

Clinical Affiliation Responsibilities

Physical Therapist Assistant Program



Clinical I - IV

1. The student shall contact his/her assigned clinical site at least 10 days prior to the beginning of the affiliation.
2. The student shall conduct him/herself in accordance with the rules, regulations and procedures governing employees of the clinical site.
3. The student shall complete clinical affiliation assignments as directed by the Academic Coordinator of Clinical Education.
4. The student is not an employee of the clinical site, therefore, is not covered by Social Security, unemployment compensation or workmen's compensation.
5. The student shall complete assigned clinical activities with the understanding that he/she does not receive a stipend.
6. The student shall be responsible for his/her own health insurance coverage.
7. The student shall be responsible for his/her own transportation to and from the clinical site.
8. The student shall perform data collection and therapeutic interventions within the scope of his/her education.
9. The student shall observe the daily schedule set forth by his/her clinical instructor.
10. The student shall read and follow the clinical attendance policies outlined in the student handbook.
11. The student shall be responsible for obtaining a criminal background check as required by IHCC and any additional background checks required by the clinical facility.
12. The student shall be responsible for obtaining a drug screening as required by IHCC and any additional drug screens required by the clinical facility.
13. The student shall be responsible for obtaining a physical examination with proof of immunizations/vaccinations prior to beginning the first clinical affiliation
14. The Student shall always introduce themselves to patients and other healthcare practitioners as a student PTA and display their nametag in a prominent manner during clinic.
15. The student understands that patients have the right to refuse treatment by a student.

I have read and understand the above list of student clinical affiliation responsibilities. I agree to abide by the above responsibilities in a positive manner.

Name: _____

Signature: _____ Date: _____