



 **CREDENTIALED CLINICAL INSTRUCTOR PROGRAM (CCIP) Level 2**

**Participant Dossier**

**Each participant must complete and submit this form electronically to receive CEU credit and the Level II 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 by completing the address fields above.**

Professional Designation: [ ]  PT [ ]  PTA [ ]  Non-PT Provider – (if yes, please specify):

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

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) Level 1:

Location of completed CCIP Level 1:       State:

Did you complete the CCIP Level 1 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 students have you supervised in clinical practice the last 5 years?       students

How many part-time 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 CCIP Level I 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) | **[ ]**  | **[ ]**  | **[ ]**  |
| Use of Information Technology | **[ ]**  | **[ ]**  | **[ ]**  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Area** | **Inexperienced** | **Experienced** | **Highly Experienced** |
| Clinical Curriculum | **[ ]**  | **[ ]**  | **[ ]**  |
| Professionalism | **[ ]**  | **[ ]**  | **[ ]**  |
| Reflection and Clinical Reasoning | **[ ]**  | **[ ]**  | **[ ]**  |
| Patient/Client Management Model | **[ ]**  | **[ ]**  | **[ ]**  |
| Interprofessional Collaborative Care | **[ ]**  | **[ ]**  | **[ ]**  |
| Advocacy | **[ ]**  | **[ ]**  | **[ ]**  |
| Novice to Master Clinician Continuum | **[ ]**  | **[ ]**  | [ ]  |

Do you have access to APTA electronic resources (eg, PTNow, Article Search, 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