APTA
CREDENTIALED CLINICAL INSTRUCTOR

V6.15

APTA
American Physical Therapy Association

## 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)
☐ 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:
(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)