

**ABBREVIATED RESUME FOR CENTER COORDINATOR OF CLINICAL EDUCATION**

Facility Name: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

Length of time as the CCCE: \_\_\_\_\_

Email Address: \_\_\_\_\_

Length of time as the CI: \_\_\_\_\_

Mark all that apply: ☐PT ☐PTA  
 Other, specify \_\_\_\_\_

Length of time in clinical practice: \_\_\_\_\_

PRESENT POSITION (Title): \_\_\_\_\_

Licensure (State/Number): \_\_\_\_\_

APTA Credentialed CI? Yes ☐ No ☐Other CI Credentialing? Yes ☐ No ☐Certified Clinical Specialist? Yes ☐ No ☐

Other credentials: \_\_\_\_\_

Area of Clinical Specialization: \_\_\_\_\_

**SUMMARY OF COLLEGE AND UNIVERSITY EDUCATION ( Start with most current):**

<u>INSTITUTION</u>	<u>PERIOD OF STUDY</u>		<u>MAJOR</u>	<u>DEGREE</u>
	<u>FROM</u>	<u>TO</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**SUMMARY OF PRIMARY EMPLOYMENT (For current and previous four positions since graduation from college; start with most current):**

<u>EMPLOYER</u>	<u>POSITION</u>	<u>PERIOD OF EMPLOYMENT</u>	
		<u>FROM</u>	<u>TO</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Continued, next page.

CONTINUING PROFESSIONAL PREPARATION: Briefly summarize your continuing education for the last three (3) years and any training specifically related to your role as a clinical teacher. (For example, academic for credit courses [dates and titles], continuing education [courses and instructors], research, clinical practice/expertise, etc. in the last three (3) years):

Course

Provider/Location

Date