

DES MOINES  UNIVERSITY

# **CLINICAL EDUCATION HANDBOOK**

(Supplement to DMU Student Handbook)

**Doctor of Physical Therapy  
Program Department of Physical  
Therapy College of Health Sciences**

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## PREFACE

This Clinical Education Handbook serves as a guide for students during clinical education experiences (CEEs). It contains links to general information, policies, and procedures to ensure that students understand and are meeting expectations during CEE. Students are responsible for becoming familiar with and abiding by the contents of this handbook in addition to the DMU Student Handbook. Students are also expected to follow the American Physical Therapy Association's [Guide for Professional Conduct](#) and [Code of Ethics](#).

## USEFUL RESOURCE LINKS

American Physical Therapy Association (APTA) - <http://www.apta.org>

APTA Learning Center - <http://learningcenter.apta.org>

Commission on Accreditation in Physical Therapy Education (CAPTE) - <http://www.capteonline.org/home.aspx>

Exxat - <https://login.exxat.com>

APTA Iowa - <http://www.iowaapta.org>

APTA PT CPI 3.0 Web- Login

Federation of State Boards of Physical Therapy (FSBPT) - <https://www.fsbpt.org>

# DOCTOR OF PHYSICAL THERAPY (DPT) PROGRAM

The mission and vision of the DPT program can be reviewed in the Academic Catalog.

Program Outcomes: To review the DPT program's outcome statistics (average graduation rate, average employment rate, average licensure exam pass rate, graduate survey data, etc.), please visit the program's outcomes webpage.

## Overview of DPT Program at DMU

The DMU DPT program is a 29-month program divided into seven terms. Hands-on skills and movement evaluation form the foundation of the Doctor of Physical Therapy program, while classroom and clinical instruction emphasize problem-solving and critical thinking that prepare students to be exceptional and caring health care providers.

The first three didactic terms cover foundational content such as anatomy, kinesiology, physiology, human movement, research methods, and professional development. Students are also educated in examination, evaluation, interventions, and manual therapy for the management and care of patients with various pathologies. Students complete four integrated clinical experiences throughout the first five terms of the DPT program. In term 4, at the beginning of Fall in Year 2, students complete the first of three full-time, 10-week clinical experiences (CEE). Students are prepared to complete acute care, skilled nursing facility, variety, or outpatient clinical experiences for their 1<sup>st</sup> CEE.

After the first CEE, students complete didactic coursework in pharmacology, imaging, pathophysiology, integumentary, evidence-based outcomes, and neuromuscular interventions. Students then complete their second full-time 10-week clinical education experience during the Spring of Year 2. This clinical experience can be in a variety of settings (e.g., acute care, inpatient rehab, etc.); however, students are unable to complete CEE-2 in the pediatric specialty setting.

After the second full-time CEE, students return to campus for the final two didactic terms, which include advanced manual therapy, pediatrics, management of the complex patient, adaptive and assistive technology, practice management, and complex movement analysis. Following the completion of their final two didactic terms, students complete their terminal 10-week full-time clinical experience (CEE-3). Students can complete this experience in any setting or specialty setting.

The complete curriculum outline of the DMU DPT program can be viewed at <https://www.dmu.edu/pt/curriculum/> or in the Academic Catalog.

# DPT Clinical Education

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The Des Moines University Clinical Education Program is comprised of three full-time clinical education experiences (CEEs) and four integrated clinical experiences (ICE), which are integrated throughout the program. The clinical education component of the DPT program is designed to provide students with the opportunity to apply and expand upon knowledge and skills gained during the didactic curriculum. The program Entrustable Professional Activities (EPA) and Student Learning Outcomes are the foundation of the clinical education curriculum. The goals of the CEEs are to:

- Develop entry-level competence in physical therapy practice.
- Demonstrate a commitment to self-evaluation and life-long learning behaviors.
- Participate in evidence-based practice for safe and effective patient/client care.
- Exhibit professional behavior and develop interpersonal skills to work as part of an interprofessional team.

CEEs are crucial for DPT students to develop clinical decision making, hands-on skills, and professional behaviors to become effective clinicians. CEEs are designed to provide students with experience in the evaluation and management of patients with musculoskeletal dysfunctions, neuromuscular disorders, cardiopulmonary disorders, and multi-system diagnoses. The progression of expectations and objectives for each CEE is designed to reach entry-level expectations and achieve DPT EPAs and Student Learning Outcomes at the end of the curriculum. Each student is expected to complete an inpatient and outpatient experience, as well as one elective experience, to ensure a depth and breadth of clinical experiences.

## CLINICAL EDUCATION CONTACT INFORMATION

You may access information about PT faculty and staff online (DMU website or internal PT Pulse page). For clinical education concerns, contact the Director of Clinical Education (DCE) or Assistant Director of Clinical Education (ADCE).

Dr. Allison Larson, DCE  
515.271.1488  
[Allison.Larson@dmu.edu](mailto:Allison.Larson@dmu.edu)

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515.271.1739  
[Melissa.McGriff@dmu.edu](mailto:Melissa.McGriff@dmu.edu)

## CLINICAL EDUCATION SEQUENCE

### **First Full-Time Clinical (CEE-1)**

**10 Weeks August-October**

**Year-2 Fall Term**

This ten-week supervised CEE is designed to provide learners with the first full-time opportunity to use skills and clinical reasoning in the management of patients with movement disorders. Learners will integrate the five elements of patient management: examination, evaluation, diagnosis, prognosis, and intervention. Patient caseloads during the clinical experience may vary. Students can gain experience in the settings of outpatient, skilled nursing facility, or hospital acute care physical therapy.

*Performance level expectations upon CEE completion: **Intermediate***

### **Intermediate Clinical Experience (CEE-2)**

**10 Weeks March - May**

**Year-2 Spring Term**

This ten-week full-time supervised CEE is designed to provide learners with additional experience in direct patient management. Students will integrate the five elements of patient management: examination, evaluation, diagnosis, prognosis, and intervention. Patient caseloads during the clinical experience may vary. Students can gain experience in the settings of hospital acute care, inpatient rehabilitation facilities, outpatient clinics, skilled nursing facility, home health, or specialty clinics (e.g. geriatrics, sports medicine).

*Performance level expectations upon CEE completion: **Advanced Intermediate***

### **Terminal Full-Time Clinical (CEE-3)**

**10 Weeks October-December**

**Year-3 Fall Term**

This course is the final (terminal) full-time 10-week clinical experience completed in the last term of the third year. It is designed to provide learners with experiences in direct patient management of various patient populations. Learners will have the opportunity to integrate all curricular content and begin to manage a full patient caseload. Opportunities are available in a broad spectrum of clinical settings, including the pediatrics specialty

*Performance level expectations upon CEE completion: **Entry Level***

## CLINICAL EDUCATION DEFINITIONS AND ABBREVIATIONS

- **Assistant Director of Clinical Education (ADCE)**: The appointed PT faculty member who assists the DCE in carrying out all aspects of the clinical education curriculum.
- **Clinical Education Faculty**: A health professional who has agreed to provide instruction to a DPT student at a clinical site by serving as an SCCE or CI.
- **Clinical Education Plan (CEP)**: A flexible planning and survey tool used by students to assist in developing a plan for their clinical education. The student reviews annually and updates as their areas of interest change. The clinical education team uses the CEP to evaluate the quantity of available sites based on students' areas of clinical interest and geographic preferences.
- **Clinical Instructor (CI)**: The licensed PT employed by the clinical education site that is selected by the SCCE to supervise, instruct, and evaluate the performance of the PT student. A minimum of one year of practice experience is required.
- **Clinical Education Affiliation Agreement**: A written, legal document that defines the agreement between DMU and the partnering facility/corporate entity, outlining the roles and responsibilities of all parties involved.
- **Clinical Education Site (Facility)**: An approved health care site/facility that maintains an affiliation contract with DMU to provide clinical experience and patient access in a variety of locations and settings.
- **Clinical Site Information Form (CSIF)**: A uniform document developed by the APTA that is completed by the SCCE to provide information about the clinical education site. Serves as an aid in selection and student placements. Used to assess the available learning experiences and opportunities for students.
- **Clinical Performance Instrument (CPI)**: A standardized online evaluation tool developed by the APTA to assess student performance at both mid-term and upon completion of the CEE.
- **Desire2Learn (D2L)**: The learning management system utilized by DMU to disseminate course materials, content, and exams.
- **Director of Clinical Education (DCE)**: The appointed DPT faculty member, who develops, organizes, supervises, coordinates, and evaluates the clinical education components of the PT curriculum in conjunction with the ADCE.
- **Exxat**: Clinical education database that maintains student, practicum, and CEE site information and availability. Exxat assists in matching students with clinical assignments. Students also use this program to access assignments, evaluations, and assessments for different aspects of their clinical experiences.
- **First Come First Served (FCFS)**: Clinical education sites that do not hold spots specifically for any physical therapy program. CEE spots with these identified sites are filled as stated, on a First Come First Served basis.
- **Site Coordinator of Clinical Education (SCCE)**: The appointed individual at the clinical education site who is the primary contact for the DPT program. This person is responsible for organizing, coordinating, supervising, and evaluating the clinical education program at their facility. This individual may also be a CI.
- **Student Physical Therapist (SPT)**: Students are required to introduce themselves as a student and sign all documentation with SPT. Patients have the right to refuse treatment by the student.

## CLINICAL EDUCATION AFFILIATION AGREEMENT

The clinical education team is responsible for ensuring all active clinical education sites have current clinical education agreements on file. Prior to a CEE, the academic assistant for clinical education will review agreements for sites that are scheduled to host a student to ensure a fully executed agreement is on file. Sites with outdated agreements or nearing term will be requested to...

