APTA Academy of Education

2900 Delk Road, Marietta GA, 30067

CLINICAL INSTRUCTOR INFORMATION FORM
Outstanding Clinical Instructor Award

Name of Clinical Instructor: _____

Facility: _____

Facility Address: _____

Facility Phone number: _____

Email: _____

Role at Facility (check all that apply): ☐ PT ☐PTA

Number of students in this academic year: _____full time _____part-time _____½ - 1 day

Total Number of students in career (estimate): _____full time _____part-time _____½ - 1 day

Have you been nominated for this award before? ☐Yes ☐No If yes, please indicate year: _____

Have you received this award before? ☐Yes ☐No If yes, please indicate year: _____

Are you an APTA member? ☐Yes ☐No

Please answer the following questions:

1) Have you taken the APTA Basic/Level 1 Credentialed Clinical Instructor Program? ☐Yes ☐No

2) Have you taken the APTA Advanced/Level 2 Credentialed Clinical Instructor Program? ☐Yes ☐No

3) Are you an APTA credentialed clinical specialist or achieved a PTA advanced proficiency? ☐Yes ☐No

   If yes, please describe: _____

4) Have you attended continuing education in the within past year? ☐Yes ☐No

   If yes, please describe including program title(s), number of hours or CEUs, online or in-person.

   _____

5) Have you been adjunct faculty/guest lecturer at an academic setting within the past year? ☐Yes ☐No

   If yes, please describe: _____

6) Have you presented research at the state or national level within the past year? ☐Yes ☐No

   If yes, please describe: _____

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7) Have you held an office at the state or national level within the past year? ☐Yes ☐No

If yes, please describe: _____

8) List any other "exceptional" activity that you would like the selection committee to be aware of:

_____

_____

9) List any additional evidence of lifelong learning (i.e. certification courses, additional degrees, etc.):

_____

_____

Please save this form as a PDF and email no later than **Monday, November 2** to: coordinator@aptaeducation.org

Please include the subject heading: "Outstanding Clinical Instructor Form – [Last Name]"