant Clinical Performance Instrument.

- If anyone attempting to complete the training is having issues with the PTA CPI training, the APTA Learning Center, receiving CEUs, or with receiving the Certificate of Completion, they can contact the APTA directly at 1-800-999-2782 x 3395 or at learningcenteradmin@apta.org.
- Please see the CEC or Program Direction for directions related to how to access this training and utilize the APTA Learning Center for the CPI Web. Questions related to student assessment using the CPI should be directed to the CEC.

The instrument is copyrighted by the APTA. The intended use and design of the CPI was to provide a uniform and consistent national instrument to measure student performance for all levels of clinical experience. The CPI has been developed and examined for basic psychometric properties. Likewise, the instrument was developed to address the needs and interests of the professional community, including academic faculty, clinical educators, researchers, and students. Students will be provided with information on how to use the tool as a component of the clinical education orientation process. All
students are required to undergo training on the CPI through the APTA Learning Center (http://learningcenter.apta.org/) in the preparation for Clinical Internship 1 (PHT 2500). After that time, students are expected to know the material and CPI. If review is necessary, it is expected that they will perform this independently or work with the CI/CCCE to have a working understanding of it. The CPI can be accessed at https://cpi2.amsapps.com/

Clinical faculty and students will perform mid-term and final performance assessments during each clinical education experience. This is to be completed online through the CPI Web website. The Center Coordinator for Clinical Education (CCCE) should also sign off as applicable. The CEC will have access to see when these assessments are completed. Students are encouraged to actively seek out more frequent feedback from their clinical faculty to complement mid-term and final assessments. Establishing a professional relationship and open communication with clinical faculty will facilitate this feedback.

**Clinical Education Course Grading**

All clinical education courses are graded as PASS or FAIL. Students must “Pass” all clinical education courses to progress within the program. Student grades will be determined by the CEC based on 1) mid-term and final PTA CPI assessments, 2) verbal or written input from the clinical faculty, 3) a review of student assignments, and 4) collaboration with core faculty as needed.

Additional factors the CEC may consider when making grading decisions include, but are not limited to:

- Clinical setting
- Experience with patients or clients in that setting,
- Relative weighting or importance of each performance criterion,
- Expectations for the clinical experience,
- Progression of performance from midterm to final evaluations,
- Level of experience within the didactic and clinical components,
- Whether or not “significant concerns” box was checked, and
- The congruence between the CI’s narrative midterm and final comments related to the performance dimensions and the ratings provided.

The final decision as to whether or not a student passes or fails a clinical education course rests with the CEC.

**Withdrawal and Reassignment within a Clinical Education Experience**

In rare instances, a student may be placed into a clinical education situation that is not meeting the student’s clinical development needs or the program’s expectations. Once identified, the CEC will immediately work with the CCCE, clinical education faculty and student to improve the clinical education experience. The CEC may decide to withdraw the student from the clinical education site if corrective action cannot be implemented in the time remaining. The CEC will reassign the student to a new clinical site as expeditiously as possible to prevent the loss of valuable clinical education time. Depending on the circumstances, this may result in the student being delayed in their progress and potentially require the student to repeat the course and re-apply for admission to the Program to begin courses with the
following cohort. The time and place of a repeat clinical education experience will be determined by the CEC.

**ASSESSMENT OF THE CLINICAL FACILITY, CCCE, AND CI**

As a component of the overall Clinical Education Program Assessment, the CEC utilizes review of the CSIF, communications with the facility CCCE and staff (email, phone calls), review of student evaluations of the clinical education site/experience, and on-site visits to gather information and plan the management, performance, and development of clinical sites and faculty.

The CEC utilizes information from the following sources in the evaluation of Clinical Instructors:

- The *Clinical Site Information Form (CSIF)* (requested upon initial completion of affiliation agreement and updated as needed) provides information on clinical faculty:
  - Experience
  - Licensure/certifications

- *Physical Therapist Assistant Student Evaluation of Clinical Experience and Clinical Instruction* (completed by students following every clinical education course) provides information on clinical faculty:
  - Communication and instruction style
  - Availability and organization
  - CI development needs (student-assessed)

- Self-assessments from the *Guidelines and Self-Assessments for Clinical Education* (completed by CCCEs for the Clinical Education Site and CIs annually) provides information on:
  - CI development needs (self-assessed)
  - CCCE development (self-assessed if used)
  - Clinical Facility development (assessed by CCCE)

- *Midterm conferences/communication* between the CEC and the CI provides information on:
  - Student perceived clinical instructor strengths/weaknesses
  - CI development needs (student-assessed and self-assessed)

As a component of the overall Clinical Education Program Assessment, feedback from these sources is reviewed by the CEC in order to plan for future clinical instructor training presentations/modules based on identified individual CI development needs and facility specific clinical faculty development needs. Information regarding clinical instructor strengths and development needs is also shared with facility CCCEs as requested and/or needed.
SITE VISITS
Site visits by Program faculty are performed regularly to clinical sites and institutions that partner with the Program. Site visits may also be scheduled in the event of student performance difficulties, in order to supplement site evaluation information and assist in resolving issues that may be present. The Clinical Education Coordinator, Program Director or other faculty member(s) may visit the facility at any time during the internship.

ASSESSMENT OF THE CEC
Each academic year, feedback is solicited from Clinical Instructors, CCCEs, Program students, and Program core faculty related to the following performance indicators:

- Development of student clinicians
- Development of clinical education faculty
- Development and assessment of the Clinical Education Program
- Management and Coordination
- Leadership and Collaboration
- Communication
- Professional Behaviors
- Overall CEC strengths/weaknesses

As a component of the Clinical Education Program Assessment, feedback from these stakeholders is reviewed by the CEC along with the Program Director and Academic Dean in order to (1) establish personal/professional development goals (2) evaluate the current policies and processes utilized in the clinical education program (3) plan future clinical faculty development and (4) identify resource needs for the clinical education program.

ASSESSMENT OF THE CLINICAL EDUCATION PROGRAM
The CEC solicits input from students, clinical sites/instructors, and core faculty to review the Program’s clinical education curriculum. This is an ongoing process with formal reports to the core faculty and Academic Dean. Specific sources/tools utilized for assessment include the following data that is analyzed as part of the Program Outcome Assessment plan.

- Summary data from Clinical Education Faculty Feedback form on curriculum and student preparedness for clinical education
- Summary data from Physical Therapist Assistant Student Evaluation of Clinical Experience and Clinical Instruction form
- Summary data from Guidelines and Self-Assessments for Clinical Education assessment forms
- Data from Clinical Site/Student Commitment Database
- Clinical Site Information Forms (CSIFs)
- Data from CEC performance assessment by clinical faculty, students and self-assessment forms
- Information from midterm and other communications
6. CLINICAL SITE DEVELOPMENT

Although use of clinical sites that already affiliate with program is strongly encouraged, suggestions from students for future site development are welcomed. It is the responsibility of the Program, not the student, to make the formal contact with the potential site. There is no guarantee that new clinical internships proposed by students will be pursued or that a formal contract will be arranged between the program and the facility.

The procedure for future site development is as follows:

1. The student meets with the Clinical Education Faculty or Program Director to determine if the internship/clinical site that the student is requesting be initiated is compatible with the Clinical Education philosophy. A “New Site Development Request Form” can be filled out or a clinical site can be brought to the Clinical Education Faculty or Program Director’s attention.
2. If the potential clinical site meets the needs and program philosophy, the Clinical Education Faculty or Program Director will make initial contact with CCCE.
3. If the CCCE indicates an interest in providing a clinical experience:
   a. The Clinical Education Faculty or Program Director will directly talk with the CCCE and try to perform a site visit
   b. The Clinical Education Faculty or Program Director will discuss the program with the CCCE
4. The Clinical Education Faculty or Program Director will review information gathered from their communication along with outside information (web site, colleagues, other) to determine if the clinical site would be a good fit for the program.
5. If the clinical site is approved, a formal contract with the site will be completed and the program will request dates for future clinical experiences.
6. If the clinical site was specifically requested by a student for a possible future clinical placement, the request dates along with the student’s request will be reviewed.

