

**APTA ADVANCED CLINICAL INSTRUCTOR 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)]*

**I. Applicant Data**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ E-Mail \_\_\_\_\_

Entry-Level Degree \_\_\_\_\_ Graduated from an accredited PT Program MO/YR \_\_\_\_\_

Highest Earned Degree: \_\_\_\_\_ Baccalaureate/Certificate \_\_\_\_\_ Post-professional Master's  
 \_\_\_\_\_ Professional Master's (MPT/MSPT) \_\_\_\_\_ Post-professional Transition DPT (DPT)  
 \_\_\_\_\_ Professional Doctorate (DPT) \_\_\_\_\_ Post-professional Doctorate (eg, PhD/EdD/ScD)

Are you certified as a clinical specialist by APTA? Yes  No  If yes indicate type \_\_\_\_\_

APTA Membership # \_\_\_\_\_ (Attach a copy of your current membership card)

Date of completion of APTA Clinical Instructor Credentialing \_\_\_\_\_ Year

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

States in Which Licensed (IMPORTANT: Attach a copy of your current state license.) \_\_\_\_\_

**Employment History/Practice Setting for the past 5 years (List most recent employer first)**

Employer	City/State	Job Description	Dates	
			From	To

In the past five years, describe the frequency of time spent in each of the following areas. Rate all items in the shaded columns using the 4-point scale provided below

1= Never                      2=Rarely                      3=Occasionally                      4=Often

Diversity Of Case Mix	Rating	Patient Lifespan	Rating	Continuum Of Care	Rating
Musculoskeletal		0-12 years		Critical care, ICU, Acute	
Neuromuscular		13-21 years		SNF/ECF/Sub-acute	
Cardiopulmonary		22-65 years		Rehabilitation	
Integumentary		over 65 years		Ambulatory/Outpatient	
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 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 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 or 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 (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 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. Applicant 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, including evidence, for decision making in patient/client 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**

**entering 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)			
Clinical Teaching (in-services, journal club, mentoring, instruction)			
Clinical Supervision of PT students			
Direction/Supervision of PTAs and Aides			
Clinical Management (supervision, development, and evaluation of staff and personnel)			
Clinical Research Participation (systematic data collection, case studies)			
Use of Information Technology			

**Practice Roles – Indicate your level of expertise in the following areas:**

Area	Inexperienced	Experienced	Highly Experienced
Professionalism			
Reflection and Clinical Reasoning			
Patient/Client Management Model			
Documentation			
Evidenced Based Practice			
Novice to Master Clinician Continuum			

Do you have access to APTA electronic resources (eg, 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