



**CREDENTIALED CLINICAL INSTRUCTOR PROGRAM (CCIP)**

**Participant Dossier**

**Each participant must complete and submit this form electronically to receive CEU credit and the CCIP credential.**

Participant Name:       DOB:

APTA ID Number:       (nonmembers leave blank)

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

Current Address:

City:       State:       Zip:

Email Address:       Phone:

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)  Professional Doctorate (DPT)

Baccalaureate/Certificate  Post-professional Transition DPT (DPT)

Professional Master's (MPT/MSPT)  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:         
(Please provide a copy of your state practice license)

|  |  |
| --- | --- |
| 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, please 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) Signature & Title of Director Supervisor (electronic acceptable)