

BPCCPTA Student Commitment Form

2023-2024 Academic Year

Thank you for planning to include BPCC PTA Students in your clinical education program for the upcoming year! Please update your facility information, complete the remainder of the form, and return it to Kim Cox either by email or by mail.

Facility Name	
Clinical Site Location/Address	
Phone Number	
CCCE Name	
CCCE Email Address	
Facility Clinical Instructors	



**bossier parish
community college**
PHYSICAL THERAPIST ASSISTANT PROGRAM

www.bpcc.edu · 6220 E. Texas Street, Bossier City, LA · (318) 678-6080

Kim Cox, PT, ACCE
Phone: 318-678-6107
www.bpcc.edu/pta
kcox@bpcc.edu

Type of Affiliation (Primary Setting):
 Acute Care Outpatient Inpatient Rehab/LTAC Nursing Home/SNF
 Peds Other (describe)

Semester	Rotation Block	Number of Students	Notes/Comments?
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FALL	4 Weeks (full-time) Oct 23-Nov 17, 2023	<input type="radio"/> 0 students <input type="radio"/> 1 student
		<input type="radio"/> 2 students <input type="radio"/> 3 students
		Other # <input type="text"/>

SPRING	5 Weeks (full-time) Mar 25-April 26, 2024	<input type="radio"/> 0 students <input type="radio"/> 1 student
		<input type="radio"/> 2 students <input type="radio"/> 3 students
		Other # <input type="text"/>

SUMMER #1	4.5 Weeks (full-time) May 13-June 12, 2024	<input type="radio"/> 0 students <input type="radio"/> 1 student
		<input type="radio"/> 2 students <input type="radio"/> 3 students
		Other # <input type="text"/>

SUMMER #2	4.5 Weeks (full-time) June 17-July 17, 2024	<input type="radio"/> 0 students <input type="radio"/> 1 student
		<input type="radio"/> 2 students <input type="radio"/> 3 students
		Other # <input type="text"/>

All BPCC PTA Students are required to have current **OSHA/HIPAA training, American Heart Association for Healthcare Providers Basic Life Support Certification, General Physical Exam, personal health insurance coverage, TB test, drug screen, criminal background check, Hep B series and titer, tetanus vaccine, 2 MMR vaccines, Varicella Zoster titer, Rubella titer, Rubeola titer, Covid vaccine (or exemption form)** before beginning clinical affiliations. If your facility has additional requirements, please contact Ms. Shawndreka Jelks, BPCC Nursing & Allied Health Program Coordinator at 318-678-6052 or sjelks@bpcc.edu

The Clinical Affiliation Agreement BPCC utilizes is "self renewing" and therefore does not have to be re-executed annually . Facilities should, however, periodically review those contracts to verify accuracy in terms of facility management/contact information and to assess whether the agreement continues to meet facility needs. Please take a moment to review the existing Clinical Affiliation Agreement between your facility and BPCC and respond to the question below.

I have reviewed our Affiliation Agreement. It
 is accurate and continues to meet our facility needs.

I have reviewed our Affiliation Agreement.
 There are errors and/or I would like to discuss changes to the contract. Comments

I do not have a copy of our Affiliation Agreement with BPCC. Please forward a copy to me for review.

This form can be accessed for completion/submission electronically at
<https://www.surveymonkey.com/r/BPCC22-23>

**Thank you so much for your time and support of BPCC's
PTA Program!**