



Student Observation Request Form

Please complete this form and e-mail it to
 Danville/Martinsville: danielle.peppler@centerforpediatrictherapies.com
 Lynchburg: chrissy.putney@centerforpediatrictherapies.com

| | | | |
|-------------------------------------|---|--|--|
| Name | | | |
| Email | | | |
| Phone Number | | | |
| Date of Birth | | | |
| School Information | <input type="checkbox"/> High School <input type="checkbox"/> Undergraduate List Major: _____ <input type="checkbox"/> Graduate | | |
| Discipline (check all that apply) | <input type="checkbox"/> OT <input type="checkbox"/> SLP <input type="checkbox"/> School/Teacher <input type="checkbox"/> PT <input type="checkbox"/> Autism/Behavior | | |
| Location | <input type="checkbox"/> Danville <input type="checkbox"/> Martinsville <input type="checkbox"/> Lynchburg/Forest & Roanoke <input type="checkbox"/> South Boston | | |
| Requirements (Check all that apply) | <input type="checkbox"/> Internship required for a class (deadline _____) <input type="checkbox"/> Internship required to complete observation hours <input type="checkbox"/> Internship for scholarship requirements <input type="checkbox"/> Volunteer hours for school/program <input type="checkbox"/> Resume building <input type="checkbox"/> Learning more about the fields to determine potential interest | | |
| Hours | Number of Hours Required for Internship: Direct: _____ Total: _____ | | |
| | Number of Observation hours (direct) needed: _____ | | |
| | Number of volunteer hours needed: _____ | | |
| | Must all hours be onsite? Yes No | | |
| Scheduling | I am available: <input type="checkbox"/> Monday (hours: _____) Semester Begins: _____ <input type="checkbox"/> Tuesday (hours: _____) Semester Ends: _____ <input type="checkbox"/> Wednesday (hours: _____) Date Range Available: _____ <input type="checkbox"/> Thursday (hours: _____) <input type="checkbox"/> Friday (hours: _____) | | |
| Additional Information | Are you unavailable any dates within your time frame (vacation, etc)? List: _____ Any Additional Information: | | |
| Vaccination Status | <input type="checkbox"/> Yes; please provide dates of doses received: <input type="checkbox"/> No; but I plan to be vaccinated by: <input type="checkbox"/> No; I do not plan on getting vaccinated | | |

FOR ADMINISTRATIVE USE ONLY

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|--|----------------------|--|---------------------------|
| | Received Date: | | Background Check Received |
| | Accepted/Packet Sent | | DSS Check Received |
| | Info Form Returned | | TB test results received |

| | |
|--|-------------------------|
| | Confirmation Email Sent |
| | Assigned |
| | Start Date: |



Internship Frequently Asked Questions (FAQS)

Can I just stop by to complete observation hours for school?

Unfortunately, we cannot accommodate drop-ins as students will come into direct contact with patients. Per federal guidelines, a background check must be completed. The Center for Pediatric Therapies (CPT) also strives to ensure safety and security; as a result, formal training is required on HIPAA and CPT Policies and Procedures prior to observing.

Do I have to get fingerprinted as part of my background check?

Yes. Per federal guidelines, fingerprints are required. Student interns and volunteers are responsible for the cost of their background checks. CPT/BB utilizes FieldPrint USA, which can reduce the return time on a background check to as little as two weeks.

How far in advance can I reserve my internship placement?

In order to ensure adequate supervision, we only reserve spots six months into the future for graduate students. For undergraduate students, we may elect to wait until three months into the future based on availability.

Is my placement guaranteed?

CPT strives to honor all commitments; however, due to changes in staffing, it is possible we will be unable to accommodate a reserved placement. In rare instances where this occurs, we will strive to offer you an alternative placement at another location.

Will I only have one supervisor?

Each intern is assigned to a primary supervisor that is a fully licensed therapist. The supervisor will sign for completion of internship/observation hours and is primarily responsible for your experience. In order to provide a full experience, students are encouraged to work with more than one therapist. Due to scheduling, students may also be split between two or more therapists.

Can I use this observation experience on my resume?

Students who would like to build their resumes may request to serve as a clinic aide or project volunteer. Project volunteers work on a specific project (such as Cerebral Palsy Camp or AAC Clinic). This opportunity may be one day to several weeks based on the project and availability. Clinic aides commit to a minimum of 4 volunteer hours per week for a minimum 4 weeks. They perform cleaning, organizing, and therapy material preparation. Volunteer hours as a clinic aide are in addition to assigned observation hours. Therapists do not provide letters of recommendations for students who observe but do not complete volunteer work.

What is the dress code?

Students should dress professionally following business casual guidelines. Students should not wear jeans. Solid colored scrubs are allowed. Closed toed shoes are required; students may not wear high heels.