



The New England Consortium of ACCEs, Inc. presents...

The APTA Clinical Instructor Education and Credentialing Program

Tuesday, June 15, 2010 & Wednesday, June 16, 2010
Preconference

This program is recognized and approved by the Board of Directors of the American Physical Therapy Association (APTA) as a Clinical Instructor (CI) Education and Credentialing Program. It is sponsored by the APTA, New England Consortium of ACCE's. The program was originally developed through a grant funded by the APTA under the direction of principle investigator Michael J. Emery, Ed.D, PT, co-investigators Nancy Peatman, PT, M.Ed and Lynn Foord, MSPT, M.Ed and with materials used by the New England Consortium of Academic Coordinators of Clinical Education, Inc. It takes 16 hours for PTs and PTAs to complete the entire program for CI Education and Credentialing.

The program addresses issues of planning and preparing for physical therapy students during their clinical education experiences; developing learning experiences and supporting on-going learning through questioning and effective feedback. Skills of evaluation are discussed, as well as the identification and management of students with exceptional situations. The program also includes a brief look at legal implications for clinical educators, including issues presented by ADA legislation.

The "Assessment Center" provides each participant with the opportunity to apply information from the program in simulated situations. Successful completion of each of the six stations in the Assessment Center results in the awarding of APTA CI Credentialing. **It is essential for each participant to attend all sessions of the Course and Assessment Center in its entirety.**

The course and Assessment Center will be useful for both new and experienced physical therapist and physical therapist assistant educators involved with clinical education. While the information presented covers the basic skills for clinical instructors, the interactive tasks and large and small group discussions will be of benefit even to experienced educators.

Note: All participants must attend each day in its entirety in order to complete the Assessment Center and be eligible for certification.

Registration Fee

Registration Fee

→ APTA Members	\$125.00	*5 – 9 persons from the <u>same facility</u> = 10% off each registration fee
→ Non-APTA Members	\$175.00	*10-14 persons = 15% off each registration fee

Make Checks Payable to *The New England Consortium of ACCE's, Inc.*

(Fee includes continental breakfast both days and all course materials)

Deadline for Registration: May 19, 2010

Materials must be ordered for you. Please register BY THE DEADLINE.

Registration Process

The following **Registration Materials** must be received by the deadline to assure that you receive necessary confirmation materials:

- _____ **Participant Dossier** (completed and signed by supervisor)
- _____ **Agreement of Participation**
- _____ Copy of **Current PT or PTA License**
- _____ Copy of **APTA Membership card** for Member discount
- _____ **Check payable to: The New England Consortium of ACCE, Inc.**

Mail **Registration Materials** to:

Nancy Peatman, PT, MEd, JD
DCE
Franklin Pierce University
Department of Physical Therapy
5 Chenell Drive
Concord, NH 03301
603-224-0130 phone
603-229-4580 fax

Please do NOT call for Confirmation of your placement in class. If you wish confirmation, indicate your fax or email number on the registration form and write "confirmation requested" on your participant dossier.

Workshop Agenda

TUESDAY, JUNE 15, 2010		WEDNESDAY, JUNE 16, 2010	
8:00	Registration	7:30	Check -In
8:30	Section 1: The Clinician as Clinical Educator	8:00	Section 4: Performance Assessment
10:30	BREAK	10:00	BREAK
10:45	Section 2: Readiness to Learn	10:15	Section 5: Legal Issues in Clinical Education
12:30	LUNCH	12:15	LUNCH
1:30	Section 3: Facilitating Learning in the Clinical Environment	1:00	Section 6: Managing the Exceptional Student
3:15	BREAK	3:00	Assessment Center Stations (3)
3:30	Orientation to Assessment Center	4:30	Scoring of Assessment Center
3:45	Assessment Center: Station	5:00	Adjourn
4:15	Assessment Center: Station		
4:45	Assessment Center: Station		
5:15	ADJOURN		

The New England Consortium of ACCEs, Inc.

Clinical Instructor Education and Credentialing Workshop

AGREEMENT OF PARTICIPATION

This Clinical Instructor Training and Certification Workshop is being offered by the New England Consortium of Academic Coordinators of Clinical Education and the PTA Consortium of New England. Successful completion of the workshop and its Assessment Center will result in certification as a Clinical Instructor.

In order to be eligible for certification, the participant must:

1. Submit a **completed** Participant Dossier, **signed** Agreement of Participation, and Registration Fee, prior to the beginning of the workshop.
2. Attend each session of the workshop in its entirety and participate in all workshop activities.
3. Successfully complete each portion of the Assessment Center.

NOTE:

If any part of any session is missed, the participant **must repeat the entire course** in order to be eligible for certification.

Only participants who have **completed all workshop sessions** will be permitted to sit for the Assessment Center.

I have read and understand the above policies and agree to abide by the conditions as stated.

Participant Signature

Date

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))

1. 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 _____

Highest Earned Degree: Associate _____ Professional Doctorate (eg, DPT/AudD/PharmD) _____
 Baccalaureate _____ Postprofessional Master's _____
 Professional Master's _____ Postprofessional Doctorate (eg, PhD/EdD/ScD) _____

Number of Years as a Clinician _____ Professional Designation (eg, PT/PTA/OT/SLP/RN) _____

APTA Membership # (PT/PTA Only) _____ Membership Expiration Date ____/____/____
(Attach a copy of your current membership card) (MM/DD/YY)

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 _____

3. States in Which Licensed (IMPORTANT: Attach a copy of your license for the state in which you are currently working.)

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. Application demonstrates a systematic approach to patient 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 for decision making in patient 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 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.

 Name of Direct Supervisor (Please Print) Title

 Signature of Direct Supervisor Date