Note: No student or family member should contact a potential clinical facility in an attempt to arrange a clinical education experience to meet personal needs. All sites are evaluated by the Clinical Education Faculty or Program Director and program faculty to determine a facility’s commitment to the program. Students may submit a proposal for a potential clinical site through the process noted above. Failure to follow appropriate protocol for this could jeopardize the clinical site for the student and Rasmussen College at that time or in the future.

7. STATE PRACTICE ACTS

Students are expected to comply and follow the specific state practice acts of the state that they are doing a clinical internship in. It is the student’s responsibility to read and understand this prior to their internship. Students can look on the APTA for practice act information (http://www.apta.org/Licensure/StatePracticeActs/), but are strongly encouraged to find the most up to date information on practice acts by accessing each state’s licensing agency online.
SECTION 4. CONDUCT AND POLICIES

1. RASMUSSEN COLLEGE STUDENT CONDUCT/DISMISSAL POLICY
Students are responsible for reading the most recent Conduct/Dismissal Policy located in the College catalog. A copy of the catalog and its addendum can be located on the Rasmussen College website at www.rasmussen.edu/degrees/course-catalog.

2. ETHICAL CONDUCT OF A PHYSICAL THERAPIST ASSISTANT

Standards of Ethical Conduct for the Physical Therapist Assistant

HOD S06-09-20-18 [Amended HOD S06-00-13-24; HOD 06-91-06-07; Initial HOD 06-82-04-08] [Standard]

Preamble
The Standards of Ethical Conduct for the Physical Therapist Assistant (Standards of Ethical Conduct) delineate the ethical obligations of all physical therapist assistants as determined by the House of Delegates of the American Physical Therapy Association (APTA). The Standards of Ethical Conduct provide a foundation for conduct to which all physical therapist assistants shall adhere. Fundamental to the Standards of Ethical Conduct is the special obligation of physical therapist assistants to enable patients/clients to achieve greater independence, health and wellness, and enhanced quality of life.

No document that delineates ethical standards can address every situation. Physical therapist assistants are encouraged to seek additional advice or consultation in instances where the guidance of the Standards of Ethical Conduct may not be definitive.

Standards

**Standard #1:** Physical therapist assistants shall respect the inherent dignity, and rights, of all individuals.

1A. Physical therapist assistants shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.

1B. Physical therapist assistants shall recognize their personal biases and shall not discriminate against others in the provision of physical therapy services.

**Standard #2:** Physical therapist assistants shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.

2A. Physical therapist assistants shall act in the best interests of patients/clients over the interests of the physical therapist assistant.

2B. Physical therapist assistants shall provide physical therapy interventions with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.

2C. Physical therapist assistants shall provide patients/clients with information regarding the interventions they provide.
2D. Physical therapist assistants shall protect confidential patient/client information and, in collaboration with the physical therapist, may disclose confidential information to appropriate authorities only when allowed or as required by law.

**Standard #3:** Physical therapist assistants shall make sound decisions in collaboration with the physical therapist and within the boundaries established by laws and regulations.

3A. Physical therapist assistants shall make objective decisions in the patient and client’s best interest in all practice settings.

3B. Physical therapist assistants shall be guided by information about best practice regarding physical therapy interventions.

3C. Physical therapist assistants shall make decisions based upon their level of competence and consistent with patient/client values.

3D. Physical therapist assistants shall not engage in conflicts of interest that interfere with making sound decisions.

3E. Physical therapist assistants shall provide physical therapy services under the direction and supervision of a physical therapist and shall communicate with the physical therapist when patient/client status requires modifications to the established plan of care.

**Standard #4:** Physical therapist assistants shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, other health care providers, employers, payers, and the public.

4A. Physical therapist assistants shall provide truthful, accurate, and relevant information and shall not make misleading representations.

4B. Physical therapist assistants shall not exploit persons over whom they have supervisory, evaluative or other authority (eg, patients/clients, students, supervisees, research participants, or employees).

4C. Physical therapist assistants shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.

4D. Physical therapist assistants shall report suspected cases of abuse involving children or vulnerable adults to the supervising physical therapist and the appropriate authority, subject to law.

4E. Physical therapist assistants shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.

4F. Physical therapist assistants shall not harass anyone verbally, physically, emotionally, or sexually.

**Standard #5:** Physical therapist assistants shall fulfill their legal and ethical obligations.

5A. Physical therapist assistants shall comply with applicable local, state, and federal laws and regulations.
5B. Physical therapist assistants shall support the supervisory role of the physical therapist to ensure quality care and promote patient/client safety.

5C. Physical therapist assistants involved in research shall abide by accepted standards governing protection of research participants.

5D. Physical therapist assistants shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.

5E. Physical therapist assistants who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information.

**Standard #6**: Physical therapist assistants shall enhance their competence through the lifelong acquisition and refinement of knowledge, skills, and abilities.

6A. Physical therapist assistants shall achieve and maintain clinical competence.

6B. Physical therapist assistants shall engage in lifelong learning consistent with changes in their roles and responsibilities and advances in the practice of physical therapy.

6C. Physical therapist assistants shall support practice environments that support career development and lifelong learning

**Standard #7**: Physical therapist assistants shall support organizational behaviors and business practices that benefit patients/clients and society.

7A. Physical therapist assistants shall promote work environments that support ethical and accountable decision-making.

7B. Physical therapist assistants shall not accept gifts or other considerations that influence or give an appearance of influencing their decisions.

7C. Physical therapist assistants shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.

7D. Physical therapist assistants shall ensure that documentation for their interventions accurately reflects the nature and extent of the services provided.

7E. Physical therapist assistants shall refrain from employment arrangements, or other arrangements, that prevent physical therapist assistants from fulfilling ethical obligations to patients/clients

**Standard #8**: Physical therapist assistants shall participate in efforts to meet the health needs of people locally, nationally, or globally.

8A. Physical therapist assistants shall support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.

8B. Physical therapist assistants shall advocate for people with impairments, activity limitations, participation restrictions, and disabilities in order to promote their participation in community and society.
8C. Physical therapist assistants shall be responsible stewards of health care resources by collaborating with physical therapists in order to avoid overutilization or underutilization of physical therapy services.

8D. Physical therapist assistants shall educate members of the public about the benefits of physical therapy.

