Course description and objectives

This program is designed primarily for people interested in or involved with clinical education (clinical instructors [CIs], center coordinators of clinical education [CCCEs], academic coordinators of clinical education [ACCEs]) and is recognized by APTA as a Clinical Instructor (CI) Education and Credentialing Program.

The program addresses issues of:

• preparing for physical therapy students during their clinical education experiences
• developing learning experiences
• supporting ongoing learning through questioning and effective feedback
• developing skills of performance evaluation
• identifying and managing students with exceptional situations
• identifying legal implications for clinical educators, including issues presented by ADA legislation

Successful completion of this entire program (didactic and Assessment Center) earn physical therapists and physical therapist assistants APTA Clinical Instructor Credentialing.

1.5 CEUs - 15 contact hours

Intended audience: physical therapists

For additional questions, please contact Lori Bordenave at 480.219.6062 or lbordenave@atsu.edu.

Firm registration deadline

Oct. 17, 2018

Fee will be charged for any late registrations per APTA registration guidelines
Program registration form

Clinical Instructor Education and Credentialing Course

Register online at ce.atsu.edu/physical-therapy or mail payment and registration form to:

<table>
<thead>
<tr>
<th>Orthopedic Residency</th>
<th>Neurologic Residency</th>
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<tbody>
<tr>
<td>A.T. Still University</td>
<td>A.T. Still University</td>
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<tr>
<td>ATTN: Cheri Hodges</td>
<td>ATTN: Cecelia Sartor-Glittenberg</td>
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<td>Physical Therapy Dept.</td>
<td>Physical Therapy Dept.</td>
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<td>5850 E. Still Circle</td>
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<tr>
<td>Mesa, AZ  85206</td>
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Registration Fees (please check one)

- $100 for APTA members
- $200 for non APTA members

Check made out to ATSU

Mentors of ATSU orthopedic and neurologic residents no charge

Name ____________________________________________
PT license # ________________________________
APTA member # ________________________________
Address __________________________________________
________________________________________________
City ______________________________________________
State/ZIP _________________________________________
Phone number ____________________________________
Email ____________________________________________