

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

CCCE: \_\_\_\_\_

CCCE Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

CCCE E-mail: \_\_\_\_\_

Corporate Name: \_\_\_\_\_

Please check one:

Offerings are reserved for UW-Madison

All offerings are on first come, first served basis

I am unable to commit at this time, please contact me  
at this future date: \_\_\_\_\_

### UW-Madison 2010-2011 Physical Therapy Commitment Form

Internship Dates	Number of Students	Internship Type: (IP/OP/Mix/Neuro)	Patient Type: Ortho, Neuro, Acute, Peds, etc-	CI (if Known)
First Year Interns				
Jan 4 - Jan 15, 2010 (2 week)				
May 17 - June 11, 2010 (4 week)				
Third Year Interns				
Aug 2 -Oct 1, 2010 (9-week)				
Oct 11 -Dec 10, 2010 (9-week)				
Fourth Year Interns				
Jan 24-Apr 15, 2011 (12 week internship)				

Additional Comments:

OVER

- \* Is this a 2:1 or 3:1 Collaborative Learning Experience?    \_\_\_Yes    \_\_\_No    \_\_\_\_\_Type
- \* Is there a stipend? \_\_\_Yes    \_\_\_No    If yes, how much? \_\_\_\_\_
- \* Is housing provided? Male interns \_\_\_\_\_ Y/N Female interns \_\_\_\_\_ Y/N    Is there a cost? If so, how much/month?
- \* Madison interns are also required to sign a 'Background Disclosure Form' (BID) with the Medical School at the beginning of the program, which if required by facilities, allows the Medical School to access 'Caregiver Background Checks' (WI Act 27) performed by the Departments of Justice & Health & Family Services. The results will be mailed to your facility.

For internship placements, you will be notified by November 1, 2009 *at the very latest*. **Please return this form no later than April 30, 2009 to:**

Sue Wenker, PT, MS, GCS, ACCE  
 University of Wisconsin-Madison  
 Physical Therapy Program  
 5170 Medical Sciences Center  
 1300 University Ave  
 Madison, WI 53706-1532

Please contact Sue at (608) 265-8619  
 Fax 262-7809 e-mail *wenker@pt.wisc.edu*  
 if you have any questions or comments. (Feel free to fax  
 this form to the fax # listed above.)