APTA Clinical Instructor Education and Credentialing Program
Hosted by Victoria College PTA Program

Date: April 1 and 2, 2011

Registration Deadline: Tuesday, March 1, 2011

Location: Victoria College Health Sciences Center, 2200 East Red River, Victoria, Texas, 77901

Times: Friday and Saturday, 8:00 a.m. to 5:00 p.m.

Instructor: Jan Spigner, PT, MHS, Clinical Trainer

PROGRAM DESCRIPTION
The program is designed primarily for persons interested in or involved with clinical instructors/supervisors, coordinators of clinical education at the facility, coordinators of clinical education in academic programs (e.g., internship coordinators, fieldwork coordinators) and academic faculty, and is recognized by the American Physical Therapy Association (APTA) as a Clinical Instructor (CI) Education and Credentialing Program. The program is divided into two distinct parts:

1) CI education via an interactive course format and
2) Assessment (Credentialing Program) of curricular outcomes through a six-station Assessment Center that is available only to physical therapists and physical therapists assistants.

The interactive didactic component is designed to provide knowledge and skills that are essential for clinical educators when supervising learners. Credentialled Clinical Trainers recognized by APTA must provide all CI Education and Credentialing Programs. The CI Education Program addresses issues of:
- Planning and preparing for students during their clinical education experiences,
- Developing learning experiences in practice,
- Supporting ongoing learning through questions and effective feedback,
- Developing skills of performance evaluation,
- Identifying and managing students with exceptional situations, and
- Identifying legal implications for clinical educators, including issues presented by ADA legislation

BENEFITS OF COMPLETING THE CI EDUCATION PROGRAM
- Enhanced knowledge and skills in clinical education
- Opportunity to participate in a unique learning experience
- Career development opportunity in clinical education
- Networking opportunity with other clinical educators with varied experiences and backgrounds
- Physical Therapists and Physical Therapist Assistants earn 1.35 continuing education units and a Clinical Instructor Credential. Non-physical therapy providers earn 1.2 continuing education units. This course has been approved for CEU credit by the Texas State Board of Physical Therapy.

All participants must attend each session in its entirety to be eligible for CEU credit, and all PT/PTA participants must complete the Assessment Center to be eligible for credentialing.
PROGRAM CONFIGURATION
The CI Education Program is designed to accommodate the needs of the learner. As the result, the novice clinical educator with little or no experience in supervising students and the experienced clinical educator who has varied supervision experiences can both benefit from this program. For the novice clinical instructor, eligibility requirements include:
• Current license
• Minimum of 1 year clinical experience or comparable experience
• Completion of Participant Dossier attesting to clinical competence within the respective discipline in accordance with state laws & regulations as authorized by the individual’s direct supervisor

Required documents and course fee are necessary to complete the registration.

CREDENTIALED CLINICAL TRAINER
Jan Spigner, PT, MHS. Jan Spigner is currently the Program Director for the Physical Therapist Assistant Program at Del Mar College in Corpus Christi, Texas. Ms. Spigner also continues to work as a clinician part-time in the CHRISTUS Spohn Health System. Ms. Spigner has been a physical therapist since 1990, she has been a clinical instructor since 1991 and has eight years experience as a Clinical Coordinator of Clinical Education. Ms. Spigner was the Academic Coordinator of Clinical Education at Del Mar College from 2001 to 2008 before taking her present position as the Program Director in 2008.

REGISTRATION
Space is limited to 20 participants. All participants must complete the APTA Participant Dossier form and include a copy of your current state license, and if a PT or PTA, must include a copy of your APTA membership card (if a member). Registration cannot be processed until all documents and fees have been received.

Course fees: $70 for APTA members, $140 for non-APTA members, $180 for non-physical therapy providers (Fee covers the cost of the CI Education manual, Credential Clinical Instructor Pins, CI Credential and CEU Certificates, and registry in APTA’s database of credentialed CIs.)

APTA Refund Policy: Individuals must request a refund 72 hours prior to the start date of the course and the CI course manual must be returned to the APTA. The amount of refund will be equivalent to the APTA portion of the registration fee only. For those refunds totaling less than or equal to $70, an APTA gift certificate will be issued in lieu of a check or credit card refund.

