

Other (GI, GU, Renal, Metabolic, Endocrine)				Home Health/Hospice	
				Wellness/Fitness/Industry	

3. Clinical Education History

Indicate your current and past education roles for the last five (5) years – check ALL that apply:

ACCE/DCE CCCE CI FACULTY ADJUNCT FACULTY OTHER _____

How many full-time PT students have you supervised in clinical practice in the last 5 years? _____ students

How many part-time PT students have you supervised in clinical practice in the last 5 years? _____ students

If you are an educator or a CCCE, how many students have you supervised/overseen in the last 5 years? _____ students

Have you been actively involved in student learning and education since receiving your APTA CI Credential? Yes No

4. To Be Completed by Participant's Direct Supervisor (Department Head/Senior Staff/CCCE/Program Director)

1. Applicant demonstrates clinical competence, professional skills, and ethical behavior in clinical practice and/or teaching.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Applicant has demonstrated a willingness to work with students by pursuing learning experiences to develop knowledge and skills in the clinical/academic setting.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Application demonstrates a systematic approach to patient/client care and/or job responsibilities.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Applicant uses critical thinking in the delivery of health services or managing job responsibilities.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Applicant provides rationale for decision making in patient care.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Applicant demonstrates appropriate time-management skills.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Applicant represents the profession positively by assuming responsibility for professional self-development.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Applicant interacts effectively with patients, colleagues, and other health professionals to achieve identified goals.	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Participant's signature indicates approval to release this information for purposes of this participant dossier.

Participant's Signature

Name of Direct Supervisor (Please Print)

Title

Signature of Direct Supervisor

Date

6. Participant Self-Assessment

Mentoring Roles – Indicate your level of expertise in the following areas: (check the appropriate column for each item)

Area	Inexperienced	Experienced	Highly Experienced
Academic Teaching (classroom lecture, lab)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Teaching (inservices, journal club, mentoring, instruction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Supervision of PT students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Direction/Supervision of PTAs and Aides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Management (supervision, development, and evaluation of staff and personnel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Research Participation (systematic data collection, case studies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Information Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Practice Roles – Indicate your level of expertise in the following areas: (check the appropriate column for each item)

Area	Inexperienced	Experienced	Highly Experienced
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reflection and Clinical Reasoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient/Client Management Model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidenced-Based Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Novice to Master Clinician Continuum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have access to APTA electronic resources (Hooked on Evidence, Open Door, Professional Development, APTA website)? Yes No

Are you willing to review pre-course reading assignments, complete 3 sections of the APTA Professionalism Module (Introduction, Sections 1 and 4 with assessments), participate in a 2-day instructional program, and satisfactorily complete an assessment center and a professional development plan? Yes No