

**Mercer County Community College
Physical Therapist Assistant Program
Clinical Instructor Survey**

Information from this brief survey assists us in assessing clinical education experiences, identifying trends, and responding to the Commission on Accreditation in Physical Therapy Education. Please complete this form and return it with the student performance evaluation. Thank you.

Clinical Instructor Data:

Name:	
Date:	
Clinical Facility:	
Number of years in clinical practice:	
Number of years as a clinical instructor:	
Number of PT and PTA students supervised within the last 12 months:	

Clinical Instructor Educational Profile:

Highest Degree Earned (please circle)	AAS, BS, entry level MS, postprofessional MS, DPT, DScPT, PhD, EdD, Other:_____	
Are you an APTA Credentialed Clinical Instructor?	Yes / No	
Do you have ABPT Specialty Certification?	Yes / No	If yes, list area:
Have you earned other advanced certification?	Yes / No	If yes, list area:

Professional Activities:

Please indicate which of the following you have been active in within the last 3 years.

___ Teaching (in-services, continuing education courses, community wellness/prevention)

Topic(s): _____

Would you potentially be interested in teaching a Continuing Education course at Mercer on any of the topics you listed? If yes, please circle the topic area(s). Thank you!

___ Research Area(s): _____

Would you potentially be interested in teaching a Continuing Education course at Mercer on any of the topics you listed? If yes, please circle the topic area(s). Thank you!

___ Attendance at district/state/national meetings

Educational Activities:

- Continuing Education Courses In-services
 Graduate Education Case Study Presentations
 Literature Reviews other _____

Feedback for ACCE:

1. Is the communication with the ACCE and PTA Program at Mercer County Community College sufficient?
_____yes _____no
2. Is the communication with the ACCE and PTA Program at Mercer County Community College effective?
_____yes _____no
3. Did the student packet(s) sent prior to this clinical affiliation contain adequate and appropriate information to fulfill the role of Clinical Instructor effectively?
_____yes _____no
4. Did the ACCE provide sufficient and appropriate support for any questions/concerns prior to and during this clinical affiliation?
_____yes _____no _____n/a

Feedback regarding Continuing Education Topics of Interest

1. Do you have an interest in becoming an APTA Credentialed Clinical Instructor? Yes No
2. Do you have an interest in teaching a Continuing Education course at Mercer? Yes No
3. If yes, please list the topic area(s) you feel that you have the qualifications to teach:

4. What topic area(s) would be helpful to you if they were offered as Continuing Education courses through Mercer?
Topic Area(s): _____
5. Do you have any recommendations for colleagues who might potentially be interested in teaching Continuing Education courses? If yes, please provide contact information.
Recommendation: _____ Topic Area(s): _____
Contact Information: _____
6. May we use your name as the one who recommended the individual? Yes No

Thank you!