



## McMaster MSc(PT) Program Clinical Facility Recommendation Form

Please complete this form if you would like to recommend a clinical facility within the *McMaster catchment* ([click here](#) to review the McMaster catchment boundaries) that you feel would enhance the clinical education component of the curriculum.

Facility Name:

Address:

Facility Contact Person:

Telephone:

Describe how you know about this facility:

Rationale for recommendation:

Recommendation of a clinical site does not guarantee an agreement between the clinical site and the McMaster MSc (PT) Program will be negotiated. If an agreement is executed, the student making the recommendation may or may not be among the individuals who participate in a clinical placement at the site. Review the Clinical Education Handbook for the Conflict of Interest policy.

**Students may not make any personal arrangements with facilities without permission from the Director for Clinical Education (DCE). The Director of Clinical Education and Clinical Education Assistant will manage all communication between the program and clinical sites.**

Name

Date

Please return this form to the Clinical Education Assistant, by email at [ptclned@mcmaster.ca](mailto:ptclned@mcmaster.ca).

Thank you.