3. PROFESSIONALISM IN PHYSICAL THERAPY: AMERICAN PHYSICAL THERAPY ASSOCIATION VALUE–BASED BEHAVIORS FOR THE PHYSICAL THERAPIST ASSISTANT

Physical Therapist Assistants should strive to apply principles of professionalism in all aspects of their occupation. Working together with others to achieve optimal health and wellness in individuals and the communities that the therapist serve. The following are core values put forth by the American Physical Therapy Association for all Physical Therapist Assistants to follow.

a) Altruism: Altruism is the primary regard for or devotion to the interest of patients/clients, thus assuming the fiduciary responsibility of placing the needs of the patient/client ahead of the PTA’s self-interest.

b) Caring and Compassion: Compassion is the desire to identify with or sense something of another’s experience; a precursor of caring. Caring is the concern, empathy, and consideration for the needs and values of others.

c) Continuing Competence: Continuing competence is the lifelong process of maintaining and documenting competence through ongoing self-assessment, development, and implementation of a personal learning plan, and subsequent reassessment.

d) Duty: Duty is the commitment to meeting one’s obligations to provide effective physical therapy services to individual patients/clients, to serve the profession, and to positively influence the health of society.

e) Integrity: Integrity is the steadfast adherence to high ethical principles or standards; truthfulness, fairness, doing what you say you will do, and “speaking forth” about why you do what you do.

f) PT/PTA Collaboration: The PT/PTA team works together, within each partner’s respective role, to achieve optimal patient/client care and to enhance the overall delivery of physical therapy services.

g) Responsibility: Responsibility is the active acceptance of the roles, obligations, and actions of the PTA, including behaviors that positively influence patient/client outcomes, the profession, and the health needs of society.

h) Social Responsibility: Social responsibility is the promotion of a mutual trust between the PTA, as a member of the profession, and the larger public that necessitates responding to societal needs for health and wellness.
4. PROGRAM STANDARDS FOR CONDUCT, DRESS, APPEARANCE, AND BEHAVIORS

In addition to the Rasmussen Conduct/Dismissal Policy stated above, Physical Therapist Assistant Students are also held to conduct standards within the classroom, community, and clinical settings.

PROFESSIONAL BEHAVIORS

Students of the Rasmussen Physical Therapist Assistant Program agree to uphold the American Physical Therapy Association Value Based Behaviors for the Physical Therapist Assistant and Ethical Conduct of a Physical Therapist Assistant as outlined by the American Physical Therapy Association and Student/Patient Privacy. Breaches of any of these are considered academic misconduct and may result in professional behavior probation, failure of a course, or dismissal from the Rasmussen Physical Therapist Assistant Program.

Your ability to act professionally will be assessed by Program faculty in the online and laboratory classrooms or your clinical faculty (CI and/or CCCE) during clinical experiences. Unprofessional conduct may result in probation, failure of the course, or dismissal from the Physical Therapist Assistant Program. Professional conduct does not need to be tied to a specific course. Unprofessional conduct can be found by any program faculty or institution affiliate in their observation of student behavior toward themselves, a patient, or other stakeholders (students, faculty, administration, etc).

In the academic and clinical setting, expectations of student conduct includes, but is not limited to behavior in the following areas:

Actions

- Abides
  - by all aspects of the academic program and the APTA Ethical Conduct of a Physical Therapist Assistant
  - by set policies, procedures, and laws of the College, clinical institution, APTA, State and National regulators
- Acts ethically and legally
- Applies conflict management strategies when dealing with challenging interactions
- Communicates proactively and through proper “chain of command”
- Completes projects on time upon own initiative
- Deliberates the consequences of actions/non-action beforehand
- Demonstrates
  - accountability and takes responsibility for all actions, decisions and behaviors
  - active listening
  - a positive attitude towards learning experiences
  - awareness of and sensitivity to diverse populations
  - being prepared for the day’s activities/responsibilities
  - dependability
  - flexibility and ability to adapt to changes
  - interest in patients as individuals
  - punctuality
  - the ability to work well with colleagues and others
- Develops potential solutions to perceived problems
- Dresses appropriately and projects a professional image
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- Engages in
  - non-judgmental, constructive problem-solving discussions
  - tasks equally with others
- Establishes trust
- Follows through on commitments
- Maintains professional demeanor in all interactions
- Meets deadlines
- Prioritizes multiple demands and situations that arise on a given day
- Projects professional image in communications and presentation
- Respects differences in personality, lifestyle and learning styles during interactions with all persons
- Safely works with other
- Self-assesses
- Self-identifies and initiates learning opportunities
- Shows
  - effective collaboration to accomplish tasks
  - respect for all

Communication

- Communicates timely on issues
- Communicates with others in a respectful and confident manner
- Communicates with proper grammar, spelling and appropriate vernacular
- Gives constructive respectful feedback at the appropriate time
- Initiates and shows appropriate/respectful verbal and non-verbal communication
- Maintains two-way communication without defensiveness
- Modifies communication given to individuals according to their learning styles
- Recognizes the non-verbal communication, emotions and bias that one bring to professional interactions
- Respects role of others
- Uses communication styles (verbal and non-verbal) that are consistent with the intended message

Feedback

- Actively seeks input and feedback from appropriate sources
- Critiques own performance accurately
- Identifies resource limitations (i.e. information, time, experience)
- Demonstrates receptive behavior and positive attitude toward feedback
- Receives feedback without being defensive and is able to apply it for change behaviors
- Develops and implements a plan of action in response to feedback
- Readily integrates feedback provided from a variety of sources to improve skills, knowledge, abilities and behaviors.
DRESS CODE

The Program is a setting where students, faculty, guests, patients, other professionals, and the general public form an impression based on appearance and conduct. Students are required to wear attire that conforms to the image of the professional physical therapist assistant. This style of dress is expected of students while on campus for classes, on-campus events, giving oral presentations, having guest speakers in a course, meetings and off-campus events, attending professional meeting/events, unless otherwise specified.

The Program Dress Code is as follows in any on campus class sessions, laboratory sessions, and clinical settings:

a. Nametags: A nametag will be provided by Rasmussen College and is to be worn as a part of professional attire, at all clinical sites and as specified on campus.
b. Clothing: Casual, extreme, or “faddish” clothing, hairstyles, manner, or appearance is not permitted in the classroom, laboratories and/or clinical facilities. Professional clothing will be neat, clean, and wrinkle free. Clothing will allow for free movement with patients but provide adequate coverage when leaning forward or bending down. Students should be well groomed. Dress and appearance should reflect professionalism, modesty and cleanliness.
c. Women: Skirts and dresses must be no shorter than within 3 inches of the knee (no mini-skirts). Tops will not reveal cleavage when bending forward; tops will be tucked in or long enough so that skin and underwear are not exposed when you are bending, squatting, or reaching overhead. Full-length trousers of a non-denim material combined with a short or long sleeved blouse or shirt is also considered acceptable. Strapless, tube and spaghetti strap tops are strictly prohibited.
d. Men: A combination of collared shirt (such as a dress shirt or polo shirt), slacks or cotton non-denim trousers (such as khakis or chinos) is generally acceptable. Shirts are to be tucked in.
e. Footwear: Shoes should be in good condition and clean. Dress shoes are acceptable footwear. No sneakers, open-toed shoes, sandals or flip-flops, or heels over 3 inches. Low-heeled shoes are preferable. Boots no higher than mid-shin are acceptable. Socks or nylons must be worn.
f. Personal Grooming: Hair must be clean and neat, and must be fashioned as to not fall forward or over the sides of the face when working with patients/clients or otherwise interfere with patient care. If worn, beards and mustaches must be clean and neatly trimmed. Nails must be kept short in order to enable easy cleaning, prevent puncture of gloves, and prevent injury to the patient/client. Clear or natural nail polish is recommended. Artificial nails are not permitted. Perfume/Cologne/Essential Oils may not be used as they can irritate patients and individuals with allergies. Deodorant use is expected.
g. Jewelry/accessories: Professional jewelry. Piercings of lips, nose, eyebrows or tongue must be removed for clinical visits and professional engagements.
h. Tattoos: Tattoos must be covered by clothing during clinical and professional engagements.
i. Unacceptable attire for any gender includes shorts of any kind, athletic wear, rumpled or ripped clothing, miniskirts, low cut pants, cargo pants, jeans, underwear as outerwear, T-shirts, shirts with obscenities, crop tops, or any top exposing midriffs or cleavage. This included spaghetti straps on tops, sheer clothing. Additionally, if the, Faculty, Program Director, Clinical Education Coordinator, or other individuals involved with the Program feel that the attire is not professional, then it is to be considered as such and not worn.
Students may need to purchase clothing to fit within these standards. If questions arise about article of clothing or professional appearance, please seek assistant from the Program Director, Clinical Education Coordinator, or Faculty.

