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All proceeds beyond the costs of this course fund IACCC scholarships given to a physical therapist student and physical therapist assistant student every year. Thank you for your support of these deserving students.

The deadline for registration is

December 16, 2011. Payment must be received to reserve your space!

Instructors

Marijean Piorkowski, PT, MS, DPT, retired as the Department Chair of the Physical Therapist Assistant program at Cerritos College in 2009. She is a graduate of Children's Hospital, Los Angeles Physical Therapy program, received a MS in Kinesiology from UCLA, and her DPT from Western University. She has been a physical therapist since 1965, a clinical instructor, a clinical coordinator of clinical education, and academic coordinator of clinical education. She continues to practice in an acute care hospital. She has taught the APTA Clinical Education and Credentialing Program course since 1997.

Lisa Carroll, PT, is the Clinical Manager of In-Patient Rehabilitation Services at Rancho Los Amigos National Rehabilitation Center. She received a BS in Physical Therapy from University of Connecticut. Her experience includes PT Education Coordinator, CCCE, Supervisor, Reseda Medical Therapy Unit at County of Los Angeles California Children's Services. She was a Supervisor on the spinal cord injury services at Rancho Los Amigos National Rehabilitation Center and as PT II worked in the Seating Center. She was a staff therapist at Burke Rehabilitation Center. She currently sits on the Board of Directors of Rainwater Foundation, which provides PT and wheelchairs to individuals in Tibet and China.

IACCC IS AN APPROVAL AGENCY FOR THE PHYSICAL THERAPY BOARD OF CALIFORNIA.

THIS COURSE HAS BEEN APPROVED FOR 15 CONTINUING COMPETENCY HOURS FOR THE PHYSICAL THERAPY BOARD OF CALIFORNIA BY IACCC. APPROVAL NO: I-1005

APTA CLINICAL INSTRUCTOR EDUCATION AND CREDENTIALING PROGRAM

JANUARY 22ND AND 23RD, 2012

at

**Loma Linda University
Centennial Complex, Room 3111
24760 Stewart St.
Loma Linda, CA. 92350**

Instructor:

**Marijean Piorkowski, PT, MS, DPT
Lisa Carroll, PT**

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www.iaccc.net

Course Description

This program addresses planning and preparing for students during their clinical education experiences, developing learning experiences, and supporting ongoing learning through questioning and effective feedback. Skills of student evaluation are discussed, as well as the identification and management of students with exceptional situations. The program also introduces information regarding legal implications for clinical educators, including issues presented by ADA legislation.

The Assessment Center provides the physical therapist and physical therapist assistant participants the opportunity to apply information from the program in simulated situations.

Audience

The program is designed for both new and experienced clinical educators. APTA will award a CI Credential to physical therapists and physical therapist assistants who attend all sessions and successfully complete the Assessment Centers. APTA does not have an Assessment Center for members of professions other than physical therapy, but will provide a certificate of completion to these participants.

All participants completing the Assessment Center will be required to sign a Statement of Confidentiality. There may be certain activities taught that by law cannot be performed by the physical therapist assistant or other healthcare professionals.

Objectives

By the end of the program, the participant will be able to:

- Identify his/her role and responsibilities as a Clinical Instructor
- Examine a student's readiness to learn
- Integrate learning experiences in the clinical environment
- Assess a student's performance

- Reflect congruency with documentation of student performance and measurement in the CPI.
- Develop skills for the management of exceptional students
- Discuss some of the legal issues in clinical education

Schedule

Day 1:

- 7:45 Registration
- 8:00 Introduction
- 8:15 Clinician as Clinical Educator
- 9:30 Readiness to Learn
- 12:00 Lunch (not provided)
- 1:00 Facilitating Clinical Learning
- 3:15 Assessment Center Station 1 and 2 Scoring
- 5:00 Conclusion

Day 2:

- 8:00 Performance Assessment
- 10:15 Legal Issues
- 11:45 Lunch (not provided)
- 12:45 Managing the Exceptional Student
- 3:00 Assessment Center Stations 3, 4, 5, and 6 Scoring and Course Evaluation
- 5:30 Conclusion

Non-physical therapy participants may leave during the scheduled Assessment Center times.

Class size

At least 15 participants are needed to hold the course, and registration closes when 60 is reached. Map, directions, and parking instructions will be provided with e-mail confirmation of enrollment.

Refunds and Cancellations

Cancellations in writing will be granted full refund until December 16 2011. A \$50 administrative expense will be retained for a cancellation after that date. No refunds after January 18, 2012.

