**Clinical education sites available for academic year of capte on-program review based on current contractual access (Required Form) (November 2024)**

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| **Number of Students Currently In** | | | |
| **Year 1** | **Year 2** | **Year 3 (PT only), if applicable** | **Year 4 (PT only), if applicable** |
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| **Clin Ed Course**  (Prefix & # & Name)  Add rows as needed | **Year in Program (e.g., 1, 2, 3)** | **Term in Program (e.g., 1, 2, 3, 4,)** | **F=Full time**  **P=Part time** | **Type(s) of Settings**  (if different types of experiences can meet the needs of the clin ed course, list separately and provide data for next 3 columns for each type of experience) | **#**  **Placements**  **Needed** | **#**  **Placements confirmed** | **# of Additional Placements Needed** |
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