EXCEPTIONS

a. Clinical Education: While present in any clinical education setting, student dress will be subject to rules and regulations established by that clinical facility. This may be different from those outlined by the above. Students are to abide by the corporate culture of the clinic or clinic policies. This may require students to purchase clothing that is in compliance with policies.

b. Laboratory Activities: Course syllabi will stipulate appropriate dress standards for laboratory activities as this may vary between courses. In general, loose fitting gym shorts, t-shirts or tank tops, appropriate undergarments, and sneakers or sandals are commonly required for laboratory sessions. Females shall wear a sports bra or swimsuit top when upper quarter or trunk laboratories are held. In general, dress should be modest but allow students to expose areas for observation and palpation applicable to the specific laboratory experience.

c. If a student attends a class or clinical site and is in violation of any of the conduct, dress and appearance, or behavior standards listed above, the student will be at risk for dismissal from the classroom or clinical site.

SOCIAL MEDIA

The faculty members of the Physical Therapist Assistant Program believe that an important aspect of professional behavior is how one represents oneself both on and off campus. The purpose of this policy is to inform students of our expectations and requirements for those communications when topics related to the program are being discussed.

Students shall abide by the professionalism and representation policies already in place in the Program Handbooks and understand how to apply those policies to social media. Students should be thoughtful and respectful of fellow students, faculty and staff by considering the effects of their actions before posting anything related to the program on a social media site. Examples of that application include, but are not limited to:

- Recognizing that regardless of one’s own privacy settings, comments and pictures might still be accessible by others.
- Posting a comment or picture of a fellow student may cause that student to lose an employment or clinical opportunity.
- Posting something that may cause the program to lose a clinical contract or respect in the general Physical Therapy community. Students shall not disclose information about another student that is considered protected under FERPA (Family Education Right to Privacy Act, Buckley Amendment). This includes, but is not limited to, information about academic performance.

Students shall not disclose information about program faculty or staff without the written permission of the individual involved. This includes, but is not limited to, posting photographs of faculty/staff/volunteers or program-developed intellectual property such as course handouts.
Students should remember that clinical education sites are potentially their and subsequent students’ future employers. Therefore, they shall not disclose specific information about clinical education sites that might endanger the relationship between the program and that site and/or violate related media or HIPAA policies of a particular clinical site. Students may not post any information involving patients or clients.

Students shall not use Rasmussen logos or the name of the program on social media sites in association with a non-sponsored social event without written permission.

Students shall not use foul, demeaning or discriminatory language when representing the program online.

Failure to comply with this policy may result in a verbal warning and request to remove the related material from the site, or a written reprimand which becomes part of the student’s academic record. In cases of gross negligence, dismissal from the program is possible.

**Online Professionalism**

Due to the hybrid nature of the Rasmussen College Physical Therapist Assistant Program, students will need to post and discuss ideas and concepts online with their fellow classmates. During these discussions, we remind students that they are not to violate confidential health information. The program has some additional guidance when posting:

- Make sure your posts answers the question being posted to the breadth and depth of coverage being expected.
- Brevity is appreciated, but make sure that you cover the material.
- For longer posts, provide an intro, body and conclusion/summary.
- Avoid posts that don’t move the conversation along. This includes statements like, “Me too. I agree. Nice Post. Good catch.” As a general rule, if you do not have three or more sentences to add, the post may not advance learning.
- Support your ideas with evidence rather than just personal opinion.
- Subject lines should reflect the content of your posts.
- Check previous posts prior to posting on a topic. Your post may be better served as a response if a topic has already been started or covered.
- Stick to the topic. If conversations go astray, take them off line in the form of an email.
- Be cognizant of Tone:
  - Humor can be difficult to convey.
  - ALL CAPS is shouting.
  - Reread post prior to submission and watch for how others may read it.
  - Disagree with ideas but avoid language that may be perceived as a personal attach.
  - If you wouldn’t say it to their face in real life, don’t say it to them online.
  - Use Please and Thank you when you solicit help.
- Grammar and Spelling. Check them prior to posting. Avoid slang, emoticons and “texting” vernacular.
- Cite your references whenever possible.
- Be forgiving if others make a mistake. It can happen to the best of us.
- Be nice. Refrain from inappropriate language and derogatory or personal attacks.
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- Support your peers.
- Assume the best of others in the class and expect the best from them.

5. ATTENDANCE POLICY
Students are responsible for reading the most recent College Attendance Policy and Health Sciences Externships, Practicums, and Clinicals policy located in the College catalog. A copy of the catalog and its addendum can be located on the Rasmussen College website at www.rasmussen.edu/degrees/course-catalog.

PROGRAM ATTENDANCE POLICY
Physical Therapist Assistant students are required to attend all classes including any lecture and its co-requisite laboratory or clinical component. Students absent from more than 10% of a co-requisite laboratory course may fail the course and are not able to make up the hours. Physical Therapist Assistant students are required to contact the instructor in the event of an absence from a co-requisite laboratory class. It is the responsibility of the student to learn the missed material or missed assignments.

Any Skills Checks or Practical not completed due to absence will result in a failed attempt. Students will have to coordinate with the faculty member to meet the co-requisite laboratory assessment requirements or they may fail the course.

ADDITIONAL LAB PRACTICE
Faculty supervised open lab hours will be available for practice and review of techniques and skills. Contact the Program Director or Clinical Education Coordinator for the open lab schedule. No student may use the lab without a faculty member on campus.

CLASS INTERRUPTION
Internet outages, power outages, webinar service downtime, and other technology difficulties may periodically disrupt the initiation or ongoing delivery of live online learning activities or classes. If an interruption occurs that affects the entire class, students must remain online for a minimum of 30 minutes and await further instructions while service is being restored. If a service interruption affects an individual student, it is the student’s responsibility to immediately notify the instructor via email or phone. The instructor will determine whether make-up work is required or allowed.

CLINICAL ATTENDANCE POLICY
Students who miss two (2) or more days of scheduled clinical practice per course may fail the course. Missed hours must be made-up with the site and based on the sites requirements and availability. A site is not required to provide an extension to make-up missed hours. However, it is important for the student to understand that the clinical site has the right to dismiss a student from the site at any time; the attendance policy and requirements at the clinical site can override the College’s policy if they feel
the student has missed too many hours. If a student misses a scheduled clinical time, he or she must work with the Clinical Instructor and the Clinical Education Coordinator to determine a make-up plan.

**JURY DUTY**
While students are in the program, there is the possibility that they could be summoned for jury duty. It is recommended that students contact the court system as soon as possible to see what modifications can be made. Students may need to provide a schedule from the school showing when you are in class and/or other information from the registrar’s office showing enrollment. The specific court system will have different requirements or deferment policies. DO NOT skip the dates without having documentation from the court system allowing for you to be excused. Skipping jury duty could result in legal problems.

6. **CONFIDENTIALITY**
All students must be committed to protecting the confidentiality and security of patient information whether it is in the classroom with classmates or in the clinical setting. During the course of the Program, students will be exposed to confidential information that is shared to enhance the learning environment. All students must ensure that they take all measures to maintain confidentiality of all information discussed between fellow classmates, patients in a clinical setting or within a clinical placement.

Confidentiality also extends to social media. All students must refrain from posting detailed medical information, images, negative comments regarding a classmate, instructor, clinical site or partner, and anything that could be considered a threat or harassing statement on any social networking site or message board. Even if this information is posted on a student’s personal page or account, posting of this information will be treated as a HIPAA violation and could lead to dismissal from the program, clinical site and the college.

