

LOMA LINDA UNIVERSITY

SCHOOL OF ALLIED HEALTH PROFESSIONS

DEPARTMENT OF PHYSICAL THERAPY

STUDENT HANDBOOK

ENTRY-LEVEL DOCTOR OF PHYSICAL THERAPY

June 2019

This handbook is intended to assist the student while in the Doctor of Physical Therapy program. This handbook is not intended to take the place of the Loma Linda University Student Handbook. Many of the policies in this handbook are taken from the University Student Handbook, the Loma Linda University Catalog and the University Safety manual. The student is expected to be familiar with the policies in this handbook as well as the University Student Handbook and the University Catalog. If a student needs clarification regarding policies or procedures, they should speak to their program director.

LOMA LINDA UNIVERSITY
SCHOOL OF ALLIED HEALTH PROFESSION
DEPARTMENT OF PHYSICAL THERAPY
ENTRY-LEVEL DPT PROGRAM
STUDENT HANDBOOK

LOMA LINDA UNIVERSITY

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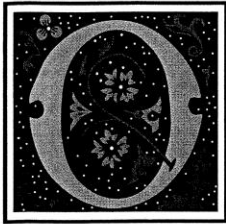
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LOMA LINDA UNIVERSITY



UR MISSION

LOMA LINDA UNIVERSITY,

a Seventh-day Adventist Christian health sciences institution, seeks to further the healing and teaching ministry of Jesus Christ “to make man whole” by:

- EDUCATING** ethical and proficient Christian health professionals and scholars through instruction, example, and the pursuit of truth;
- EXPANDING** knowledge through research in the biological, behavioral, physical, and environmental sciences and applying this knowledge to health and disease;
- PROVIDING** comprehensive, competent, and compassionate health care for the whole person through faculty, students, and alumni.

IN HARMONY WITH OUR HERITAGE AND GLOBAL MISSION:

- ☛ We encourage personal and professional growth through integrated development of the intellectual, physical, social, and spiritual dimensions of each member of the university community and those we serve.
- ☛ We promote an environment that reflects and builds respect for the diversity of humanity as ordained by God.
- ☛ We seek to serve a worldwide community by promoting healthful living, caring for the sick, and sharing the good news of a loving God.

TO ACHIEVE OUR MISSION WE ARE COMMITTED TO:

OUR STUDENTS

Our primary responsibility is the education of students, who come from diverse ethnic and cultural backgrounds, enabling them to acquire the foundation of knowledge, skills, values, attitudes, and behaviors appropriate for their chosen academic or health-care ministry. We nurture their intellectual curiosity. We facilitate their development into active, independent learners. We provide continuing educational opportunities for our alumni and professional peers. We encourage a personal Christian faith that permeates the lives of those we educate.

OUR FACULTY, STAFF, AND ADMINISTRATION

We respect our faculty, staff, and administration who through education, research, and service create a stimulating learning environment for our students. They contribute to the development of new understandings in their chosen fields. They demonstrate both Christian values and competence in their scholarship and professions.

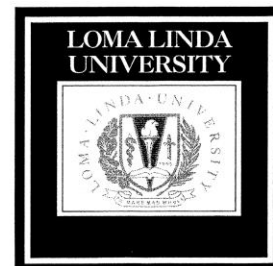
OUR PATIENTS AND OTHERS WE SERVE

We provide humanitarian service through people, programs, and facilities. We promote healthful living and respond to the therapeutic and rehabilitative needs of people. We seek to enhance the quality of life for individuals in local, regional, national, and world communities.

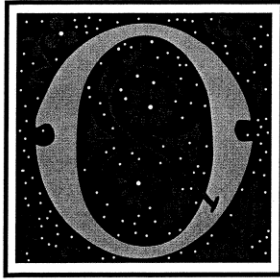
OUR GOD AND OUR CHURCH

We believe all persons are called to friendship with a loving God both now and throughout eternity. We support the global mission of the Seventh-day Adventist Church by responding to the need for skilled Christian health professionals and scholars. We seek to honor God and to uphold the values of the Seventh-day Adventist Church and its commitment to awakening inquiry. We are drawn by love to share the good news of God expressed through the life and gospel of Jesus Christ and to hasten His return.

A SEVENTH-DAY ADVENTIST
HEALTH SCIENCES INSTITUTION



REVISED AUGUST, 1993



OUR MISSION

The School of Allied Health Professions is dedicated to fulfilling the mission of Loma Linda University through academic and clinical training of allied health professionals. The School prepares competent health professionals in a Christian environment, which emphasizes the healing and teaching ministry of Jesus Christ "to make man whole."

To meet local, national, and international allied health-care needs, we seek to serve:

1. Students choosing to become health-care professionals.
2. Individuals in need of medical care or health-promotion programs.
3. Faculty and staff committed to working with students in a Christian educational setting.

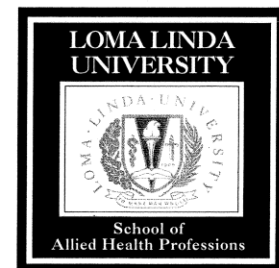
OUR GOALS

The goals of the School of Allied Health Professions are as follows:

1. To provide the environment in which the student may develop responsibility for integrity, ethical relationships, and empathetic attitudes which contribute to the welfare and well-being of patients.
2. To help the student accept responsibility for integrity, ethical relationships, and empathetic attitudes which can contribute to the welfare and well-being of patients.
3. To help the student develop a background of information and attitudes conducive to interprofessional understanding and cooperation.
4. To encourage the student to cultivate habits of self-education that will foster lifelong growth.
5. To engender and nurture in the student the desire to serve mankind, and in particular, to serve as needed in the medical centers sponsored by the Seventh-day Adventist Church both in this country and elsewhere.

The goals, for the ideal graduate of an entry-level bachelor's, master's, or doctoral degree program within the School of Allied Health Professions, are for an individual to:

1. Demonstrate clinical competence in his/her chosen profession.
2. Operate from a foundation of personal and professional ethics which incorporates the fundamental values espoused by Loma Linda University.
3. Demonstrate compassion for others in the manner of Christ.
4. Clarify his/her values and attitudes of human worth in relationship to his/her understanding of God.
5. Perform effectively within a team setting.
6. Communicate effectively with peers, supervisors, patients, family, and the community, orally and in writing, with sensitivity to nonverbal communication.
7. Analyze and respond to the changing field of health care.
8. Critically analyze data.
9. Read and interpret research papers.
10. Contribute to the chosen health profession through participation in professional organizations.
11. Utilize a theoretical foundation as a basis of treatment or management.
12. Incorporate wholeness into all aspects of personal and professional life.
13. Use sensitivity to accommodate diversity among individuals.
14. Commit to lifelong personal and professional learning.
15. Demonstrate basic skills in personal financial management and, where appropriate, in practice management.



Fundamental Values of Loma Linda University

COMPASSION--The sympathetic willingness to be engaged with the needs and suffering of others. Among the most memorable depictions of compassion in Scripture is the story of the Good Samaritan, which LLU has taken as a central symbol for our work.

INTEGRITY--The quality of living a unified life in which one's convictions are well-considered and match one's actions. Integrity encompasses honesty, authenticity, and trustworthiness.

EXCELLENCE--The commitment to exceed minimum standards and expectations.

FREEDOM--The competency and privilege to make informed and accountable choices and to respect the freedom of others. God has called us not to slavery, but to freedom.

JUSTICE--The commitment to equality and to treat others fairly, renouncing all forms of unfair discrimination. The God of the Bible is One who calls people continually, to justice. According to the prophets, religious faith could only be genuine when it led the believers to "seek justice, rescue the oppressed, defend the orphans, [and] plead for the widow."

PURITY/SELF--CONTROL--Morally upright and moderate in all things with complete control over one's emotions, desires, and actions.

HUMILITY--The willingness to serve others in a sacrificial manner; the self-respect that renounces haughtiness or arrogance.

Loma Linda University Institutional Learning Outcomes

Standard Institutional Learning Outcomes

Loma Linda University's Institutional Learning Outcomes (ILOs) for students are assessed throughout the degree programs within the University. The Office of Educational Effectiveness works with the programs to guide the assessment. For more in depth information about LLU's ILO assessment, please see:

<https://home.llu.edu/education/office-of-provost/departments-and-divisions/educational-effectiveness/institutional-learning-outcomes>

- **Information Literacy:** Students demonstrate the ability to evaluate, use, and share information responsibly.
- **Quantitative Reasoning:** Students demonstrate the ability to reason and develop evidence-based decisions using numerical information.
- **Critical Thinking:** Students demonstrate critical thinking.
- **Oral Communication:** Students demonstrate effective oral communication skills in English.
- **Written Communication:** Students demonstrate effective written communication skills in English.

DEPARTMENT OF PHYSICAL THERAPY



LOMA LINDA UNIVERSITY
SCHOOL OF ALLIED HEALTH PROFESSIONS
DEPARTMENT OF PHYSICAL THERAPY
ENTRY LEVEL DPT PROGRAM



Entry-Level Doctor of Physical Therapy Mission:

As part of a Seventh-day Adventist Professional School within Loma Linda University, the Department of Physical Therapy is committed to inspiring our students and faculty to achieve academic excellence, live a life of service, appreciate diversity, and pursue lifelong learning.

Entry-Level Doctor of Physical Therapy Goals:

It is the Goal of the entry-level Doctor of Physical Therapy program to graduate **Students** who:

- SG1: Demonstrate entry-level knowledge and clinical skills appropriate for safe and effective physical therapy practice. (Clinical Skills)
- SG2: Demonstrate compassion and respect during interactions with individuals from different ethnic and cultural backgrounds. (Multicultural Competence)
- SG3: Demonstrate the ability to critically think and integrate evidenced-based practice into their clinical decision-making skill set. (Clinical Reasoning)
- SG4: Demonstrate an awareness and application of the ethical and legal parameters surrounding the profession of physical therapy. (Professionalism)
- SG5: Demonstrate an understanding of evidence-based clinical care utilizing collaborative relationships between the patient, physical therapist, and other health care practitioners. (Collaborative Care)
- SG6: Demonstrate effective verbal and non-verbal communication with instructors, classmates and clinical personnel as needed to work effectively as a member of a healthcare team. (Communication)

It is the Goal of the entry-level Doctor of Physical Therapy program to employ **Faculty** who:

- FG1: Demonstrate continued competence in the field of physical therapy.
- FG2: Demonstrate continued involvement in scholarly activities.
- FG3: Demonstrate professional development.
- FG4: Demonstrate involvement in community service.

It is the Goal of the entry-level Doctor of Physical Therapy **Program** to:

- PG1: Have adequate space and equipment that provides for an appropriate teaching environment.
- PG2: Have adequate space and equipment that provides for faculty research agenda.
- PG3: Have an appropriate environment that facilitates student and faculty interaction.

Entry-Level Doctor of Physical Therapy Student Outcomes (SOs):

- SO1 - **Board Pass Rate – Three Year Overall:** Program will have a 95% three-year overall pass rate. (SG1, SG3, SG4)
- SO2 - **Third Affiliation CPI Scores:** Graduating cohort will have an average of 97% in all areas of the Clinical Performance Instrument. (SG1, SG2, SG3, SG4, SG5, SG6)
- SO3 - **Professional Association Involvement:** 70% of a graduating cohort will have attended a Professional Physical Therapy Association meeting during the academic program. (SG8)
- SO4 - **Community Involvement:** 50% of graduating cohort will have participated in a community project during the academic program. (SG2)

Entry-Level Doctor of Physical Therapy Faculty Outcomes (FOs):

- FO1 - **Education Level:** 100% of core faculty will have an academic Doctorate degree or a clinical Doctorate with American Board of Physical Therapy Certified Specialty. (FG1, FG3)
- FO2 - **Publications:** Five peer-reviewed publications per year (collectively). (FG2, FG3)
- FO3 - **Presentations:** Five presentations at professional meetings per year (collectively). (FG2, FG3)
- FO4 - **Board Certified Specialists:** 75% of core faculty will be American Board of Physical Therapy Certified Specialists. (FG1, FG3)
- FO5 - **Community Involvement:** 75% of faculty will be involved in community activities. (FG4)
- FO6 - **Licensure:** 100% of core faculty physical therapists maintain current State Licensure. (FG1)

Entry-Level Doctor of Physical Therapy Program Outcomes (POs):

- PO1 - **Equipment:** All equipment is annually inspected and certified as safe. (PG1, PG2)
- PO2 - **Equipment:** 95% of all equipment is accounted for at the end of the academic year. (PG1, PG2)
- PO3 - **Space:** 80% of faculty and students will indicate that space within the department is adequate for their needs based on a satisfaction survey. (PG1, PG2, PG3)
- PO4 - **Space:** 80% of faculty and students will indicate that equipment within the department is adequate for their needs based on a satisfaction survey. (PG1, PG2, PG3)

LOMA LINDA UNIVERSITY
SCHOOL OF ALLIED HEALTH PROFESSIONS
DEPARTMENT OF PHYSICAL THERAPY
DOCTOR OF PHYSICAL THERAPY CLASS OF 2022

LOMA LINDA UNIVERSITY
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LOMA LINDA UNIVERSITY
SCHOOL OF ALLIED HEALTH PROFESSIONS
DEPARTMENT OF PHYSICAL THERAPY
STUDENT CONSENT FORM

I, _____, hereby voluntarily agree and consent to the following:
(Print Name)

_____ (please initial) I understand that while I am enrolled in the Department of Physical Therapy, School of Allied Health Professions, Loma Linda University I will be involved in activities that may increase my risk of injury or illness above those associated with everyday activities of daily living. These activities include:

- Exposure to blood, body fluids and airborne pathogens (Examples: Hepatitis, TB, HIV, needle sticks)
- Musculoskeletal injury - due to performing/receiving physical therapy treatment activities on/from partners in the laboratory setting and on clinical rotations
- Psychological Stress - due to the curriculum load, which requires in and out of class commitment to successfully complete the program
- Exposure to hazardous material (Examples: formaldehyde, betadine, rubbing alcohol)

_____ (please initial) I allow still and video images to be taken of me while I am enrolled at Loma Linda University. I understand that these images will be used for educational and promotional purposes only.

_____ (please initial) I understand that to successfully complete the program I must be able to perform the Department of Physical Therapy's "Essential Functions". I understand that if I am an individual with a disability and need reasonable accommodation to fully participate in this program, I must obtain the Student Information and Requested Accommodation forms from Dr. Craig Jackson, Dean, School of Allied Health Professions in Nichol Hall Room 1603.

ESSENTIAL FUNCTIONS REQUIRED TO GRADUATE AS A PHYSICAL THERAPIST

Cognitive Learning Skills

I will be required to demonstrate the ability to:

1. Receive, interpret, remember, reproduce and use information in the cognitive, psychomotor, and affective domains of learning to solve problems, evaluate work, and generate new ways of processing or categorizing similar information listed in course objectives.
2. Perform a physical therapy evaluation of a patient's posture and movement including analysis of physiological, biomechanical, behavioral, and environmental factors in a timely manner, consistent with the acceptable norms of clinical settings.
3. Use evaluation data to formulate and execute a plan of physical therapy management in a timely manner, appropriate to the problems identified consistent with acceptable norms of clinical settings.
4. Reassess and revise plans as needed for effective and efficient management of physical therapy problems, in a timely manner and consistent with the acceptable norms of clinical settings.

Psychomotor Skills

I will be required to demonstrate the following skills.

