

**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.**

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| --- | --- | --- | --- | --- |
| Participant Name: |       |  | Date of Birth: |       |
|  |  |  |  |  |
| E-Mail Address: |       |  | Phone: |       |
|  |  |  |  |  |
| Current Address: |       |
| City: |       |  | State: |       |  | Zip: |       |

*APTA members*: certificates will be sent to your address on file at APTA. Please verify 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.**

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

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| --- | --- | --- | --- | --- |
| 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) |

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

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| APTA Membership # |       |  | Date of last membership renewal: |       |

|  |  |
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| Date of completion of APTA Clinical Instructor Credentialing Program (CCIP) Level 1: |       |

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| Location of completed CCIP Level 1: |       |  | State: |       |

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| Did you complete the CCIP Level 1 using a different name? | [ ]  No | [ ]  Yes | If yes, indicate name: |       |

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

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| State(s) in which licensed: |       | **NOTE:** 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)**

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| --- | --- | --- | --- |
| **Employer** | **City/State** | **Job Description** | **Dates (MM/YYYY)** |
|       |       |       | From:       To:       |
|       |       |       | From:       To:       |
|       |       |       | From:       To:       |

In the past 5 years, describe the frequency of time spent in each of the following areas.

**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)

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| [ ] ACCE/DCE | [ ] CCCE | [ ] CI | [ ] Faculty | [ ] Adjunct Faculty | Other:       |

|  |  |
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| 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)**

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| --- | --- | --- | --- |
| **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 | **[ ]**  | **[ ]**  | [ ]  |

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| Do you have access to APTA electronic resources (e.g., PTNow, APTA website, Article Search, Professional Development)? | [ ] Yes | [ ] No |

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| 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)**

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| --- | --- | --- |
| **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.**

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|  |  |       |
| Participant’s Signature (electronic acceptable) |  | Date |