Deadline: Registration deadline is March 1, 2011. No exceptions! All required documents and fees MUST be received by the deadline. Registration after the deadline will NOT be accepted.

Contact: Registration is limited, please register early to secure a slot. If you have any questions, please contact Jan Spigner, PT, Program Director, Del Mar College, (361) 698-1848 or jspign@delmar.edu.
# 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 \[MO/YR ________ \]

Years as a Clinician: ________

Years Supervising Students: ________

<table>
<thead>
<tr>
<th>Highest Earned Degree:</th>
<th>Associate Professional Doctorate (eg DPT)</th>
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<tbody>
<tr>
<td></td>
<td>Baccalaureate/Certificate Post-professional Master's</td>
</tr>
<tr>
<td></td>
<td>Master's Post-professional Doctorate (eg PhD/EdD)</td>
</tr>
</tbody>
</table>

Professional Designation (eg PT/PTA/OT/SLP/RN): ________________

APTA membership # (PT/PTA Only): ________________

(Attach a copy of your current membership card)

Do you require any special accommodation to complete this program?  ___ Yes ___ No  If yes, specify: __________________________

## 2. Employment History (List most recent first)

<table>
<thead>
<tr>
<th>Employer</th>
<th>City/State</th>
<th>Job Description</th>
<th>Dates From</th>
<th>To</th>
</tr>
</thead>
</table>

## 3. States in Which Licensed/Registered/Certified (IMPORTANT: Attach a copy of your current state license.)

## 4. To be Completed by Participant's Direct Supervisor (eg Department Head/Senior Staff/CCCE/Program Director)

<table>
<thead>
<tr>
<th>1. Applicant demonstrated clinical competence, professional skills, and ethical behavior in clinical practice and/or teaching.</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>2. Applicant has at least 1 year of clinical experience (if yes, please go to #4)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3. Applicant has less than 1 year of clinical experience but demonstrates the maturity, interest and professional behavior to become a CI.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4. Applicant has demonstrates a willingness to work with students by pursuing learning experiences to develop knowledge and skills in the clinical/academic setting.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>5. Applicant demonstrates a systematic approach to patient/client care and/or job responsibilities.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>6. Applicant uses critical thinking in the delivery of health services or managing job responsibilities.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>7. Applicant provides rationale, including evidence, for decision making in patient/client care.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>8. Applicant demonstrates appropriate time management skills.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>9. Applicant represents the professional positively by assuming responsibility for professional self-development.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>10. Applicant interacts effectively with patients, colleagues, and other health professionals to achieve identified goals.</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

## 5. Participant’s signature indicates approval to release this information for purposes of this participant dossier.

Participant’s Signature: __________________________

Name of Direct Supervisor (Please Print): __________________________

Title: __________________________

Signature of Direct Supervisor: __________________________

Date: __________________________
TO REGISTER FOR CREDENTIAL CLINICAL INSTRUCTOR COURSE  
April 1 and 2, 2011, VICTORIA, TEXAS  

Mail this panel to:  

Del Mar College PTA Program, 101 Baldwin Boulevard, Corpus Christi, Texas, 78404-3897  
ATTN: Jan Spigner  

Name: ___________________________  
Address: ___________________________  

City/State/Zip: ___________________________  
Phone: (______) _____________  

FAX: ___________________________  
email: ___________________________

Registration for this course must include the registration fee, completed APTA Participant Dossier form, copy of current state license, and copy of APTA membership card (if a member).  
Registration cannot be processed until all documents and fees have been received!  

**DEADLINE to Register: March 1, 2011! No Exceptions!!**  

**METHOD OF PAYMENT**  

_______ Check or Money Order **payable to APTA**  
($70 members, $140 non-members, $180 non-PT providers)  
(No credit cards or purchase orders please)  

**CHECKLIST**  

Registration Form ______  
Registration Fee ______  
Completed APTA Participant Dossier ______  
Copy of current state license ______  
Copy of APTA membership card (if a member) ______