



VitalStim® /DINES Specialty Certificate Course

CLINICAL INTERVIEW

Treatment outcomes and patient safety with VitalStim® Therapy are directly related to the skill and experience of the therapist. We are taking all necessary measures to ensure that participants of the VitalStim Certification Course are qualified to attend this intermediate course, thus creating an environment for a more enjoyable learning experience and better outcomes.

*****You must be six months into your CFY year to qualify for this clinical interview.*****

* Name: _____ Phone: _____ Date: _____

* Email: _____

* I am not an SLP, my discipline: _____

* VitalStim® Course you are wanting to attend (city and date): _____

Graduate School Experience					Approval Box <small>For CIAO use only</small> Approved Not yet
* Name of Graduate School:			Start Date of CFY:		
* Month/Year Graduated MS/MA/Med:			Mo _____ YR _____		
* Did you have grad school courses in dysphagia?			Estimated date of CCC's:		
* How many semesters?			Mo _____ YR _____		
* # of MBS's observed/interpreted in class:					
Clinical Experience					Approved Not yet
	Extern/Internship	Current Job	Previous Job		
* Name of Facility:					
* Type of Facility (Acute; Inpt; LTC; Outpt):					
* Duration:					
				TOTALS	
* Estimated number of dysphagia treatments:	<input type="text"/> +	<input type="text"/> +	<input type="text"/> =	<input type="text"/>	
* Estimated number of MBS's observed/interpreted:	<input type="text"/> +	<input type="text"/> +	<input type="text"/> =	<input type="text"/>	
* How many dysphagia pts have you been responsible for? <i>(Total care from the evaluation, tx plan, modifying of the tx plan, through the discharge?)</i> Not including PRN.	<input type="text"/> +	<input type="text"/> +	<input type="text"/> =	<input type="text"/>	
Additional comments (State your case...)					

*****Signatures must be obtained prior to submitting this form.*****

Agreement:

- 1) CFY Supervisor must be VitalStim® Certified
- 2) CFY Supervisor must co-treat minimim of 1 treatment on each day VitalStim® Therapy is provided by the CF
- 3) CFY Supervisor agrees to have eye contact for evaluation/treatment the CF does with VitalStim® Therapy.
- 4) Certification rescinded if the undersigned CF and CF's Supervisor's agreement changes prior to CCC's

CF Signature _____ Date _____ CF Supervisor _____ Date _____

This record will be kept on file for Professional Board Audits

Please fax back to: 850-916-8885 Or email to: mail@ciaoseminars.com Questions? Call 888-909-CIAO (2426)