

Phone: _____

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Facility: _____

City: _____ State: _____

SCCE: Email:

[If you are accepting students in multiple settings, please write/type in the number next to the setting (ie. 1 Acute Care, 2 SNF, total students =3)]

Clinical Experience	Course/Cohort/Notes	Dates	Number of Weeks	Setting (check all that apply)	Type (check all that apply)	Total Number of Students
				Acute Care	Orthopedic	
Final	PT 780 (<u>16 week option</u>) Class of 2021 [Core education complete]	Jan 11-Apr 30, 2021	16	Inpt Rehab	Cardiopulmonary	
				SNF	Neuromuscular	
				Home Health	Pediatrics	
				Outpatient	Geriatrics	
				Other	Other	
Final	PT 780 (<u>8 week option</u>) Class of 2021 [Core education complete]	Jan 11-Mar 5, 2021	8	Acute Care	Orthopedic	
				Inpt Rehab	Cardiopulmonary	
				SNF	Neuromuscular	
				Home Health	Geriatrics	
				Outpatient	Pediatrics	
				Other	Other	
Final	PT 780 (<u>8 week option</u>) Class of 2021 [Core education complete]	Mar 8-Apr 30, 2021	8	Acute Care	Orthopedic	
				Inpt Rehab	Cardiopulmonary	
				SNF	Neuromuscular	
				Home Health	Geriatrics	
				Outpatient	Pediatrics	
				Other	Other	
First	PT 760 Class of 2022 [Students have not had pediatrics course]	Jun 1-Aug 6, 2021	10	Acute Care	Orthopedic	
				Inpt Rehab	Cardiopulmonary	
				SNF	Neuromuscular	
				Home Health	Geriatrics	
				Outpatient	Other	
				Other		
Second	PT 770 Class of 2022 [Core education complete]	Sep 27-Dec 10, 2021	10	Acute Care	Orthopedic	
				Inpt Rehab	Cardiopulmonary	
				SNF	Neuromuscular	
				Home Health	Geriatrics	
				Outpatient	Pediatrics	
				Other	Other	

omments, clarifications, and questions:

These placements are:

Specifically for WVU students Offered first-come, first served We require:

Pre-placement interview

Please return to:

Sally Weaver Fax: 304-293-7105 Email: sweaver@hsc.wvu.edu