

The University of Iowa
Physical Therapy & Rehabilitation Science Graduate Programs
CLINICAL INTERNSHIP QUESTIONNAIRE
2nd Year Students
January 3-13, 2012 Clinical Experience

This form requests information as to the extent of a clinical center's participation in the two week clinical internships for second year physical therapy students enrolled at The University of Iowa. Please complete and mail to Byron Bork, PT, ACCE, Physical Therapy & Rehabilitation Science Graduate Programs, The University of Iowa, 1-252 Medical Education Building, Iowa City IA 52242-1190. A reply envelope is provided. Please return by **April 30, 2011**.

Name of Clinical Center: _____

Address: _____

Center Coordinator of Clinical Education: _____

Telephone: _____ Fax: _____

Email: _____ Date: _____

I would prefer future correspondence by: Email Traditional mail

Will you be able to participate in the January 3-13, 2012 clinical experience?

- Yes
- No

If yes, how many students can you accept? _____

Is housing available for the student? If yes, please describe.

- Yes
- No