

USA Physical Therapy Program
 Clinical Internship Checklist
 Clinical Rotation Half-day, Ia, Ib II III IV (circle one)

Name of Site: _____

Address of Site: _____

Name of CCCE: _____

Name of CI: _____

Contact Information: of whom _____

_____ (phone) _____ (fax)

_____ (e-mail) _____ (cell phone#)

Task or Paperwork	Check if completed or list appropriate information here	Date of Completion
Resume and cover letter submitted		
Contact CCCE/CI		
Verify CCCE has received info. from DCE		
Directions to facility		
Background check completed		
Drug screen completed		
Verify starting time/dress code		
Verify CCCE/CI contact information		
Bring all of the following documents with you:		
Information for electronic access to CPI		
Proof of CPR training		
Proof of First-aide training		
Proof of health insurance		
Shot Record including TB test, Hepatitis B results etc.		
Proof of any other additional immunizations per the facility		
Proof of USA Liability Insurance coverage		
Proof of TB and Blood-borne pathogens training		
Business card for USA Director of Risk Management		
Letter regarding HIPAA Training		
Copy of Background Check		
Copy of Drug Screening Results		
Pink Card (prophylactic exposure protocol)		
Other: (additional facility-specific paperwork)		

