

Physical Therapist Assistant Program

Clinical Education Disclosure Form: Re-Taking a Clinical Education Course

One of the tasks of the clinical education component of the PTA curriculum is to provide student/learners with the opportunity to work in a clinical setting with a diagnosed patient population. Through contractual arrangement, facilities have agreed to allow MCCC PTA student/learners to work directly with their patients under the supervision of a clinical instructor who is employed by the clinical facility. This type of agreement relies heavily on the trust between the clinical facility and the PTA program's academic preparation of the student/learner to be able to successfully integrate him or herself into the clinical environment.

Faculty and clinical instructors are committed to student/learners' successful completion of the clinical education component of the curriculum. In the event that a student/learner must re-take a clinical education course some decisions need to be made.

1. What remediation needs to take place for the student/learner to be more successful in the clinical setting?
2. Whether or not to disclose the reasons that the student/learner was not successful in the first attempt with the clinical education course.
3. Which clinical sites would provide an opportunity for a student/learner to repeat a clinical education course?

Every student/learner has the right to privacy with regard to his or her academic and clinical performance. This information is not disclosed to anyone without the expressed consent of the student/learner. When a student/learner needs to re-take a clinical education course it is the opinion of the PTA faculty that this information would be very helpful to disclose. If the information is disclosed to the clinical instructor, a remediation plan can be developed by the PTA program faculty and implemented. This plan would be designed to assist the student/learner to become more successful as he or she re-takes the clinical education course.

Please indicate whether or not you agree to let the PTA program faculty members disclose this information on your behalf and develop a remediation plan for you. Failure to grant this permission will make you ineligible for the development of any remediation plan when you re-take this clinical education course.

I agree to have the PTA program faculty disclose that I am re-taking this clinical education course, and the reasons that I need to re-take this course. I understand that the purpose of this disclosure is to help me be more successful.

Signature

Date

Name (Printed)

I do not want the PTA program faculty to disclose any information about my re-taking this clinical education course. I understand that this makes me ineligible for the development of a remediation plan for this course.

Signature

Date

Name (Printed)