Other statements not containing personal health information, but of a negative nature directed at another student, the Program personnel, clinical sites, and partners will not be tolerated and are grounds for dismissal from the Program and Rasmussen College.

Students are expected and required to maintain patient confidentiality. Failure to comply with this policy in any venue whether in person or online will result in immediate dismissal from the Program. All HIPAA rules and regulations should be followed at all times.

7. **INFORMED CONSENT**
All persons used as a “patient” by students during laboratory activities will provide informed consent prior to the interventions being performed. During the Program orientation, each student will read and sign the PTA Clinical Procedures Statement allowing students to utilize each other for the performance of the specified procedures during class activities.

Additionally, students must complete the Student Release, Informed Consent, and Waiver prior to working in the laboratory setting. The form is attached in Appendix C.
8. CONCERNS AND COMPLAINTS

Although we strive to meet the needs of our multiple constituents, we recognize that we occasionally deliver an experience that didn’t live up to their expectations. The level and seriousness of the dissatisfaction should dictate the response needed. Thus we have defined two levels of dissatisfaction, concerns and complaints, each with their own response. Concerns or complaints that fall under Rasmussen College’s policies as outlined in the College Handbook, should be dealt with per those specified policies.

Concerns

The majority of expressions of dissatisfaction are "concerns." A concern is either expressed orally or in an informal written format such as an informal e-mail or a handwritten note. Resolution of concerns is done informally, at the level closest to the problem, and does not require reporting to higher levels.

Examples of concerns might be a student expressing a concern about having too many examinations in one week (resolved at the level of a faculty member or Program Director), a faculty member expressing a concern that library resources in their area are insufficient (referred to the Program Director), or a staff member expressing a concern that staffing will be insufficient (resolved at the level of the Program Director). Individuals expressing more serious concerns, or noting that previous concerns have not be resolved to their satisfaction, should be notified of the process for initiating a complaint.

Complaints

A complaint is a formal, written expression of dissatisfaction relating to areas not addressed in the College policies.

Examples of complaints might be a clinical education site complaining about lack of student readiness (referred to the Clinical Education Coordinator and Program Director), or a complaint from an employer or patient regarding something associated with the program (referred to the Program Director).

Like concerns, complaints should be dealt with at the level closest to the problem unless that level has failed to produce a satisfactory resolution. Unlike concerns, a complaint requires a written response and reporting to higher levels. Upon receipt of a complaint, the person receiving the complaint should communicate it to their supervisor, along with a plan for resolving the complaint or a request to confer with the supervisor for advice about responding to the complaint. A written response to the complainant, with a copy to the supervisor, should be made in a timely fashion (generally within 10 business days), depending on the nature of the complaint. This response should include the name and contact information for the next level in the administrative hierarchy, so that the complainant may continue to pursue the complaint if he or she finds the response unsatisfactory.

Information for the general public on how to file a complaint with the Commission on Accreditation in Physical Therapy Education is posted on the program website and communicated upon request.

Consistent with policies for retention of student records in other offices, complaints and related documents that affect student progression will be retained for a period of 10 years. Complaints related to faculty or staff performance will be retained as long as the faculty or staff member is employed at the university. These records will not be available to the public.
9. FILING GRIEVANCE WITH PROGRAMMATIC ACCREDITOR

Procedure for Filing a Complaint with the Commission on Accreditation in Physical Therapy Education (CAPTE):

Complaints regarding accreditation must be submitted in writing to:

Commission on Accreditation in Physical Therapy Education
American Physical Therapy Association
1111 North Fairfax Street Alexandria, Virginia 22314
800-999-2782 capteonline.org

CAPTE recommends those wishing to file a complaint contact them by phone regarding the format of formal complaints. Anonymous formal complaints are not accepted as complaints.

10. STUDENT SAFETY AND HEALTH

HEALTH INSURANCE
Rasmussen College does not provide health insurance for students. Students are encouraged to acquire and maintain health insurance while in the program. In addition, the student must understand that he or she is responsible for costs incurred if he or she is injured at the clinical site.

All accidents or injuries must be reported to the student’s instructor immediately. The instructor will initiate an incident report and follow the protocol outlined in the Rasmussen College Safety and Health Manual.

PROFESSIONAL LIABILITY INSURANCE
Students are insured under the professional liability policy of Rasmussen College. This policy applies to professional services provided by students for another individual under the direction and supervision of a licensed physical therapist or physical therapist assistant in an academic or clinical course setting. Any incidents resulting in injury to a student or other individual must be reported to the Rasmussen College Instructor immediately and follow the Injury Report as outlined in the Rasmussen College Safety and Health Manual. Rasmussen College will furnish certificates of liability evidencing such coverage to a clinical site as necessary.

EQUIPMENT SAFETY
The program will follow equipment safety policies as outlined in Rasmussen College Safety and Health Manual. The program is responsible for ensuring preventative maintenance and calibration of equipment occurs in accordance with the manufacturer’s guideline. The Program will schedule these services in coordination with the Campus Director.

USE AND STORAGE OF HAZARDOUS MATERIALS
All chemicals used within the Program will be stored and used according to product labeling and manufacture recommendations.
LAB/CLASSROOM MAINTENANCE

In order to maintain the equipment available to all students, classrooms and labs must be returned to their original condition after use, including straightening tables and chairs. Mats, tables, bolsters and other equipment is to be cleaned after each use with disinfectant spray/wipes. Shoes are not to be worn on treatment mats/tables.

If equipment is not in working order or appears to not work properly, students need to let faculty know as soon as possible in order to investigate or take the equipment out of order. If supplies for equipment are getting low or additional supplies are needed, individuals need to inform the faculty if it is not already know so that additional supplies can be ordered.

ESSENTIAL FUNCTIONS

Generally

The Rasmussen College School of Health Sciences has a goal to prepare students for a career in health sciences. Graduates of a School of Health Science program must have the essential skills and knowledge to function in a broad variety of healthcare settings and demonstrate a commitment to life-long learning.

Essential functions are those processes, procedures, or behaviors that health science professionals must perform in the ordinary course of their duties. Essential job functions are non-academic qualities that employees must possess in order to be successful in the field. Students in Program must carry out several essential functions in order to safeguard patients, fellow students, instructors, and the general public. These essential functions are also necessary in order for the student to successfully complete a School of Health Sciences program.

If you have a disability and think that you may require a reasonable accommodation to meet these essential functions, please contact the Campus Accommodations Coordinator (CAC) on your campus as soon as possible, to begin the process for requesting a reasonable accommodation.

These essential functions include, but are not limited to:

Student Physical Therapist Assistants

Movement/Motor Skills/Physical Attributes

- Standing and/or walking up to seven hours throughout an eight and/or twelve hour shift.
- Bending, crouching, or stooping several times per hour.
- Lifting and carrying a minimum of 30 pounds several times per hour.
- Lifting and moving up to a 300 lb. patient in a 2-3 person transfer.
- Reaching overhead, above the shoulder at 90 degrees.
- Pushing and/or pulling objects and equipment weighing up to 300 lbs.
- Utilizing eyesight to observe patients, manipulate equipment and accessories.
- Hearing to communicate with the patient and health care team.
- Utilizing sufficient verbal and written skills to effectively and promptly communicate in English with the patient and healthcare team.
- Manipulating medical equipment and accessories, including but not limited to switches, knobs, buttons, and keyboards, utilizing fine and gross motor skills.
Performing the assigned training related tasks/skills responsibilities with the intellectual and emotional function necessary to ensure patient safety and exercise independent judgment and discretion.

Utilizing the above standards/functions to respond promptly to the patient needs and/or emergency

Vision

- The student must be able to identify sizes, shapes, and discriminate color or shades both macroscopically and microscopically.
- The student must have the ability to operate equipment, such as computers, physical therapy equipment, and general medical instrumentation or equipment.
- Observe changes in patient/client status which may require modification of activity or intervention such as: color of skin, breathing regularity, heart rate, skin temperature, muscle tone, and facial expressions.

