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:	
Date graduated from an accredited PT/PTA program or other entry-level discipline:	Month / Year
Number of years as a clinician:	
Number of years supervising students:	
Highest degree earned:	☐Associate ☐Professional Doctorate (e.g., DPT/AuD/PharmD) ☐Baccalaureate/Certificate ☐Post-professional Master's ☐Master's ☐Post-professional Doctorate (e.g., PhD/EdD/ScD)
Professional designation:	☐PT ☐PTA ☐Other, please specify
APTA membership number (please provide a copy of your membership card):	
Do you require any special accommodation to complete this program?	☐Yes ☐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.	☐ Yes ☐No
2. Applicant has at least 1 year of clinical experience (if yes, please go to #4).	☐ Yes ☐No
3. Applicant has less than 1 year of clinical experience but demonstrates the maturity, interest and professional behavior to become a CI.	☐ Yes ☐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.	☐ Yes ☐No
5. Applicant demonstrates a systematic approach to patient/client care and/or job responsibilities.	☐ Yes ☐No
6. Applicant uses critical thinking in the delivery of health services or managing job responsibilities.	☐ Yes ☐No
7. Applicant provides rationale, including evidence, for decision making in patient/client care.	☐ Yes ☐No
8. Applicant demonstrates appropriate time management skills.	☐ Yes ☐No
9. Applicant represents the profession positively by assuming responsibility for professional self-development.	☐ Yes ☐No
10. Applicant interacts effectively with patients, colleagues, and other health professionals to achieve identified goals.	☐ Yes ☐No

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

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