

***Please note:** You need to download and save the document to your computer first. Then re-open the document to activate the digital signature box so you can digitally sign and email the completed form. You must have Adobe Reader in order to digital sign the form. Do not click the lock document after signing the form.

Informed Consent for Clinical Rotations

During the course of the physical therapist assistant program, the student is required to participate in 3 clinical rotations. The rotations consist of one 4-week and two 6-week rotations. Due to the rural location and the limited number of physical therapy sites available in Mohave County, it is mandatory the student will perform a clinical rotation outside of Mohave County (refer to PTA student handbook for current listing of sites). Students are required to find housing and arrange transportation and meals for their sites away from home. Students are encouraged to speak with the academic coordinator of clinical education (ACCE) about other location possibilities in an effort to fully develop clinical site offerings and meet the needs of PTA students.

The student participates in 3 clinical education experiences in a variety of settings (hospital, outpatient clinic, skilled nursing facility, and rehab settings). Each clinical site expects the student to behave according to the APTA guide to conduct for physical therapist assistants and facility specific guidelines. The PTA student handbook will outline specific clinical expectations. Each student is required to undergo drug testing and criminal background checks due to the nature of the work. Other requirements include CPR, hepatitis B vaccine, TB testing, physician clearance and statement of health, and health insurance. The student is responsible for the cost of these procedures.

The student must also realize that receiving an AAS degree as a physical therapist assistant does not permit the student to practice as a physical therapist assistant. Graduates must pass a national regulatory exam and receive state endorsement in order to practice legally as a physical therapist assistant.

I, _____, hereby understand that the clinical rotations require out of pocket expenses for which i am responsible. I also understand that I am required to travel outside of Mohave County for at least one of my clinical rotations and I am responsible for housing and transportation related to the clinical rotation. In addition, I will be held to the standards of the APTA's guide to conduct for physical therapist assistants and I may not legally practice as a physical therapist assistant until I have been duly licensed or certified to do so (where applicable).

Dates Valid Through

Print Student Name

Student Signature

Date: _____