Interpersonal

- Students must be able to exercise sound judgment.
- The student must possess the ability to relate to people, a capacity for calm and reasoned judgment and demonstrate a commitment to the patient.
- The student must be able to engage in actions that support team workmanship.
- Demonstrate the use of positive coping skills under stress.
- Demonstrate calm and effective responses, especially in emergency situations.
- Students must be able to develop effective and professional relationships with their peers, faculty, supervisors and subordinates and as well as the medical staff and other allied health services.
- The student must demonstrate acceptance of differences of race and culture.

Communication

- Communicate and understand fluent English both verbally and in writing
- The student must possess outstanding interpersonal, written and oral communication skills.
- The student must be able to read instructions and ask for clarification, if necessary.

Character

The student must be able to demonstrate ethical, moral and professional attitudes and principles that are necessary for gaining and maintaining the confidence of patients, professional associates, and the community.

11. PROGRAM IMMUNIZATION, CERTIFICATION AND BACKGROUND REQUIREMENTS, AND DRUG TESTING
IMMUNIZATIONS

Documentation of immunization is required as part of the Physical Therapist Assistant program. The following immunizations and health testing are required:

- Hepatitis B
- Measles, Mumps, & Rubella (MMR)
- Varicella (Chicken Pox)
- Tetanus-Diphtheria-Acellular Pertussis (TdaP)
- Tuberculosis (TB) Testing

The following immunizations and health testing are **not** required by Rasmussen College, but are recommended as some clinical sites may require them for placement:

- Influenza (flu) Annually (recommended)
- Hepatitis A (recommended)
- Meningococcal/Meningitis (recommended)
- Pneumococcal Polysaccharide Vaccinations (PPSV23) (recommended)
- Polio (recommended)

For additional documentation, refer to the Physical Therapist Assistant Immunization, Health Testing and Certification Requirements form on the PTA Library Guide.

Declination of one or more immunizations is possible only with a health care provider’s letter stating a medical contraindication to the vaccine or a religious leader’s letter stating status as a conscientious objector based on religious tenants. Contact your programmatic faculty for Immunization Declination form.

Acceptance of this declination and supporting documentation is in the sole discretion of Rasmussen College, and that any clinical/externship site at which students are assigned may require additional documentation.

Many clinical/externship sites require immunity to the above indicated disease(s) as a pre-requisite to participation. By declining to be vaccinated or tested against the above indicated disease(s) or any other disease as required by a clinical/externship site, it may greatly hamper your ability to complete your program if placement at a clinical/externship site is not possible.

**Influenza (Flu)**

Annual Influenza vaccination is recommended and may be required at some clinical sites. We recommend this is performed prior to October 1 each year the student is in the program. In the event that the vaccine is not available by that date, students are expected to get it as soon as possible. If the vaccine is not available at the student’s personal clinic, they may need to get the immunization at another location (pharmacy, traveling nurses association, flu clinic, etc).

**Hepatitis A**

Hepatitis A vaccination is recommended. This may be given in a vaccine combined with Hepatitis B. Note that there is required time between first and second shots of about six months.

**Hepatitis B**
Hepatitis B immunization proof is required to be submitted no later than during the Physical Therapist Assistant Fundamentals course. If you are unable to provide documentation of a prior Hepatitis B series, then Rasmussen College will assume the cost of a 3-injection vaccination series. The series will be initiated in Physical Therapist Assistant Fundamentals course. Dose 2 will be due 1 month after dose 1, and dose 3 will be due 5 months after dose 2.

Documentation of immunization or immunity to Hepatitis B. Acceptable documentation must include one of the following:

- 3-injection vaccination series signed by administering medical professional or records released from a medical facility or immunization registry.

- Positive antibody titer.

**Measles, Mumps, & Rubella (MMR)**

Measles, Mumps, & Rubella (MMR) immunization proof is required to be submitted no later than during the Physical Therapist Assistant Fundamentals course. Students are responsible for any costs.

One of the following is required:

- 2 doses of MMR vaccine administered a minimum of 28 days apart at any time during your lifetime.
  - Acceptable documentation must include a form signed by a medical professional or records released from a medical facility or immunization registry.
  - If the 2-dose series is in process, a new alert will be created for you to complete the series.

- Positive IgG antibody titers for all 3 components.
  - Acceptable proof includes a laboratory report with reference ranges or official documentation from healthcare provider specifically indicating that a titer was drawn and the results of the titer were “positive,” “immune” or other such indication that the patient has immunity.
  - If the titer result is negative or equivocal, then you are required to provide documentation that you have previously received 2 doses of MMR vaccine. If you are unable to produce such records, then you will be required to receive a repeat series consisting of 2 doses of MMR vaccine administered a minimum of 28 days apart.

**Varicella (Chicken Pox)**

Varicella (Chicken Pox) immunization proof is required to be submitted no later than during the Physical Therapist Assistant Fundamentals course. Students are responsible for any costs.

Under the age of 50, one of the following is required:

- 2 doses of varicella vaccine administered a minimum of 28 days apart at any time during your lifetime.
  - Acceptable documentation must include a form signed by a medical professional or records released from a medical facility or immunization registry.
  - If series is in process, a new alert will be created for you to complete the series.

- Positive IgG antibody titer for varicella.
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- Acceptable proof includes a laboratory report with reference ranges or official documentation from healthcare provider specifically indicating that a titer was drawn and the results of the titer were “positive,” “immune” or other such indication that the patient has immunity.

- If the titer result is negative or equivocal, then you are required to provide documentation that you have previously received 2 doses of varicella vaccine. If you are unable to produce such records, then you will be required to receive a repeat series consisting of 2 doses of varicella vaccine administered a minimum of 28 days apart.

- History of varicella (chicken pox) based on diagnosis or verification of varicella by a healthcare provider is not acceptable.

50 years of age or older, one of the following is required:

- 1 dose of shingles vaccine.

  - Acceptable documentation must include a form signed by a medical professional or records released from a medical facility or immunization registry.

- Positive IgG antibody titer for varicella.

  - Acceptable proof includes a laboratory report with reference ranges or official documentation from healthcare provider specifically indicating that a titer was drawn and the results of the titer were “positive,” “immune” or other such indication that the patient has immunity.

- History of herpes zoster (shingles) based on diagnosis or verification of herpes zoster by a healthcare provider is not acceptable.

**Tetanus/Diphtheria/ Acellular Pertussis**

Tetanus/Diphtheria/Acellular Pertussis immunization proof is required to be submitted no later than during the Physical Therapist Assistant Fundamentals course. Students are responsible for any costs.

Documentation of immunization to tetanus, diphtheria and acellular pertussis is acceptable if it meets one of the two following conditions:

- One dose of the Tdap vaccine within the past 10 years signed by administering medical professional or records released from a medical facility or immunization registry.

- Or, one dose of the Tdap vaccine administered in the student’s lifetime followed by one dose of the TD vaccine within the past 10 years.

This vaccination must be renewed every 10 years and must remain current throughout enrollment.

**Meningococcal vaccine:**

Meningococcal vaccine is recommended. One or more doses depending on vaccine and indication. Either meningococcal conjugate vaccine (MenACWY) or meningococcal polysaccharide vaccine (MPSV4) is recommended.

**Pneumococcal Polysaccharide Vaccinations (PPSV23):**

Due to student’s clinical possibilities of working in facilities that provide long term care to individuals with chronic health conditions, our program recommends students to have the PPSV23 immunization (PNEUMOVAX®23).

