

**APPENDIX U**

**APTA CLINICAL INSTRUCTOR EDUCATION AND CREDENTIALING PROGRAM PARTICIPANT DOSSIER**

*Each participant must complete this form and submit it with his/her registration form  
PLEASE PRINT LEGIBLY [Please print your name the way you would like it to appear on your certificate(s)]*

**I. Applicant Data**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ E-Mail \_\_\_\_\_

Entry-Level Degree \_\_\_\_\_ Graduated from an accredited PT/PTA Program or other entry-level discipline MO/YR \_\_\_\_\_

Years as a Clinician \_\_\_\_\_ Years Supervising Students \_\_\_\_\_

Highest Earned Degree: \_\_\_\_\_ Associate \_\_\_\_\_ Professional Doctorate (eg, DPT/AuD/PharmD)  
 \_\_\_\_\_ Baccalaureate/Certificate \_\_\_\_\_ Post-professional Master's  
 \_\_\_\_\_ Master's \_\_\_\_\_ Post-professional Doctorate (eg, PhD/EdD/ScD)

Professional Designation (eg, PT/PTA/OT/SLP/RN) \_\_\_\_\_ APTA Membership # (PT/PTA Only) \_\_\_\_\_  
**(Attach a copy of your current membership card)**

Do you require any special accommodation to complete this program?  Yes  No If yes, specify \_\_\_\_\_

**2. Employment History (List most recent first)**

Employer	City/State	Job Description	Dates	
			From	To

**3. States in Which Licensed/Registered/Certified (IMPORTANT: Attach a copy of your current state license.)** \_\_\_\_\_

**4. To be Completed by Participant's Direct Supervisor (eg, 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

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

Participant's Signature \_\_\_\_\_

Name of Direct Supervisor (Please Print) \_\_\_\_\_

Signature of Direct Supervisor \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_