

APPENDIX U

APTA CLINICAL INSTRUCTOR EDUCATION AND CREDENTIALING PROGRAM PARTICIPANT DOSSIER

*Each participant must complete this form and submit it with his/her registration form
PLEASE PRINT LEGIBLY [Please print your name the way you would like it to appear on your certificate(s)]*

1. Applicant Data

Name _____ Date of Birth _____

Current Address _____

City _____ State _____ Zip _____

Phone _____ FAX _____ E-Mail _____

Entry-Level Degree _____ Graduated from an accredited PT/PTA Program or other entry-level discipline MO/YR _____

Number of Years Supervising Students _____

Highest Earned Degree: _____ Associate _____ Professional Doctorate (eg, DPT/AudD/PharmD)
 _____ Baccalaureate _____ Postprofessional Master's
 _____ Professional Master's _____ Postprofessional Doctorate (eg, PhD/EdD/ScD)

Number of Years as a Clinician _____ Professional Designation (eg, PT/PTA/OT/SLP/RN) _____

APTA Membership # (PT/PTA Only) _____ Membership Expiration Date ____/____/____ (MM/DD/YY)
(Attach a copy of your current membership card)

Do you require any special accommodation to complete this program? Yes No If yes, specify _____

2. Employment History (List most recent first)

Employer	City/State	Job Description	Dates From _____ To _____

3. States in Which Licensed/Registered/Certified (IMPORTANT: Attach a copy of your license for the state in which you are currently working.)

4. To be Completed by Participant's Direct Supervisor (eg, 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 at least 1 year of clinical experience (if yes, please go to #4).	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Applicant has less than 1 year of clinical experience but demonstrates the maturity, interest and professional behavior to become a CI.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. 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
5. Application demonstrates a systematic approach to patient care and/or job responsibilities.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Applicant uses critical thinking in the delivery of health services or managing job responsibilities.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Applicant provides rationale for decision making in patient care.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Applicant demonstrates appropriate time-management skills.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Applicant represents the profession positively by assuming responsibility for professional self-development.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Applicant interacts 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) _____

Signature of Direct Supervisor _____

Title _____

Date _____