Registration

To register, each participant must submit:

1. Legible **completed dossier** (form can be downloaded from www.iaccc.net)
2. Copy of **state license** to practice
3. Copy of current (as of date of course) **APTA membership card**, if applicable.
4. **Registration form**
5. **Registration fee** payable to **IACCC** (Sorry, credit card payment is not available.)

Registration Fees:

IACCC Affiliate Facility members

- \$160 (APTA member)
- \$230 (non APTA PT, non APTA PTA)
- \$295 (non-PT or non-PTA)

Non-IACCC Facility Members

- \$275 (APTA member)
- \$400 (non APTA PT, non APTA PTA)
- \$465 (non-PT or non-PTA)

Discounted rates are available for facilities registering more than 5 employees for the same course. Discounts are applied to the applicable participant rate. All group registration must be sent together:

- 10% for groups of 5-9
- 15% for 10-14
- 20% for 15 or more

Send all registration materials to:

Valeria Christensen

Director of Clinical Education, Instructor

Physical Therapist Assistant Program

Cerritos College

11110 Alondra Blvd

Norwalk, CA 90650

(562) 860-2451 ext 2566 (available M, Tu, W)

Email: vchristensen@Cerritos.edu

Registration must be received by **December**

16, 2011. Confirmation will be sent by e-mail, so please write legibly. Your spot in the course cannot be guaranteed until payment is received. All payments must be received before materials for the course can be ordered.

Instructions: Complete form. Be sure to save document to your own personal computer.

Registration Form for CI Credentialing Course January 22nd & 23rd, 2012 at Loma Linda University

Participant Name: _____

Employer: _____

Are you employed by an IACCC Affiliate Facility: Yes No

** IACCC Affiliate Facilities are those sites which take students from at least 2 of the IACCC member schools, AND schedule student affiliations through the IACCC annual mailing. **

If “yes,” please note the name of the IACCC school and the dates of the last student your site hosted. This information is available through your facility clinical education coordinator:

(To protect student privacy, please do NOT include the student name)

Registration materials included:

- Registration Form
- Completed Dossier (download at www.iaccc.net)
- Copy of state license
- Copy of APTA card
- Registration fee of \$_____ Please make checks payable to: IACCC

Send all registration materials **electronically** to:

Email: vchristensen@Cerritos.edu

Mail Payments to: *Valeria Christensen*
Director of Clinical Education, Instructor
Physical Therapist Assistant Program—CI Credentialing
Cerritos College
11110 Alondra Blvd
Norwalk, CA 90650

(562) 860-2451 ext 2566 (available M, Tu, W)

APTA CLINICAL INSTRUCTOR EDUCATION AND CREDENTIALING PROGRAM PARTICIPANT DOSSIER

*Each participant must complete this form and submit it with his/her registration form
CI Credential and CEU certificates will be printed using your name as completed below*

PARTICIPANT CONTACT INFORMATION

Name:	
Date of Birth:	
Mailing Address:	
City:	
State:	
Zip:	
Home Phone:	
Work Phone:	
E-Mail:	

PARTICIPANT EDUCATION/PROFESSIONAL INFORMATION

Type of Entry-Level Degree:	A
Date graduated from an accredited PT/PTA program or other entry-level discipline:	T [] 00/00
Number of years as a clinician:	
Number of years supervising students:	
Highest degree earned:	<input type="checkbox"/> Associate <input type="checkbox"/> Professional Doctorate (e.g., DPT/AuD/PharmD) <input type="checkbox"/> Baccalaureate/Certificate <input type="checkbox"/> Post-professional Master's <input type="checkbox"/> Master's <input type="checkbox"/> Post-professional Doctorate (e.g., PhD/EdD/ScD)
Professional designation:	<input type="checkbox"/> PT <input type="checkbox"/> PTA <input type="checkbox"/> Other, please specify
APTA membership number (please provide a copy of your membership card):	
Do you require any special accommodation to complete this program?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:
State(s) in which you are licensed/registered/certified (please provide a copy of your license for the state in which you work):	

EMPLOYMENT HISTORY (PLEASE LIST MOST RECENT FIRST)

Employer	City/State	Job Description	Dates
			From: To:
			From: To:

The following to be completed by participant's direct supervisor (e.g., 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. Applicant demonstrates a systematic approach to patient/client 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, including evidence, for decision making in patient/client 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 effectively with patients, colleagues, and other health professionals to achieve identified goals.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you grant permission for APTA to release your contact information for research purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you grant permission for APTA to release your contact information for marketing purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Participant's Signature (electronic acceptable)

Signature & Title of Director Supervisor (electronic acceptable)

Date

Date