- Review an updated DMU Affiliation Agreement and sign an Implementation Letter, or
- Submit an updated facility agreement to DMU for review and signature

(See Appendix for DMU Affiliation Agreement and Implementation Letter)

## NEW CLINICAL SITES

The DPT Program, in its effort to provide students with the highest quality clinical education experience, will identify, develop, and retain clinical education sites based on a process that is implemented and monitored by the program's Director and Assistant Director of Clinical Education. This policy will facilitate efficient and effective management of clinical education and will enhance the development of long-term relationships with clinical education partners.

The decision to recruit or add new clinical education sites is the responsibility of the DCEs. The DCEs will explore new affiliations with potential clinical education sites. The DCEs will determine if the clinic/facility meets the needs and goals of the program. Clinical education sites are not set up for one-time use or for a specific student. The goal is to establish sustainable relationships with all clinical partners.

An extensive amount of administrative time is required to vet a potential clinical site adequately. New sites will be established based upon the current educational needs of the program and the present status of the clinical education environment.

The following are guidelines for developing new clinical education sites:

- The DCEs will manage all communication between the program and potential sites.
- **Students are not permitted to contact potential sites.**
- Clinical sites are not set up for one-time use only.

Factors considered when developing new clinical sites:

- Quality of the education program (does the site meet established standards of organized bodies – APTA, WCPT, etc.)
- Type of facility/practice (i.e. Medically complex, Rehab, Community and/or niche practice area)
- Location of site
- Likelihood of subsequent students using the site

## HEALTH INFORMATION AND PRE-CLINICAL REQUIREMENTS

STUDENT CLEARANCES FOR ADMISSION AND/OR CLINICAL EXPERIENCE*	
<b>Certified Background Check (CBC)</b>	Completed upon acceptance into the program. Recheck is completed annually during the spring or summer term. (Additional state abuse checks performed per state-specific requirements based on CEE location.)
<b>Child or Adult Abuse Registry Check (Iowa)</b>	
<b>COVID-19 Vaccination</b>	Site dependent
<b>CPR/BLS Certification</b>	Certified according to the American Heart Association. Initial certification is completed in Fall Term 1, and renewal is during year 3.
<b>HIPAA Training</b>	Training is completed during Fall Term 1 and then reviewed before each full-time CEE. Students will provide certificates to their clinical education site upon request.
<b>OSHA Training</b>	
<b>Bloodborne Pathogens/Universal Precautions</b>	
<b>Mandatory Reporter Training</b>	Training is completed during Fall Term 1. Students will provide a certificate to their clinical education site upon request.
<b>History &amp; Physical Exam</b>	Required within one year prior to the start of classes and upon the requirement of a clinical site prior to CEE.
<b>Flu Shots</b>	Provided annually during the Fall term.
<b>Immunizations (DPT, Tdap, MMR, Polio, Hepatitis B, Varicella)</b>	Documentation is required upon admission. Please see <a href="#">DMU Immunization Policies</a>
<b>TB Test</b>	Required upon admission. Tests are provided annually. Additional TB testing completed upon requirement of clinical site prior to CEE.
<b>Drug and/or Alcohol Screen(s)</b>	Completed upon acceptance into the program. Recheck completed in accordance with school policy or upon requirement of the clinical site prior to CEE.
<b>Professional &amp; General Liability Insurance</b>	Provided by DMU, renewed annually in July.
<b>Personal Health Insurance</b>	Students must maintain and provide proof of coverage.

\*additional requirements as notified by SCCE

- A. Students may be required to verify these requirements before attending a CEE. Requirements may differ from site to site.
- B. It is the student's responsibility to verify and complete all the requirements needed for CEE. These requirements can be found on the Clinical Education Database (Exxat) and the Clinical Site Information Form (CSIF) located on the CSIF webpage. The student should confirm requirements with the SCCE when making contact before a CEE. The student is responsible for paying for these services.
- C. **Immunization Note:** Students must demonstrate proof of immunization to participate in clinical education experiences. Some clinical sites will consider exemptions for some immunizations if the student is unvaccinated for religious or medical reasons. DMU will work with students to submit those exemptions as needed. Students should be aware that clinical sites are not required to grant exemptions for immunizations. Students who do not have the required immunizations may have difficulty completing the clinical education curriculum requirements in a timely fashion. Students with questions about exemptions or those needing an exemption should reach out to the University Health Clinic at 515-271-7883.  
(See Appendix for additional resources)

## CLINICAL EDUCATION ATTENDANCE GUIDELINES

- Attendance during a CEE is mandatory for the designated length of the experience. If the Clinical Instructor (CI) or Site Coordinator of Clinical Education (SCCE) determines that this mandatory attendance requirement is not met, they will communicate with the DCEs. The DCEs, in consultation with the CI or SCCE, will decide if the attendance requirements in the syllabus have been met satisfactorily to pass the experience.
- Any scheduling changes or requests for changes to the CEE time frame (start and/or end dates) MUST be coordinated through the DCEs.
- At times, special requests for absences will be entertained. These requests should be made in a timely manner or prior to the beginning of the clinical education experience, if possible. If an absence is requested by the student during the experience, the student will communicate with their CI and/or SCCE for approval of days off. It is at the discretion of the CI and/or SCCE to approve the request and work with the student to identify a plan to account for the missed clinical time. The student is required to notify the DCEs of the approved time off and the make-up plan within 48 hours of confirmation.
- In the event of an illness, a death in the family, or an emergency, the student must contact the CI, SCCE, or facility staff personnel prior to the start of the working day or as soon as possible. The student is also responsible for notifying the DCEs of their absence within 24 hours.
- Absence requests due to a program-related event (e.g., CSM, research presentations) will be coordinated with the DCEs.
- Absences for job/residency interviews may be entertained during CEE 3 only.
- Students will follow the work schedule of the clinical instructor/clinical site. DMU holidays and breaks, including spring break, do not apply to CEE. (e.g., DMU is closed on the Friday after Thanksgiving. If the clinic is open, the student will attend and participate in the CEE).

### GRADING (Clinical education experiences shall be graded on a PASS/FAIL basis)

#### A. Pass

1. Satisfactory completion of CEE is determined by the DCEs based on the criteria outlined in each CEE syllabus. Grading decisions by the DCEs may also consider the complexity of the clinical practice, the relative weighting of each performance criterion, and progress from midterm to final evaluation. The DCEs determine the final grade.
2. Paperwork requirements include, but are not limited to:
  - Clinical Performance Instrument evaluation by Clinical Instructor
  - Clinical Performance Instrument evaluation by the student
  - Clinical Instructor/Site evaluation by student via Exxat
  - Daily patient encounters (Patient Logs in Exxat)
  - Student Self-Reflection and Goals Forms in weeks 3 and 8
  - In-service or project

#### B. Fail

1. Given that the student does not fulfill all the requirements for a "PASS" grade based on the criteria outlined in the CEE syllabus and completion of required paperwork.
2. As per the procedures outlined under the Doctor of Physical Therapy section of the Student Handbook under the section for Mechanism for Clinical Education Experience Repeats.

#### C. Incomplete

1. As per the procedures outlined under the Doctor of Physical Therapy section of the Student Handbook under the section for Rescheduling of Clinical Education Experiences.

#### D. A student must pass ALL CEEs to graduate.

## CEE SELECTION AND ASSIGNMENT

Approximate TIME FRAME	SITE SELECTION PROCESS*
<b>March 1</b>	Facility Commitment Forms sent out to sites
<b>March - May</b>	Students review & request First Come First Served (FCFS) clinical sites
<b>May 1</b>	Commitment Forms Returned- List of available experiences by site/experiences in Exxat
<b>May-June (CEE-2 &amp; CEE-3)</b>	Students review available sites and rank the top 7 choices in Exxat
<b>June-July (CEE-2 &amp; CEE-3)</b>	- Exxat optimization of student selections, DCE reviews, and notifies students - Student Placement Confirmation letters sent to sites
<b>Sept-Oct (CEE-1)</b>	First-year students review available sites and complete the FCFS process or rank the top 7 choices in Exxat for optimization.
<b>Oct-Nov (CEE-1)</b>	- Exxat optimization of student selections, DCE reviews, and notifies students - Student Placement Confirmation letters sent to sites

\*Some clinical sites may request a pre-selection process that includes an application and/or interview. Students coordinate this process with the DCEs.

- A. Clinical assignments will be coordinated by the DCEs 8 - 10 months prior to each CEE using the following procedure:
  1. DMU DPT program abides by the American Physical Therapy Association (APTA) uniform mailing date (March 1) for commitment forms.
  2. The deadline for returning commitment forms is April 30.
  3. As clinical site commitment forms are received, the data is entered into the clinical education database system.
- B. Students are allowed access to the clinical education database system to evaluate their options and to develop their clinical site preferences.
  1. Sites identified as First Come First Served (FCFS)
    - a. DCEs will notify students of a deadline for FCFS requests.
    - b. DCEs will facilitate a process to complete requests for these sites.
    - c. DCEs will contact the clinical site to determine if they have availability during the intended CEE time frame.
    - d. DCEs will notify the student if the spot is available and confirmed.
      1. If a student is confirmed, the student does not participate in making site preferences for that CEE time frame. Once the student is confirmed, no requests for changes will be allowed.
      2. If a spot is not available for the student, they continue with the site preference process.
  2. Sites identified as having an interview, application, or selection process.
    - a. Students should follow the FCFS process outlined by the DCEs to submit interest in a specific site requiring this process.
    - b. Students should complete the required paperwork, application and/or resume listed for that site to process upon consultation with the DCEs.
    - c. DCEs shall complete the process per the sites requested procedures for submission.
    - e. DCEs will notify the student if they were chosen by the site to complete the CEE.
      - If a student is confirmed, the student does not participate in submitting site preferences for that CEE time frame. Once the student is confirmed, no requests for changes will be allowed.
      - If a student is not selected, they continue in the site preference process.
    - f. If a student is not selected and has missed the optimization process due to the timeline of the above selection process, DCEs will work individually with the student to obtain placement at another site.

