

**Oregon State University
School of Biological and Population Health Sciences**

KIN 344: Pre-Therapy/Allied Health Practicum

Checklist

_____ Obtain application packet and read all enclosed information

_____ Complete the KIN 343 & KIN 344 Application Forms

_____ Complete the Immunization Form
Attach copies of medical records documenting your immunizations.

_____ Complete the Code of Conduct Form

_____ Turn in applications to the advising office for signature.

If your overall GPA is < 3.20 you should schedule an appointment with your academic advisor. Applications with overall GPA < 3.2 without an advisor signature indicating you have had a meeting will not be considered.

_____ Submit your KIN 343 and KIN 344 applications.

Applications should be submitted to Langton 221 in the mailbox for PTAH applications. If your application is submitted after the due date at 5pm, it may not be accepted.

_____ Register for KIN 343 and KIN 344 once cleared by instructor/department

_____ **Attend the first day of classes - MANDATORY**

All PTAH applications are due by 5pm on Friday of week 5 of the preceding term.

For Fall term 2020 App. Due May 1st 2020	For Winter term 2021 App. Due October 30th 2020	For Spring term 2021 App. Due February 5th 2021
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KIN 344 Pre-Therapy/Allied Health Practicum

Information Sheet

The Pre-Therapy/Allied Health Practicum is designed to provide the student with an opportunity to work with a member of the allied health community in the student's desired area of interest. Below is a list of the student expectations. The specific requirements for the grading of this practicum will be provided to you on the first day of class.

- Eligibility and authorization for registration for KIN 344 is made by the instructor of the course. Junior and Senior level students are eligible under the following criteria:
 - You have completed the anatomy and physiology series successfully (“C” or greater)
 - You have completed the anatomy and physiology series with a composite GPA of 2.70 or greater
 - You have maintained at least a 2.5 in all KIN coursework
 - You have maintained at least a 2.25 in all option coursework and supporting coursework (not bac core)
 - You have maintained an overall GPA of 3.0
 - You have completed an application and have provided all of your immunization information including copies of medical record documenting all immunizations
 - You have been tested for Tuberculosis (Tb) within the last calendar year. It must remain current throughout your affiliation time.

- KIN 343 and KIN 344 are to be taken concurrently. KIN 343 is your seminar course and KIN 344 is the practicum course.
- You will be expected to obtain 30 hours with your clinical supervisor during the term you register for the course which works out to be approximately 3 hours per week. It is up to you and the allied health professional to determine a schedule that is acceptable.
- You are expected to dress and behave in a professional manner at all times; this includes (1) closed toe shoes, (2) business, professional dress including khaki or dark colored pants, a collared shirt that can be tucked into your pants, (3) no perfume or cologne, (4) no facial jewelry, and (5) men should maintain facial hair nicely groomed.
- Do not bring personal items with you to your clinical rotation. All you will need is a pen and some paper for notes to be taken during your observation.
- Please contact your clinical supervisor if you are sick to make up hours. Patients in the acute care or skilled nursing settings may have compromised immune systems and are at risk for infection.
- Follow-all rules of the facility.
- Maintain patient confidentiality at all times.
- If additional students are located at your facility, limit “chit-chat” to outside of your affiliation.
- **MANDATORY ATTENDANCE ON THE FIRST DAY OF CLASSES.**

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Practicum Application
(Student must be Jr or Sr standing)

Applicant Information (PLEASE COMPLETE IN BLUE OR BLACK INK – PENCIL IS NOT ACCEPTABLE)

Name: _____	Application for: _____ (Term/Year)	Year: Jr Sr (Circle one)	
Student ID Number: _____	Major: _____		
Anticipated Graduation Date: _____			
Local Address			
Address: _____			
City: _____	State: _____	Zip: _____	
Phone: _____	ONID Email: _____		
*Your ONID email is considered your official email address. This will be used for all student communication for this course.			
Permanent Address (If different than local address)			
Address: _____			
City: _____	State: _____	Zip: _____	
Emergency Contact Info			
Name: _____	Relationship: _____	Phone: _____	
Name: _____	Relationship: _____	Phone: _____	