**Polio:**
There are two types of vaccine that protect against polio: inactivated poliovirus vaccine (IPV) and oral poliovirus vaccine (OPV). IPV is given as an injection in the leg or arm. Most people received polio vaccine when they are children. Children get 4 doses of IPV at these ages: 2 months, 4 months, 6-18 months, and a booster dose at 4-6 years. OPV has not been used in the United States since 2000. We recommend students ensure they received this vaccination. Note, you may need to contact your pediatrician or who you saw as a child to get these records.

Tuberculosis (TB) Testing

Tuberculosis (TB) Testing is required to be submitted no later than during the Principles of Musculoskeletal Physical Therapy - Upper Quarter course. Rasmussen College will only pay for a single two-step Mantoux PPD testing series. Failure to complete the series will require you to assume the costs for any repeat testing.

Documentation of one of the following tests signed by administering medical professional or released from a medical facility:

- **Two-step Mantoux PPD Testing Option:**
  - Two (2) negative Mantoux PPD tests with skin test measurement reading or indication of negative interpretation.
  - The second step must be completed with a minimum of 1 week and a maximum of 3 weeks apart.
  - After the initial two-step testing, one (1) Mantoux PPD test or tuberculosis blood test is required annually throughout enrollment in the program.
  - If a positive Mantoux PPD is submitted, then a negative chest x-ray report subsequent to the positive test signed by a medical professional stating that the patient does not have an active TB infection is required.

- **Tuberculosis Blood Test Option:**
  - Negative QuantiFERON®-TB Gold Test or T-Spot TB Test
  - A repeat tuberculosis blood test or one (1) Mantoux PPD test is required annually throughout the program.
  - If a positive QuantiFERON-TB Gold Test is submitted, then a negative chest x-ray report subsequent to the positive test and signed by a medical professional stating that the patient does not have an active TB infection is required.

- **Chest X-Ray Option:**
  - A negative chest x-ray report within the past 5 years is acceptable documentation on its own without showing documentation of prior positive testing. The chest x-ray report must be renewed once every 5 years throughout enrollment in the program.
PHYSICAL EXAMINATION
Rasmussen College recommends students receive an annual physical, but it is not required to be admitted to the program. Some clinical sites may require students to provide documentation of a physical exam within the past year.

CARDIOPULMONARY RESUSCITATION
Cardiopulmonary Resuscitation (CPR) proof of certification is required to be submitted no later than during the Principles of Musculoskeletal Physical Therapy - Upper Quarter course. The cost of CPR certification is the student's responsibility.

One of the following is required:

• Certification from the American Heart Association is only acceptable in the form of a certification card from the Healthcare Provider Course.
  - You must include a scan of the front and back of the certification card, and the card must be signed by the cardholder where indicated.
  - A temporary letter from the course provider will be accepted temporarily until the certification card arrives. A renewal requirement will be added to your immunization tracker for 6 weeks later to remind you of the requirement to submit the certification card.

• Certification from the American Red Cross is acceptable in the form of a certification card or a certificate of completion with QR barcode from the CPR/AED for Professional Rescuers and Health Care Providers Course or BLS for Healthcare Providers course.
  - If you submit a certification card, you must include a scan of the front and back of the certification card, and the card must be signed by the cardholder where indicated.
  - If you submit a certificate of completion, it must contain a QR Barcode that directs back to the American Red Cross verification site.
  - A temporary letter from the course provider will be accepted temporarily until the certification card or certificate of completion with QR barcode arrives. A renewal requirement will be added to your immunization tracker for 6 weeks later to remind you of the requirement to submit the certification card.

BACKGROUND CHECKS
Students are responsible for understanding the Background Check policy and requirements which are located in the College catalog, as well as any updates that are published in an addendum to the catalog. A copy of the catalog and its addendum can be located on the Rasmussen College website at rasmussen.edu/degrees/course-catalog.

DRUG TESTING
Drug testing is not required for admission the Physical Therapist Assistant Program. Students enrolled in the program may be required to submit to drug testing throughout enrollment as a condition of placement in a clinical experience. Students may also be subjected to reasonable suspicion testing.
and/or post-accident testing by any clinical partner at which the student is placed. All costs associated with drug testing will be the sole responsibility of the student.

12. LICENSURE EXAM POLICY

**National Physical Therapist Assistant Licensing Exam**

Application to take the National Physical Therapy Exam (NPTE) is a two-part process that involves application to the state licensing board and the Federation of State Boards of Physical Therapy. It is the student’s responsibility to ensure all application requirements are met. The Clinical Education Coordinator (CEC) will contact students during the fifth quarter of the program to begin gathering needed documentation for the application.
APPENDIX

APPENDIX A. STUDENT ACKNOWLEDGEMENT SIGN-OFF

PHYSICAL THERAPIST ASSISTANT ASSOCIATE’S DEGREE PROGRAM

STUDENT PROGRAMMATIC ACKNOWLEDGMENT

I acknowledge that I have received, read, and understand the information presented in the Physical Therapist Assistant Student Handbook and the Rasmussen College Catalog.

As presented in the handbook and catalog, I understand and agree to comply with:

- Programmatic and Clinical Expectations
- CAPTE Accreditation Statement and Contingency Plan
- Rasmussen College policy and procedures
- Laboratory Safety (Safety and Health Manual)
- Attendance Policy: College and Programmatic
- Grading Scale – College and Programmatic
- HIPAA/Confidentiality
- Social Networking and Social Media Policy

The Physical Therapist Assistant Student Handbook is provided to the Physical Therapist Assistant student prior to admittance to the program, and any time changes or additions are made.

By signing below, I understand that it is my responsibility to be familiar with the content of both the Physical Therapist Assistant Student Handbook and Rasmussen College Catalog, and to abide by all the policies and procedures outlined within both documents. I understand that my failure to read these policies does not excuse me from the applicability of the content.

Handbook Version Date (as printed on the cover of the handbook):

______________________________________  ______________________
Signature of Student                                      Date

______________________________________
Printed Name

______________________________________  ______________________
Signature of Programmatic Representative                  Date

______________________________________
Printed Name

Note: Signature page may be completed through digital signatures.
APPENDIX B. COMPETENT SKILLS LIST

PTA: Skill List-Expected to Be Competent

1. Safely perform appropriate data collection in a time efficient manner consistent within the physical therapy plan of care by providing accurate data measurements.
2. Identify the roles and responsibilities of the physical therapist assistant as a member of the healthcare team.
3. Identify in a culturally competent manner, patients beliefs systems and contextual factors that can impact clinical outcomes.
4. Perform physical therapy data collection and treatment interventions in a manner that minimizes risk for the patient/client and clinician.
5. Safely perform appropriate functional and self-care training in a time efficient manner as directed in the physical therapy plan of care.
6. Explain the components of pain and healing to allow better decision-making within the physical therapy plan of care as directed by the supervising physical therapist.
7. Safely implement appropriate biophysical agents as directed by the physical therapy plan of care.
8. Demonstrate the appropriate response to red flags that present in clinical practice.
9. Explain what constitutes evidence-based practice within the field of physical therapy.
10. Locate best available evidence within healthcare literature (professional journals and other available resources).
11. Distinguish appropriate use of best evidence within the field of physical therapy.
12. Identify the impact of musculoskeletal disease processes on the human experience.
13. Safely implement appropriate therapeutic exercise essential for the plan of care as they relate to musculoskeletal physical therapy practice.
14. Safely implement appropriate manual therapy interventions essential for the plan of care as they relate to musculoskeletal system.
15. Discuss musculoskeletal body structures and organ systems as they relate to physical therapy practice.
16. Explain the function and interaction of musculoskeletal organ systems as they relate to physical therapy practice.
17. Identify the impact of neuromuscular disease processes on the human experience.
18. Safely implement appropriate therapeutic exercise essential for the plan of care as they relate to neuromuscular physical therapy practice.
19. Explain the function and interaction of the nervous system as it relates to physical therapy practice.
20. Discuss body structures and organ systems as they relate to neuromuscular physical therapy practice.
21. Identify strategies to prioritize responsibilities within a dynamic healthcare environment.
22. Describe and demonstrate ethical and professional behaviors in the operation and management of physical therapy practice.
23. Produce accurate documentation of the physical therapy encounter in a time efficient manner.
24. Apply current knowledge, theory, and clinical judgment when treating patients with neuromuscular and/or musculoskeletal conditions at an advance beginner level of performance by the conclusion of the Clinical Experience I.
25. Perform selected physical therapy data collection and treatment interventions with beginner level performance by the conclusion of the Clinical Experience I.