3. Sites guaranteed for DMU are available for optimization. Students will enter their top 7 preferences into the clinical education database system. At a minimum, students are required to enter 2 sites that are out of the Greater Des Moines area and 1 site that is out of state.
  - a. **Greater Des Moines is defined as:** Any area  $\geq$  15-mile distance from 8025 Grand Avenue campus (Use Explore Maps feature on Exxat: Draw radius).
4. Students will be notified of the site preference/selection process deadline. DCEs will close the selection process at this time to begin optimization.
5. During optimization, the system will match students to available clinical sites based on student preferences. The DCEs will review assignments generated by the system and notify students.
6. Once final clinical assignments are made, students will **NOT** be allowed to request changes in clinical assignments. Changes will only be made if the clinical site is cancelled or an emergency exists.

## CANCELLATIONS

- A. A clinical site may cancel a CEE after a student has been assigned due to reasons beyond our control.
- B. DMU has no liability for reimbursement of deposits on housing, transportation, or other expenses incurred by the student in relation to the CEE.
- C. DMU will be responsible for securing another CEE clinical site for the student.

## RESCHEDULING CLINICAL EXPERIENCES

A student may be granted rescheduling of a CEE when the DCE and the Director of DPT, in consultation with the Dean of the College of Health Sciences, deem that the student has a valid reason for not beginning a scheduled clinical experience. The mechanism for rescheduling can be found under the Doctor of Physical Therapy section of the Student Handbook.

## CLINICAL EDUCATION EXPERIENCE REPEATS

Clinical education experience repeats are offered to provide students who have failed a CEE a second opportunity to demonstrate clinical competency after participating in a remediation program. The mechanism for CEE repeats can be found under the Doctor of Physical Therapy section of the Student Handbook.

# Roles and Expectations

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## DPT PROGRAM AND DCEs

- A. Rights
  - 1. Add, suspend, inactivate, and terminate sites as needed.
- B. Responsibilities
  - 1. DPT program will designate two faculty members as the Director and Assistant Director of Clinical Education (DCE) to act as the liaisons between the program and the facilities.
  - 2. DCEs will assign students who have satisfactorily completed the prerequisite didactic curriculum and continue to be in good standing within the DPT program to clinical sites.
  - 3. To provide in writing the dates and names of students scheduled to participate in a clinical experience at the assigned facility.
  - 4. Recruit, secure, develop, and maintain a variety of affiliating clinical sites for students.
- C. Communication
  - 1. The site will be provided with a packet of clinical internship information approximately 6 - 8 weeks prior to the arrival of the assigned student. This packet shall include: (not limited to) a student information sheet, Medicare guidelines for student interns, clinical experience attendance policy, curriculum overview, and cover letter. Course syllabus, if completed, will be included. Otherwise, the syllabus will be sent at a later date prior to the start date of the experience.
  - 2. DCEs create a schedule in the database for midterm contact of students and CIs during each clinical experience.
    - a. Assigned DPT faculty will complete the midterm contact and document the interaction.
    - b. DCEs will schedule site visits during the midterm of the clinical experience.
      - 1. An attempt will be made to schedule a site visit during one of the clinical internship experiences for each student.
      - 2. If a site visit is performed, the student and CI will not receive an additional midterm contact from a faculty member.
    - c. Contact documentation/communication is maintained in the program database.
  - 3. If a problem arises during the clinical experience, the student and CI are encouraged to communicate with each other to come to a mutually acceptable resolution. If that is not possible, the SCCE and/or DCEs may be used as resources. All conversations are held in confidence.
  - 4. DCEs shall communicate information related to student clinical performance to DPT program core faculty during monthly faculty meetings or more frequently if warranted. Clinical education will remain a running agenda item for this monthly meeting.
- D. Clinical Education Program Assessment
  - 1. Students will complete a post-clinical education experience survey evaluating the clinical education program. It will be maintained in the clinical education database. (See appendix for Clinical Education Course Evaluation)
    - a. Evaluations are reviewed during clinical education team meetings and presented to faculty.
    - b. Ratings of 3 (neutral) or below trigger further review.
  - 2. Students will complete a post-CEE survey evaluating their clinical site and clinical instructor. Students will provide feedback to the CI at the end of the experience. The data from the evaluations will be maintained in the clinical education database. (See appendix for Clinical Site Evaluation, Clinical Instructor Evaluation)
    - a. DCEs will review student feedback on the clinical site and clinical instructor following each clinical experience.
  - 3. Survey reports are generated and presented to DPT faculty following each clinical experience.

4. Site/CI ratings of 3 (neutral) or below trigger further review. Further review may include, but is not limited to,
  - a. monitoring site and/or CI to determine continued quality of the clinical experience
  - b. provide site and/or CI development
    - A record of any site and/or CI development completed will be maintained.
  - c. or no longer assigning students to the site and/or CI
5. SCCE/CI that have been identified as having a student assigned to their site or self within the calendar year will complete a feedback survey about the clinical education program/team annually at the end of the year.
6. DCEs will routinely evaluate the clinical education program and policies using various forms of communications to include but not limited to data collected via the student, SCCE, and CI evaluation of the clinical education program and in consultation with the DPT program core faculty.

## STUDENT

### A. Rights

1. Reasonable accommodations upon timely request for a documented disability.
2. Receive adequate time for CI/Student feedback and formal meetings, including mid-term and final CPI review.
3. To request guidance and assistance as needed.
4. To be removed from a clinical experience due to harassment, concern for safety, or other concerns.
5. Access to a variety of learning experiences.

### B. Responsibilities

1. Provide DCEs with preferences for clinical education assignments following the guidelines outlined in "Selection and Assignment".
2. Completing all mandatory requirements of the DPT program and clinical site in a timely manner, including ensuring documentation of training has been completed and remains up-to-date and valid throughout the clinical experiences.
3. Link proof of completion of applicable pre-clinical requirements (HIPAA, OSHA, BBP certificates, etc.) in the clinical education database.
4. Budget and arrange for reliable transportation to the site and housing during CEEs.
5. Read and abide by the policies, procedures, guidelines, and standards of DMU, the DPT Program, the clinical facility, and the profession. Become familiar with the guidelines and policies related to clinical education (Clinical Education Handbook, assigned clinical site policies, etc.).
6. Participate actively in the clinical education process, working incrementally towards developing the professional skills, behaviors, and attitudes of an entry-level physical therapist.
7. Review and understand the CPI evaluation tool. Request guidance or clarification as needed.
8. Complete and submit all assignments and paperwork requested by the clinical site and required per the course syllabus for satisfactory completion of the experience.

### C. Communication

1. Monitor DMU email daily and respond to requests from the DPT program, SCCE, or CI within two business days.
2. Contact facility/SCCE in writing approximately 4-6 weeks prior to the clinical experience start date (following approval of DCEs)
  - a. Review and confirm all pre-clinical requirements have been met, and/or complete any additional requirements necessary in a timely manner.
  - b. Identify work schedule, first day procedures, clinical instructor information, appropriate dress, parking, etc.
3. Keep an open line of communication with the assigned clinical instructor. Be prepared to share goals, expectations, learning style, and feedback preferences. Maintain a positive learning attitude, accepting feedback and constructive criticism.
4. Communicate any personal performance issues or concerns during the clinical experience with the appropriate individual (CI, SCCE, DCE). Any significant concerns should be communicated as soon as possible so that a successful resolution can be obtained.
5. Provide formal and informal feedback regarding the clinical instructor, clinical experience, and the clinical education program.

### D. Evaluation of Student

1. CIs should provide consistent ongoing feedback to students and DCEs, both formal and informal, in addition to completing the CPI at mid-term and at the end of the clinical experience. These evaluations should be reviewed together and signed off by the student.
2. Routine student self-assessment is recommended.
3. DCEs will gather and assess data from multiple sources to determine satisfactory completion of the student's clinical experience, including but not limited to mid-term and final CPI evaluation, verbal communication with the CI and/or SCCE, and student communications.

## CLINICAL FACILITY AND SCCE

### A. Rights

1. To change or require additional requirements prior to student placement, such as a face-to-face or phone interview.
2. To have a student removed from an experience for demonstrating unsafe, unethical, or unprofessional behaviors concerning self, patient, and/or staff.
3. To request feedback regarding the clinical experience and/or clinical instructor as gathered via evaluations completed by students.

### B. Responsibilities

1. Facility will designate a staff member as the Site Coordinator of Clinical Education (SCCE) to act as the liaison between the facility and the clinical education program.
2. Facility will assume complete responsibility for patient care and treatment at all times.
3. SCCE will coordinate activities related to the student clinical education program.
4. Facility will provide the student with the opportunity to observe and/or participate in a variety of learning experiences in an active, stimulating environment appropriate to the student's level of education, interests, and prior experiences.
5. SCCE will supervise, select, and assign clinical instructors.
6. Facility will provide the site's policies and procedures to the student.
7. SCCE will identify, coordinate and/or conduct staff development activities to enhance clinical education.
8. SCCE will act as a role model for ethical, legal, and professional behavior.

### C. Communication

1. Collaborate with the DCE, CI, and student, as needed, to problem solve and assist in planning alternative, remedial, accommodative, or challenging learning experiences as indicated.
2. Notify the DPT program of changes in student requirements, staffing changes related to a scheduled clinical experience, or a change in the role of SCCE.

### D. Evaluation of Facility / Clinical Site

1. Students will complete a post-experience survey evaluating their clinical site. It will be maintained in the clinical education database. (See appendix for Clinical Site Evaluation)
2. DCEs will review student feedback following each clinical experience.
3. SCCE will routinely evaluate the site and clinical education program and policies.

## CLINICAL INSTRUCTOR

### A. Rights

1. To request a meeting with DCEs at any time to discuss student performance
2. To request that a student be removed from a clinical rotation at any time.
3. To provide feedback on the curriculum and to have that feedback documented.
4. To request individual training, information, and/or assistance related to clinical instruction.
5. To be provided opportunities to attend selected continuing education programs and seminars sponsored by the DPT program.
6. To be provided opportunities for collaboration in clinical research.
7. Upon request, receive documentation of clinical instructor participation in the form of a certificate to use for continuing education credit.

