**CLINICAL EDUCATION SITES AVAILABLE FOR ACADEMIC YEAR OF CAPTE ON-PROGRAM REVIEW**

**BASED ON CURRENT CONTRACTUAL ACCESS (Required Form) (March 2025)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of Students Currently In** | | | |
| **Year 1** | **Year 2** | **Year 3, if applicable** | **Year 4, if applicable** |
|  |  |  |  |

| **Clin Ed Course**  (Prefix & # & Name)  Add rows as needed | **Year in Program (e.g., 1, 2, 3)** | **Term in Program (e.g., 1, 2, 3, 4,)** | **F=Full time**  **P=Part time** | **Type(s) of Settings**  (if different types of experiences can meet the needs of the clin ed course, list separately and provide data for next 3 columns for each type of experience) | **#**  **Placements**  **Needed** | **#**  **Placements confirmed** | **# of Additional Placements Needed** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

© 2025 American Physical Therapy Association. All rights reserved.