Practicum Information

Do you have means of transportation or Albany, Lebanon, Salem or Eugene? _____	
What do you hope to gain from this experience? _____	

<u>Allied Health Profession Interest</u>	<u>Allied Health Setting</u>
<input type="checkbox"/> Athletic Training	AT: <input type="checkbox"/> High School <input type="checkbox"/> University <input type="checkbox"/> Clinic
<input type="checkbox"/> Nursing	Nursing: <input type="checkbox"/> Acute Care <input type="checkbox"/> Outpatient Clinic
<input type="checkbox"/> Occupational Therapy	OT: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Peds
<input type="checkbox"/> Physician Assistant	PA: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient
<input type="checkbox"/> Physical Therapy	PT: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Peds

Student Signature

Date

Name: _____ Term: _____

Chicken Pox (Varicella)

Have you had Chicken Pox? YES NO

If YES, Date of Disease _____

If NO, Dates of Vaccine: Vaccine #1: _____ Vaccine #2: _____

Titer (if needed): _____
(date) +/-

Tuberculosis (TB)

Have you had a TB test within the last 12 months? YES NO **MUST ATTACH PROOF**

TB Skin Test Date: _____ mm/Induration _____

Have you ever had a positive TB test? YES* NO

If yes, date of last chest x-ray and results _____

*You will need to complete the TB Risk Factor Screening form

Tetanus Diphtheria and Pertussis (Tdap).

This is a 1-time injection which updates all previous tetanus and Diphtheria (Td). Some affiliations recommend all health care workers with direct patient care be immunized against Pertussis. If you do not have the updated immunization, you will be requested to obtain this prior to starting your affiliation.

Date: _____ Institution: _____

I attest the information provided is true, complete, and accurate to the best of my knowledge.

Student Signature

Date

Practicum Coordinator Signature

Date

Please Return to:
Emily Norcross
Coordinator, Pre-Therapy/Allied Health Practicum
Oregon State University
School of Biological and Population Health Sciences
Langton Hall 221
Corvallis, OR 97331
Emily.Norcross@oregonstate.edu | 541-737-8198

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Code of Conduct Agreement

My signature below indicates that I accept the Policies and Procedures of the Pre-Therapy/Allied Health Practicum at Oregon State University. Initial each statement below:

_____	I will abide by all policies and procedures of the Pre-Therapy/Allied Health Practicum as explained to me including dress code and code of conduct.
_____	I understand that I will need to obtain clinical observation experience in the Pre-Therapy/Allied Health Field. (1 credit = 30 hours).
_____	I understand that I may be placed in any of the Pre-Therapy/Allied Health Practicum experiences associated with KIN 344 according to my area of interest. Even though I may be asked for input regarding my clinical assignments, the final decisions for these assignments is the responsibility of the program's administration (depending on clinical site availability).
_____	I understand that there is no financial support associated with travel to and from clinical assignments associated with the Pre-Therapy/Allied Health Practicum.
_____	I understand that if I am injured while in attendance at a clinical assignment, unless it is determined the clinical site was negligent, my medical bills may not be covered. Oregon State University views off-site practicum experiences in the same manner as on-campus lab settings. Specifically, it is my responsibility to maintain personal health coverage during my clinical experience.
_____	I understand that I will need to obtain TB clearance and proof of immunization prior to being placed for my clinical assignment.
_____	I understand that I will need to make-up my missed clinical hours within one week of my absence so as to not bombard the clinical staff at the end of the term.
_____	I understand that I will need to maintain patient confidentiality both during and after the completion of my clinical experience.
_____	I understand that it is my responsibility to communicate with my clinical supervisor prior to arrival to obtain information regarding policies and procedures of the clinical site.
_____	I understand that it is my responsibility to communicate with the practicum coordinator any difficulties associated with a practicum experience in a timely manner.

Student Signature

Date

Practicum Coordinator Signature

Date