### B. Responsibilities

#### 1. Clinical Instructor (CI) Qualifications

- a. The DPT program follows the APTA recommendations that all clinical instructors must have been practicing for a minimum of one year prior to supervising a student.
- b. All CIs must be in good standing with their employers.
- c. Interested in educating students in the clinical environment.
- d. PT licensed/credentialed in the state in which they are practicing.
- e. Recommended that the CI has received APTA CI credentialing
- f. APTA provides the following guidelines for clinical instructors.

- The clinical instructor (CI) demonstrates clinical competence, and legal and ethical behavior that meets or exceeds the expectations of members of the profession of physical therapy.
- The clinical instructor demonstrates effective communication skills.
- The clinical instructor demonstrates effective behavior, conduct, and skill in interpersonal relationships.
- The clinical instructor demonstrates effective instructional skills.
- The clinical instructor demonstrates effective supervisory skills.
- The clinical instructor demonstrates performance evaluation skills.

*APTA GUIDELINES: CLINICAL INSTRUCTORS BOD G03-06-21-55*

2. Create/develop a good working relationship with their student and schedule regular meetings to discuss goals, objectives, and performance.
3. Monitor and modify student's learning experiences appropriately based on student performance and feedback.
4. Recognize student progress and deficiencies and provide feedback that is constructive, positive, frequent, and timely.
5. Ensure the student is properly supervised according to governing regulations (i.e. Medicare, state/local laws and regulations).
6. Complete online training to be able to effectively utilize CPI Web.
7. Provide a thorough student orientation to the facility, to include, but not limited to general policies, staff introduction, emergency procedures/contacts, evacuation plan, clinic operations, learning objectives, and education opportunities.
8. Act as a role model for ethical, legal, and professional behavior.
9. Complete a midterm and final evaluation on CPI Web and discuss performance with the student in addition to ongoing feedback.
10. Contact DCEs as soon as possible to report any significant student concerns or if the student will not meet the final criteria.
11. Secure appropriate clinical supervision or observational activities for the student during an absence.
12. If a problem arises during the clinical experience, communicate with the student to come to a mutually acceptable resolution. If the issue cannot be resolved or continues, contact the SCCE/DCEs in a timely manner.

C. Evaluation of Clinical Instructor

1. Students will complete a post-experience survey regarding the effectiveness of their clinical instructors, and the results will be maintained in the clinical education database. (See appendix for Clinical Instructor Evaluation)
2. DCEs will review student feedback following each clinical experience.

# Appendices

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## Appendix A: Clinical Education Agreement and Implementation Letter

### DES MOINES UNIVERSITY OSTEOPATHIC MEDICAL CENTER CLINICAL TRAINING AGREEMENT

The purpose of the Clinical Training Agreement (“Agreement”) and Implementation Letter is to guide and direct the parties respecting their affiliation, working arrangements, and agreements in furtherance thereof to provide high-quality clinical learning experiences for health professions students at Des Moines University Osteopathic Medical Center (“University”). University is ultimately responsible for the medical education program, academic affairs, and the assessment of health professions students. Clinical Site will provide health professions students and faculty, if applicable, access to appropriate resources for health professions student education.

Agreement includes the following health professions students:

- Doctor of Occupational Therapy
- Doctor of Osteopathic Medicine
- Doctor of Physical Therapy
- Doctor of Podiatric Medicine and Surgery
- Master of Science in Physician Assistant Studies

A. **Responsibilities of the Clinical Site.** The Clinical Site shall:

1. Provide a supervised clinical education experience in accordance with the objectives of the University’s education program. The Clinical Site shall participate in the health professions student’s performance report/evaluation process. University shall be responsible for providing any such forms for process, and Clinical Site agrees to submit evaluations within 14 days of any completed clinical education experience.
2. Appoint a clinical program coordinator and identify an authorized individual who will be the primary on-site resource for assigned students regarding security and personal safety issues.
3. Be responsible for the facilitation of the health professions student’s professional growth through selection of patients for teaching purposes and educational assignments and for the provision of adequate space, equipment and supplies to the objectives of clinical training.
4. Assume complete responsibility for patient care and treatment. The Clinical Site will provide clinical instructors to maintain an acceptable instructor-health professions student ratio. The health professions student will participate in providing patient care under the supervision of qualified Clinical Site staff. The Clinical Site will remain responsible for the patient’s care when a health professions student is assigned. Health professions students will not replace Clinical Site staff or act in a service capacity, apart from their educational goals.

Clinical Site agrees that clinical instructors assigned to educate the health professions students shall abide by this Agreement. If Clinical Site does not have the authority to

manage clinical instructors, the clinical program coordinator shall contact the University in accordance to the notice section, section A 11, of this agreement.

5. In the event a health professions student is exposed to an infectious or environmental hazard or other training-related injury (e.g. needle stick) while at the Clinical Site, the Clinical Site will provide such emergency care as is provided its employees, including, where applicable: examination and evaluation by Clinical Site's emergency department or other appropriate facility as soon as possible after the injury.

Exposures to blood borne pathogens via needlestick will be handled in accordance with standard needlestick protocols at the Clinical Site. The health professions student's health insurance will be the first party payer in instances of accidental exposure requiring testing and prophylaxis of the student. The Clinical Site is responsible for testing of the patient. The health professions student will be responsible for any charges thus generated.

6. If, in the course of the clinical education experience, the health professions student has a likelihood of exposure to radiation through exposure to fluoroscopy procedures or other significant radiologic sources, the Clinical Site will badge the health professions student in accordance with its protocols for measurement and reporting of radiation dosage. The health professions student's health insurance will be the first party payer. Reporting of any abnormal exposures will be in accordance with applicable state and federal regulation and policies within the Clinical Site. Alternately, in lieu of badging the health professions student, the Clinical Site may take steps to protect the student from the radiation source of concern (e.g., excuse them from fluoroscopy procedures) in order to assure radiation dosages are in accordance with the ALARA (As Low As Reasonably Achievable) principle.
7. Health professions student may have access to clinical facilities, which are not wholly owned/and or operated by Clinical Site, and may be used to furnish additional clinical learning experience. Clinical Site will ensure and verify supervision of health professions students while on rotation at these clinical facilities. Both parties acknowledge that all terms and conditions described in this agreement will apply to these clinical facilities.
8. Maintain liability insurance in an amount that is commercially reasonable.
9. Upon reasonable notice, permit the inspection by the University or its accreditation agencies of the Clinical Site's facilities and the services available for clinical experiences.
10. Provide written notification to the University promptly if a claim arises involving a health professions student.
11. All notices provided by the Clinical Site will be in writing, and will be deemed to have been duly given when delivered personally, deposited in the United States mail, by Federal Express or UPS, facsimile or email, addressed as follow:

Des Moines University  
Attn: Senior Vice President and Chief Financial Officer  
8025 Grand Avenue  
West Des Moines, IA 50266-5360  
Contracts@dmu.edu  
Phone: 515-271-1422

**B. Joint Responsibilities**

1. The representatives of both parties will seek each other's cooperation in carrying out the provisions of this Agreement. Both parties will recognize that the specific nature of the clinical experience required by the University may vary, and that following the execution of this Agreement and within the scope of its provisions, the parties may develop policies and procedures to formalize operational details of the program.
2. Both parties shall designate individuals who will be responsible for coordinating the clinical education program. Coordination, at a minimum, includes determining the number of health professions students, their length in the program, their desired learning experiences, and agreed upon clinical objectives. In addition, faculty supervision and expectations of the Clinical Site staff shall be determined prior to beginning any clinical education program.
3. The parties will work together to maintain an environment of quality patient care for Clinical Site patients and the attainment of learning objectives.
4. Both parties shall provide adequate orientation time for health professions students new to the Clinical Site. The Clinical Site, as part of orientation, will inform the health professions students of its policies and procedures to which the health professions student(s) are expected to adhere during the clinical education program and while on Clinical Site premises. A copy of the policies and procedures will be provided to the University's program representative upon request.
5. Both parties shall plan and administer a clinical education experience, which will satisfy the requirements of all applicable laws, regulations and licensing or supervisory agencies. Each party to this Agreement is responsible for verifying that any of their health professions students and/or employees providing services under this Agreement is currently and appropriately licensed if applicable.
6. Both parties shall maintain in confidence health professions student files and personal information and limit access to only those employees that need to know and agree to comply with the Family Educational Rights and Privacy Act (FERPA), to the same extent as such laws and regulations apply to University. For the purpose of this Agreement, pursuant to FERPA, University hereby designates facility as a school official with a legitimate educational interest in the educational records of the health professions students who participate in educational rotations at Clinical Site to the extent that access to the records is required by Clinical Site to carry out its responsibilities.

7. The parties agree to comply with Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act Amendments Act, the Age Discrimination Act of 1975, and the related regulations to each. There shall be no discrimination on the basis of race, color, national origin, ethnicity, creed, religion, age, disability, sex, gender identity, sexual orientation, pregnancy, veteran status, genetic information and other characteristics protected by law in either the selection of Program Participants for participation in the Program, or as to any aspect of the clinical training; provided, however, that with respect to disability, the disability must not be such as would, even with reasonable accommodation, in and of itself preclude the Program Participant's effective participation in the Program.
  8. Both parties understand that neither party to this Agreement may assign this Agreement without the prior written consent of the other.
  9. The health professions students participating in the program will not be considered employees or agents of the Clinical Site for any purpose. Health professions students will not be entitled to receive any compensation from the Clinical Site or any benefits of employment from the Clinical Site, including but not limited to, health care or worker's compensation benefits, vacation, sick time, or any other benefit of employment, direct or indirect. The Clinical Site will not be required to purchase any form of insurance for the benefit or protection of any health professions student of the University.
  10. Nothing in this Agreement is intended to or shall be construed to constitute or establish an agency, employer/employee, partnership, franchise, or fiduciary relationship between the parties; and neither party shall have the right or authority or shall hold itself out to have the right or authority to bind the other party, nor shall either party be responsible for the acts or omissions of the other except as provided specifically to the contrary herein.
  11. This Agreement contains the entire Agreement of the parties as it relates to this subject matter and may be modified only by additional written provisions contained in a properly executed Implementation Letter.
  12. This Agreement may be terminated at any time and for any reason by either party upon not less than 180 days prior written notice to the other party. Should notice of termination be given under this Section, health professions students already scheduled to train at Clinical Site will be permitted to complete any previously scheduled clinical assignment at Clinical Site.
- C. **Responsibilities of the University.** The University shall:
1. Appoint a program representative, who will serve as the University's representative to the Clinical Site. The program representative of the University shall be responsible for establishing a contact at the Clinical Site who agrees to serve as the Clinical Site representative.

