

IACCC AFFILIATION COMMITMENT FORM FOR YEAR 2010

Name of Facility _____

Name of Center Coordinator of Clinical Education _____

Date _____

Address _____

****EMAIL Address –Please Give if Available**** _____

Telephone Number _____

Rotation # and Start Dates *	Academic Program	Affiliation number of weeks, Differing start dates, & Program Guidelines for Setting or Type	Affiliation Sequence	# of Slots – Setting & Type Pre-Assigned	# of Slots - Setting & Type Open for BID	Comments
1 1-4-10	APU-DPT	8 (12/28/09)	3 rd			
	CERR-PTA	6	1 st or 3 rd			
	CHAP-DPT	6, 8, 12 (No Peds)	1 st			
	CSUN -MPT	16	3 rd			
	LLU-DPT	11	2 nd			
	LLU-pMPT	8	1 st			
	USC-DPT	16	4 th			
	WESTU-DPT	12 (No rehab or neuro dx's)	1 st			
2 2-15-10	CERR-PTA	6	1 st or 3 rd			
	CHAP-DPT	6 (3/1) 8 (3/1) or 12 (2/1) No Peds	1 st or 2 nd			
	WESTU-DPT	12 (any setting)	2 nd			
3 3-29-10	CERR-PTA	6	1 st or 3 rd			
	LLU-DPT	10	3 rd			
	LLU-PTA	6	3 rd			
	MSMC-DPT	10 (4/19)	3 rd			
4 5-24-10	CHAP-DPT	8 (5/10) or 16 (5/10)	3 rd , 4 th or 5 th			
	CSULB-MPT	6 or 12	1 st or 2 nd			
	CSUN-MPT	6	1 st & 2 nd			
	LLU-pMPT	8 (6/21)	2 nd			
	USC-DPT	6	2 nd			
	WESTU-DPT	12 (any setting)	3 rd			
15 7-5-10	APU -DPT	10 ortho only	4 th			
	CHAP-DPT	8 (7/6)	4 th , 5 th			
	CSULB-MPT	6 or 12	2 nd or 3 rd			
	CSUN-MPT	6	1 st & 2 nd			
	LLU-PTA	6 (7/6)	2 nd			
	MSMC-DPT	8 (6/28) or 12	2 nd & 4 th			
	USC-DPT	6	1 st			
6 8-16-10	APU-DPT	8 (8/09)	1 st			
	CERR-PTA	6	2 nd			
	CHAP-DPT	6, 8 or 12	2 nd or 3 rd			
	CSULB-MPT	6 or 12	3 rd or 4 th			
	LLU-DPT	10 (8/09)				
	LLU-PTA	6	3 rd			
	LLU-pMPT	10	3 rd			
	USC-DPT	16 (8/23)	3 rd			
7 9/27/10	APU-DPT	8 (10/11)	2 nd			
	CERR-PTA	6	2 nd			
	CHAP-DPT	6, 8 or 12	2 nd , 3 rd , 4 th			
	CSULB-MPT	6 or 12	3 rd or 4 th			
8 11/08/10	CERR-PTA	6	2 nd			
	CHAP-DPT	6 or 8 (10/25)	3 rd or 4 th			
	CSULB-MPT	6	4 th			
	MSMC-DPT	6 (11/ 1)	1 st			

* Each rotation period is 6 weeks. Actual Affiliation length will vary with program.