

DPT2 TCE Breadth & Depth Planning Form

1.) Please complete the categorization for your DPT800 experience:

Model of Practice	Practice Setting	Body system/lifespan specialization
<input type="checkbox"/> Hospital system <input type="checkbox"/> Independent <input type="checkbox"/> Corporate <input type="checkbox"/> Physician-owned	<input type="checkbox"/> Hospital- acute <input type="checkbox"/> Hospital- rehab <input type="checkbox"/> Outpatient <input type="checkbox"/> Skilled Nursing <input type="checkbox"/> Home-health <input type="checkbox"/> School-based	<input type="checkbox"/> Orthopedic <input type="checkbox"/> Sports <input type="checkbox"/> Neurologic <input type="checkbox"/> Pediatrics <input type="checkbox"/> Cardiopulmonary <input type="checkbox"/> Women's/Pelvic Health <input type="checkbox"/> Wound Management <input type="checkbox"/> Geriatrics <input type="checkbox"/> General

2.) Place a checkmark next to at least two of the three domains you plan to demonstrate breadth & depth of clinical experiences. Within each domain, select the specific types you are aiming for:

Model of Practice <input type="checkbox"/>	Practice Setting <input type="checkbox"/>	Body system/lifespan <input type="checkbox"/> specialization
<input type="checkbox"/> Hospital system <input type="checkbox"/> Independent <input type="checkbox"/> Corporate <input type="checkbox"/> Physician-owned	<input type="checkbox"/> Hospital- acute <input type="checkbox"/> Hospital- rehab <input type="checkbox"/> Outpatient <input type="checkbox"/> Skilled nursing <input type="checkbox"/> Home health <input type="checkbox"/> School based	<input type="checkbox"/> Orthopedic <input type="checkbox"/> Sports <input type="checkbox"/> Neurologic <input type="checkbox"/> Pediatrics <input type="checkbox"/> Cardiopulmonary <input type="checkbox"/> Women's/Pelvic Health <input type="checkbox"/> Wound Management <input type="checkbox"/> Geriatrics <input type="checkbox"/> General

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- 3.) In 250-500 words, please describe how your plan for your terminal clinical experiences will foster the development of a variety of knowledge, behaviors, and skills, diverse subject matter, build to future professional goals, and prepare you to be an independent, autonomous practitioner and leader for future professional direction:

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Doctor of Physical Therapy Program Terminal Clinical Experience Agreement

As a student in the Campbell University Doctor of Physical Therapy (DPT) Program, I understand and agree to the following terms and conditions related to the selection and assignment of my terminal clinical experiences:

1. **Personal Circumstances**

I acknowledge that my personal circumstances (e.g., relocation, family needs, financial situation) that arise after my clinical site assignment does not warrant a change in my assigned clinical site. Once assigned, my site placement is considered final unless the site itself makes a change or cancels the placement.

2. **Site Cancellations**

I understand that clinical site cancellations are outside the control of the DPT Program. If my assigned site cancels my placement, the DPT Program will make every reasonable effort to secure an alternative site; however, I acknowledge that my flexibility plays a role in securing an alternative site.

3. **Student Responsibility**

I acknowledge that it is my responsibility to ensure that my site selections align with my ability to meet the clinical education requirements of the DPT Program (Breadth + Depth). I understand that my failure to make informed selections may delay confirmation for my selected clinical sites or may require the reassignment of a clinical site to meet programmatic requirements. I also acknowledge that review and understanding of the Clinical Education Manual is my responsibility and it is also my responsibility to ask for clarification when I do not understand.

4. **Conflict of Interest Policy**

I understand and agree to abide by the CU DPT Clinical Education Program's conflict of interest policy. I will disclose any potential conflicts (e.g., family members employed at a clinical site) prior to site selection. Failure to disclose a conflict of interest may result in reassignment or other disciplinary action.

5. **Absence Policy**

I understand that the CU DPT Clinical Education Program's absence policy applies to all clinical education experiences. I am responsible for adhering to this policy and for following the absence policies as outlined in the course syllabi and/or Clinical Education manual.

6. **Site-Specific Policies, Requirements, and Costs**

I understand that each clinical site may have its own policies, requirements (e.g., background checks, drug screenings, vaccinations, etc.), and associated costs. I am responsible for meeting all site-specific requirements in accordance with their timelines.

7. **No Trading/Switching of Clinical Sites**

I understand that trading or switching clinical sites with another student is strictly prohibited. Once I have been assigned to a clinical site, that placement is final unless the clinical site itself requests a change.

DPT2 TCE Breadth & Depth Planning Form

8. **Assigned Clinical Site Finality**

I understand that my assigned clinical site is final unless the site itself makes a change. Any requests I submit to alter my placement after my assignment will not be accommodated unless extenuating circumstances apply.

9. **Compliance with Instructions**

I understand that failure to follow instructions provided by the DCE or clinical education team may result in ineligibility for future clinical site selection surveys or clinical placements.

By signing below, I affirm that I have read, understand, and agree to the terms outlined in this Terminal Clinical Experience Agreement. I recognize that failure to adhere to these guidelines may impact my clinical education site selection process.

Student Name (Printed): _____

Student Signature: _____

Date: _____