2. Be responsible for submission of required reports/evaluations on health professions student's performance in the clinical education program. Only those health professions students who have satisfactorily completed curriculum prerequisites of the University's program shall be assigned to the Clinical Site clinical education program.
3. Be responsible for the assignment of health professions students to the Clinical Site. The University will provide the Clinical Site with the following required information in writing prior to the assignment of health professions students: health professions student's name, dates and hours of assignment, course expectations and other information specified by the Clinical Site at least 30 days in advance (or as soon as it is available).
4. Acknowledge that the Clinical Site will have no responsibility for the health care needs of health professions students except on an emergency basis and with prompt notification to the University. The University is also not responsible for the health care needs of the health professions students. It is also understood that the University will not allow health professions students to leave campus for a clinical experience without proof of personal health insurance.
5. Provide proof that both the University, and its health professions students, are each covered under a professional liability insurance policy for their acts at the Clinical Site. Such coverage shall be at least \$1 million per incident and \$3 million in aggregate. The University shall indemnify, save, and hold harmless the Clinical Site, its employees, and its affiliates from and against any loss (including legal expenses and attorney's fees), damage injury, or loss of life for the acts of its health professions students in the Clinical program. The Clinical Site shall cooperate fully with the University in defending against, and disposing of, any such suits.
6. Agree to require all health professions students to maintain the confidentiality of all patients and all information relating to patients. The University further agrees to require the health professions students to agree to maintain the confidentiality of all proprietary information of the Clinical Site. The unauthorized release and/or discussion of a patient's protected health information or Clinical Site's proprietary information can result in the termination of the participation of a health professions student in the program or the termination of the Agreement.
7. Inform the participating health professions students of their responsibilities under this Agreement and of the requirements established in accordance with this Agreement. The University shall advise the health professions students that they will be required to adhere to the policies, procedures, clinical protocol, rules, regulations, and schedules of the Clinical Site, and conform to all uniform requirements, and participate in other Clinical Site facility activities as deemed appropriate to the clinical education experience.
8. Withdraw any health professions student at the request of the Clinical Site if performance is unsatisfactory to the Clinical Site. A request for health professions student withdrawal will be directed to the University's Clinical Program Representative. The Clinical Site shall have the right to suspend the health professions student

immediately from clinical duties pending their formal withdrawal from the clinical program at the Clinical Site. The Clinical Site may restrict the health professions student to an observer role, pending either a further investigation or a request for withdrawal from the Clinical Site. The Clinical Site agrees to cooperate fully in the investigation and resolution of the health professions student's unsatisfactory performance.

9. Ensure that health professions students demonstrate hepatitis B, rubella, mumps, rubeola, varicella and influenza vaccinations or immunizations as specified by the Clinical Site. Health professions students should have current (within ten years) tetanus immunization, current (within one year) negative Tuberculosis test; or if a positive TB test history, a negative chest x-ray dated after the positive TB test.
10. Ensure that each health professions student has obtained a criminal background check prior to leaving campus for a clinical education experience. The University shall maintain a repository for all files concerning criminal background checks of its health professions students and shall be responsible to report any criminal acts appearing on criminal background checks in writing to the Clinical Site before health professions students report for clinical education experience. Failure to report health professions student's criminal acts to the Clinical Site will negate the clinical experience and agreement between the University and the Clinical Site. Any additional background checks required by the Clinical Site are the responsibility of the health professions student to obtain and all costs related to the additional background checks are that of the health professions student's as well.
11. Have primary responsibility for planning the clinical educational program of the clinical experience at the Clinical Site after consultation with the Clinical Site staff. Health professions students may participate in the care of the patients in accordance with the policies and procedures set by the Clinical Site.
12. Report to the Clinical Site any change in the approval or accreditation of the University or its program.

**DES MOINES UNIVERSITY OSTEOPATHIC MEDICAL CENTER  
CLINICAL TRAINING AGREEMENT  
Implementation Letter**

The purpose of this Implementation Letter is to provide a record of the clinical training affiliation agreement between the University and the Clinical Site with respect to the clinical training experiences of the University’s health profession students and the agreement of the parties to abide by all terms and conditions of the Des Moines University Osteopathic Medical Center Clinical Training Agreement (Version August 2023) which is hereby incorporated by reference, without modification or exception except as specified below.

1. Date:

2. Term of Clinical Training Agreement (3-year term recommended):

	through	
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3. Clinical Site notice:

Clinical Site name:	
Attention:	
Address:	
City, State, Zip:	
Phone number:	
Facsimile:	
Email:	

4. Edits: Please reference section of Clinical Training Agreement (Example A1).

Section	Edit

5. Additional language to Clinical Training Agreement:

Section	Addition

6. This Agreement will be renewed for one additional term of three years unless terminated by either party. This Agreement may be modified at any time with the mutual written consent

of the parties and either party may terminate the agreement according to Section B-12 of the Clinical Training Agreement.

7. This Agreement supersedes all prior contracts, agreements and understandings (whether written or oral) between the Parties with respect to the subject matter addressed in this Agreement.

The individuals executing this Implementation Letter are authorized to sign on behalf of their institutions and certify that their institutions have accepted the terms of the Clinical Training Agreement and further agree to comply with its terms except as noted above. Electronically reproduced signatures will be treated as original.

**CLINICAL SITE:**

\_\_\_\_\_  
Name: Date  
Title:

**DES MOINES UNIVERSITY OSTEOPATHIC MEDICAL CENTER:**

\_\_\_\_\_  
Mark Peiffer Date  
Senior Vice President  
and Chief Financial Officer

**STUDENT CRIMINAL BACKGROUND CHECK (CBC) PROGRAM  
AT DES MOINES UNIVERSITY  
(DPT)**

Des Moines University requires a criminal background check of all students prior to matriculation and prior to clinical internship experiences. No student can begin a clinical internship until they have been cleared by their program's Clinical Affairs office or program director. Attached is an information sheet regarding the scope of our student criminal background check program and a copy of the students' rights with respect to their criminal background check report. Please note that criminal background checks are a type of consumer report and are subject to the same rights and regulations as credit reports. However, credit is not included in the scope of the DMU student criminal background check.

Certiphi Screening is the vendor selected by Des Moines University to conduct the student criminal background checks. Since its inception, Certiphi Screening has focused on serving the healthcare community exclusively, and is the only company whose applicant screening services are endorsed by the American Hospital Association. We are confident that our selection of an industry leader will ensure the quality and comprehensive design of our student criminal background checks will satisfy the needs of our clinical affiliates.

In addition to Des Moines University Clinical Affairs offices and/or program leadership, students will have access to their reports and the capability to forward those results to any clinical site or future employer upon request. We are hoping this will eliminate the need for students to complete multiple criminal background checks during their training.

**THE PROCESS**

1. DMU will upload a list of the DPT class that is anticipated to begin clinical internships during the upcoming year. This upload will contain student information including each student's DMU email address. Note: The DMU email address is the only official student email address that will be used by Certiphi to communicate and conduct the authorization process. Therefore, students must access their DMU email account regularly in order to respond in a timely manner.
2. Certiphi will email each student with: 1) instructions on how to complete the authorization process for them to conduct the criminal background check and 2) instructions and the link to the Iowa SING (Elder & Child Abuse authorization paperwork).  
**NOTE:** IOWA will only accept hard copies of their authorization paperwork, so it is very important that students access the link, download the form(s), complete them, and submit them to Certiphi as soon as possible.
3. The cost for the criminal background check is \$60.00, and will be added to the spring term's tuition and fee charges.
4. DPT program administration and DCEs will be able to track the status of the criminal background check from the time the request is made (file uploaded) through completion.

5. The turnaround time for the general criminal background check is 3-5 business days. The Iowa Elder & Child Abuse reports have taken up to 4 weeks.
6. Upon completion of the criminal background check, the DPT program and the student will have access to the report.
7. Some clinical affiliates will only accept a copy of the report from DMU. As a part of the authorization process, you have authorized DMU to release a copy of the report and/or share the results on your behalf. However, students will have the capability to forward their report to as many recipients as they desire.
8. DPT program leadership and DCEs will contact any student for whom there are any significant findings that may prevent them from being placed at a clinical site. Additional information may be required to obtain clearance to begin clinical experiences.
9. Enrolled students are required to disclose to their program any misdemeanors, arrests, charges, or felony convictions or pleas of no contest, other than minor traffic violations, including adjudications, within three (3) business days. Non-disclosure or falsification may be grounds for discipline described in the Student Handbook, up to and including dismissal.
10. If a clinical site requires additional searches not included in the scope, design, or frequency of the annual DMU student criminal background check program, it is the student's responsibility to complete these requirements at their expense. Certiphi can perform these additional searches and add them to your report. Notify your DCE if you need additional searches beyond DMU's CBC scope and frequency.
11. Des Moines University will conduct annual criminal background checks on all of its on-campus students. For DPT students, the criminal background checks will be conducted in the summer of each academic year. A \$60.00 fee will be assessed with the summer tuition and fee charges in the 2<sup>nd</sup> and 3<sup>rd</sup> years of the program to cover the cost of one criminal background check per year conducted in the previous fall. The pre-matriculation (admissions) criminal background check will count for the first year.

