



615 McCallie Avenue
Department of Physical Therapy #3253
Chattanooga, TN 37403

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Facility Name _____ City _____ State _____

No Change in Contact Information SCCE/CCCE _____ Email/Phone # _____

If you are accepting students in multiple settings for CE IV, please write in the number students next to the setting (i.e. Acute care 1, SNF 2 Total Students=3)

Clinical Experience Number	Notes from School	2026 Dates	Number of Weeks	Setting (Circle all that apply or write in to specify when appropriate)	Experience Type (Circle all that apply or write in to specify)	Total Number of Students
I Outpatient Orthopedic	End of 1 st year of program – students completed all musculoskeletal management courses, as well as other foundational courses, including neuroscience, therex	June 22– August 7	7	orthopedic focused	adult only	
II Acute Care (at least 50% caseload)	End of 2 nd year of program – students completed all medical/surgical mgmt., neurological dysfunction, and musculoskeletal management courses, as well as Human Growth & Development, Cardiopulmonary, Psychosocial	May 4 – June 19	7	n/a	Adult Pediatrics	
III Neuro-Focused (at least 50% caseload)	See CE II for academic content prior to experience – may complete CE III in IRF/SNF/ALF/HHPT/Outpt Neuro/Peds settings – may complete CE II content in CE III timeframe and vice versa	June 22 – August 7	7	Please write in setting (based on appropriate settings identified in notes)	Adult Pediatrics	
IV	Final Clinical Education experience. Students will have the opportunity to give preference for experience based on the variety of settings available.	January 5 – April 17	15	Acute Care Home Health Inpatient Outpatient Other _____	Please write in experiences available (i.e. pelvic, aquatics, pediatrics, etc . . .)	

Reserved for UTCDPT Students

First Come- First Serve

Application Required

Submission Date: _____

No opening contact us in the future

Date: _____

Contact us closer to the date

Date: _____

Interview Required

Submission Date: _____

No openings, do not contact

SCCE/CCCE (or person completing form): _____ Date: _____

Please complete via Exxat or return this form via e-mail/fax/mail to Carolyn B. Padalino, DCE, by April 30, 2025