



## Clinical Experience Placement Request Form

Name of Facility:

SCCE/Primary Contact:

Address (Physical *and* Mailing, if different):

Phone:

Email:

**\*\* If you are accepting students into multiple settings within one facility, please write the number of students on the line next to the setting.**

**\*\*If you are accepting students into more than one facility, please use a separate form for each.**

Clinical Experience Number	Notes from School	Semester, Year (General Dates)	# of Weeks	Setting (check/highlight all that apply; indicate # of students on the line)	Total # of Students?
1 <i>Outpatient ONLY</i>	Students have completed musculoskeletal courses, and several hours at pro bono clinic	Spring, Year 2 <i>(3<sup>rd</sup> week of Mar.– 2<sup>nd</sup> week of May)</i>	8	General Outpatient ____	
2 <i>Any setting or experience type (EXCEPT Pediatrics)</i>	Students have completed all core clinical courses except Pediatrics	Fall, Year 2 <i>(3<sup>rd</sup> week of Oct.– 2<sup>nd</sup> week of Dec.)</i>	8	Acute Care ____ Inpatient Rehab ____ Home Health ____ SNF ____ Outpatient-Neuro ____ General Outpatient ____ Outpatient Specialty ____ Other ____	
3 <i>Any setting or experience type</i>	All core and specialty courses completed	Summer/Fall, Year 3 <i>(2<sup>nd</sup> week of July– 3<sup>rd</sup> week of Sept.)</i>	10	Acute Care ____ Inpatient Rehab ____ Home Health ____ SNF ____ Outpatient-Neuro ____ General Outpatient ____ Outpatient Specialty ____ Pediatrics ____ Other ____	
4 <i>Any setting or experience type</i>	All core and specialty courses completed	Fall, Year 3 <i>(4<sup>th</sup> week of Sept.– 1<sup>st</sup> week of Dec.)</i>	10	Acute Care ____ Inpatient Rehab ____ Home Health ____ SNF ____ Outpatient-Neuro ____ General Outpatient ____ Outpatient Specialty ____ Pediatrics ____ Other ____	

Additional Notes about Experience Type:

Please indicate:

Reserved for WSSU Students

Application Required

First Come, First Serve

Interview Required

SCCE (or person completing this form): \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete and click below to submit, or email/fax/mail to Gail Tarleton, PT, DPT, OCS (tarletongm@wssu.edu)**