1. Locomotion ability to:
 - a. Get to lecture, lab and clinical locations, and move within rooms as needed for changing groups, partners and work stations.
 - b. Physically maneuver in required clinical settings, to accomplish assigned tasks.
 - c. Move quickly in an emergency situation to protect the patient (eg. From falling).
2. Manual tasks:
 - a. Maneuver another person's body parts to effectively perform evaluation techniques.
 - b. Manipulate common tools used for screening tests of the cranial nerves, sensation, range of motion, blood pressure, e.g., cotton balls, safety pins, goniometers, Q-tips, sphygmomanometer.
 - c. Safely and effectively guide, facilitate, inhibit, and resist movement and motor patterns through physical facilitation and inhibition techniques (including ability to give time urgent verbal feedback).
 - d. Manipulate another person's body in transfers, gait, positioning, exercise, and mobilization techniques. (Lifting weights between 10-100+ lbs)
 - e. Manipulate evaluation and treatment equipment safely and accurately apply to clients.
 - f. Manipulate bolsters, pillows, plinths, mats, gait assistive devices, and other supports or chairs to aid in positioning, moving, or treating a patient effectively. (Lifting, pushing/pulling weights between 10-100 lbs)

- g. Competently perform and supervise cardiopulmonary resuscitation (C.P.R.) Using guidelines issued by the American Heart Association or the American Red Cross.
- 3. Small motor/hand skills:
 - a. Legibly record thoughts for written assignments and tests.
 - b. Legibly record/document evaluations, patient care notes, referrals, etc. in standard medical charts in hospital/clinical settings in a timely manner and consistent with the acceptable norms of clinical settings.
 - c. Detect changes in an individual's muscle tone, skin quality, joint play, kinesthesia, and temperature to gather accurate objective evaluative information in a timely manner and sense that individual's response to environmental changes and treatment.
 - d. Safely apply and adjust the dials or controls of therapeutic modalities
 - e. Safely and effectively position hands and apply mobilization techniques
 - f. Use a telephone
- 4. Visual acuity to:
 - a. Read written and illustrated material in the English language, in the form of lecture handouts, textbooks, literature and patient's chart.
 - b. Observe active demonstrations in the classroom.
 - c. Visualize training videos, projected slides/overheads, X-ray pictures, and notes written on a blackboard/whiteboard.
 - d. Receive visual information from clients, e.g., movement, posture, body mechanics, and gait necessary for comparison to normal standards for purposes of evaluation of movement dysfunctions.
 - e. Receive visual information from treatment environment, e.g., dials on modalities and monitors, assistive devices, furniture, flooring, structures, etc.
 - f. Receive visual clues as to the patient's tolerance of the intervention procedures. These may include facial grimaces, muscle twitching, withdrawal etc.
- 5. Auditory acuity to:
 - a. Hear lectures and discussion in an academic and clinical setting.
 - b. Distinguish between normal and abnormal breathing, lung and heart sounds using a stethoscope.
- 6. Communication:
 - a. Effectively communicate information and safety concerns with other students, teachers, patients, peers, staff and personnel by asking questions, giving information, explaining conditions and procedures, or teaching home programs. These all need to be done in a timely manner and within the acceptable norms of academic and clinical settings.
 - b. Receive and interpret written communication in both academic and clinical settings in a timely manner.
 - c. Receive and send verbal communication in life threatening situations in a timely manner within the acceptable norms of clinical settings.
 - d. Physical Therapy education presents exceptional challenges in the volume and breadth of required reading and the necessity to impart information to others. Students must be able to communicate quickly, effectively and efficiently in oral and written English with all members of the health care team.
- 7. Self care:
 - a. Maintain general good health and self care in order to not jeopardize the health and safety of self and individuals with whom one interacts in the academic and clinical settings.
 - b. Arrange transportation and living accommodations to foster timely reporting to the classroom and clinical assignments.

Affective learning skills

I must be able to:

- 1. Demonstrate respect to all people, including students, teachers, patients and medical personnel, without showing bias or preference on the grounds of age, race, gender, sexual preference, disease, mental status, lifestyle, opinions or personal values.
- 2. Demonstrate appropriate affective behaviors and mental attitudes in order not to jeopardize the emotional, physical, mental, and behavioral safety of clients and other individuals with whom one interacts in the academic and clinical settings and to be in compliance with the ethical standards of the American Physical Therapy Association.
- 3. Sustain the mental and emotional rigors of a demanding educational program in physical therapy, which includes academic and clinical components that occur within set time constraints, and often concurrently.
- 4. Acknowledge and respect individual values and opinions in order to foster harmonious working relationships with colleagues, peers, and patients/clients.

Signed: _____

Date: _____

LOMA LINDA UNIVERSITY
SCHOOL OF ALLIED HEALTH PROFESSIONS
DEPARTMENT OF PHYSICAL THERAPY

Professional Appearance

Students of the entry-level Doctor of Physical Therapy program are expected to present an appearance consistent with the highest professional standards and competence. The image should be modest and consistent with the mission and philosophy of Loma Linda University.

To that end, professional appearance standards are applied during scheduled school hours in classrooms, laboratories, chapel, all campus facilities used for physical therapy education purposes, clinics, and off-campus assignments. The intent of the appearance standards is to create a professional culture and environment.

Professional appearance standards

Appearance must be modest, neat, clean, and conservative in style.

- For Men:
 - Slacks or professional long pants such as khakis must be worn.
 - Shirts must be neatly pressed and have collars.
 - Scrubs may be worn as an alternative (see below for standards)
- For Women
 - Dresses and skirts must approximate or fall below the knees
 - Pants, if worn, must be dress pants.
 - Tops must be modest.
 - Scrubs may be worn as an alternative (see below for standards)
- Shoes must be clean and in good repair
- Scrubs
 - Scrubs must be neat, clean and professional in appearance
 - Scrubs must be of a solid color
 - Tops and bottoms must match or the Department polo shirt with scrub bottoms.
 - A plain t-shirt (long or short-sleeved) with a crew or v-neck may be worn under the scrub top and must be tucked in at the waist.
 -
- The following are considered inappropriate for professional attire:
 - T-shirts worn as outer garments
 - Visible undergarments
 - Denim clothing of any color
 - Shorts
 - Halter tops, tank tops, midriffs, or “spaghetti” straps
 - Sweat pants
 - Leggings (aka: yoga pants)
 - Hats, caps, beanies, or hoods of sweatshirts worn indoors
 - Flip flops
- Hair must be clean, neat, and well-groomed. Facial hair must be neatly trimmed.
- Rings, if worn, should be low profile and limited to one finger per hand.
- Jewelry, if worn, must be conservative and professional.
- Ear ornaments, if worn by women, are limited to simple studs in the earlobe and should not drop below the bottom of the earlobe. Such ornaments are limited to one per ear. Men may not wear ear ornaments. Rings or ornaments in other anatomical sites are not acceptable.
- Fingernails should be maintained in a professional manner, closely trimmed and should not interfere with patient safety and comfort during treatments. Nail polish, if worn, should be of a subdued color.
- Excessive makeup and fragrances are not appropriate.

Area-specific standards

- Chapel – students must meet the standards listed above when attending chapel.
- Integrated Clinical Experience – Students must wear the Department black polo shirt and black or khaki colored pants.
- Laboratories – Lab dress will vary from course to course and will be outlined by the instructor.
- Clinical Rotations (Practicums & Affiliations) – specific dress requirements will be outlined in the Clinical Education Policies and Procedures Manual.

ACCREDITATION:	The physical therapy programs are accredited by the Commission on Accreditation in Physical Therapy Education. Their address is 1111 North Fairfax Street, Alexandria, VA 22314. 703-684-2782. Current accreditation is granted through June 2022
STUDENT RESPONSIBILITY:	Application to and enrollment in the University constitute the student's commitment to honor and abide by the academic and social practices and regulations stated in announcements, catalogs, handbooks, and other published materials, and to maintain a manner that is mature and compatible with the University's function as an institution of higher learning. A student who neglects academic or other student duties, whose social conduct is unbecoming, or whose attitudes demonstrate deficiencies such as poor judgment, moral inadequacy, or other forms of immaturity, inevitably will come under question. The faculty then reviews the case, appraises the student's fitness for a career in this chosen profession, and recommends to the dean appropriate action as to the student's continuance or discontinuance from the program.
CLASS OFFICERS:	<p>During Fall quarter of your first and second year you will elect class officers to organize and represent your class. Class officers donate a considerable amount of time to the class. It is therefore recommended that any student that is struggling academically, should not jeopardize their standing in the program by taking on extra responsibilities of this nature. Listed below are the offices that are traditionally filled, and a description of their duties.</p> <p>President: A mature spiritual leader, able to organize the class and promote a cohesiveness that will bind the class together during your time at LLU. The president is the class spokesperson and is present at faculty meetings to represent you.</p> <p>Vice-President: Similar characteristics to president. Able to take over when president is not available. Also your representative at faculty meetings.</p> <p>Secretary/Treasurer: Someone that is very good at handling the money and making arrangements that need to be made for class functions. A class account is opened at student finance. This person would be responsible for operating the account.</p> <p>Social Vice Presidents: We often have two people, usually of different genders. These people arrange social activities, (eg. Groups that to in to watch taping of TV shows, camping trips, beach trips etc.).</p> <p>Sports Reps: These two individuals are one male, one female and organize male and female sporting teams and activities. They should have an ability to organize teams in an impartial manner to maintain class cohesiveness.</p> <p>Chaplain/s: Someone who is interested and willing to work with the faculty and class to organize activities of a spiritual nature, (eg. Vespers at the beach, mountain retreat, prayer groups, Bible fellowship groups, class service projects etc.).</p> <p>Historian: Wants to keep the class together after you have all left the University. Someone who will keep records of where you are (as much as you tell that individual!). Maybe send out an annual newsletter update.</p> <p>APTA Representative: Someone really interested in our professional organization and what it does for us in the PT field. Attends local monthly APTA meetings and reports to the class any changes that may affect you.</p>

STUDENT AWARDS: At the end of your program, the faculty will select individuals in your class for distinction with the following awards:

Physical Therapy Faculty Award - In recognition for demonstrating outstanding potential and promise in the profession of physical therapy.

Fred B. Moor Award - In recognition for outstanding clinical performance during physical therapy training.

National Honor Society - In recognition for outstanding scholarship, community involvement, and research during physical therapy training.

Thomas G. Burke Memorial Award - For their pursuit and dedication to a second career.

Jonna Hughes Memorial Award – Given in recognition for a student who has risen above personal circumstances to fulfill a life in service to others.

DOCTOR OF PHYSICAL THERAPY – CLASS OF 2022

2019					2020				
SUMMER - 13 wks (June 17 - Sept 13)			AUTUMN - 12 wks (Sept 23 - Dec 13)		WINTER - 11 wks (Jan 6 - March 20)		SPRING - 11 wks (March 30 - June 12)		
June 17- Aug 2 (7wks)	Aug 5 --	Sept 13 (6 wks)	PHTH 505	ICE (0)	PHTH 505	ICE (0)	March 30 –	May 29 (9 wks)	June 1 - 12 (2 wks)
AHCJ 510 Human Gross Anatomy	PHTH 505	Integrated Clinical Experience (1)	PHTH 509	Biophysical Agents (3)	PHTH 508	PT Communication (2)	PHTH 505	ICE (0)	PHTH 571 PT Practicum I (1)
	PHTH 510	Kinesiology (3)	PHTH 513	Therapeutic Procedures (3)	PHTH 519	Locomotion Studies (3)	PHTH 506	Exercise Phys (3)	
	PHTH 514	Manual Muscle Test (3)	PHTH 516	Histology (2)	PHTH 528	Therapeutic Exercise I (3)	PHTH 521A	Orthopedics IA (3)	
	RELT 718	Adventist Heritage & Health (2)	PHTH 539	Integrative Physiology (4)	PHTH 564A	Scientific Inquiry IIA (1)	PHTH 557	Pediatrics I (3)	
			PHTH 563	Scientific Inquiry I (2)	PHTH 566	Pathology (4)	PHTH 564B	Sci Inquiry IIB (1)	
			AHCJ 705	Infectious Disease (1)	PHTH 721	Wholeness Portfolio I (0)	PHTH 568	Integrative Neuroanatomy (4)	
			AHCJ 721	Wholeness Portfolio I (1)	AHCJ 721	Wholeness Portfolio I (0)	PHTH 569	Clinical Neurology (2)	
			RELR 775	Whole Person Care (2)			PHTH 586	Orthotics & Prosthetics (2)	
							AHCJ 721	Wholeness Port I (0)	
[9 units]		[9 units]		[18 units]		[13 units]		[18 units]	[1 unit]
2020					2021				
SUMMER - 6 wks (Aug 3 - Sept 11)			AUTUMN - 12 wks (Sept 21 - Dec 11)		WINTER - 11 wks (Jan 4 - March 19)		SPRING - 11 wks (March 29 – June 11)		
Vacation	PHTH 505	Integrated Clinical Experience (1)	PHTH 501	Neurology I (3)	PHTH 502	Neurology II (3)	PHTH 503	Neurology III (3)	
Anatomy TA (Optional Emp)	PHTH 511	Clinical Ortho (2)	PHTH 505	ICE (0)	PHTH 505	ICE (0)	PHTH 505	ICE (0)	
	PHTH 512	Clin Psychiatry (2)	PHTH 521B	Orthopedics IB (3)	PHTH 518	Aspects of Health Pro (2)	PHTH 517	Movement Science (2)	
	PHTH 526A	Cardiopulmonary I(3)	PHTH 525	General Medicine (3)	PHTH 522	Orthopedics II (3)	PHTH 523	Orthopedics III (3)	
	PHTH 587		PHTH 526B	Cardiopulmonary II (3)	PHTH 534	Soft Tissue Techniques (2)	PHTH 555	Medical Screening (2)	
	RELT 740	Pharmacology (2)	PHTH 530	Therapeutic Exercise II (3)	PHTH 540	Concepts in Acute Care (2)	PHTH 559	Geriatrics (2)	
June 15 – July 31 (7 wks)		World Religions & Human Health (3)	PHTH 575	Orthopedics IV (1)	PHTH 558	Pediatrics II (3)	PHTH 561	PT Administration (4)	
			PHTH 595	Clinical Imaging (3)	PHTH 575	Orthopedics IV (0)	PHTH 575	Orthopedics IV (0)	
			AHCJ 722	Wholeness Portfolio II (1)	AHCJ 722	Wholeness Portfolio II (0)	AHCJ 722	Wholeness Portfolio II (0)	
					RELE 707	Ethics for Allied Health (2)			

ACADEMIC POLICIES

- ABSENCES:** The department office must be informed of any absence so that the instructor may be notified prior to the class period (909-824-4632). Notifying the department, while required, does not necessarily excuse the absence. It is the responsibility of the student to obtain any information that was given in his/her absence. If an examination is missed, you must notify the department prior to the absence and you are to contact the instructor within 48 hours to see if a make-up is possible.
- ACADEMIC INTEGRITY:** Acts of dishonesty-including theft, plagiarism, giving or obtaining information in examinations or other academic exercises, or knowingly giving false information, is unacceptable for students in the School. Instructors and students are charged with the responsibility of reporting instances of such behavior to the department program director/chairperson. The department program director/chairperson is responsible for investigation. Substantiated violations will be brought before the Department faculty for disciplinary action. Such action may include, but is not limited to, academic probation or **dismissal** from the program.
- The educational and practical experiences utilized during classes which have laboratory activities are intended to provide the student with the best preparatory experience for the actual practice of physical therapy in the clinical setting. The lab practical testing formats are designed to be similar to clinical situations. To allow all students to participate in this simulated clinical situation, it is anticipated that there will be a significant time lag between the initiation of the practical by the first student therapist and the completion of the lab practical by the last student therapist. This time lag can allow opportunity for the students to disseminate practical information to other students. **This sharing of information is considered to be an act of academic dishonesty and is strictly prohibited!**
- ACCOMMODATIONS:** If you are an individual with a disability and need reasonable accommodation to fully participate in this program, please obtain the Student Information and Requested Accommodation forms from Dr. Craig Jackson, Dean, School of Allied Health Professions in Nichol Hall Room 1603.
- Accommodations, if granted, are for the didactic portion of the curriculum. Additional requests would need to be made for the clinical portion of the curriculum. As it is the responsibility of the program to develop the student into an entry-level clinician, time accommodations in the clinical setting may not be appropriate.
- ADDING/DROPPING** Students may change their schedule by completing a Change of Program form available online at www.llu.edu/ssweb. The last day to add a course is five days after the beginning of instruction of the quarter. The last day to drop a course without record on the transcript is 10 school days after the beginning of instruction of the quarter. A “W” (withdraw) will be recorded on the transcript for courses dropped prior to 14 calendar days before the final examination week. Courses may not be withdrawn after that date.
- ADMISSIONS:** Students are admitted into the physical therapy programs based on the following:
1. Satisfactorily completing all prerequisites prior to the program starting with a minimum GPA as follows:
 - Overall pre-requisites 3.4
 - Science pre-requisites 3.4
 - Non-science pre-requisites 3.4
 2. Personal interview with one of the faculty

**AMERICAN
PHYSICAL
THERAPY
ASSOCIATION:**

All students are required to belong to the American Physical Therapy Association (APTA) while enrolled in the program. The student is encouraged to read the journal and attend the APTA-sponsored meetings. The department gives up to \$5000 per year, per class, to assist students in attending APTA sponsored meetings. The guidelines are as follows:

1. Department will pay the registration fee for up to two student representatives to attend APTA conventions with the following restrictions:
 - a. Department will pay up to \$200 registration fees per convention
(Ex: \$100 per representative for two representatives, or \$200 for one representative)
 - c. Department will pay registration fees up to two conventions per year
2. In addition to the above stated support, the Department will pay up to \$5000 per class per fiscal year for student attendance at APTA conventions with the following restrictions:
 - a. Student must submit receipts for reimbursement. Expenses for which the student is eligible for reimbursement are registration, lodging, transportation, and meals.
 - d. Maximum meal allowance per day is set by the University (January 2014, \$46/day)
 - e. Maximum mileage allowance is set by the University (January 2014, \$0.45/mile)
3. With class officers' approval, the APTA representative may receive money from both #1 and #2 for the same convention.