If you have any questions regarding the student criminal background check program at Des Moines University, you may contact Dr. Larson in the Department of Physical Therapy.

## SCOPE OF ANNUAL STUDENT CRIMINAL BACKGROUND CHECKS

### Social Security Number Validation

(Verifies valid SSN, place & issue data, death index search)

### Analyzed Social Security Number Search

(credit bureau data analyzed for names, SSN's & addresses)

### Iowa Statewide Criminal Records Repository

(Iowa State Police Search (SING); conducted on all students regardless of address)

### County Criminal Records Search

(searches conducted in all counties of residence for the past 7 years)

### Federal Criminal Records Search

(searches conducted in all districts of residence for the past 7 years)

### National Criminal File Search

(national database search covering more than 375 million criminal, sex offender and violation records, includes verification of hits)

### National Sexual Offender Database Search

(database search covering sex offender records collected nationwide)

### OIG/SAM EPLS Search

(search covers the federally-mandated HHS Office of Inspector General's (OIG) List of Excluded Individuals/Entities (LEIE), and the SAM Excluded Parties List (EPLS))

### Sanctions Base

(proprietary search covering sanctions, disciplinary and administrative actions taken by hundreds of federal and state healthcare regulatory authorities, including FDA, NIH, GSA, OFAC, terrorist watch lists and more)

### Elder Abuse Registry Searches - Iowa

### Child Abuse Registry Searches - Iowa

## PHYSICAL EXAMINATION AND IMMUNIZATION POLICIES

Home » About » Consumer Information » Physical Examination and Immunization Policies

### Health Requirements

#### D.O., D.P.M., D.P.T., PA, O.T.D., M.S.A., M.S.B.S. and Ph.D. Programs

- MMR vaccinations or positive titers
- Tdap within the past 10 years
- Varicella vaccinations or positive titer
- Hepatitis B vaccination and a positive surface antibody
- A 2-step TB test or an IGRA test dated within one year of enrollment; for those with a positive TB test history: documentation of the positive test, a chest x-ray report dated after the positive test, and a record of latent TB prophylaxis if completed; annual surveillance thereafter.
- Health Screening Form

### Strongly Recommended Vaccinations

- Flu vaccination is not required for enrollment or during non-clinical years.
- Covid-19 vaccination is not required for enrollment.
- Both flu and Covid-19 vaccinations are strongly recommended to keep our campus population healthy and well.

### Required During Clinical Years

- Flu vaccination is required during clinical rotation years.
- Fit testing for an N95 respirator may be required, depending upon the program or clinical site.
- A physical exam may be required, depending upon the program or clinical site.
- Rotation sites may have various health requirements above and beyond what DMU requires for enrollment.
  - Effective with the incoming classes of 2025, requirements will be managed through Excat.
  - Enrolled students will be sent an invitation to Excat prior to the beginning of classes.
  - Required forms, instructions and due dates will be accessible via Excat.
  - Students should begin gathering their vaccination records as soon as possible.

**!** **Note:** Students must demonstrate proof of immunization to participate in clinical education experiences. Some clinical sites will consider exemptions for some immunizations if the student is unvaccinated for religious or medical reasons. DMU will work with students to submit those exemptions as needed. Students should be aware that clinical sites are not required to grant exemptions for immunizations. Students who do not have the required immunizations may have difficulty completing the clinical education curriculum requirements in a timely fashion. Students with questions about exemptions or those needing an exemption should reach out to the University Health Clinic at 515-271-7883.

## Appendix D: Students - Where to Locate Documents for CEE

Exxat	Blood Borne Pathogens Training (BBP) - (Universal Precautions)	<ul style="list-style-type: none"> <li>Completed on D2L. Upload certificates into Exxat Compliance</li> </ul>
	Hazardous Chemicals	
	HIPAA	<ul style="list-style-type: none"> <li>Completed within the curriculum. Upload certificate into Exxat Compliance</li> </ul>
	BLS/CPR certification	<ul style="list-style-type: none"> <li>Initially completed during the first term, then renewal during term 7. Upload a copy of the CPR card into Exxat Compliance</li> </ul>
	Mandatory Reporting (Dependent Adult/Child Abuse Training)	Completed during the first year before CI 1. The certificate should be uploaded into Exxat. It is valid for 3 years.
	Immunizations/ Flu Shot / TB test	Uploaded to the compliance documents in Exxat.
Certiphi	Criminal Background Check	<p>Completed through Certiphi – If your SCCE is requesting a copy you need to send her/him a copy through the Certiphi system.</p> <ul style="list-style-type: none"> <li>Access the Certiphi system through this link. <a href="http://www.applicationstation.com">http://www.applicationstation.com</a> <ul style="list-style-type: none"> <li>School Code                             <ul style="list-style-type: none"> <li><b>DMU-DPT-RECHECK</b> for the CBC</li> </ul> </li> <li>Colleague ID# (student ID)</li> <li>Click on the link to distribute a report to create a new delivery by e-mail with the codes (otherwise you will have to send another e-mail to your clinical site with the codes so they can review your report)</li> </ul> </li> </ul>
	Drug Screen	<p>Completed through Certiphi – If your SCCE is requesting a copy you need to send her/him a copy through the Certiphi system.</p> <ul style="list-style-type: none"> <li>Access the Certiphi system through this link. <a href="http://www.applicationstation.com">http://www.applicationstation.com</a></li> <li>School Code                             <ul style="list-style-type: none"> <li><b>DMU-PT-UDS</b> for the drug screen</li> </ul> </li> <li>Colleague ID# (student ID)</li> <li>Click on the link to distribute a report to create a new delivery by e-mail with the codes (otherwise you will have to send another e-mail to your clinical site with the codes so they can review your report)</li> </ul>

Miscellaneous	Finger Printing	VA sites and most sites in Minnesota will request this to be completed. If you are completing a clinical experience at a VA outside of DSM, you can complete the process at the local VA. Minnesota fingerprinting is completed through MN Net2.0.
	Current Physical	Your site will request this specifically if required. You will likely need to provide a document from your physician indicating that you are in good health (no communicable diseases) and you are physically able to participate in activities for a physical therapy clinical experience.
	Insurance Forms	<ol style="list-style-type: none"> <li>1. Your site may request the updated liability insurance forms. These can be found on the Exxat resources page. There are 2 forms, general liability and professional liability. You can download these and send them to your SCCE.</li> <li>2. Your site may request proof of health insurance. You will need to send a copy of your health insurance card.</li> </ol>
	Site-specific Documentation	Some sites require forms to be signed by a representative of the program. Dr. Drapeaux or Dr. Larson will sign the forms. Melissa can assist in scanning/faxing any needed documentation to your site.

## Appendix E: Student Supervision During Clinical Education Experiences

### APTA House of Delegates Positions Statement (09/20/2019)

Student physical therapists, when participating as part of a physical therapist professional education curriculum, are qualified to provide services only under the direct supervision of the physical therapist who is responsible for patient and client management.

Direct Supervision: The PT or the PTA supervising a student PT or student PTA, is physically present and immediately available for supervision. In both cases, the PT or PTA will have direct contact with the patient/client on each date of service. Telecommunication does not meet this requirement.

*Levels of Supervision HOD P06-19-13-45 [Initial: HOD P06-00-15-26] [Position] August 20, 2019  
Student Physical Therapist and Physical Therapist Assistant Provision Of Services HOD P06-19-10-06*

### Medicare Rules for Student Supervision

#### **Medicare A**

##### Hospital & Intensive Rehabilitation Therapy Program (IRF)

- CMS's current policy does not prohibit therapy services by a therapy student under the appropriate supervision of a qualified PT or PTA from counting toward the intensive rehabilitation therapy program.
- To ensure the health and safety of this population, CMS expects that all student therapy services will be provided by students under the supervision of a licensed therapist following oversight, standards, and requirements established by their training programs and by the American Physical Therapy Association.

*Statement from the Centers for Medicare & Medicaid Services on December 20, 2018*

##### SNF

- The supervising PT shall not be treating/supervising other individuals and he/she is able to immediately intervene/assist the student as needed. Does not have to be in the room. Minutes may be coded as individual therapy.
- The therapy student is treating one resident and the supervising therapist/assistant is treating another resident, and both residents are in line of sight of the therapist/assistant or student providing their therapy. OR The therapy student is treating 2 residents, regardless of payer source, both of whom are in line-of-sight of the therapy student, and the therapist is not treating any residents and not supervising other individuals. Minutes may be coded as concurrent therapy.
- Supervising therapists must make the determination as to whether or not a student is ready to treat patients without line-of-sight supervision.

*CMS Long-term Care Facility RAI 3.0 User's Manual, October 2019.*

[https://downloads.cms.gov/files/mds-3.0-rai-manual-v1.17.1\\_october\\_2019.pdf](https://downloads.cms.gov/files/mds-3.0-rai-manual-v1.17.1_october_2019.pdf)

## Medicare B

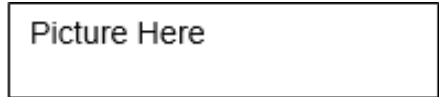
- Direct PERSONAL Supervision – The PT Intern can perform interventions and procedures under “direct personal supervision” or “joined at the hip” supervision. This means the PT is physically present and immediately available to direct and supervise tasks related to patient care/management. The direction and supervision is continuous throughout the time of tasks performed.

Therapists may bill and be paid for the provision of services in the following scenarios:

- The qualified practitioner is present and in the room for the entire session. The student participates in the delivery of services when the qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment.
- The qualified practitioner is present in the room guiding the student in service delivery when the therapy student and the therapy assistant student are participating in the provision of services, and the practitioner is not engaged in treating another patient or doing other tasks at the same time.
- The qualified practitioner is responsible for the services and as such, signs all documentation. (A student may, of course, also sign but it is not necessary since the Part B payment is for the clinician’s service, not for the student’s services). When the PT Intern does participate in the Medicare B patient’s plan of care, the CI should note on documentation: “the qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment.”

