

BPCCPA Student Commitment Form

2019-2020 Academic Year

Thank you for planning to include BPCCPA 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, by fax 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.bpc.edu · 6220 E. Texas Street, Bossier City, LA · (318) 678-6080

Kim Cox, PT, ACCE
Phone: 318-678-6107
Fax: 318-678-6199
www.bpc.edu/pta
kcox@bpc.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 21-Nov 15, 2019	<input type="radio"/> 0 students <input type="radio"/> 1 student <input type="radio"/> 2 students <input type="radio"/> 3 students Other # <input style="width: 100px;" type="text"/>	
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SPRING	5 Weeks (full-time) Mar 23-April 24, 2020	<input type="radio"/> 0 students <input type="radio"/> 1 student <input type="radio"/> 2 students <input type="radio"/> 3 students Other # <input style="width: 100px;" type="text"/>	
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SUMMER #1	4.5 Weeks (full-time) May 11-June 10, 2020	<input type="radio"/> 0 students <input type="radio"/> 1 student <input type="radio"/> 2 students <input type="radio"/> 3 students Other # <input style="width: 100px;" type="text"/>	
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SUMMER #2	4.5 Weeks (full-time) June 15-July 15, 2020	<input type="radio"/> 0 students <input type="radio"/> 1 student <input type="radio"/> 2 students <input type="radio"/> 3 students Other # <input style="width: 100px;" type="text"/>	
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All BPCCTA 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, and Rubeola titer** before beginning clinical affiliations. If your facility has additional requirements, please contact Ms. Shunta Spearman, BPCCTA Science, Nursing & Allied Health Program Coordinator at 318-678-6052 or sspearman@bpcc.edu.

The Clinical Affiliation Agreement BPCCTA 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 BPCCTA 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 BPCCTA. Please forward a copy to me for review.

This form can be accessed for completion/submission electronically at
<https://www.surveymonkey.com/r/BPCCstudents19-20>

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