CREDENTIALED CLINICAL INSTRUCTOR PROGRAM (CCIP)

Participant Dossier

Each participant must complete and submit this form electronically to receive CEU credit.

Participant Name: Date of Birth:
E-Mail Address: Phone:
APTA ID# (non-members leave blank)
Current Address:
City: State: Zip:

APTA members: certificates will be sent to your address on file at APTA. Please verify your address is correct by visiting http://www.apta.org/apta/profile/MyProfile.aspx and update as needed. **Then confirm by completing the address fields above.**

Professional Designation: ☐ PT ☐ PTA ☐ Non-PT Provider – (if yes, please specify):

Date graduated from an accredited PT/PTA Program:

Highest earned degree:

☐ Associate Degree (AA/AS)
☐ Baccalaureate/Certificate
☐ Professional Master's (MPT/MSPT)
☐ Professional Doctorate (DPT)
☐ Post-professional Transition DPT (DPT)
☐ Post-professional Doctorate (PhD/EdD/ScD)

Number of years working as a clinician:

Number of years supervising students:

Number of students supervised in the last 5 years: ☐ 0 ☐ 1-2 ☐ 3-5 ☐ 6-10 ☐ 11-20 ☐ More than 20

State(s) in which licensed: **NOTE:** Attach a copy of license for state(s) in which you work

Do you grant permission for APTA to release your contact information for **research** purposes? ☐ Yes ☐ No

Do you grant permission for APTA to release your contact information for **marketing** purposes? ☐ Yes ☐ No

If necessary, specify any special accommodations you require to complete this program:

Employer	City/State	Zip Code	Dates
			From: To:

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.	☐ Yes	☐ No
2. Applicant demonstrates the maturity and professionalism to serve as a CI.	☐ Yes	☐ No
3. Applicant has demonstrated a willingness to work with students by pursuing learning experiences to develop knowledge and skills in the clinical/academic setting.	☐ Yes	☐ No
4. Applicant demonstrates a systematic approach to patient/client care and/or job responsibilities.	☐ Yes	☐ No
5. Applicant uses critical thinking in the delivery of health services or managing job responsibilities.	☐ Yes	☐ No
6. Applicant provides rationale, including evidence, for decision making in patient/client care.	☐ Yes	☐ No
7. Applicant demonstrates appropriate time management skills.	☐ Yes	☐ No
8. Applicant represents the profession positively by assuming responsibility for professional self-development.	☐ Yes	☐ No
9. Applicant interacts effectively with patients, colleagues, and other health professionals to achieve identified goals.	☐ Yes	☐ No

Participant's Signature (electronic acceptable) Date