



School of Physical Therapy

**Clinical Education  
CLINICAL SITE NOMINATION FORM**

Please fill out this form *in its entirety* and submit via email to Dr. Wilkinson at [brianw@pacificu.edu](mailto:brianw@pacificu.edu).

**Your information:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Facility information:**

Name: \_\_\_\_\_  
Street address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Website: \_\_\_\_\_  
Types of PT provided: \_\_\_\_\_

**CCCE/Internship Coordinator information:**

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Have you contacted this person? \_\_\_\_\_

**When do you want to do an internship here?**

1<sup>st</sup> choice: \_\_\_\_\_ 2<sup>nd</sup> choice: \_\_\_\_\_

**Why do you want to intern at this facility? Include in your description how an affiliation with this site will benefit the School and future students.**

**Do you have a personal or professional relationship with the facility or employees?**

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I UNDERSTAND THAT IF A CONTRACT WITH THIS FACILITY IS ESTABLISHED AND THE FACILITY AGREES TO TAKE A STUDENT FOR EITHER OF THE TIME PERIODS INDICATED ABOVE, I AM OBLIGATED TO GO TO THIS FACILITY FOR AN INTERNSHIP. ADDITIONALLY, I UNDERSTAND THAT IF PAPERWORK FOR THIS INTERNSHIP (CONTRACT, ETC.) IS NOT COMPLETED AT LEAST 12 WEEKS BEFORE THE START OF THE INTERNSHIP, THE INTERNSHIP WILL NOT OCCUR.

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Signature

Date