

DISTANCE LEARNING FACILITY INFORMATION FORM

(To be completed by Distance Learning Student's Supervisor)

STUDENT INFORMATION	
Name:	Address:
Email:	
Phone Number:	
FACILITY INFORMATION	
Name:	Address:
SUPERVISOR INFORMATION	
Name:	Address:
Email:	
Phone Number:	
PLEASE LIST DIAGNOSTIC AND THERAPY EQUIPMENT AVAILABLE AT YOUR FACILITY	
PLEASE LIST SPECIAL PROCEDURES PERFORMED AT YOUR FACILITY	
Supervisor Signature: _____ Date: _____	