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

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

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| --- |
| **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** |
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