

DPT1 Breadth & Depth Pre-Planning Form

1.) Please check the areas you have the most experience with (e.g. observation, patient, family etc):

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 specialization <input type="checkbox"/>
<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