

UNK-A TEP Clinical Internship

Student Accomplishment Check-List

Student Name _____ Internship Site Supervisor _____

Clinical Site Orientation Date _____

Review of Emergency Action Plan & Blood borne Pathogen Policy Date _____

Hospital Orientation Seminar and receive clearance. Date _____

Surgical observations (**Orthopedic physicians**)

Identify the date and type of each surgery observed

Physician observation (**Orthopedic Surgeons**)

Identify dates of observations

Physician observation (**General Practice Physician**)

Identify dates of observations

Observation and instruction in casting

Identify dates of practice in casting

Identify each different type of experience / practice in the rehabilitation setting.
Ex. Joint mobilization, Isokinetic strengthening, PNF therapy, etc.

Identify each different rehabilitation protocol that you observed / took part in.
Ex. ACL, SLAP lesion, etc.

Date of Internship Director On-Site Visitation _____