**NOTE: This is an optional-use form that a Practicum Coordinator could use or adapt to evaluate a Practicum site prior to any contract.**

**Practicum Site Evaluation Form**

Information for Clinical Site Contract

**SITE DEMOGRAPHICS**

Clinical Site Full Name**: (No abbreviations)**

Address:

City: State: Zip Code:

Phone # Fax # Website:

Agency Administrator Site Supervisor

Agency Contact person Phone #

**SITE CHARACTERISTICS (Check all that apply):**

**Type of Facility:**

\_\_ Hospital Practice \_\_ Public Health \_\_ FQHC – Federally Qualified Health Care Center

\_\_ Private Practice \_\_ Clinic \_\_ Other

**Type of Client Care:**

\_\_ Medical \_\_ Surgical \_\_ Psychiatric

\_\_ OB/GYN \_\_ Pediatric \_\_ Urgent Care

\_\_ Urology \_\_ Neurology \_\_ Other

**PATIENT CHARACTERISTICS (Check all that apply):**

Gender: \_\_ Female \_\_ Male **Ethnicity/Race:**

**Age Group (s):**

\_\_ Newborn/Infants (birth to 1 year) \_\_ Pediatrics (> 1 year to < 18 years)

\_\_ Adults (18 to 65 years) \_\_ Older Adults (> 65 years)

**EVALUATION OF SITE AND EXPERIENCE:**

1. How many patients are seen on a daily basis?

2. How many physicians/practitioners are at the practice?

3. Will the student be able to access patient health records/EHR (labs/diagnostics/history): Yes No

4. How many students can the facility accommodate at one time:

5. What types of procedures will the student be exposed to at this site:

6. Availability (circle day/list time): Mon Tues Wed Thur

 Fri Sat Sun

Are my students able to: YES NO

Perform the following clinical skills

* 1. vital signs □ □
	2. venipuncture □ □
	3. capillary puncture □ □
	4. pulmonary function testing □ □
	5. EKGs, Holter monitors, ETTs □ □
	6. Administer medications (oral and/or injectable) □ □
	7. CLIA-waived tests (hematology, chemistry, □ □

 microbiology, UA)

* 1. immunology testing □ □
	2. sterilization/autoclaving □ □
	3. prepare patients for procedures/treatments □ □
	4. document patient care/patient education □ □
	5. verify prescriptions, call RX into pharmacies □ □

Comments on any NO responses:

Perform the following administrative skills YES NO

1. register patient, enter demographic information □ □
2. schedule appointments, call to confirm appointments, □ □

reschedule appointments, make follow-up appointments

1. schedule procedures/testing □ □
2. organize medical records/file medical records □ □

scan medical records into patient charts

1. EMR/EHR □ □
2. document patient information □ □
3. explain general office policies □ □
4. compose professional/business correspondence □ □
5. office inventory (assist/perform) □ □
6. bookkeeping functions (ex, bank deposit, posting, etc.) □ □
7. referrals (following managed care/3rd party guidelines) □ □
8. obtain precerts/preauthorizations □ □
9. verify insurance coverage □ □
10. diagnostic and procedural coding □ □
11. complete insurance forms □ □

Comments on any NO responses: