



**ADVANCED CREDENTIALED CLINICAL INSTRUCTOR PROGRAM (ACCIP)**

**Participant Dossier**

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

Participant Name:       Date of Birth:

E-Mail Address:       Phone (H):

Current Address:       City:       State:       Zip:

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 address fields listed above.**

Type of Entry-Level Degree:       Date graduated from an accredited PT Program:      

Highest Earned Degree:  Baccalaureate/Certificate  Post-professional Master's

Professional Master's (MPT/MSPT)  Post-professional Transition DPT (DPT)

Professional Doctorate (DPT)  Post-professional Doctorate (PhD/EdD/ScD)

Are you certified as a clinical specialist by APTA? No Yes If yes, indicate type:

APTA Membership #       Date of last membership renewal:

Date of completion of APTA Clinical Instructor Credentialing Program (CCIP):

Location of completed CCIP:       State:

Did you complete the CCIP using a different name?  No  Yes If yes, indicate name:

Do you require special accommodations to complete this program?  No Yes If yes, specify:

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

**Employment History/Practice Setting for the past 5 years (please list most recent employer first)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | **City/State** | **Job Description** | **Dates** |
|  |  |  | From:       To: |
|  |  |  | From:       To: |
|  |  |  | From:       To: |

In the past 5 years, describe the frequency of time spent in each of the following areas. Rate all items using the 4-point scale:

**1= Never 2=Rarely 3=Occasionally 4=Often**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Diversity Of Case Mix** | **Rating** | **Patient Lifespan** | **Rating** | **Continuum Of Care** | **Rating** |
| Musculoskeletal |  | 0-12 years |  | Critical care, ICU, Acute |  |
| Neuromuscular |  | 13-21 years |  | SNF/ECF/Sub-acute |  |
| Cardiopulmonary |  | 22-65 years |  | Rehabilitation |  |
| Integumentary |  | over 65 years |  | Ambulatory/Outpatient |  |
| Other (GI, GU, Renal, Metabolic, Endocrine) |  |  |  | Home Health/Hospice |  |
|  | | | | Wellness/Fitness/Industry |  |

**Clinical Education History**

Indicate your current and past education roles for the last 5 years: (Check all that apply)

ACCE/DCE CCCE CI Faculty Adjunct Faculty Other:

How many PT students have you supervised in clinical practice the last 5 years?       students

How many part-time PT students have you supervised in clinical practice in the last 5 years?       students

If you are an educator or a CCCE, how many students have you supervised or overseen in the last 5 years?       students

Have you been actively involved in student learning and education since receiving your APTA CI Credential? Yes No

**Participant Self-Assessment**

**Mentoring Roles – Indicate your level of expertise in the following areas: (check the appropriate column for each item)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Area** | **Inexperienced** | **Experienced** | **Highly Experienced** |
| Academic Teaching  (classroom lecture, lab) |  |  |  |
| Clinical Teaching  (in-services, journal club, mentoring, instruction) |  |  |  |
| Clinical Supervision of PT students |  |  |  |
| Direction/Supervision of PTAs and Aides |  |  |  |
| Clinical Management  (supervision, development, and evaluation of staff and personnel) |  |  |  |
| Clinical Research Participation  (systematic data collection, case studies) |  |  |  |
| Use of Information Technology |  |  |  |

**Practice Roles – Indicate your level of expertise in the following areas:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Area** | **Inexperienced** | **Experienced** | **Highly Experienced** |
| Professionalism |  |  |  |
| Reflection and Clinical Reasoning |  |  |  |
| Patient/Client Management Model |  |  |  |
| Documentation |  |  |  |
| Evidenced Based Practice |  |  |  |
| Novice to Master Clinician Continuum |  |  |  |

Do you have access to APTA electronic resources (eg, Hooked on Evidence, Open Door, Professional Development,

APTA website)? Yes No

Are you willing to review pre-course reading assignments, complete 3 sections of the APTA Professionalism Module

(Introduction, Sections 1 and 4 with assessments), participate in a 2-day instructional program, and satisfactorily

complete an assessment center and a professional development plan? Yes No

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

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

Participant’s Signature (electronic acceptable) Signature of Direct Supervisor (electronic acceptable)

     

Date Date