ATTENDANCE:

Regular class and lab attendance is expected of all students. Specific requirements and final authority for attendance and any effect it might have upon grades, rests with the individual faculty member. However, students who miss more than 20% of regular class/lab sessions, even if absences are considered "excusable," may be required to drop the course. Arriving more than 30 minutes late is considered an absence. The specific rules for each course will be listed in the class syllabus and be made clear on the first day of class.

Pagers and cell phones need to be on **silent** or vibrate during class time.

**BACKGROUND
CHECKS:**

Loma Linda University requires that all students have a background check completed at the time of initial registration in June. The Department is required to send documentation to clinical sites prior to students attending their clinics for rotations (Practicums or Affiliations). Therefore, student in the DPT program will be required to have background checks at the following times within the program:

Summer Quarter of First year	Initial Background Check
Spring Quarter of First year	Updated Background Check
Spring Quarter of Second year	Updated Background Check

If a student receives a "Hit" on their background check, the cause of the "hit" is reviewed by legal counsel for the University. If legal counsel determines that the nature of the misdemeanor/felony is such that the student should not be allowed to complete a clinical rotation in one of the facilities within Loma Linda University Health, the Department will be notified. It is possible, that other facilities with which we have contracts would take the student, but placement will become more difficult.

In addition, the student needs to recognize that having a misdemeanor or felony on their record may prevent them from sitting for the National Physical Therapy Examination or becoming a licensed physical therapist. Students who have any questions on this issue are encouraged to meet with the program director.

CHAPEL:

Every Wednesday from 11:00-12:00 am during Fall, Winter and Spring quarters, the student body meets in the University Church of Seventh-day Adventist for a university wide chapel service. Students are expected to attend each week of the quarter. If a student does not have a class or laboratory scheduled prior to 3:00pm on Wednesday, they are not required to attend chapel. Students are allowed two absences during the quarter. If a student is absent for more than two chapels in one quarter, the student must listen to the audio recording of the missed chapel and write a 1-2 page reaction paper. The reaction paper is to be turned in to the program director or designate. If a student does not complete the reaction paper, a registration hold may be placed on the student's registration packet.

CLINICAL
EDUCATION:

Clinical Education refers to that portion of your education spent in full-time (40 hrs/wk) clinical environments, including inpatient settings (acute and subacute hospitals and medical centers, rehab centers, skilled nursing facilities) and outpatient settings (private practice, pediatric, geriatric, rehab, wellness centers, sports medicine). Your year-at-a-glance schedule reveals how the clinical and academic portions are integrated with short *practicums* and long *affiliations*.

Please study your schedule carefully before planning vacations, weddings or special events so that clinical assignments will not be interrupted. Advance permission must be obtained from the academic faculty and the clinical faculty before any adjustments may be made to your clinical schedule.

All clinical assignments are made by the academic coordinator of clinical education (ACCE) or designate. Management and supervision of the clinical experiences are divided for practical purposes between the ACCEs, with DPT *affiliations* primarily overseen by Theresa Joseph, PT, MBA (Rm 1808 ext 87744) and *practicums* primarily overseen by Nicceta Davis, PT, PhD (Rm 1900 ext 83695). **Students must not contact clinical facilities regarding clinical education unless given specific permission by either the ACCE or designate.**

The Department of the Physical Therapy, via the Office of the Dean, School of Allied Health Professions, currently holds approximately 900 active affiliation agreements with clinical facilities in almost every state. Clinical assignments will be drawn primarily from this collection because the development of new agreements is both expensive and time-consuming. Requests for new sites will be considered only after active resources have been exhausted and on the basis of predicted value for future students and must be submitted at least six to nine months in advance.

Because of the limited number of local facilities available, assignments cannot be made on the basis of the student's family, marital status or personal preference. Although the department makes every effort to accommodate the student's preference, the student agrees to accept the clinical assignments made by the department at any of the affiliated facilities, whether local or out of state.

Competition among schools for access to clinical education sites in California is keen. Our PT and PTA programs cooperate with the consortium of ACCEs from other PT and PTA programs in southern California called IACCC (Interscholastic Academic Clinical Coordinators Council). One of the objectives of IACCC is to improve communication between the academic programs and the clinical sites common to the group, particularly with regards to clinical education needs. Thus, we have the most effective means for securing clinical rotations in competitive sites, but we are also limited by the needs of other programs.

COMMUNICATION: Your University email address is the official method by which the University and the Department will communicate with you. The Department of Physical Therapy will use this method to make general announcements to the class and specific announcement to you as an individual. Please make sure that you check this often so that you do not miss anything.

COMPLAINTS: There may be a time while enrolled in the program that a student has a complaint. The following are the steps, in successive order, which a student should follow

1. Discuss the issue with the instructor/coordinator of the course.
2. Discuss the issue with the program director - Larry Chinnock
3. Discuss the issue with the department Chair – Larry Chinnock
4. Discuss the issue with the Dean of the School of Allied Health Professions – Craig Jackson

DISMISSAL/
GRIEVANCE:

A student who is involved in dismissal proceedings or who has an academic or clinical grievance may proceed as follows:

1. The student should first discuss the problem or grievance with the instructor. If, following discussion with the instructor, the student is not satisfied and continues to believe that (s)he has not been dealt with fairly, the student may discuss the grievance with the chairperson or program director of the department.
2. If the matter is not resolved at this level, the student has recourse to the Office of the Dean.
3. As a final appeal, the student may request the dean to appoint a faculty review committee of three (3) members to evaluate the situation and make a recommendation to the dean. This request should be presented in writing and include pertinent information regarding the situation. The student may

- request to meet with the review committee for discussion of the case.
4. The grievance must be filed within one quarter of the incident in question.

EXAMINATION POLICY:

GENERAL EXAMINATION POLICY: Academic dishonesty is not tolerated. Multiple questions and/or answer exam formats and video surveillance may be used to facilitate the educational success of all students.

1. Once a student has entered the examination room it is expected that they will not leave until completion of the exam. Restroom or other activities should be taken care of prior to entering the room. Students are allowed to go to the restroom during examinations at the discretion of the instructor.
2. **No hats** are to be worn during the examination.
3. Seating may be assigned by having the student's name on desk where the student is to sit. The order may be random or alphabetical.
4. Once a student leaves the room the test is considered completed.
5. There is to be no talking during the test. If a student is seen talking or cheating, that student may be asked to leave the room whether or not the test is completed.
6. Grading keys for exams and quizzes will be provided at the instructor's discretion. **Taking photographs of the exam or copying questions is not allowed.**
7. **7-Day Rule:** Requests to consider possible errors in grading must be made in writing within one week of the posting of exam or quiz score.
8. In extenuating circumstances, the student may need to request that an examination be given at an alternative time. The student must fill out the request for and turn it in to the program director. If the request is approved, there is a \$50.00 fee for each examination that is approved.

ADDITIONAL ITEMS SPECIFICALLY RELATED TO PAPER EXAMINATIONS:

1. All books, bags, purses, etc. must be left in a designated area. Students are required to place all electronic items (i.e., cell phones, pagers, PDA's, etc) with their books/bags. The student is to take only a pencil and eraser to the desk. **NO cell phones or electronic devices are allowed on your person or at your desk.** Set your cell phone on quiet or off and place it in your book bag.
2. Once the student finds their seat, the test is to remain unopened until the instructor indicates that it is time to start.
3. No questions will be taken during the exam. If the student has a question regarding a specific test item, a space is on the exam. Notations are not permitted on the Scantron™.
4. When a test is completed, the test and the Scantron™ must be **turned in to the front** and the student may leave.
5. For all tests or exams using the Scantron™, the instructor can only accept what the student fills in on the Scantron™ sheet.

ADDITIONAL ITEMS SPECIFICALLY RELATED TO EXAMSOFT EXAMINATIONS:

1. All books, bags, purses, etc. must be left in a designated area. Students are required to place all electronic items (i.e., cell phones, pagers, PDA's, etc; except their iPad/computer) with their books/bags. The student is to take only their iPad/computer, a pencil and an eraser to the desk. **NO cell phones or electronic devices are allowed on your person or at your desk, except for your iPad/computer that you will be using to take the exam.** Set your cell phone on quiet or off and place it in your book bag.
2. **No questions** will be taken during the exam. If the student has a question regarding a specific test item, a blank sheet of paper will be provided.
3. When a test is completed, **make sure answers are uploaded** and the student may leave.
4. If the exam will be given in the morning, students must have the exam downloaded to their iPad/computer by 7:00am the day of the exam. If the exam will be given in the afternoon, students must have the exam downloaded to their iPad/computer by 12:30pm the day of the exam.

FINALS WEEK:

Finals will be scheduled one test per day Monday through Thursday. If more than four finals are necessary, than no more than two finals will be scheduled on any one day. Do not expect to be out of your last final for the quarter before 12:00pm on Thursday of Finals Week. Do not make any travel arrangements that will conflict with this schedule.

GRADING: Most courses will be graded on the Scaled Score (SS) system with a SS of 325 considered to be a minimal acceptable level. If the SS is less than 325 other factors such as spread or percent may be used to determine the grade. A 75% is accepted as a minimal level. Grade determination will be made with consultation of the Grade Review Committee.

The following scale scores will be used as guidelines when determining grades:

Scale Score	Percent	Grade
590 and above	95% and above	A
535-589	92-94%	A-
475-534	89-91%	B+
395-474	85-88%	B
355-394	82-84%	B-
332-354	79-81%	C+
325-331	75-78%	C
315-324	74%	D
Below 315	below 74%	F

For classes graded on straight percentage, the following percentages will be used as guidelines when determining grades:

Percent	Grade
95-100	A
92-94	A-
89-91	B+
85-88	B
81-84	B-
79-80	C+
75-78	C
73-74	D
Below 73	F

GRADUATION REQUIREMENT: A Doctor of Physical Therapy Student must have a minimum grade point average of 3.0, with no grade less than C.

JURY DUTY: If you receive a jury summons while in the program, please bring it to Barbara Cassimy. We have a form letter that we can give you that most of the time will excuse you from jury service until the end of the program.

PARKING: All students must register their vehicle if they drive and park on campus. To register your vehicle please go to <https://parking.llu.edu/>. For instruction on how to complete the registration, please see the first page under "Forms" in this student handbook.

PROMOTION AND PROBATION: Each student's record is reviewed quarterly by the faculty. Promotion is contingent on satisfactory academic and professional performance and on factors related to aptitude, proficiency, and responsiveness to the established aims of the School and of the profession. As an indication of satisfactory academic performance, the student is expected to maintain a 3.0 program grade point average.

Specifically, a student whose grade point average falls below the minimum required for the degree in any term, or who receives in any required course a grade less than a C (2.0), or whose clinical performance is unsatisfactory, is automatically placed on academic probation. Continued enrollment is subject to the recommendation of the department. If continued enrollment is not recommended, the department will notify the student in writing.

As anatomy is a foundational course for the entire program, because it is worth 9 units, and due to the gpa graduation requirements, students in the DPT program must receive a minimum grade of B (3.0) in the course to progress in the program.

REGISTRATION:	Registration begins three weeks before Summer quarter. All students must clear with Student Finance to validate their registration. Registrations will be automatically dropped for students who have not obtained financial clearance by Thursday of the week prior to the first day of the quarter. In order to receive credit for a specific class, a student must be registered and financially cleared by the final date to add classes. Students are encouraged to register on time and are not to attend classes for which they are not registered. A late registration period is provided to accommodate students who have been unable to complete the registration process prior to the Thursday of the week first day of the quarter.
RELIGION REQUIREMENT:	<p>While in the physical therapy program, the students will take four religion courses for a total of 10 units. The courses the student will take are:</p> <p>RELE 707 Ethics for Allied Health Professionals (2 units)</p> <p>RELR 775 Whole Person Care (2 units)</p> <p>RELT 718 Adventist Heritage & Health (2 units)</p> <p>RELT 740 World Religions & Human Health (3 units)</p>
REPEATING COURSES:	<p>A student who receives an unsatisfactory grade in a required course and is required by the faculty to do additional work may pursue, on the recommendation of the Chair of the department and the consent of the Dean, one of the following plans. In either plan the student must re-register and pay the applicable tuition.</p> <ol style="list-style-type: none"> 1. Re-register for the course paying the applicable fee. Review the course work under supervision and take a make-up examination (usually not given before a minimum of two weeks of study). A passing grade resulting from a repeat examination will be limited to a C (2.0). 2. Repeat the course the next time it is taught, attend all classes and/or laboratories, and take the final course examination. This option may delay the student's progression through the program. <p>Both the original and repeat grades are entered in the student's permanent academic record, but only the last grade is computed in the grade point average. A course may be repeated only one time.</p>
REQUEST FOR SPECIAL EXAM	To take an examination at a time other than when it is scheduled, a student must secure the consent of the instructor, the faculty and the chair of the department and file a "Request for Special Examination" with the department. A \$50.00 fee is charged for a special examination
REQUIRED TEXT:	Each student must obtain a copy of the required textbooks within the first two weeks of the quarter. Books not purchased within two weeks will be returned to the publisher by the bookstore. It will then become the student's responsibility to obtain the textbook on his/her own.
SCHOLASTIC QUALIFICATIONS/DISQUALIFICATIONS:	<p>A DPT student must receive a B (3.0) or better in Anatomy (AHCJ 510) to continue in the program. Each student's record is reviewed quarterly by the faculty. Promotion is contingent on satisfactory academic and professional performance and on factors related to aptitude, proficiency, and responsiveness to the established aims of the School and the profession.</p> <p>As an indication of satisfactory academic performance, the student is expected to maintain a 3.0 program grade point average:</p> <p>A student whose grade point average falls below the minimum required for the degree in any term, or who receives in any required courses a grade less than C (2.0), or whose clinical performance is unsatisfactory, is automatically placed on academic probation. Continued enrollment is subject to the recommendation of the department. If continued enrollment is not recommended, the case is referred to the Administrative Council of the School for final action.</p> <p>A student who is on academic probation and fails to make the minimum required grade point average the following quarter or fails to have an overall minimum grade point average after two quarters will have disqualified him/herself from the program.</p>

If a student receives an unsatisfactory grade, they will receive “disqualification points” equal to the academic units of that course. A student who receives a cumulative total of 6 points has disqualified himself/herself from the program. When a student repeats a course in which they received an unsatisfactory grade, the points received by the student continue to be in effect.

A student whose grade point average (GPA) falls below 3.0 for the DPT at the completion of spring quarter, 2nd year has scholastically disqualified himself/herself from the program.

A student who receives a second unsatisfactory grade in a clinical assignment has disqualified himself/herself from the program.

SEXUAL HARASSMENT:

Sexual harassment is reprehensible and will not be tolerated by the University. It subverts the mission of the University, and threatens the careers, educational experience, and well-being of students, faculty, employees, and patients.

Please refer to Loma Linda University’s Sexual Harassment Policy found at: <https://home.llu.edu/about-llu/policies/sex-discrimination-sexual-misconduct-title-ix>

STANDARDS OF ACADEMIC CONDUCT:

The purpose of education, especially Christian education, is to enhance intellectual, social, emotional, physical, and spiritual development of students at the same time that they are learning the skills of a profession. In the classroom, students shall be responsible to and respectful of their peers by avoiding any behavior that would disrupt the learning environment. Cheating is not tolerated. Cheating robs the student of an opportunity to learn and undermines relationships among peers as well as students and teachers. Where cheating is known, but not confronted, it ultimately allows a toleration of dishonesty, that if carried over into professional practice may result in abuse of patients and malpractice problems. For these reasons, cheating will not be tolerated and will be dealt with as a matter of serious discipline.

Some types of violations of ethical conduct encountered in educational programs in the health-related professions are of particular concern. The following examples are illustrative but are not intended to be a complete list of concerns.

1. Academic dishonesty

Academic dishonesty involves a willful perversion of the truth in an academic setting. Examples include, but are not limited to:

- a. copying from peers, or knowingly and willingly permitting or assisting others to copy from examinations, assignments, or lab materials;
- b. using unauthorized aids for examinations, quizzes, assignments, clinicals, and laboratory procedures;
- c. looking at another individual's examination or quiz in a way that appears that information is being sought;
- d. plagiarizing, which includes the undocumented use of sources or ideas, whether quoted or paraphrased, or otherwise presented as one's own;
- e. fabrication and/or fraudulent insertion of scholarly materials, not the product of one's own efforts, into assignments or clinical records;
- f. interfering in a harmful way with another's work (e.g., sabotaging laboratory work, or illicit entry or deletion of computer data);
- g. writing a test, or examination, or assignment for another student, or having another person wrongfully write an examination for a third party.
- h. misrepresenting the attendance of self or of another party in a required class, laboratory or assembly; or

- i. altering grades or arranging for others to wrongfully alter grades on tests or examinations, instructors' records, or records of the school or University.

2. Forgery

Forgery consists of the falsifying of signatures, altering of the content of documents after they have been signed, and may include other forms of lying or intentional misrepresentation. Examples of forgery include but are not limited to:

- a. falsifying instructors' signatures on charts or evaluation forms;
- b. altering patient records, grade forms, evaluation sheets, or other documents after a signature is received;
- c. signing another student's name on a classroom attendance record; or
- d. forging a person's signature on clinic records.

TB TESTING & CLINICAL REQUIREMENTS:

A growing majority of clinical education facilities are requesting our students present documentation for PPD testing within the previous six months of their arrival. The following schedule has been devised to ensure our students have a PPD test within at least 6 months of the starting date for each clinical experience. Students who have had a positive reading of the PPD must present appropriate documentation regarding timely chest x-rays.

Schedule for PPD testing

1. At Initial Registration
2. Spring Quarter, Year One (mid-April) - prior to Practicum 1
3. Winter Quarter, Year Two (late February) - prior to Practicum 3
4. Fall Quarter, Year Three (mid-October) - prior to Affiliation Two

During the New Class Orientation in June, each student will sign a form giving permission for the Health Service Office to release health records to the School so that health information may be sent to the appropriate clinical facility as needed.

PLEASE NOTE: Because of the volume of tests to be done, each of the above series of tests will be *pre-arranged and scheduled to be done as a group by the Student Health Services*. The follow-up “reading” of the results of the test will also be done at a specific time two days following administration of the test. *Students will not be tested or “read” on an individual basis.*

TO BE ARRANGED: There will be blocks of time in your schedule that will be labeled TBA. These are periods of time that you are required to be in class. These time periods might be used by instructors to give examinations, have guest lecturers, or orient you to the affiliations. You should expect that there will be something scheduled for each TBA. The schedule for the TBA's is kept in the hallway and you should check it frequently to see if a TBA has been scheduled. The TBA schedule will also be emailed to the students.

TUITION:

Tuition for 2017-2018 school year follows. Student is advised that the University may change tuition rates on a yearly basis. Students register and clear finances one time per year. Payment plans with no interest and no fees are available.

	<u>Tuition</u>		<u>Fees</u>	
DPT 1 st Year	Summer:	\$41,956	\$3,520	\$45,476
DPT 2 nd Year	Summer:	\$40,722	\$3,520	\$44,242
DPT 3 rd Year	Summer:	\$17,893	\$3,520	\$21,413
				<u>\$111,131</u>

Tuition and fees are subject to change each year.

**WEEK OF
DEVOTION:**

For one week during Fall, Winter and Spring quarter, the University has a “Week of Devotion.” During these special weeks, chapels will be held Monday-Friday. Students are expected to attend these chapels each day. If a student does not have a class or laboratory scheduled prior to 3:00pm on a particular day they are not required to attend the chapel for that day.

Student Services

CAMPUS STORE:	<p>The Campus Store is located in the Campus Plaza. You will find text and reference books, office and school supplies, medical instruments, cards, University imprinted clothing and gifts, cameras, film, and albums.</p> <p>Campus Store is Loma Linda University's Apple computer authorized sales and service source. Faculty and students will also find academic released software for Macintosh and Windows. ID is required to purchase hardware and software.</p> <p>Merchandise may be purchased using the following: cash, check, Visa, MasterCard, Discover Card, or debit card. Students may charge books and school supplies to their school account by presenting their student ID card and current quarter sticker at the cash register for each sale (a \$5.00 minimum charge is required). The charge appears on the monthly tuition statement received from the Student Finance office.</p> <p>Textbooks may be returned within two weeks from the date of purchase. Your register receipt is required. Books must be in original condition, clean and free from all marks and erasures. (Review and trade books are NOT RETURNABLE.)</p> <p>You may reach the Campus Store by telephone at (909) 558-4567 or on campus ext. 44567.</p> <p>Store hours: Sunday: 10:00 a.m.--5:00 p.m. Monday--Thursday: 9:00 a.m.--6:00 p.m. Friday: 9:00 a.m.--3:00 p.m. Closed on Saturdays and holidays.</p>
CHILDREN'S CENTER:	<p>Loma Linda Children's Center provides a high-quality early childhood education program in a safe and nurturing environment promoting the physical, social, emotional, intellectual, and spiritual development of young children. The Center is accredited by the National Academy of Early Childhood programs.</p> <p>Located at 25228 Shepardson Drive, the Center offers 10 classrooms of whole-day programs for children from age three months through kindergarten. Children are placed in rooms with others of their own age with the following teacher/child ratios: infants/toddlers 1:3, twos 1:6, preschoolers 1:8, and kindergarten 1:12.</p> <p>Students are encouraged to explore this resource on an hourly or daily basis for their children. There is limited financial assistance available for children of University students. For more information call (909) 558-4568, or ext. 44568.</p> <p>Hours of operation: Monday--Friday: 6:00 a.m.-6:00 p.m.</p> <p>Website: https://www.lla.org/schools-/childrens-center/</p>
COUNSELING SERVICES:	<p>Student Assistance Program</p> <p>The Student Assistance Program is designed to help students excel toward their academic goals by securing assistance for personal problems, stress from everyday life, family and marital problems, alcoholism, drug abuse, financial and budget concerns, legal issues, adjustment to life issues, and psychiatric disorders. Staff expertise, combined with the knowledge of community resources, enables the Student Assistance Program to provide comprehensive assistance to the students of LLU.</p> <p>There are two essential components of the Student Assistance Program: voluntary self-referral and referral by faculty and staff. The primary service is diagnostic evaluation and placement in services to address the individual needs of the student. Also, through the student assistance and training and educational efforts, the students are able to develop skills surrounding stress management, communication techniques, and many other topics that can aid them in healthful living. Students are encouraged to voluntarily and privately use the program to resolve personal problems before any involvement by faculty and staff is necessary.</p>

Anyone in need of assistance may call (909) 558-6050 or visit the clinic at the Loma Linda Health Center, 11360 Mountain View Avenue, Hartford Building, Suite A, between the hours of 8:00 a.m. and 5:00 p.m. Monday--Wednesday, 8:00 a.m.--8:00 p.m. on Thursday, and 8:00 a.m.--1:00 p.m. on Friday. Transportation will be provided if necessary.

If a student is interested in services provided by the on-campus University Counseling Center (see below), a referral will be made after the initial evaluation is completed.

Counseling Center

The University Counseling Center operates from the philosophy that students can only reach their maximum potential when their preparation for professional careers is accompanied by a parallel development of their emotional, social, and spiritual capacities.

The Center implements this philosophy through a variety of services to students and their families which include:

- individual, family, marital, premarital, and group counseling;
- study skills, time management, and anxiety reduction training; and
- emergency 24-hour crisis intervention.

Many students are seen in individual, one-to-one sessions. Typical issues involve conflict and communication in relationships, dealing with symptoms of traumatic experiences, substance abuse, eating disorders, adjusting to academic rigors, or any situation which generates anxiety or depression.

The Center also offers training in reducing test anxiety and improving concentration. All discussions are confidential.

Services are available at no charge to students for the first nine visits.

The Center is located at 11378 Mountain View Avenue, Dover Building, Suites A and B, in the Loma Linda Health Center.

Hours of operation:

Monday--Thursday: 8:00 a.m.--5:00 p.m.

Friday: 8:00 a.m.--4:00 p.m.

Evening hours by appointment

Call (909) 558-6028 or ext. 66028 to schedule an appointment or for more information.

For emergencies, call the Counseling Center at (909) 558-6028 during regular hours, or the Behavioral Medicine Center helpline at (800) 752-5999.

HEALTH SERVICES:

Loma Linda University provides primary health care to LLU students through the Student Health Service.

Location: Evans Hall, room 111
Center for Health Promotion on the southwest corner of Stewart and Anderson streets. (909) 558-8770 or ex: 88770
Fax: (909) 558-0433

Services offered at Student Health Service:

- primary care services
- immunizations
- sports medicine clinic
- women's health services
- health education
- counseling or referral to counseling services

There is no charge for most services at the Student Health Clinic. It is included in the tuition fees. Students are responsible for payment of all immunizations and there may be a charge for certain lab tests. Prescriptions may be purchased for a minimal co-payment per prescription at the Campus Store pharmacy or at the LLU Medical Center pharmacy.

Student Health Service Hours:

Monday-Thursday: 8:00am - 5:00 pm

Friday: 8:00 am - 2:00 pm

Call (909) 558-8770 or ex:88770 for appointments. Walk-in appointments accepted on a first come basis.

Bring: Student ID card

There are several locations where you can or should be treated under the student health. The following table will help guide you to the most appropriate location.

	Condition	Hours	Co-Pay	Location
Student Health Service ex: 88770	Sick or treatment of minor injury. Health clearance and immunization, as needed	8:00-5:00 M-Th 8:00-2:00 F	None	Evans Hall Room 111
Urgent Care - ex: 66644	Colds, flu, headache by appointment. No injuries	8:00-4:00 M-F	\$20.00 if full-time student.	East Campus
Emergency Room ex: 44444	Needle sticks, MVA, or any type of trauma	24 hours a day		LLUMC

LIBRARY:

Please see the web site for information on the library: <https://library.llu.edu/>

SECURITY:

The Department of Security is administered by the Loma Linda University Medical Center Department of Security which is located at 24690 University Avenue. Security officers patrol the campus and Medical Center 24 hours a day with primary concern for the protection of students, patients, visitors, and employees. Their secondary concern is for the prevention of property thefts. Security officers also respond to alarms and other requests for assistance.

Call (909) 558-4320 or ext. 44320 for all Department of Security services.

Emergencies: In case of an emergency dial 911. You will be assisted immediately by a security dispatcher. In addition, each campus parking lot contains clearly marked emergency phones. These phones ring directly to the Security Department Control Center in the basement of the Medical Center. You may use these phones to contact Security in an emergency or for non-emergency services and assistance.

Security escort service: Security officers provide escort for students, patients, visitors, and employees to any destination on campus during night hours and in special situations as may be required. Call ext. 44320 for a security escort. If you choose not to use a security escort, always walk with a friend; never walk alone after dark.

Non-emergency service: Security officers provide the following non-emergency services as time allows:

- jump-starting cars
- retrieving keys in locked cars
- calling towing service for stranded motorists
- fingerprinting services for required licenses (fee required)
- engraving private property for security and identification

The Student Right-To-Know & Campus Security Awareness Handbook may be found online at: <http://www.llu.edu/assets/central/handbook/documents/right-to-know-handbook.pdf>

Safety

For complete copy of the Student Safety Guide please click on this link:

<https://one.luh.org/sites/one.luh.org/files/docs/forms/departments/LLUSS-Departments/Environmental-Health-and-Safety/Student-Safety-Guide.pdf>

BLOOD BORNE PATHOGENS:

You have chosen to work in a Health Care Facility and it is important you understand how to protect yourself from Blood borne pathogens. These pathogens need to get inside of your body to cause disease. They may enter your body and infect you through:

1. an accidental injury caused by a sharp object that is contaminated by Blood borne pathogens,
2. open cuts, nick and abrasions
3. mucous membranes of your mouth, eyes and nose

Blood borne pathogens live in blood and other body fluids, such as saliva, semen, and vaginal secretions. In specialized areas, like laboratories, Blood borne pathogens may be in unfixed cells, tissue and organ cultures. Blood borne pathogens are not a friend to you; in fact, Blood borne pathogens can make you very sick. While performing your duties you may be at risk for exposure of the following Blood borne pathogens: Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV), and Hepatitis C virus (HCV).

Ordinarily, your healthy, unbroken skin is a barrier to Blood borne diseases. However, when you are scratched or stuck by a bloody needle, lancet or other sharp object, your skin barrier would be broken. Air does not carry Blood borne pathogens; however, splashing or splattering them into your mucous membranes is a possibility for exposure while performing some procedures. It is in your best interest that you use the right barriers to minimize or eliminate your exposure to Blood borne pathogens in your work setting.

Hepatitis B Virus is a vaccine-preventable disease that is caused by a virus that attacks the liver. It can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death. Symptoms can include jaundice, fatigue, abdominal pain, loss of appetite, or occasional nausea and vomiting. About one half of those infected with HBV will feel no symptoms at all. With prompt and proper treatment, over 90% of those infected with HBV will recover and clear the infection. If you are stuck with a needle or sharp contaminated with HBV, you have a 6 to 30 percent chance of developing Hepatitis B. However, remember that all employees who may potentially be exposed to Hepatitis B on the job are offered a free vaccine that will protect them from Hepatitis B.

Less common than Hepatitis B is Hepatitis C. This, too, is an inflammation of the liver which 85% of the time leads to chronic liver disease. The symptoms are similar to Hepatitis B. Currently there is no vaccine for the prevention of Hepatitis C. There are newly approved antiviral drugs that may be effective in treating some people who have Hepatitis C.

Human Immunodeficiency Virus, or HIV, causes AIDS. HIV causes a breakdown of the immune system and the clinical picture of HIV infections differs widely from person to person. Some persons remain apparently healthy for many years, while others become seriously ill, develop AIDS and eventually die. There is no preventive vaccine against HIV. If you are stuck with an HIV-contaminated sharp, your chances of becoming HIV positive are less than 2 a percent.

Seven ways to minimize your risk of exposure are:

1. Get vaccinated against Hepatitis B before an injury occurs.
2. Engineering controls are designed to eliminate the exposure hazard. Examples are needless IV injection ports, needle-safe syringes, needle-safe venipuncture devices, lancets with retractable blades, face shields or pocket masks with a one-way valve for mouth-to-mouth resuscitation and sharps disposal containers.
3. Work as if you and your co-workers lives depend on it. Much of work practice controls are common sense. Listed below are several that should become your standard of practice:
 - Place sharps in a container without recapping, bending or breaking the used needle.
 - Transport specimens in closed, leak-proof containers.
 - Do not eat and drink, apply cosmetics or handle contact lenses in areas where there is a chance of exposure to potentially infectious materials.
 - Store specimens away from food.
 - Handle contaminated patient equipment with care and clean reusable equipment properly before using it on another patient.

4. Wash your hands with soap and water for 10-15 seconds whenever the following occur:
- | | |
|---------------------------------|--|
| Before you: | After you: |
| Prepare or eat food | Blow your nose, cough or sneeze |
| Insert or remove contact lenses | Use the bathroom |
| Treat a cut or wound | Handle garbage |
| Tend to someone who is sick | Tend to someone who is sick or injured |

In addition to the above, when in a patient care setting:

- After removal of gloves
- After contact with blood or body fluids
- Before performing invasive procedure

5. Personal Protective Equipment (PPE) helps guard your skin, eyes, mouth and personal clothing from exposure to Blood borne pathogens. Your department will provide PPE that is effective for your particular job. This may consist of gloves, goggles, face shields, gowns, lab coats, aprons, clinic jackets, and/or masks.

6. Good housekeeping is everyone's responsibility. General rules would include:

- Clean all blood and body fluid spills promptly.
- Spill kits are available in your department or through Central Service. Each kit includes instructions, clean up equipment, disinfectant and PPE necessary to protect you while cleaning up a spill.
- Keep work surfaces and protective coverings clean.
- Never use your hands or feet to compact trash or soiled linen.
- Never pick up potentially contaminated broken glass with your hands.

7. Biohazard labels and/or signs are affixed to containers/bags that store, transport, or are used to ship blood or potentially infectious body fluids. These labels/signs must be orange or orange/red and are used to alert you of a potential hazard if you were to come in contact with the contents of the container/bag and you were not wearing PPE.

The risk of infection is real and should be taken seriously. Taking necessary precautions to prevent risks will protect you from Blood borne infections. For more information on Blood borne pathogens, talk with your supervisor/department manager, or call LLUMC Hospital Epidemiology, ext. 66115.

EXPOSURE MONITORING PROGRAM:

A body fluid exposure can occur if there is an exchange of body fluids into mucous membranes or into skin that has been broken, torn or pierced. Examples of blood and body fluid exposures include:

- A puncture with a contaminated needle.
- A cut or puncture with contaminated instruments.
- Transmission of blood or body fluids to mucous membranes, such as a splash to the eyes or mouth.

If you are exposed to blood or other body fluids, the procedure to follow is:

- Wash the wound(s) with soap and water or irrigate mucous membranes with water or saline.
- Report the incident to your supervisor immediately.
- Fill out two forms: Report of Accident/Illness (Form 20-0032-A) and Employee's Claim for Workers' Compensation Benefits (Form DWC-1) and have your supervisor sign it.
- Go to the Emergency Department for medical evaluation.

The Exposure Monitoring program operates by:

- Identifying work areas where there is a risk of exposure to Blood borne pathogens.
- Providing education and training on how to prevent an exposure.
- Evaluating and treating those who have been exposed to Blood borne pathogens such as Hepatitis B virus and human immunodeficiency virus (HIV).

When reporting an exposure to Blood borne pathogens, both the Report of Accident/Illness and the Employee's Claim for Workers' Compensation Benefits must be filled out before reporting to the Emergency Department for medical evaluation.

FIRE SAFETY:

Fire can be beautiful - but it can also be destructive. Risley Hall, one of our older university buildings, used to be one story taller than it is today. A fire did so much damage to the top floor that it had to be demolished. Other, smaller fires have also taken place. Late one night, a fire occurred in a patient care unit in the Medical Center. It was extinguished by the sprinkler system and the damage was minimal, but the clean-up was extensive. The bottom line is that everyone needs to be constantly vigilant to stop fires.

Prevention: The best way to stop fires is to keep them from getting started. Some of the benefits of preventing fires are: we don't have to worry about injury or death from a fire, we won't have to clean up afterwards, and we don't have to listen to the fire alarm!

The basic elements that are needed to create a fire are:

- fuel - combustible materials
- heat - to get the fuel burning (could be sparks)
- oxygen - needed for all fires, and the more the merrier!

We can prevent fires by keeping these three elements separate. Do not allow fuel to accumulate, e.g. paper, sawdust, dirty linen and oily rags

Oxygen can not be eliminated in very many places, but we can be careful in areas where there is or may be a higher percentage of it than normal. This includes the area around an oxygen tent, cylinder, or oxygen medical gas wall outlet. It also includes the area where substances that are oxidizers are stored, like hydrogen peroxide and chlorine. Keep combustibles and sources of heat or sparks away from these.

The Fire Plan: Since prevention isn't always perfect, everyone needs to know what to do in case a fire does occur. Our basic fire response plan is called "R.A.C.E." or "the RACE Fire Plan." The four main steps you need to take if you find a fire are:

RESCUE: Remove anyone who is in immediate danger, including yourself. If people are unable to get out of the room on their own, like hospital patients, assist them if you can. If possible, get someone else's assistance and use a 2 or 3 person carry. If you are by yourself, use a blanket to drag the patient from the room. And be sure to close the door behind you.

ALARM: Turn on the alarm. Use the pull box, if your building has one, to get the Fire Department coming and to alert others in the building. Then, using a phone a safe distance from the fire, call 911 to report it to the Security Control Center. Be prepared to give them the specific information about the fire - location, size, number of people injured, etc. In addition to the Fire Department, an emergency response team will be sent, including Security officers, staff from engineering and housekeeping, and Respiratory Care technicians for patient care areas.

CONTAIN: Close the rest of the doors in the area to keep the fire and smoke confined. If possible, tuck towels or sheets under the door and around the sides to help keep the smoke from spreading.

EXTINGUISH: If you can do so without endangering yourself, fight the fire with an extinguisher. Use the right extinguisher for the type of fire and follow the PASS plan to use it correctly. (See below for information on extinguishers.)

Evacuation Procedures: Be prepared to evacuate. If you are within the M.C. or C.M.C., know your horizontal (primary & secondary) relocation points. In most of the other buildings, evacuation should occur when the fire alarm sounds. Know your building evacuation procedures and external relocation points.

Assist anybody who has a disability, remembering not to use the elevator unless authorized by Fire Department personnel. Remain outside until the Fire Department says it is safe to re-enter. NOTE: This plan is based on the idea that you are the only one around. If there are others in the area, get them involved, so several steps are being done at the same time.

Fire Extinguishers: Before you can fight a fire you need to know the three classes of fire you would see in normal situations and the kinds of extinguishers that are available.

Classes of Fire:

- Class A fires occur in combustible solids, like paper, linen, mattresses, clothing. Water puts out Class A fires very nicely.
- Class B fires involve flammable liquids, like gasoline, alcohol, and some cleaning fluids. Using water on such fires would just spread the flaming liquid around.
- Class C fires involve electrical equipment, such as TV's, computers and beds with motors in them. Using water on this kind of equipment could get you electrocuted.

Types of Fire Extinguishers:

Water - the tall, silver can with a hose contains water under pressure. Good for class A fires only.

Carbon dioxide (CO₂) - the red extinguisher with the plastic horn contains CO₂ under pressure. Good for class B & C fires only.

Dry chemical - generally red, may have a hose or just a short nozzle. Usually good for all three classes of fire (A,B,C). Also called multi-purpose extinguishers. This is the kind you will find in most locations.

Halon - generally red with a yellow-green label. Primarily for electronic equipment, but good for class B & C fires. If large enough, can also handle class A fires. Usually found only where there is a lot of electronic equipment.

To understand how to use a fire extinguisher, you need to know the acronym **PASS** and what it stands for. When the first three steps of RACE have been taken care of, you are ready to attempt to extinguish the fire - If you can do so without endangering yourself! If the fire is too big, close the door and wait for the guys with the big hoses - the Fire Department. But, if the fire is still small, and if you have a clear exit from the fire in case it does get out of hand, grab the proper fire extinguisher from its cabinet or hook, and follow these steps:

PULL the pin. You will have to break the plastic tie that holds it in place. The easiest way is to turn it like a key in a lock. Or give it a good, sharp yank.

AIM at the base of the fire. Keep the extinguisher itself upright, and point the hose or horn at the fire. If you're using a CO₂ extinguisher, let go of the horn - it will stay where you aim it.

SQUEEZE the handle. This activates the extinguisher.

SWEEP from side to side, covering the whole area that's on fire. Keep this up until you are sure the fire is completely out, or you run out of extinguishing material. If needed, several extinguishers can be used - we have plenty!

A hands-on class in the use of extinguishers is held each Fall, and all employees are urged to take it their first year of employment and at least every three years thereafter. Some staff are required to take it every year due to their particular job requirements.

Finally, learn and remember the following:

- ☐ RACE and PASS as described previously in this section. And be ready to put them into action right away when needed.
- ☐ Evacuation Plan - Know where your relocation points are and how to evacuate yourself and others. Be ready to assist any visitors, disabled employees or students as needed.

HAZARDOUS MATERIALS SAFETY:

Hazardous materials are things that can harm you if you are exposed to them. They can be chemical or biological materials and be found as a solid, liquid or gas. Hazardous materials are found in almost every work environment. Work areas like Housekeeping, Engineering, offices, laboratories, and even patient care can have hazardous materials.

Materials are classified by both the manufacturer and the Environmental Protection Agency (EPA) as hazardous if they can burn easily, corrode or destroy living tissue or metals, cause cancer, react with other materials, or cause an infection or disease.

The Occupational Safety & Health Administration (OSHA) regulates employees' use of and exposure to hazardous materials through our Hazard Communication program. This program gives employees their Right-to-Know information through two main sources of information: labels and Material Safety Data Sheets (MSDS).

Hazardous materials are required to be labeled appropriately by both OSHA and EPA. The label is your first warning that the material with which you are working is hazardous and why it is hazardous to you. Since there is only a small amount of space on a label, it will give a warning statement to tell you this information. If you see "Warning," "Caution," or "Danger," it means that this material is potentially harmful to your health and safety. Hazardous material labels must include the name of the product, a list of ingredients, the name and address of the manufacturer and a warning statement.

MSDS are written by the manufacturer of the product to tell employees the specific hazards with using that product. The Office of Hazardous Materials Safety (OHMS) and your supervisor are your sources of MSDS. Types of information which can be found on a MSDS are:

- Hazardous Ingredients - a list of the hazardous components
- Physical and Chemical Characteristics - boiling point, density, vapor pressure
- Fire and Explosion Hazards - flash point, fire fighting procedures, flammable limits
- Reactivity - incompatible materials, stability, decomposition products
- Health Hazards - routes of entry, signs and symptoms of exposure, emergency and first aid procedures
- Precautions for Safe Handling - spill procedures, storage and handling precautions
- Control Measures - personal protective equipment (PPE), ventilation, safe work practices

Hazardous Material Exposures: The best treatment for an exposure to a hazardous material is prevention. By reading the label and MSDS, practicing good housekeeping techniques, using the right PPE and eliminating shortcuts, you can minimize your risk of exposure to the hazardous materials with which you work.

However, if you or a co-worker is exposed, follow these steps to reduce the injury.

- Consult the label and MSDS to identify the material.
- Decontaminate the affected body part (e.g., eyes, hands) with running water for at least 15 minutes.
- Report the incident to your supervisor immediately and fill out the right notification forms.
- Report (with your forms) to the Occupational Health Center or the Emergency Department for medical evaluation and follow-up.

Hazardous Material Spills: Again, prevention is the best way to avoid spilling a hazardous material (see the above section for preventive techniques). If a hazardous material has been spilled, follow these steps to minimize the risk of you and others being exposed to it.

Identify the material using the container label and MSDS.

Confine or contain the spill. Try to keep it from spreading.

Evacuate affected areas in an emergency. For example, the material is giving off vapors and it's difficult to breathe.

Use a spill kit for spills of mercury, blood and body fluids, or chemotherapy materials. Spill kits are available from Central Service.

If this is a different type of hazardous material and not any of the materials listed above, call the Security Control Center and have the officer page OHMS staff for clean up. Don't try to clean it up yourself.

FORMS



LOMA LINDA UNIVERSITY
ADVENTIST HEALTH SCIENCES CENTER

Online Parking System

No more Hang Tags or Stickers!

The new online system uses License Plate Recognition to verify permits.

Register from your desk.

No more standing in line waiting to register your vehicles. OPS allows you to register from any LLU networked computer.

Renewals

All permit renewals are online. All you need to do is log-in to your parking account, confirm your information and click submit.

Pay a Citation

No need to come down to the office to pay a citation. You can pay your citations through your parking account on any campus computer.

Appeals

Need to appeal a citation? Log into your account, select **MY CITATIONS** and type your statement. You will receive the committee's decision via email.

LLUAHSC policy requires that all staff, employees, students, volunteers, vendors and contractors register their vehicles with the Department of Parking & Traffic.

Loma Linda University requires all students to register with their LLU email address.

You can access the Online Parking System from any LLU networked computer
<https://parking.llu.edu/>

GETTING STARTED:

- You will need your ID badge, vehicle license plate numbers, and the description of all the vehicles you wish to register.
- The first time you enter the system you will need to register as a **NEW USER**.
- Complete all of the required fields and create your password. Passwords may be any alpha-numeric combination and 6-16 characters long.
- Once you have completed the required information and agreed to the LLUAHSC Parking Regulations, select **CREATE MY ACCOUNT**. The system will ask you to **CONFIRM** your information.
- You will then enter in your vehicle information and select **SAVE**. You may add up to 3 vehicles. Select **SAVE** after entering each vehicles information.
- After all of your vehicles are entered, select **NEXT** and the system will bring you to the permit page. Select the vehicles you wish to be permitted by selecting the check box next to each vehicle then click **SUBMIT**.

A confirmation email containing a list of approved lots and a campus map will be sent to the email address you provided within 10 business days. Until you receive the email confirmation you are welcome to park in Lot X or the Shepardson Lot and utilize the shuttle services provided.

NOTICE

Vehicles parked on LLUAHSC property that are NOT registered in the Online Parking System are subject to a \$100.00 fine.

LOMA LINDA UNIVERSITY
SCHOOL OF ALLIED HEALTH PROFESSIONS
DEPARTMENT OF PHYSICAL THERAPY
STUDENT CONSENT FORM

I, _____, hereby voluntarily agree and consent to the following:
(Print Name)

_____ (please initial) I understand that while I am enrolled in the Department of Physical Therapy, School of Allied Health Professions, Loma Linda University I will be involved in activities that may increase my risk of injury or illness above those associated with everyday activities of daily living. These activities include:

- Exposure to blood, body fluids and airborne pathogens (Examples: Hepatitis, TB, HIV, needle sticks)
- Musculoskeletal injury - due to performing/receiving physical therapy treatment activities on/from partners in the laboratory setting and on clinical rotations
- Psychological Stress - due to the curriculum load which requires in and out of class commitment to successfully complete the program
- Exposure to hazardous material (Examples: formaldehyde, betadine, rubbing alcohol)

_____ (please initial) I allow still and video images to be taken of me while I am enrolled at Loma Linda University. I understand that these images will be used for educational and promotional purposes only.

_____ (please initial) I understand that to successfully complete the program I must be able to perform the Department of Physical Therapy's "Essential Functions". I understand that if I am an individual with a disability and need reasonable accommodation to fully participate in this program, I must obtain the Student Information and Requested Accommodation forms from Dr. Craig Jackson, Dean, School of Allied Health Professions in Nichol Hall Room 1603.

ESSENTIAL FUNCTIONS REQUIRED TO GRADUATE AS A PHYSICAL THERAPIST

Cognitive Learning Skills

I will be required to demonstrate the ability to:

8. Receive, interpret, remember, reproduce and use information in the cognitive, psychomotor, and affective domains of learning to solve problems, evaluate work, and generate new ways of processing or categorizing similar information listed in course objectives.
2. Perform a physical therapy evaluation of a patient's posture and movement including analysis of physiological, biomechanical, behavioral, and environmental factors in a timely manner, consistent with the acceptable norms of clinical settings.
3. Use evaluation data to formulate and execute a plan of physical therapy management in a timely manner, appropriate to the problems identified consistent with acceptable norms of clinical settings.
4. Reassess and revise plans as needed for effective and efficient management of physical therapy problems, in a timely manner and consistent with the acceptable norms of clinical settings.

Psychomotor Skills

I will be required to demonstrate the following skills.

1. Locomotion ability to:
 - a. Get to lecture, lab and clinical locations, and move within rooms as needed for changing groups, partners and work stations.
 - b. Physically maneuver in required clinical settings, to accomplish assigned tasks.
 - c. Move quickly in an emergency situation to protect the patient (eg. From falling).
2. Manual tasks:
 - a. Maneuver another person's body parts to effectively perform evaluation techniques.
 - b. Manipulate common tools used for screening tests of the cranial nerves, sensation, range of motion, blood pressure, e.g., cotton balls, safety pins, goniometers, Q-tips, sphygmomanometer.
 - c. Safely and effectively guide, facilitate, inhibit, and resist movement and motor patterns through physical facilitation and inhibition techniques (including ability to give time urgent verbal feedback).
 - d. Manipulate another person's body in transfers, gait, positioning, exercise, and mobilization techniques. (Lifting weights between 10-100+ lbs)
 - e. Manipulate evaluation and treatment equipment safely and accurately apply to clients.

- f. Manipulate bolsters, pillows, plinths, mats, gait assistive devices, and other supports or chairs to aid in positioning, moving, or treating a patient effectively. (Lifting, pushing/pulling weights between 10-100 lbs)
- g. Competently perform and supervise cardiopulmonary resuscitation (C.P.R.) Using guidelines issued by the American Heart Association or the American Red Cross.
3. Small motor/hand skills:
 - a. Legibly record thoughts for written assignments and tests.
 - b. Legibly record/document evaluations, patient care notes, referrals, etc. in standard medical charts in hospital/clinical settings in a timely manner and consistent with the acceptable norms of clinical settings.
 - c. Detect changes in an individual's muscle tone, skin quality, joint play, kinesthesia, and temperature to gather accurate objective evaluative information in a timely manner and sense that individual's response to environmental changes and treatment.
 - d. Safely apply and adjust the dials or controls of therapeutic modalities
 - e. Safely and effectively position hands and apply mobilization techniques
 - f. Use a telephone
4. Visual acuity to:
 - a. Read written and illustrated material in the English language, in the form of lecture handouts, textbooks, literature and patient's chart.
 - b. Observe active demonstrations in the classroom.
 - c. Visualize training videos, projected slides/overheads, X-ray pictures, and notes written on a blackboard/whiteboard.
 - d. Receive visual information from clients, e.g., movement, posture, body mechanics, and gait necessary for comparison to normal standards for purposes of evaluation of movement dysfunctions.
 - e. Receive visual information from treatment environment, e.g., dials on modalities and monitors, assistive devices, furniture, flooring, structures, etc.
 - f. Receive visual clues as to the patient's tolerance of the intervention procedures. These may include facial grimaces, muscle twitching, withdrawal etc.
5. Auditory acuity to:
 - a. Hear lectures and discussion in an academic and clinical setting.
 - b. Distinguish between normal and abnormal breathing, lung and heart sounds using a stethoscope.
6. Communication:
 - a. Effectively communicate information and safety concerns with other students, teachers, patients, peers, staff and personnel by asking questions, giving information, explaining conditions and procedures, or teaching home programs. These all need to be done in a timely manner and within the acceptable norms of academic and clinical settings.
 - b. Receive and interpret written communication in both academic and clinical settings in a timely manner.
 - c. Receive and send verbal communication in life threatening situations in a timely manner within the acceptable norms of clinical settings.
 - d. Physical Therapy education presents exceptional challenges in the volume and breadth of required reading and the necessity to impart information to others. Students must be able to communicate quickly, effectively and efficiently in oral and written English with all members of the health care team.
7. Self-care:
 - a. Maintain general good health and self-care in order to not jeopardize the health and safety of self and individuals with whom one interacts in the academic and clinical settings.
 - b. Arrange transportation and living accommodations to foster timely reporting to the classroom and clinical assignments.

Affective learning skills

I must be able to:

1. Demonstrate respect to all people, including students, teachers, patients and medical personnel, without showing bias or preference on the grounds of age, race, gender, sexual preference, disease, mental status, lifestyle, opinions or personal values.
9. Demonstrate appropriate affective behaviors and mental attitudes in order not to jeopardize the emotional, physical, mental, and behavioral safety of clients and other individuals with whom one interacts in the academic and clinical settings and to be in compliance with the ethical standards of the American Physical Therapy Association.
10. Sustain the mental and emotional rigors of a demanding educational program in physical therapy which includes academic and clinical components that occur within set time constraints, and often concurrently.
11. Acknowledge and respect individual values and opinions in order to foster harmonious working relationships with colleagues, peers, and patients/clients.

Signed: _____

Date: _____

LOMA LINDA UNIVERSITY
SCHOOL OF ALLIED HEALTH PROFESSIONS
DEPARTMENT OF PHYSICAL THERAPY

Professional Appearance

Students of the entry-level Doctor of Physical Therapy program are expected to present an appearance consistent with the highest professional standards and competence. The image should be modest and consistent with the mission and philosophy of Loma Linda University.

To that end, professional appearance standards are applied during scheduled school hours in classrooms, laboratories, chapel, all campus facilities used for physical therapy education purposes, clinics, and off-campus assignments. The intent of the appearance standards is to create a professional culture and environment.

Professional appearance standards

Appearance must be modest, neat, clean, and conservative in style.

- For Men:
 - Slacks or professional long pants such as khakis must be worn.
 - Shirts must be neatly pressed and have collars.
 - Scrubs may be worn as an alternative (see below for standards)
- For Women
 - Dresses and skirts must approximate or fall below the knees
 - Pants, if worn, must be dress pants.
 - Tops must be modest.
 - Scrubs may be worn as an alternative (see below for standards)
- Shoes must be clean and in good repair
- Scrubs
 - Scrubs must be neat, clean and professional in appearance
 - Scrubs must be of a solid color
 - Tops and bottoms must match or the Department polo shirt with scrub bottoms.
 - A plain t-shirt (long or short-sleeved) with a crew or v-neck may be worn under the scrub top and must be tucked in at the waist.
- The following are considered inappropriate for professional attire:
 - T-shirts worn as outer garments
 - Visible undergarments
 - Denim clothing of any color
 - Shorts
 - Halter tops, tank tops, midriffs, or “spaghetti” straps
 - Sweat pants
 - Leggings (aka: yoga pants)
 - Hats, caps, beanies, or hoods of sweatshirts worn indoors
 - Flip flops
- Hair must be clean, neat, and well-groomed. Facial hair must be neatly trimmed.
- Rings, if worn, should be low profile and limited to one finger per hand.
- Jewelry, if worn, must be conservative and professional.
- Ear ornaments, if worn by women, are limited to simple studs in the earlobe and should not drop below the bottom of the earlobe. Such ornaments are limited to one per ear. Men may not wear ear ornaments. Rings or ornaments in other anatomical sites are not acceptable.
- Finger nails should be maintained in a professional manner, closely trimmed and should not interfere with patient safety and comfort during treatments. Nail polish, if worn, should be of a subdued color.
- Excessive makeup and fragrances are not appropriate.

Area-specific standards

- Chapel – students must meet the standards listed above when attending chapel.
- Integrated Clinical Experience – Students must wear the Department black polo shirt and black or khaki colored pants.
- Laboratories – Lab dress will vary from course to course and will be outlined by the instructor.
- Clinical Rotations (Practicums & Affiliations) – specific dress requirements will be outlined in the Clinical Education Policies and Procedures Manual.

I have read the above standards and I agree to observe them.

Student Signature

Date

Please Print Name



Loma Linda University

University Records

REGISTRATION CHANGE REQUEST (ADD/DROP)

PERSONAL INFORMATION

**Indicates Required Field*

LLU ID# or Social Security Number:* _____

Name: Last* _____ First* _____ Middle _____

LLU School:* _____ Program of Study:* _____

REGISTRATION CHANGE REQUEST (ADD / DROP)

Instructions:

1. List course(s) to add, drop, or change units.
2. Obtain **all signatures** listed on the form in the order indicated. (Instructor's signature not required prior to the beginning of the term unless required by the specific course.)
3. The date of filing is the effective date for the refund of tuition and fees. Refunds should not be expected immediately; three to four weeks should generally be allowed.
4. Student must present this form in **person** to the Office of University Records and sign the updated *Student Schedule* to make any changes in his/her registration
5. The addition of independent study type courses requires an *Independent Study Title Request form* accompanying this form.
6. Classes may not be entered later than one week after the opening of the term.
7. Withdrawals are not permissible during the final three weeks of the term.

**Course Reference Number*

Change Requested:

Change	CRN*	Prefix	Number	Section	Course Title	Unit(s) of Credit	Instructor's Name	Instructor's Signature

Term:* _____ Total Units Before Change:*(listed by level) Undergraduate _____ Graduate _____ Professional _____

Student Status:* _____ Total Units After Change:*(listed by level) Undergraduate _____ Graduate _____ Professional _____

VA Benefits: _____ Last day in class for dropped course(s) (MM/DD/YYYY) _____ / _____ / _____ (VA benefit recipients only)

REQUIRED SIGNATURES

Student's Signature: _____ Date: _____ / _____ / _____

Advisor's Signature: _____ Date: _____ / _____ / _____

Financial Aid Change:* ☐ None to be returned ☐ Financial aid adjusted

Financial Aid Signature: _____ Date: _____ / _____ / _____

Student Finance Signature: _____ Date: _____ / _____ / _____

International Student Advisor Signature: _____ Date: _____ / _____ / _____

University Records Signature: _____ Date: _____ / _____ / _____

Form must be returned in **person** to the Office of University Records in the Student Services Center for final processing.

If you have any questions please email Registrar@llu.edu or call (909) 558-4508 or (800) 422-4558

LOMA LINDA UNIVERSITY



**LOMA LINDA UNIVERSITY
SCHOOL OF ALLIED HEALTH PROFESSIONS
DEPARTMENT OF PHYSICAL THERAPY**

REQUEST FOR SPECIAL EXAMINATION

To take an examination at a time other than when it is scheduled, a student must secure the consent of the instructor, the faculty and the chair of the department and must file this form with the department. A \$50.00 fee is charged for a special examination.

I, (student name) _____
a student in the (program name) _____
in the (department name) _____
herewith request permission to schedule a time for a special examination of

Course Title _____ Examination _____
(e.g., Midterm, Final)

Regularly Scheduled Date _____ & Time _____

Requested Date _____ & Time _____

This request is made for the following reason:

In the Department of Physical Therapy, a Request for Special Examination is granted only under extreme circumstances. All requests must be made in writing and will be reviewed by the Department faculty. Any approved request is contingent on the student agreeing to the following conditions. Please place initials along each statement:

_____ I am aware that requesting to take an exam at a time other than scheduled allows an opportunity for information to be given to individuals whom have not yet taken the exam or to receive information from individuals whom have already taken the exam.

_____ I attest that I will not disseminate any information from the exam that I am privileged to take at an earlier time to any person or persons.

_____ I attest that I will not receive any information from the exam that I am privileged to take at a later time than it is scheduled from any person or persons.

_____ I am aware that the course instructor may, at his/her discretion, provide the examination in a modified format from the original examination to enhance academic integrity.

Below is the School policy regarding Academic Integrity.

ACADEMIC INTEGRITY: Acts of dishonesty-including theft, plagiarism, giving or obtaining information in examinations or other academic exercises, or knowingly giving false information-is unacceptable for students in the School. Instructors and students are charged with the responsibility of reporting instances of such behavior to the department chairperson. The department chairperson is responsible for investigation. Substantiated violations are to be brought before the dean for disciplinary action. Such action may include, but is not limited to, academic probation or dismissal from the program.

Student Signature _____

DEPARTMENT ACTION

☐ Denied

☐ Approved

_____ Department Chair or Program Director Signature

☐ Date & Time of Special Examination _____

☐ \$50.00 Fee Paid

COPY FOR:

STUDENT _____ INSTRUCTOR _____ DEPARTMENT _____



LOMA LINDA UNIVERSITY
School of Allied Health Professions

**UNSATISFACTORY SCHOLARSHIP
 REPORT**

DATE

REPORT (weeks)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	6	8	10

STUDENT'S NAME

☐ Mr.
☐ Miss
☐ Mrs.

Last

First

Initial

COURSE

INSTRUCTOR'S SIGNATURE

REASON(S) Check box in front of the number.

1. Attendance	<input type="checkbox"/>	3. Absent from Examination(s)	<input type="checkbox"/>	5. Lacking Assignments	<input type="checkbox"/>	7. Other
2. Professional Competency	<input type="checkbox"/>	4. Low on Examination(s)	<input type="checkbox"/>	6. Low on Assignments	<input type="checkbox"/>	

☐

If check mark appears here, report to the instructor for a conference within 3 days.

COMMENTS:

Please be advised that your Director and your Instructors are available to counsel with you on matters connected with your academic program if you will consult them at regular office hours or by special appointment.

PROGRAM

PROGRAM DIRECTOR

Signature

White - Student

Canary - Student Affairs

Pink - Program Director

Goldenrod - Student File

CPS36039



Loma Linda University

University Records

PETITION FOR ACADEMIC VARIANCE

PERSONAL INFORMATION

**Indicates Required Field*

LLU ID# or Social Security Number:* _____ Email: _____

Name: Last* _____ First* _____ Middle _____

LLU School:* _____ Program of Study:* _____

Degree:* _____ Academic Level:* _____

Expected Graduation Date: (MM/DD/YYYY) ____ / ____ / ____ Phone Number: _____

Current Mailing Address: _____ School Box Number: _____

Address* _____

City* _____ State* _____ Zip* _____ Country _____

PETITION FOR ACADEMIC VARIANCE

Instructions:

1. Please complete form on the web, print, and sign with a ball point pen.
2. State your request completely and clearly.
3. Provide adequate information for a decision.
4. Include reason for request.
5. Obtain approval from your department office.
6. Leave petition at the Office of the Dean/Associate Dean of your school of enrollment.
7. A copy of this petition will be sent to you by University Records when your request has been acted upon.

I hereby request the following variance from academic policy:

NOTE: Please attach a course outline, including required textbooks, and other supporting documents.

Request Type: _____ (Note: If the Request Type selected is "Transfer," there is no need to provide an LLU Course in the table below.)

LLU course:	Prefix	Number	Course Title	Units
With:	College / University			Term
				Year
	Prefix	Number	Course Title	Units
Comments:				

Request Type: _____ (Note: If the Request Type selected is "Transfer," there is no need to provide an LLU Course in the table below.)

LLU course:	Prefix	Number	Course Title	Units
With:	College / University			Term
				Year
	Prefix	Number	Course Title	Units
Comments:				

REQUIRED SIGNATURES

Student's Signature: _____ Date: ____ / ____ / ____

VERIFICATION

FOR OFFICE USE ONLY

Faculty's Comment:

Faculty member must be one who teaches courses similar to request.

Faculty's Action: ☐ Support ☐ Do not support Faculty's Signature: _____ Date: ____ / ____ / ____

Department's Comment:

Department/Program recommendation optional based on school and program.

Department's Action: ☐ Support ☐ Do not support Department's Signature: _____ Date: ____ / ____ / ____

Dean's Comment:

Dean's Action: ☐ Approved ☐ Not Approved Dean's Signature: _____ Date: ____ / ____ / ____

If you have any questions please email Registrar@llu.edu or call (909) 558-4508 or (800) 422-4558

LOMA LINDA UNIVERSITY

ACKNOWLEDGMENTS

ACKNOWLEDGMENT – DEPARTMENT OF PHYSICAL THERAPY STUDENT HANDBOOK

I hereby acknowledge that I understand that the web address for Department of Physical Therapy (entry-level DPT) student handbook is: <https://alliedhealth.llu.edu/sites/alliedhealth.llu.edu/files/docs/pt-student-handbook.pdf>. I understand that I am to promptly read and abide by its contents which set forth the terms and conditions of my enrollment.

I understand that if I have any questions about the PT Student Handbook or its contents, I am to discuss them with the program director.

I understand that circumstances will undoubtedly require that the policies, procedures, rules and benefits described in the PT Student Handbook change from time to time as the Department deems necessary or appropriate. I understand that I will be notified of those changes by notice sent to me on my LLU email address and/or announced by a faculty member or class representative.

ACKNOWLEDGMENT – LOMA LINDA UNIVERSITY CATALOG

I hereby acknowledge that I understand that the web address for Loma Linda University's Catalog is <http://www.llu.edu/llu/academics/catalog.html>.

ACKNOWLEDGMENT – LOMA LINDA UNIVERSITY STUDENT HANDBOOK

I hereby acknowledge that I understand that the web address for Loma Linda University's Student Handbook is <http://www.llu.edu/assets/central/handbook/documents/student-handbook.pdf>

I accept responsibility for understanding the policies, procedures, rules, and benefits; and I agree to abide by its contents, which set forth the terms and conditions of my enrollment. I further understand that it supersedes and replaces all previous Student Handbook editions. I understand that if I have questions about the Student Handbook or its contents, I am to discuss them with the dean or dean's designee of my school. Circumstances may require that the policies, procedures, rules, and benefits described in this Student Handbook change as the University deems necessary or appropriate. I understand that I will be notified of such changes and the dates of implementation by my University email account.

ACKNOWLEDGMENT – LLU STUDENT SAFETY HANDBOOK

I hereby acknowledge that I understand that the web address for Loma Linda University's Student Safety Handbook is: <https://one.lluh.org/sites/one.lluh.org/files/docs/forms/departments/LLUSS-Departments/Environmental-Health-and-Safety/Student-Safety-Guide.pdf>

By signing this form, I acknowledge four "Acknowledgment" statements listed above.

Name

Signature

Date



3009

AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Print in ink ♦ Failure to provide all information may invalidate this authorization.

**Substance Abuse Records and Psychiatric Records require a separate authorization.*

FROM WHOM Specify clinic, specialty, or physician below.

- ☐ Loma Linda University Medical Center (LLUMC)
☐ Loma Linda University Children's Hospital (LLUCH)
☐ Loma Linda University Health Care (LLUHC)
☒ Loma Linda University (LLU) **CHP**

FACILITY USE ONLY

Requested records have been sent

Date Sent: _____

by: _____

To WHOM/INSPECT Please choose one of the following.

- ☒ Send records to: Department of Physical Therapy
 Individual/Agency Name Nichol Hall 1809
24951 North Circle Dr. Loma Linda CA 92350
 Address City State Zip Code

Barbara Cassim
Lacero Gonzalez
Heather Hebron

- ☐ Make records available for review. Confirm appointment prior to review.

INFORMATION TO BE RELEASED

Specify where services were rendered (Clinic Name) _____

- ☐ Inpatient Dates of Treatment _____
☐ Discharge Summary ☐ Standard Clinical Pertinent Documents
☐ Other, Specify _____
☒ Outpatient Dates of Treatment _____
☐ Clinical Notes ☐ Test Results, type of test _____
☒ Other, Specify _____

- ☐ I specifically authorize release of HIV test results.

- ☐ Billing Summary Dates of Treatment _____

PURPOSE Reason records are to be disclosed.

- ☐ Continued Care ☐ Personal Use (fee applies) ☐ Other, Specify _____

Unless otherwise revoked, this authorization will expire on the following date, event or condition _____
 This authorization shall remain in effect until the above described disclosure is complete but shall not extend beyond 180 days from the date of signature. Signing this form is voluntary. I understand I have the right to revoke this authorization and the right to inspect or get a copy of the material to be disclosed. See reverse side for details on disclosure of information and my rights. I have read both pages of this form and voluntarily authorize and request the disclosure above. I authorize use of a copy (including facsimile) of this form for disclosure as described above.

★ Patient Name (Last, First MI) _____ SSN: _____

★ Birth Date _____ ★ Phone Number: () _____

★ Signature, Patient or Legal Representative _____ ★ Date _____ ★ Time _____

(Minors 12 years or older must sign as patient along with the guardian)

Relationship to Patient (if signed by Legal Representative) _____

Interpreter Signature _____ Date _____ Time _____

Interpreter Name (print) _____

Interpreter Telephone ID# _____



Loma Linda University
 Loma Linda University Medical Center
 Loma Linda University Children's Hospital
 Loma Linda University Community Medical Center
 Loma Linda University Behavioral Medicine Center
 Loma Linda University Health System

**AUTHORIZATION FOR DISCLOSURE OF
 PROTECTED HEALTH INFORMATION**

PATIENT IDENTIFICATION

1163007 (p. 14)



LOMA LINDA UNIVERSITY
HEALTH

KEEP FOR YOUR RECORDS

HEALTH INFORMATION MANAGEMENT

FAQs: Requesting Medical Records (Immunizations) from LLU Center for Health Promotions for Student Health Services.

1. Where can LLU departments and/or students obtain release of Information authorization forms for requesting medical records?

- Online at www.lomalindahealth.org > select For Patients & Visitors link and then select Medical Records under the Patient Information heading.
- By email – send to medicalrecords@llu.edu
- In person at the following locations:

LLUH Health Information Management Locations	Department Hours
LLUAHSC Support Services Building (LLUAHSC 101) – main location 101 East Redlands Blvd. Suite 1200 San Bernardino, CA 92408 PH: (909) 651-4191 Fax: (909) 651-4180	Monday - Thursday: 8 a.m. - 5 p.m. Friday: 8 a.m. - 2 p.m.
Faculty Medical Offices (FMO) 11370 Anderson Street, Suite 2000 Loma Linda, CA 92354	Faculty Medical Offices (FMO) & Pro Plaza Monday - Thursday: 8 a.m. - 5 p.m. Friday: 8 a.m. - 3:30 p.m.
Professional Plaza (Pro Plaza) 25455 Barton Road, Suite 210A Loma Linda, CA 92354	

- Each department can obtain forms from Printing Services (form 116-3009 (6-14)) or print online and have available for students.

2. How can students request their immunization records?

- After completing an authorization form, students may request records by email, in person at the above locations or by fax (909) 651-4180. If requested records are to be faxed back, please include the fax number on the top section of the authorization under the To Whom/Inspect section (recipient). Please note: If ALL sections are not completed the request will be considered *INVALID* and will not be further processed.
- For group requests, please email the list to MRIssuesRequests@llu.edu for processing.
- For “CHP Immunization” records for student health services, the list below will be provided, if available. If additional records are needed, please indicate the specific records:
 - Pre-entrance form
 - All MMR titers (quantitative IgG antibody) and immunizations (usually series of 2)
 - All Td and/or Tdap immunizations.
 - All PPD records, chest x-rays and signs and symptoms forms.
 - All Hepatitis B titers (quantitative hepatitis B surface antibody) and immunizations (usually series of 3).
 - All Varicella titers (quantitative IgG antibody) and immunizations (usually series of 2).
- To ensure the appropriate immunizations records are included, please inform students to request “*CHP Immunization records*”. LLUH HIM will have this designation to include all of the above.

3. Can immunization and/or lab records be accessed online via My LLU Health?

- Immunizations received by the student or labs results posting to the medical record after 04/07/2015 can be accessed online via the student’s www.myluluhealth.org account. Medical records prior to this date need to be directed to LLUH HIM.

4. How can students create a My LLU Health online account?

- A user account can be created by calling a customer care representative at 1-(877)-558-0090 or LLUH HIM at (909) 651-4191 for an activation code to create a user name and passcode.
- My LLU Health users can securely access their health information with MyChart, a free mobile app for Apple* and Android devices. *Please note* that you must first sign-up for a My LLU Health account using the full website before you can access your account through the MyChart app on your mobile device.

5. What can LLU students/departments expect for turnaround times for requested immunization records?

- *In Person requests:* All efforts will be made to process while the student waits, *STAT requests:* Will be processed in real time, *Group requests:* Every attempt will be made to be completed by the identified timeline or before.

Revised: 09/27/2015

KEEP FOR YOUR RECORDS

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

Important Information Regarding My Rights

Voluntary: I understand authorizing the disclosure of the information identified on the reverse side is voluntary. I need not sign this form to ensure healthcare treatment.

Right to Revoke: I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the Health Information Management Department. The revocation will take effect upon receipt. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.

Right to Inspect: I understand that I may inspect or obtain a copy of the information to be used or disclosed, as provided in CFR 164.524 and that I have a right to a copy of this form.

Redisclosure: I understand that any disclosure of information carries with it the potential for an unauthorized redisclosure and the information may not be protected by federal confidentiality rules.

Questions: If I have questions about disclosure of my health information, I can contact the Health Information Management Department.

Fees: Patient Access (AB610) is charged \$0.25 per page, plus postage. All fees with exception of SDI releases shall be collected prior to release.



Loma Linda University
Loma Linda University Medical Center
Loma Linda University Children's Hospital
Loma Linda University Community Medical Center
Loma Linda University Behavioral Medicine Center
Loma Linda University Health System

AUTHORIZATION FOR DISCLOSURE OF
PROTECTED HEALTH INFORMATION

116-130949-11

PATIENT IDENTIFICATION

Memo

To: Physical Therapy Department

From: Print Name: _____

Date: _____

CC: Department of Physical Therapy Clinical Education Office

Re: Drug/Alcohol, Background Check, Health -screens for PTA/DPT Students

I am currently a student in the PTA/DPT Program in the Department of Physical Therapy, SAHP at Loma Linda University.

I hereby give my written consent to the Physical Therapy Department for the release of specified results of drug, alcohol, background check and health screen information as requested by representatives of individual clinical facilities.

I understand that this information may be forwarded to clinical education faculty via mail, email, fax or other method deemed appropriate for timely processing.

Information will be released only as required for permission to enter specific clinical facilities. I understand that timely submission of required information may be necessary for finalizing the clinical assignment. I understand that the clinical experiences are required for completion of the DPT/PTA program.

Signature_____ Date_____



2137

**AUTHORIZATION AND CONSENT
TO RECORD AUDIO AND/OR VIDEO,
PHOTOGRAPH, WRITE, AND PUBLISH**

I, _____ (print full legal name), the undersigned, do hereby authorize Loma Linda University Health (LLUH), its affiliates, and its designated representatives to record identifiable/non-identifiable audio and/or video, to take identifiable/non-identifiable photographs, write, publish, and distribute identifiable/non-identifiable information about me and/or the dependent named below for whom I serve as legal guardian, in such manner as LLUH, its affiliates, and its representatives deem appropriate.

I further authorize LLUH, its affiliates, and its designated representatives to publish any identifiable/non-identifiable photos or other assets that I provide for their use _____ (initial ONLY if providing media assets).

I agree that LLUH, its affiliates, and its designated representatives may use and permit others to use all media forms known now or created in the future and/or written information as deemed appropriate for such purposes including, but not limited to, dissemination to LLUH and its affiliates' staff, physicians, health professionals, students, and members of the public for educational (e.g. teaching/conferences), treatment, research, scientific, public relations, marketing, news media, and/or charitable purposes. I agree that such dissemination may be accomplished in any manner and publication medium deemed appropriate by LLUH, its affiliates, and its designated representatives, and that such dissemination is subject only to the following limitations:

_____ without limitations

I understand authorizing the use/disclosure of the information identified above is voluntary.

I need not sign this form to ensure health care treatment. I understand that I have the right to revoke this authorization at any time by submitting my request in writing to the department indicated on the bottom of this form. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to any insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, or expired, this authorization will remain valid.

I understand that I may inspect or obtain a copy of the information to be used/disclosed, as provided in 45CFR164.524. I understand that any use/disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about use/disclosure of my health information in general, I can contact the Health Information Management Department at (909) 651-4191. For questions about the use/disclosure of my health information for publication purposes, I may contact the Advancement Department at (909) 558-4544.

I agree to assist LLUH, its affiliates, and its designated representatives in pursuing scientific, treatment, educational, public relations, marketing, news, and/or charitable goals, and I do hereby waive my rights and/or the rights of my dependents/successors to compensation for such uses. I, the undersigned, and my dependents/successors will hold LLUH, its affiliates, and its designated representatives harmless from and against any claim for injury and/or compensation resulting from the activities authorized by this agreement.



LOMA LINDA
UNIVERSITY
HEALTH

Loma Linda University Medical Center
Loma Linda University Children's Hospital
Loma Linda University Health Care
Loma Linda University
Loma Linda University Behavioral Medicine Center
Loma Linda University Medical Center – Murrieta
Loma Linda University Health Highland Springs Surgical Center

**AUTHORIZATION AND CONSENT
TO RECORD AUDIO AND/OR VIDEO,
PHOTOGRAPH, WRITE, AND PUBLISH**

Page 1 of 3

23-2137 (11-17)

PATIENT IDENTIFICATION

I understand this authorization expires (insert date): does not expire _____ or at the end of day 365 from today's date if an expiration date is not provided.

Upon expiration of this authorization, LLUH, its affiliates, and its designated representatives will not permit further release of any photographs, audio recordings, videos or any other information, but will not be able to call back any photographs, audio recordings, videos or any other information already released.

Signature: _____ Date/Time: _____
(Patient/Non-patient/Legal Representative)

Print Name: _____ DOB/Last four SSN: _____
(For patients only)

Address(optional): _____

Phone: _____ Email: _____

If signing as legal guardian for another individual, please print your dependent's name and your relationship to him/her:

Dependent's Name: _____ Relationship: _____

Witness: _____ Date/Time: _____

**Patient/Guardian Authorization to Contact Health Care Providers
and/or Publish Protected Health Information**

I, _____ (print full legal name),
do hereby authorize LLUH, its affiliates, and its designated representatives to speak with health care providers about my care, or that of the dependent named above for whom I serve as legal guardian, regarding Protected Health Information deemed pertinent and appropriate for the purposes and limitations listed on this authorization form. I also authorize the publishing of that Protected Health Information according to the terms of this authorization.

Signature _____ Date _____

LLUH Health Information Management (HIM)
101 E. Redlands Blvd., Suite #1200
San Bernardino, CA 92408
Ph: (909) 651-4191

LLUH Advancement
P.O. Box 2000
Loma Linda, CA 92354
Ph: (909) 558-4544



Loma Linda University Medical Center
Loma Linda University Children's Hospital
Loma Linda University Health Care
Loma Linda University
Loma Linda University Behavioral Medicine Center
Loma Linda University Medical Center - Murrieta
Loma Linda University Health Highland Springs Surgical Center

**AUTHORIZATION AND CONSENT
TO RECORD AUDIO AND/OR VIDEO,
PHOTOGRAPH, WRITE, AND PUBLISH**

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PATIENT IDENTIFICATION

KEEP FOR YOUR RECORDS

FREQUENTLY ASKED QUESTIONS

Who is permitted to disclose my medical information?

Loma Linda University Health, its affiliates, and its designated representatives

How will my information be used?

Your information may be used for the following purposes, including but not limited to, dissemination to LLUH and its affiliates' staff, physicians, health professionals, students, and members of the public for educational (e.g. teaching/conferences), treatment, research, scientific, public relations, marketing, news media, and/or charitable purposes.

May I request to inspect or obtain a copy of the information to be used/disclosed?

Yes.

What happens after my photos and information go public?

Please note that once information is published, the information resides in a public domain that may not be protected by federal confidentiality rules. Other outlets may use and/or redistribute the published information. For example, a published story could be picked up by news networks and/or magazines. LLUH, its affiliates, and its designated representatives cannot guarantee that other organizations will not use your published information.

I'm not sure I want to make my information public. Do I have to sign this form?

No - signing this form is completely voluntary and will not impact services (e.g. treatment, fees or insurance benefits) provided to you at LLUH or at one of its affiliated entities.

May I withdraw my consent?

Yes. You may cancel/ revoke your authorization at any time. You will need to submit a written revocation notice to the applicable department - HIM or Advancement. Please note that we will not be able to retrieve any information already used/disclosed under this authorization prior to our receipt of your written revocation notice.

LLUH Health Information Management (HIM)
101 E. Redlands Blvd., Suite #1200
San Bernardino, CA 92408
Ph: (909) 651-4191

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Loma Linda, CA 92354
Ph: (909) 558-4544

When does my consent expire?

This consent expires on the date indicated on the authorization form. If a specific date has not been provided, the consent will automatically expire at the end of day 365 from the date the authorization was signed.



LOMA LINDA
UNIVERSITY
HEALTH

Loma Linda University Medical Center
Loma Linda University Children's Hospital
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Loma Linda University
Loma Linda University Behavioral Medicine Center
Loma Linda University Medical Center – Murrieta
Loma Linda University Health Highland Springs Surgical Center

**AUTHORIZATION AND CONSENT
TO RECORD AUDIO AND/OR VIDEO,
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23-2137 (11-17)

PATIENT IDENTIFICATION



Loma Linda University
Department of Risk Management
Convenience Center, Suite 200
P.O. Box 1770
Loma Linda, California 92354
(909) 558-4386

**LOMA LINDA
UNIVERSITY
STUDENT
HEALTH PLAN
ENROLLMENT
APPLICATION**

School/Program			CHECK ONE <input type="checkbox"/> New Application <input type="checkbox"/> Add Family Member		<input type="checkbox"/> Delete Family Member <input type="checkbox"/> Change	
LAST NAME		FIRST NAME		MID	CHECK <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
STREET ADDRESS					SOCIAL SECURITY NO	
CITY			STATE		BIRTHDATE MO DA YR	
ZIP CODE			HOME PHONE		STUDENT ID #	
ESTIMATED DATE OF GRADUATION						
IF YOU OR A FAMILY MEMBER HAVE HAD INSURANCE PLEASE COMPLETE THE FOLLOWING:						
CHECK ONE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED		WITHIN THE LAST YEAR HAVE YOU OR FAMILY MEMBERS BEEN COVERED BY OTHER INSURANCE? Currently Previously Y N Y N			SUBSCRIBER	
DATE OF MARRIAGE		SELF SPOUSE DEPENDENT CHILDREN			RELATIONSHIP TO STUDENT: IF COVERAGE IS NOT CURRENT WHEN DID IT END?	
SUBSCRIBER'S EMPLOYER		NAME & ADDRESS OF INSURANCE CO			PHONE #	
					POLICY #	
LIST ELIGIBLE FAMILY MEMBERS YOU WISH TO PURCHASE COVERAGE FOR						
RELATIONSHIP*	LAST NAME		FIRST NAME		AGE**	BIRTHDATE
<input type="checkbox"/> HUSBAND						
<input type="checkbox"/> WIFE						
<input type="checkbox"/> SON						
<input type="checkbox"/> DAUGHTER						
<input type="checkbox"/> SON						
<input type="checkbox"/> DAUGHTER						
<input type="checkbox"/> SON						
<input type="checkbox"/> DAUGHTER						
<input type="checkbox"/> SON						
<input type="checkbox"/> DAUGHTER						
<input type="checkbox"/> SON						
<input type="checkbox"/> DAUGHTER						
<input type="checkbox"/> SON						
<input type="checkbox"/> DAUGHTER						

* IF LAST NAME OF SPOUSE OR DEPENDENT CHILD IS DIFFERENT FROM EMPLOYEE, ELIGIBILITY DOCUMENTATION MUST ACCOMPANY APPLICATION.

** FULL TIME STUDENT VERIFICATION MUST BE PROVIDED FOR DEPENDENTS OVER AGE 18.

To the extent permitted by state and federal laws, I authorize all providers of health care, health plans and insurers to furnish all records pertaining to eligibility, medical history, services rendered and treatment given for the evaluation of this enrollment application and / or claims. This authorization shall become effective immediately and shall remain in effect as long as necessary to enable Risk Management to process application and / or claims. I certify that all the above information is complete and correct.

I hereby grant the benefit plan a lien, to the extent of benefits provided upon any recovery received from any other person, entity, organization or insurer for injury or illness for which the benefit plan has provided benefits.

STUDENT SIGNATURE _____

DATE SIGNED _____

SPOUSE SIGNATURE (required if spouse is enrolled) _____

DATE SIGNED _____

OFFICE USE ONLY

INPUT IN COMPUTER _____

EFFECTIVE DATE _____

5/04 PCS Notified _____ PCS Rec'd _____ PCS Mailed _____

EMERGENCY CONTACT INFORMATION

DEPARTMENT OF PHYSICAL THERAPY ENTRY-LEVEL DOCTOR OF PHYSICAL THERAPY PROGRAM

NAME: _____
LAST FIRST

LOCAL ADDRESS: _____
STREET CITY ZIP

PHONE: _____ Home
_____ Cell

NAME OF PARENTS: _____

ADDRESS OF PARENTS: _____
STREET CITY ZIP

PHONE: _____ Home
_____ Cell

OTHER EMERGENCY CONTACTS:

NAME PHONE

NAME PHONE



LOMA LINDA UNIVERSITY
School of Allied Health Professions

Social Media Guidelines

Social media is any form of online presence that allows interactive communication, such as social forums, photo sharing platforms, Internet websites, blogs, and wikis. Some examples of social media include: Facebook, Twitter, Instagram, Flickr, YouTube, LinkedIn, Wikipedia, to name a few. Some examples of social media uses include:

- Blogging about movies, sports, or news events
- Posting on Facebook
- Uploading photos on Instagram
- Sharing videos on YouTube
- Creating content on a Wiki page
- Tweeting about current events

It's a very natural response to just want to "post everything." But not everything "should" be posted. Loma Linda University Health and the School of Allied Health Professions would like to help clarify how best to enhance your social media experience while you are a Loma Linda University student.

Social Media: The Three Rules of Engagement

- **Be Smart:** Privacy does not exist in social media. Consider what could happen if your post becomes widely known. Search engines can turn up posts years after they are created. Double check your posts for professional content and accuracy. Acting in anger or impulsively could create a lasting impact that you may not want. Just think twice before pressing "send."
- **Act Ethically:** Remember that your social media activity can impact you both personally and professionally. Posts that put your education or future professional career in a positive light are really the best. Just consider your future before you post. And consider if it is the "right" thing to do.
- **Protect Yourself and Others:** Be respectful of others by not engaging in careless behavior that could hurt someone. Be sure that your posts or photos represent you and the people, clinical site, and school you're associated with in a professional way. It is important be aware of FERPA and HIPAA, so that the privacy of patients and fellow students is protected. Acting with respect keeps you and others safe.

Social media is a powerful tool. It has the power to make a significant impact, both positive and negative.

If you just remember the social media three rules of engagement—be smart, act ethically, and protect yourself and others—and you'll have a great time and engage responsibly.

I have received and read the School of Allied Health Professions Guidelines.

Signature of Student

SAHP Program and Department

Print

Date



LOMA LINDA UNIVERSITY
HEALTH SERVICES

We are very glad that you choose Loma Linda University to earn your Doctor of Physical Therapy Degree. In order to learn how we can serve potential applicants in the future, please take a few minutes to answer the following questions.

1. How did you learn about Loma Linda University's physical therapy program? (e.g. school counselor, recruiter, friends, web site, etc.)

2. Where did you get the majority of your information about the program? (e.g. school counselor, web site, program director, recruiter, etc.)

3. What were the main reasons you choose to come to Loma Linda University?

4. Since being accepted, what has been the biggest help in getting you to this day?

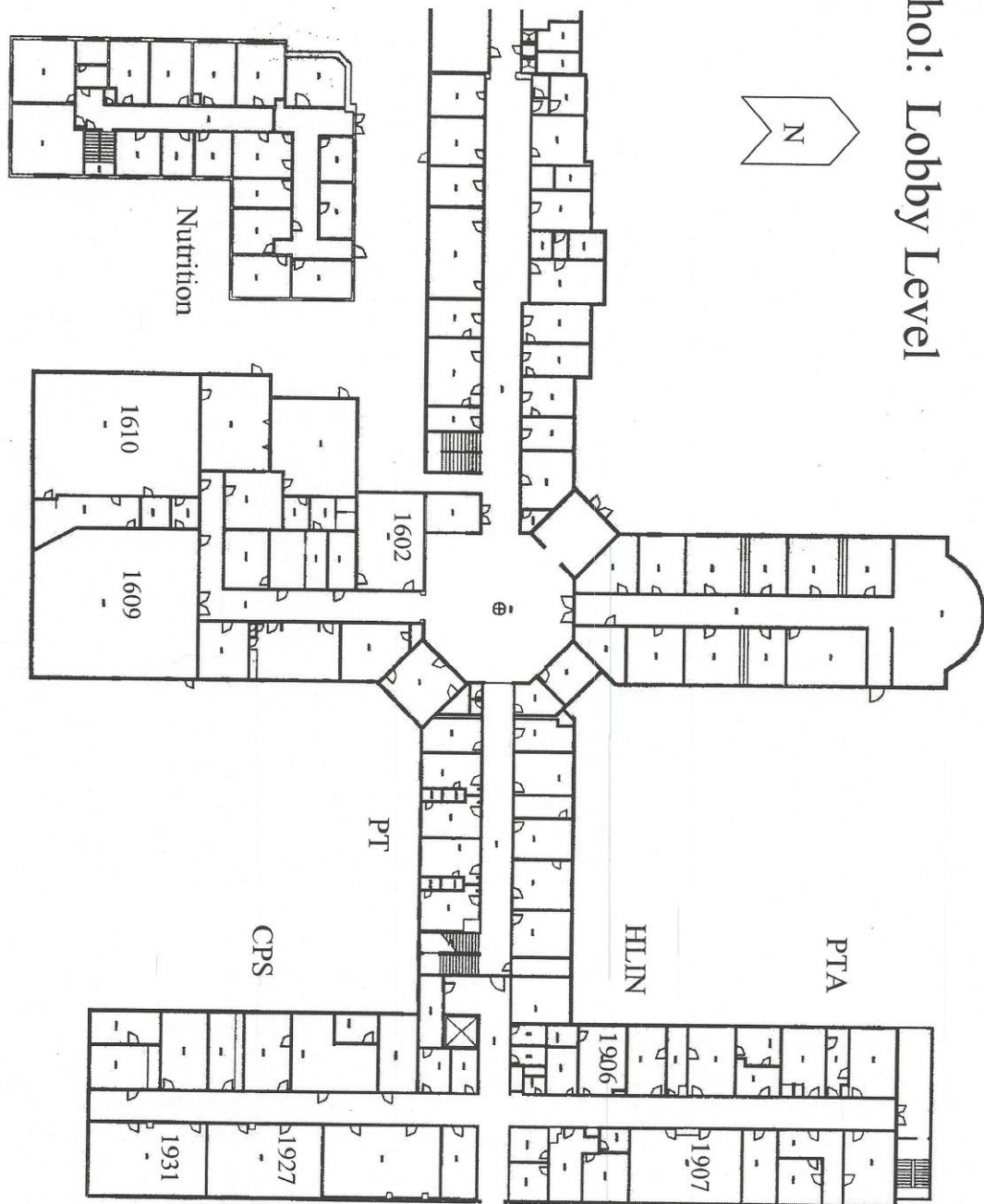
5. Since being accepted, what has been the biggest hindrance in getting you to this day?

6. Please give suggestions as to what we could do better.

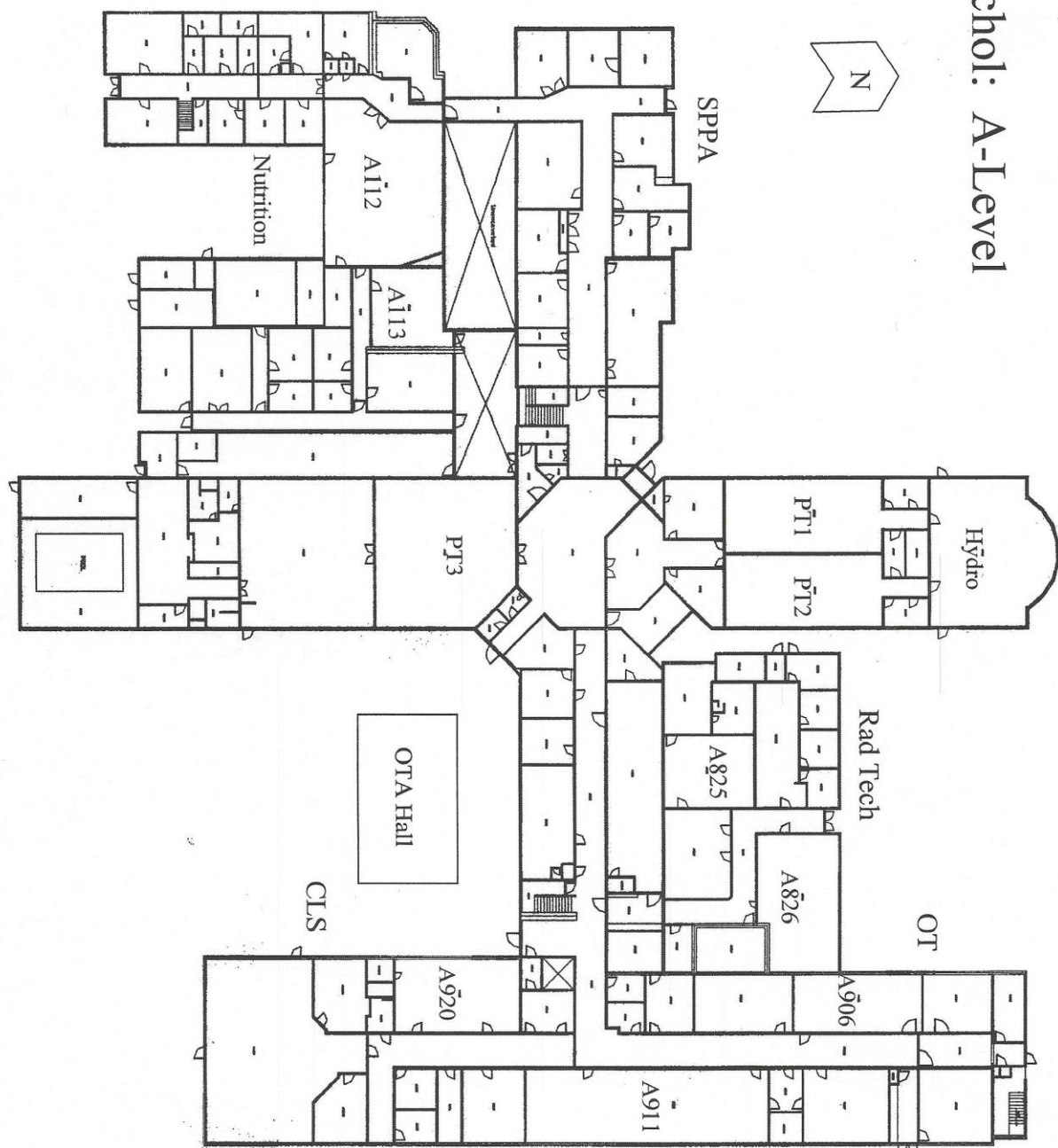
MAPS



Nichol: Lobby Level



Nichol: A-Level



FORMS TO BE TURNED IN

Entry Level Doctor of Physical Therapy Program
Department of Physical Therapy
School of Allied Health Profession

NAME: _____

Please make sure that you complete the following forms and submit them at the end of the orientation session.

- ☐ Student Consent Form
- ☐ Professional Appearance Form
- ☐ Acknowledgement of PT Student Handbook/University Catalog
- ☐ Authorization for Disclosure of Protected Health Information
- ☐ Drug/Alcohol, Background Check, Health Screen Release Form
- ☐ Authorization and Consent to Record Audio and/or Video
- ☐ Risk Management Enrollment Form
- ☐ Exam Soft Instructions
- ☐ Emergency Contact Information
- ☐ Social Media Guidelines
- ☐ Incoming Survey
- ☐ 2019 APTA Membership Application
- ☐ Scantron Student Enrollment Sheet
- ☐ Admission Letter/Advisor Sign Off Sheet
- ☐ Name Tags