

University of North Florida Physical Therapy Program
Request for Clinical Education

Please locate the appropriate setting(s) below for your facility. Indicate the **number of students** you can accommodate for the time period and if the slot is **reserved** for UNF.

Clinical Internship IV (3rd year Students)

January 4 – February 24, 2010

These dates overlap with the part-time Clinical Education Practicum dates

<u>Acute</u>	General # of students: _____	Neuro # of students: _____	Ortho # of students: _____	Peds # of students: _____	Geriatrics # of students: _____	# of students: _____
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Are these **acute care slots** reserved for UNF Students? Yes/No.

<u>Home Health</u>	General # of students: _____	Neuro # of students: _____	Ortho # of students: _____	Peds # of students: _____	Geriatrics # of students: _____	# of students: _____
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Are these **home health slots** reserved for UNF Students? Yes/No.

<u>Outpt</u>	General # of students: _____	Neuro # of students: _____	Ortho # of students: _____	Peds # of students: _____	Geriatrics # of students: _____	# of students: _____
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Are these **Outpatient slots** reserved for UNF Students? Yes/No.

<u>Rehab</u> <u>Sub-Acute</u>	General # of students: _____	Neuro # of students: _____	Ortho # of students: _____	Peds # of students: _____	Geriatrics # of students: _____	# of students: _____
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Are these **rehab/sub-acute slots** reserved for UNF Students? Yes/No.

Name of Facility: _____

Address: _____

Name of CCCE: _____ CCCE Email: _____

Telephone: _____ Fax: _____

If Student is going to be at a satellite location from above, please specify:
