

## PHYSICAL THERAPY CLINICAL EDUCATION MANUAL CONFIRMATION

I, \_\_\_\_\_, have read the Physical Therapy Clinical Education Manual. I understand my responsibilities as they relate to affiliations. I have reviewed the Clinical Performance Instrument (CPI) and agree to complete a self-evaluation at midterm and final of each affiliation. I understand the criteria for passing each clinical affiliation.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_