

Prospective Internship Site Profile
Department of Health Education & Behavior

Location: Lake City Florida Date: 11/13/14
City State

Agency: The Orthopaedic Institute

Contact: Christy Yaxley

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Street / PO Box City State / Zip

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Email: CYAXLEY@TOI-HEALTH.COM Website: TOI-HEALTH.COM

What semesters is your agency available to accept interns?

- Fall (August – December) Spring (January – April) Summer (May – August)

Normal work hours (Please indicate any evening or weekend time commitments):

MONDAY - FRIDAY
8:00 - 5:00 PM

Is office space available to interns? Yes No MAY SHARE W/STAFF
Comments

Is a computer available to interns? Yes No MAY SHARE W/STAFF
Comments

Does your agency offer paid or non-paid internships? Non-paid Paid (amount): _____

List other benefits your agency offers interns (i.e. housing, health insurance, travel reimbursement, etc.)
NONE

List required purchases for interning with your agency (i.e. parking pass, uniform, etc.)
UNIFORM- KHAKI PANTS WITH A SOLID COLOR POLO/COLLARED SHIRT

List the required skills or previous experience necessary for interning with your agency.

NONE - CPR RECOMMENDED

Special Requirements (i.e. special application, proof of health insurance, immunization, etc.)

Please note: All interns are required to purchase professional liability coverage for \$1,000,000.

NONE

List a description of duties your agency expects to be fulfilled by interns. Please include additional literature if desired.

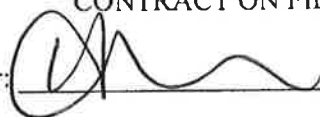
Interns will assist the physical therapist during treatment of both post surgical and non-operative orthopedic patients. They will assist in instruction of home/gym exercise programs, ensuring the patient is using equipment properly, performing exercises with proper technique, and that the patient understands the importance of continuing their individual program. Interns will develop professional jargon and communicate with support personnel, office staff and physical therapist in an appropriate manner. Completion of this internship should prepare an intern for entry level into a health care facility or better prepare them for the requirements of a physical therapy graduate program.

List any important information about your agency.

This is an excellent opportunity for someone planning on attending PT school.

Would you like to be added to the Department's list of approved sites for future interns? Yes No

FOR OFFICE USE ONLY: CONTRACT ON FILE: _____

Approval of Intern Coordinator:  _____ Date: 11-18-14

Approval Expiration Date: 11-18-16