26. Reflect on clinical experience through the use of the PTA Clinical Performance Instrument (CPI).

27. Safely implement appropriate therapeutic exercises essential for the plan of care for patients across the lifespan.

28. Describe human development over the lifespan respective to physical therapy practice.

29. Discuss changes across the lifespan in body structures and organ systems as they relate to physical therapy practice.

30. Safely and implement appropriate functional activities across the lifespan as directed in the physical therapy plan of care.

31. Demonstrate safe performance of isolation techniques, sterile technique, application and removal of dressing or agents, and identification of precautions for dressing removal as required to implement the physical therapy plan of care.

32. Identify the impact of disease processes on pulmonary, endocrine and the genital & reproductive organ systems as they relate to special populations addressed in physical therapy.

33. Safely implement appropriate therapeutic exercise essential for the plan of care in special populations (pelvic health, pulmonary, amputation).

34. Safely implement appropriate functional activities essential for the plan of care in special populations.

35. Demonstrate effective verbal and nonverbal communication applicable to patient interactions.

36. Apply metacognition skills within the practice of physical therapy.

37. Utilize appropriate resources, including but not limited to the supervising PT, healthcare literature, and/or decision-making skills, in equivocal clinical scenarios.

38. Demonstrate the appropriate use of technology in modern patient management.

39. Demonstrate entry-level skills as a physical therapist assistant following the conclusion of Clinical Experience II.

40. Demonstrate proficiency in transferrable skills such as communication, ethics and professional responsibility, digital fluency, information literacy, critical thinking, leadership, and diversity and teamwork through the development of a professional portfolio.
APPENDIX C. STUDENT RELEASE, INFORMED CONSENT, AND WAIVER

STUDENT RELEASE, INFORMED CONSENT and WAIVER

I, ________________________________________, am a student at Rasmussen College (the “College”) Physical Therapist Assistant Program. As such, I will be enrolled in courses that will include the teaching of laboratory activities and interventions, including hands-on techniques (the “lab activities”). I understand that participation in the lab activities is an important part of the education offered in the PTA Program and that my participation is mandatory except in the case where medical or other extenuating circumstances might excuse such participation. I understand that any exceptions must be approved by the instructor or program director in writing and that I am still responsible for mastering all required skills and knowledge. In participating, I agree to obtain and provide informed consent for all lab activities.

I hereby release the College and all of its shareholders, directors, trustees, officers, employees, representatives and faculty members (the “Released Parties”) from all liability for any harm, injury or illness of any kind that I may incur as a result of my participation in the lab activities (any “Harm”).

If I participate in the lab activities, by so doing I will represent and agree that:

1. I have no pre-existing condition that would make my participation harmful to me in any manner and will disclose any such conditions;
2. I have had the opportunity to discuss my participation and this Release with competent medical and legal advisors;
3. I RELEASE and DISCHARGE all Released Parties (except anyone who intentionally causes Harm) from all liability for any Harm;
4. I WAIVE ALL CLAIMS AGAINST and COVENANT NOT TO SUE the Released Parties (except anyone who intentionally causes Harm) for any Harm;
5. I ASSUME FULL RESPONSIBILITY FOR ANY HARM, INCLUDING ANY RISK OF BODILY INJURY, ILLNESS OR DEATH arising out of or relating in any way such participation; and
6. The Released Parties shall have NO DUTY TO WARN me of any risks at any time.

I agree that I take full responsibility for my own health and well being and accept responsibility for any injury or illness incurred in the educational process. I further agree to hold harmless and indemnify the College, and its owners, directors, officers and employees, from and against all losses, claims, damages and expenses, including reasonable attorneys’ fees and court costs, arising out of or relating to my actual or alleged professional negligence or misconduct.

This Release and Waiver is intended to be as broad and inclusive as is permitted by law, and if any portion is held invalid, the balance shall continue in full force and effect.

____________________________________  ________________________
Signature of Student                        Date

____________________________________  ________________________
Signature of Programmatic Representative   Date
**APPENDIX D. CLINICAL EDUCATION SITE ORIENTATION FORM**

**CLINICAL EDUCATION SITE ORIENTATION • PHYSICAL THERAPIST ASSISTANT • CLINICAL PRACTICUM**

The following checklist is presented to assure that key points are discussed between the clinical instructor and students from the Physical Therapist Assistant Program at Rasmussen College at the beginning of a clinical rotation. Please complete the following checklist during the first 1-2 days of the clinical experience. **The clinical instructor and the student should sign and date the form and return it to the PTA Program at Rasmussen College - by land mail or scan and email to the Clinical Education Coordinator at their @rasmussen.edu account. You may wish to retain a copy for your records.**

Please place a check mark by each item after it has been discussed. Write in the letters NA if the particular item does not apply to this clinical site.

**CLINICAL SITE NAME**

<table>
<thead>
<tr>
<th>C. Student Name (Please Print)</th>
<th>Clinical Instructor Name (Please Print)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**I. The Clinical Site**

- Introduce student to department personnel
- Review start time, lunch break, & expected completion time for the clinical day
- Discuss proper attire expected for the clinical facility
- Tour the facility, indicate a secure place where personal belongings may be stored
- Review facility parking regulations
- Review relevant department telephone numbers

**II. Policies and Procedures**

- Review fire safety procedures for the facility, including location of fire extinguishers & the evacuation plan
- Discuss facility procedures for cardiopulmonary resuscitation
- Discuss the disaster plan for the facility, if applicable
- Review facility specific announcements for fire, cardiopulmonary arrest, disaster, etc.
- Review the incident report process in the event of patient, staff, or student injury
- Review a medical chart & physical therapy documentation w/ respect to organization, format, required elements, etc.
- Review any other department / facility specific procedures

**III. The Clinical Experience**

- Review the student & clinical instructor goals & responsibilities for the experience
- Discuss clinical instructor & student expectations of each other
- Discuss the learning styles of the student & the teaching styles of the clinical instructor
- Review the clinical performance measurement instrument (CPI)
- Discuss & plan special activities for the clinical experience (i.e. surgery observation, observation w/ OT or SLP, barium swallow observation, etc.)
- Review the Weekly Planning Form & establish parameters for its use
- Introduce Student to members of the physical therapy department staff

**Student Signature**

**Date**

**Clinical Instructor Signature**

**Date**

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APPENDIX E. NEW SITE DEVELOPMENT REQUEST FORM

Student Name: _______________________________________________________________________

Intended Type of Rotation: _______________________________________________________________________

Intended Dates of Rotation: _______________________________________________________________________

Facility Name: _______________________________________________________________________

Complete Facility Address:

Street: _______________________________________________________________________

City: _______________________________________________________________________

State: __________ Zip ___________________

Contact Person if known: _______________________________________________________________________

Phone # if known: _______________________________________________________________________

Web Site address if known: _______________________________________________________________________

How did you learn about this site?

Why are you requesting this site?

Any other details you can provide?