*CMS’ Medicare Benefit Policy Manual Chapter 15 Section 230*

**DES MOINES UNIVERSITY  
DOCTOR OF PHYSICAL THERAPY PROGRAM**



**CLINICAL INTERNSHIP  
STUDENT INFORMATION SHEET**

<b>Student Name</b>		<b>Student Email</b>	
<b>Present Mailing Address</b>			
<b>Phone</b>			
<b>Person to Notify in Case of Emergency</b>			
<b>Name</b>			
<b>Phone</b>			

**Student's Goals for the Clinical Internship (3-5 goals)**

1	
2	
3	
4	
5	

**Getting to know the student**

Preferred learning style(s)	
How I prefer to receive feedback (e.g. timing – how often, method, type)	
Strengths (e.g. knowledge and/or clinical practice skills):	
Specific areas to improve (e.g. knowledge and/or clinical practice skills)	
Previous Internship, Work, or Volunteer Experience (relating to P.T.)	

## Appendix G: Clinical Education Course Evaluation on Exxat

### Clinical Education Course Evaluation

Who will be filling out the form?: Student

Workflow Details: This is an anonymous form. The student fills the form and submits.

Notification Details: No notifications are activated.

#### Clinical Education Course Evaluation

Please answer the following questions about the clinical education course.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

#### Clinical Experience Preparation

1. The preparation information presented was useful.\*

- Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

2. My role and responsibilities were clearly explained.\*

- Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

#### Clinical Education Experience (CEE)

3. The CEE objectives were useful in guiding my learning. (add did not use or NA).\*

- Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

4. I understood the grading procedures.\*

- Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

#### Directors of Clinical Education

5. The Directors of Clinical Education provided clear and concise communication.\*

- Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

6. The Directors of Clinical Education were accessible within 1 to 2 business days. (add did not use or NA).\*

- Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

7. The Directors of Clinical Education were helpful when I had questions/concerns during my clinical experience. (add "did not use or NA").\*

- Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

8. The Directors of Clinical Education were effective in fostering a culture to promote JEDI, belonging, and anti-racism in the clinical environment. (add did not use or NA).\*

- Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

#### Additional Questions

9. What aspects of the course structure were most beneficial. \*

10. What change would you recommend to the course.\*

## Clinical Education Selection Process

Please answer the following questions regarding the selection process for this clinical experience.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

1. The information for site selection was available in a timely manner.\*

- Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

2. The selection process was well-organized.\*

- Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

3. The selection process was equitable for all students.\*

- Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

4. The Directors of Clinical Education were helpful in advising me during the selection process?\*

- Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

5. The Directors of Clinical Education were helpful in advising me when I received a change/cancellation of my clinical site assignment.\*

- Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

6. What resources did you use to assist in selecting your clinical site?†

7. Which of the resources listed above did you find most beneficial? \*

8. What suggestions do you have to improve the clinical education selection process? \*

## Appendix H: Clinical Site Evaluation

### **Basic Information**

What was the setting of your clinical education experience?

If you were in more than one area indicate approximate % of time spent in each.

Practice Setting	% Time	Practice Setting	% Time
Acute Care/Hospital (Critical Care, ICU)		Outpatient Clinic (General OPT Clinic)	
Acute Care/Hospital (General, not critical care units)		Outpatient Clinic (Sports Medicine)	
Home Health/Hospice		Outpatient Clinic (Workman's Compensation)	
Long Term Acute Care (LTAC)		School System	
Rehabilitation Unit/Hospital		Skilled Nursing Facility (SNF)/Sub-acute	
		Other	

Other Comments:

### **Orientation**

#### Pre-clinical experience orientation

Did you receive information from the clinical facility prior to your arrival?

- Yes / No

Did the on-site orientation provide you with an awareness of the information and resources that you would need for the experience?

- Yes / No

What else could have been provided during the orientation?

### **Patient/Client Management and The Practice Environment**

During this clinical experience, describe the frequency of time spent in each of the following areas.

#### **Diversity of Case Mix** (Never, Rarely, Occasionally, Often)

- Musculoskeletal
- Neuromuscular
- Cardiopulmonary
- Integumentary
- Other (GI, GU, Renal, Metabolic, Endocrine)

#### **Patient Lifespan** (Never, Rarely, Occasionally, Often)

- 0-12 years
- 13-21 years
- 22-65 years
- Over 65 years

#### **Continuum of Care** (Never, Rarely, Occasionally, Often)

- Critical care, ICU, Acute
- SNF/ECF/Sub-acute
- Rehabilitation
- Ambulatory/Outpatient
- Home health/Hospice
- Wellness/Fitness/Industry

During this clinical experience, describe the frequency of time spent in each of the following areas.

#### **Components of Care Examination** (Never, Rarely, Occasionally, Often)

- Screening
- History taking
- Systems review
- Tests and measures
- Evaluation
- Diagnosis
- Prognosis
- Plan of Care
- Interventions
- Outcomes assessment

During this experience, how frequently did staff (ie, CI, SCCE, and clinicians) maintain an environment conducive to professional practice and growth?

**Environment** (Never, Rarely, Occasionally, Often)

- Providing a helpful and supportive attitude for your role as a PT student.
- Providing effective role models for problem solving, communication, and teamwork.
- Demonstrating high morale and harmonious working relationships.
- Adhering to ethical codes and legal statuses and standards (eg, Medicare, HIPAA, informed consent, APTA code of Ethics, etc.).
- Being sensitive to individual differences (ie, race, age, ethnicity, etc).
- Using evidence to support clinical practice.
- Being involved in professional development (eg, degree and non-degree continuing education, inservices, journal clubs, etc).
- Being involved in district, state, regional, and/or national professional activities.

What suggestions, relative to the items in the question above, could you offer to improve the environment for professional practice and growth?

### **Clinical Experience**

Were there other students at this clinical facility during your clinical experience? (select all that apply)

- Physical therapist students
- Physical therapist assistant students
- Students from other disciplines or service departments

Identify the ratio of students to CIs for your clinical experience.

- 1 student to 1 CI
- 1 student to greater than 1 CI
- 1 CI to greater than 1 student

How did the clinical supervision ratio influence your learning experience?

In addition to patient/client management, what other learning experiences did you participate in during this clinical experience? (Check all that apply)

- Attended in-services/Educational programs
- Presented an in-service
- Attended special clinics
- Attended team meetings/Conferences/Grand rounds
- Directed and supervised physical therapist assistants and other support personnel
- Observed surgery
- Participated in administrative and business practice management

- Participated in collaborative treatment with other disciplines to provide patient/client care
- Participated in opportunities to provide consultation
- Participated in service learning
- Participated in wellness/health promotion/screening programs
- Performed systematic data collection as part of an investigative study
- Other

Please provide any logistical suggestions for this location that may be helpful to students in the future. Include costs, names of resources, housing, food, parking, etc.

### **Overall Summary Appraisal**

Overall, how would you assess this clinical experience?

- Excellent clinical learning experience; would not hesitate to recommend this clinical education site to another student
- Time well spent; would recommend this clinical education site to another student
- Some good learning experiences; student program needs further development
- Student clinical education program is not adequately developed at this time

What specific qualities or skills do you believe a physical therapist student should have to function successfully at this clinical education site?

If, during this clinical education experience, you were exposed to content not included in your previous physical therapy academic preparation, describe those subject areas not addressed.

What suggestions would you offer to future physical therapist students to improve this clinical education experience?

What do you believe were the strengths of your physical therapist academic preparation and/or coursework for this clinical experience?

What curricular suggestions do you have that would have prepared you better for this clinical experience?

# Appendix I: Student Evaluation of the Clinical Instructor

## Assessment Of Clinical Instruction

The information being collected in this evaluation is used to facilitate accreditation requirements. **If required by your program**, please review the content of this evaluation with your Clinical Instructor prior to submission.

Using the scale (1 - 5) below, rate how clinical instruction was provided during this clinical experience at both midterm and final evaluations (shaded columns).

1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree

### Provision of Clinical Instruction

1. The clinical instructor (CI) was familiar with the academic program's objectives and expectations for this experience.

Student midterm rating\*

1- Strongly Disagree  2- Disagree  3- Neutral  4- Agree  5- Strongly Agree

Student final rating\*

1- Strongly Disagree  2- Disagree  3- Neutral  4- Agree  5- Strongly Agree

2. The clinical education site had written objectives for this learning experience

Student midterm rating\*

1- Strongly Disagree  2- Disagree  3- Neutral  4- Agree  5- Strongly Agree

Student final rating\*

1- Strongly Disagree  2- Disagree  3- Neutral  4- Agree  5- Strongly Agree

3. The clinical education site's objectives for this learning experience were clearly communicated.

Student midterm rating\*

1- Strongly Disagree  2- Disagree  3- Neutral  4- Agree  5- Strongly Agree

Student final rating\*

1- Strongly Disagree  2- Disagree  3- Neutral  4- Agree  5- Strongly Agree

4. There was an opportunity for student input into the objectives for this learning experience.

Student midterm rating\*

1- Strongly Disagree  2- Disagree  3- Neutral  4- Agree  5- Strongly Agree

Student final rating\*

1- Strongly Disagree  2- Disagree  3- Neutral  4- Agree  5- Strongly Agree

5. The CI provided constructive feedback on student performance.

Student midterm rating\*

1- Strongly Disagree  2- Disagree  3- Neutral  4- Agree  5- Strongly Agree

Student final rating\*

1- Strongly Disagree  2- Disagree  3- Neutral  4- Agree  5- Strongly Agree

6. The CI provided timely feedback on student performance.

Student midterm rating\*

1- Strongly Disagree  2- Disagree  3- Neutral  4- Agree  5- Strongly Agree

Student final rating\*

1- Strongly Disagree  2- Disagree  3- Neutral  4- Agree  5- Strongly Agree

7. The CI demonstrated skill in active listening.

Student midterm rating\*

1- Strongly Disagree  2- Disagree  3- Neutral  4- Agree  5- Strongly Agree

Student final rating\*

1- Strongly Disagree  2- Disagree  3- Neutral  4- Agree  5- Strongly Agree

8. The CI provided clear and concise communication

Student midterm rating\*

1- Strongly Disagree  2- Disagree  3- Neutral  4- Agree  5- Strongly Agree

Student final rating\*

1- Strongly Disagree  2- Disagree  3- Neutral  4- Agree  5- Strongly Agree

9. The CI communicated in an open and non-threatening manner

Student midterm rating\*

1- Strongly Disagree  2- Disagree  3- Neutral  4- Agree  5- Strongly Agree

Student final rating\*

1- Strongly Disagree  2- Disagree  3- Neutral  4- Agree  5- Strongly Agree

## **CLINICAL INSTRUCTOR INFORMATION**

Was your CI

- APTA Credentialed Instructor (yes / no)
- DMU alumni (yes / no)

Please list any other specialty certification or credentials your CI possesses.

