

University of Florida DPT Program

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Facility Name _____ City _____ State _____

No Change In Contact Information SCCE Name: _____ SCCE EMAIL: _____

If you are accepting students in multiple settings please highlight the setting and associated experience type and indicate the number of students for each in the space provided (i.e. Acute care 1, SNF 2 Total Students=3)

Clinical Experience Number	Notes from School	Dates	Number of Weeks	Setting (Circle all that apply)	Experience Type (Circle all that apply)	Total Number of Students
VI Entry Level			8	Acute Care _____ Rehab _____ SNF _____ Home Health _____ Outpatient _____ Other _____	Orthopedic _____ Cardiopulmonary _____ Neuromuscular _____ Pediatrics _____ Integumentary _____ Other _____	
III Beginner			8	Acute Care _____ Rehab _____ SNF _____ Home Health _____ Outpatient _____ Other _____	Orthopedic _____ Cardiopulmonary _____ Neuromuscular _____ Pediatrics _____ Integumentary _____ Other _____	
IV Advanced Beginner			8	Acute Care _____ Rehab _____ SNF _____ Home Health _____ Outpatient _____ Other _____	Orthopedic _____ Cardiopulmonary _____ Neuromuscular _____ Pediatrics _____ Integumentary _____ Other _____	
V Intermediate			8	Acute Care _____ Rehab _____ SNF _____ Home Health _____ Outpatient _____ Other _____	Orthopedic _____ Cardiopulmonary _____ Neuromuscular _____ Pediatrics _____ Integumentary _____ Other _____	

Reserved for University Students First Come- First Serve Application Required Interview Required

No opening contact us in the future Contact us closer to the date No openings do not contact us in future

Other Comments:

SCCE (or person completing form) _____ Date _____

Please complete and return via e-mail/Fax to Natacha Miller, Academic Assistant By **April 20th 2018.**