



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: \_\_\_\_\_



2900 Delk Road, Marietta GA, 30067

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 **Wednesday, November 8**

to: [academy@aptaeducation.org](mailto:academy@aptaeducation.org)

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