

## CRITERIA

1. 100% APTA membership of *all eligible physical therapy Clinical Instructors*. Eligible physical therapy Clinical Instructors are those PTs who have been designated by the facility as Clinical Instructors for physical therapist students. Those PTs who provide education for PTA students or who do not directly mentor PT students are exempt. Complete table below.
2. A minimum of one current Clinical Instructor in the facility has previously received the Texas Consortium's Outstanding Clinical Educator Award. The CI did NOT have to be employed by this clinical facility when s/he received the award. If an individual is currently the CCCE but received the Outstanding Clinical Educator Award in the past when he/she was acting as a Clinical Instructor, this would also fulfill this criterion. The clinical facility must provide clinical education experiences for three (3) or more Consortium member schools . Describe how you meet this criterion.
3. A minimum of 50% of *all eligible PT Clinical Instructors* must have received certification by the Texas Consortium Clinical Instructor Certification course or a comparable course (eg: APTA CIECP). Complete table below.
4. Provide a detailed narrative that addresses the following:
  - a. Describe the facility's mission and vision for clinical education.
  - b. Provide a detailed description of an established clinical curriculum.
  - c. Provide a description of an organized, on-going program of professional development, such as journal clubs, rounds, inservices, where evidence based practice is addressed, commitment of financial support for courses related to clinical education, etc.
  - d. Describe other methods by which your facility fosters clinical excellence among the staff.
  - e. Describe how your clinical faculty (CIs and CCCEs) demonstrate support of the new APTA vision statement (*Transforming society by optimizing movement to improve the human experience*) in relation to your clinical education program.
  - f. Describe the requirements and process by which a physical therapist becomes a Clinical Instructor in your facility.
  - g. Describe your process of mentoring CIs.
  - h. What models of clinical education has your facility provided in the past (eg: 1:1, 2:1, 3:1, 1:2, etc)?
  - i. Describe, in detail, a challenge related to your clinical education program and how you addressed this challenge (eg: staffing issues, student cancellations, reimbursement issues, productivity issues, etc.).
  - j. Describe, in detail, an individual student-related clinical education challenge that your facility has faced in the past. How was it addressed? Provide a reflection of how effective your chosen method(s) were and what was learned from this situation. *Do not reveal student or program identification information.*
  - k. Describe why you believe that your clinical facility exemplifies Excellence in Clinical Education
5. Include two (2) letters of support or other documentation (eg: past student evaluations) from current or prior students that support your application.
6. Include a current Clinical Site Information Form.

### General Information

### Facility Information

Name of clinical facility \_\_\_\_\_

Address: \_\_\_\_\_ City, State and Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

### Individual Completing Application

Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Position/Title \_\_\_\_\_

Professional Credentials \_\_\_\_\_

### Facility Information

Complete the following information for **ALL eligible physical therapists** who are employed by the facility/clinic/department/unit. You may add more rows if necessary.

Last Name	First Name	License Number	CI Certification? (yes or no) If yes, which one	APTA member? (yes or no)	APTA number	Specialty Certification? (yes or no) If yes, describe