

AGREEMENT OF PARTICIPATION

APTA CREDENTIALLED CLINICAL INSTRUCTOR PROGRAM

The Credentialed Clinical Instructor Program is being offered by the Philadelphia Area Clinical Education Consortium. Successful completion of the program and its Assessment Center for physical therapists and physical therapist assistants will result in the awarding of Clinical Instructor Credentialing and 1.6 CEU/16 contact hours* (please note difference if from OH or NV) from the American Physical Therapy Association.

**Please note: Licensees should verify with their [state licensing board](#) for acceptance of continuing education units by reviewing the relevant state practice act and/or administrative code.*

To be eligible for credentialing, the participant must:

1. **Submit a completed Participant Dossier, signed Agreement of Participation, copy of a current license/registration/certification to practice, and appropriate Registration fee prior to beginning the program.**
2. Attend each session of the program in its entirety and participate in all program activities.
3. Successfully complete each portion of the Assessment Center if a physical therapist or physical therapist assistant.

NOTE:

If any part of the program is missed, the participant must repeat the entire program to be eligible for CI Credentialing.

Only participants who have completed all program sessions will be permitted to sit for the Assessment Center when completing this program (physical therapists and physical therapist assistants only).

A participant who does not satisfactorily complete the Assessment Center or fails to attend the entire didactic curriculum as part of the program will be notified by the Credentialed Clinical Trainer that he/she has not met the competencies required and is not being recommended for APTA Clinical Instructor credentialing.

Should a participant need to request a refund, he or she must do so within 72 hours prior to the date of the beginning of the course. The refund amount will be equivalent to the APTA portion of the registration fee only.

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

Participant signature

Date