Years CI has practiced as a PT.

Years CI has instructed students.

## **SUPERVISION & FEEDBACK**

What was the supervision model during your internship?

- 1 CI to 1 Student
- 1 CI to 2 students
- 1 CI to 3 or more students
- 2 CIs to 1 student
- other - If you choose other, please indicate the supervision model used.

Was this supervision model a positive learning experience?

Strongly Disagree   Disagree   Neutral   Agree   Strongly Agree

Comments:

Did you mentor other PT students during your internship? (yes / no)

Rate the clinical instructor (CI) during this experience.

Strongly Disagree (1)      Disagree (2)      Neutral (3)      Agree (4)      Strongly Agree (5)

- The CI and I established an effective rapport.
- The CI provided adequate and timely feedback.
- The feedback provided was constructive.
- The CI communication was clear and sufficient.
- The CI offered encouragement.
- The CI facilitated my learning.
- The CI was open to suggestions to facilitate my learning.
- The CI encouraged problem solving and questions.
- The CI encouraged evidence-based practice.
- The level of supervision was appropriate for my needs.
- The CI gave me autonomy to make decisions.
- The CI facilitated collaboration with the patient health care team (pt, family members, other health care professionals).
- The CI provided responsibilities that were within your scope of knowledge and skills.
- The CI provided a fair assessment of your skills.

Please comment on the criteria listed above that was rated at 3 or lower.

Please provide comments on what your CI did well.

Please provide comments on what your CI could improve upon to facilitate student learning.

# APTA CPI 3.0 PT Student Getting Started Guide



Welcome to CPI 3.0! Please see the instructions below on how to get started.

## Before Logging In to the CPI 3.0 Platform:

- You **must** have an APTA account to access the CPI 3.0 system.
  - o If you have previously had an APTA account, we encourage you to use that account vs creating a second account. Having multiple APTA accounts may cause issues when trying to access the CPI 3.0 system.
    - To update your information on a previous APTA account, visit [apta.org](https://apta.org), click the "Log In" button at the top middle of the screen, enter your credentials, click the "My Profile" button on the top right of the screen, click "My Account" at the top left of the screen, and "Contact Information".
    - If you cannot remember the password to your previous account, click the "Forgot your password?" button above the orange "Log in" button. Follow the prompts to reset your APTA account password.
    - For APTA username and password issues, please contact APTA's Member Success team at [membersuccess@apta.org](mailto:membersuccess@apta.org) or 800-999-2782 from 8am-6pm ET Monday - Friday.
  - o If you do not have an APTA account, please visit [apta.org](https://apta.org) and click "Log In" at the top middle of the page. Under the orange "Log in" button, you will see the options to "Become an APTA member" or "Create a free account". Follow the prompts to create an APTA account.
  - o Confirm with your educational program which email address you should use (i.e. school or personal email address).
- Take the free **APTA CPI 3.0 – PT Student Training** in APTA's Learning Center.
  - o Link: <https://learningcenter.apta.org/products/apta-cpi-30-pt-student-training>
- When logged into the Learning Center, click on the "profile" tab on the left side of the screen. The email address listed on this screen is the email address associated with your APTA account.

## How to Log In to the CPI 3.0 Platform:

- Go to the CPI 3.0 platform: <https://cpi.apta.org/login>
- Click on the "Login" button in the top right of the screen. This will take you to the APTA Login page.
- Enter your APTA Login credentials. This is the same username and password you used to take the CPI 3.0 Training on APTA's Learning Center.
  - o **Potential Error Messages:**
    - "Invalid Username or Password"
      - For APTA username and password issues, please contact APTA's Member Success team at [membersuccess@apta.org](mailto:membersuccess@apta.org) or 800-999-2782 from 8am-6pm ET Monday - Friday.
      - If you cannot remember your account password, click the "Forgot your password?" button above the orange "Log in" button. Follow the prompts to reset your APTA account password.
    - "This account is not associated with any program or user role."
      - Contact the educational program to gain access to the CPI 3.0 portal.
    - "Access denied due to not completing the CPI 3.0 Training. Please complete the CPI 3.0 Training at (website) to gain access to the system. Once you have completed the training, please refresh your screen to update the CPI 3.0 system to grant you access."
      - If you **have not** completed the **APTA CPI 3.0 – PT Student Training**, please review the instructions above on how to complete the training.
      - If you **have** completed **APTA CPI 3.0 – PT Student Training**, please contact the CPI 3.0 team at [cpi@apta.org](mailto:cpi@apta.org) or 703-706-8582.
- Read and agree to the Terms of Use & Privacy Policy.
- That is it! You are in the CPI 3.0 portal and will be brought to your dashboard page.

## After Logging On to the CPI 3.0 Platform:

- To access the PT/PTA Student User Guide, click on the white circle with a blue question mark icon at the top right of the screen. These instructions will explain the different functions of the system.
- If there is a CPI 3.0 system issue, APTA will add a message on the CPI 3.0 portal Login page (<https://cpi.apta.org/login>). We will remove the message when the issue is resolved.
- For any questions about the CPI 3.0 tool, please contact the CPI 3.0 Team at [CPI@apta.org](mailto:CPI@apta.org) or 703-706-8582.

Last Updated: 10/3/2023

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## Appendix K: APTA CPI 3.0 CI & SCCE Getting Started Guide

### APTA CPI 3.0 CI & SCCE Getting Started Guide

Welcome to CPI 3.0! Please see the instructions below on how to get started.

#### Before Logging In to the CPI 3.0 Platform:

- You **must** have an APTA account to access the CPI 3.0 system.
  - o If you have previously had an APTA account, we encourage you to use that account vs creating a second account. Having multiple APTA accounts may cause issues when trying to access the CPI 3.0 system.
    - To update your information on a previous APTA account, visit [apta.org](https://apta.org), click the "Log In" button at the top middle of the screen, enter your credentials, click the "My Profile" button on the top right of the screen, click "My Account" at the top left of the screen, and "Contact Information".
    - If you cannot remember the password to your previous account, click the "Forgot your password?" button above the orange "Log in" button. Follow the prompts to reset your APTA account password.
    - For APTA username and password issues, please contact APTA's Member Success team at [membersuccess@apta.org](mailto:membersuccess@apta.org) or 800-999-2782 from 8am-6pm ET Monday - Friday.
  - o If you do not have an APTA account, please visit [apta.org](https://apta.org) and click "Log In" at the top middle of the page. Under the orange "Log in" button, you will see the options to "Become an APTA member" or "Create a free account". Follow the prompts to create an APTA account.
- Take the free **APTA CPI 3.0 – CI/SCCE Training** in APTA's Learning Center.
  - o Link: <https://learningcenter.apta.org/products/apta-cpi-30-cisce-training>
  - o This course includes training for both PT and PTA students.
- **IMPORTANT:** When logged into the Learning Center, click on the "profile" tab on the left side of the screen. The email address listed on this screen is the email address associated with your APTA account. **Send this email address to the educational program to grant you access to the CPI 3.0.**

#### How to Log In to the CPI 3.0 Platform:

- Go to the CPI 3.0 platform: <https://cpi.apta.org/login>
- Click on the "Login" button in the top right of the screen. This will take you to the APTA Login page.
- Enter your APTA Login credentials. This is the same username and password you used to take the CPI 3.0 Training on APTA's Learning Center.
  - o **Potential Error Messages:**
    - "Invalid Username or Password"
      - For APTA username and password issues, please contact APTA's Member Success team at [membersuccess@apta.org](mailto:membersuccess@apta.org) or 800-999-2782 from 8am-6pm ET Monday - Friday.
      - If you cannot remember your account password, click the "Forgot your password?" button above the orange "Log in" button. Follow the prompts to reset your APTA account password.
    - "This account is not associated with any program or user role."
      - Contact the educational program to gain access to the CPI 3.0 portal.
    - "Access denied due to not completing the CPI 3.0 Training. Please complete the CPI 3.0 Training at (website) to gain access to the system. Once you have completed the training, please refresh your screen to update the CPI 3.0 system to grant you access."
      - If you **have not** completed the **APTA CPI 3.0 – CI/SCCE Training**, please review the instructions above on how to complete the training.
      - If you **have** completed **APTA CPI 3.0 – CI/SCCE Training**, please contact the CPI 3.0 team at [cpi@apta.org](mailto:cpi@apta.org) or 800-999-2782 x8582.
- Read and agree to the Terms of Use & Privacy Policy.
- That is it! You are in the CPI 3.0 portal and will be brought to your dashboard page.

#### After Logging On to the CPI 3.0 Platform:

- To access the CI and SCCE user guides, click on the white circle with a blue question mark icon at the top right of the screen. These instructions will explain the different functions of the CPI 3.0 system.
- If there is a CPI 3.0 system issue, APTA will add a message on the CPI 3.0 portal Login page (<https://cpi.apta.org/login>). We will remove the message when the issue is resolved.
- For any questions about the CPI 3.0 tool, please contact the CPI 3.0 Team at [CPI@apta.org](mailto:CPI@apta.org) or 800-999-2782 x8582