

LARAMIE COUNTY COMMUNITY COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM

Student Name _____ **Clinical Site:** _____

Date of Orientation: _____ **CI Name:** _____

To verify completion, the Clinical Instructor puts a check mark in each box and signs the bottom of the form. The student will sign the form and upload it to the designated Dropbox in the course's learning management system (D2L).

Facility

- Tour of Building(s)
- Orientation to Clinic (general review of equipment, supplies and work space)
- Assigned personal/professional space use areas
- Emergency Procedures of the clinical facility/hospital reviewed
- Reviewed facility Infection Control Procedures
- Review the organizational structure of the facility including the Physical Therapy or Rehabilitation Department.
- Ensure that the student has the appropriate ID badge(s) and parking permit for the clinical site
- Review Clinical Schedule (including weekend or evening coverage)
- Review meal schedule (students must have 30 min. break)
- Review the professional appearance and behavior standards of the facility
- Review confidentiality requirements