

**STUDENT Nomination Form for
Cindy Kincaid Outstanding Clinical Instructor Award**

Name of Clinical Instructor: _____, PT/PTA

Facility: _____

Facility Address: _____

Facility Phone number: _____

CI email: _____

Nominated by: _____, SPT/SPTA

Name of School: _____

Nominators Permanent Address: _____

Nominators e-mail address: _____

Are you in your final year of a PT/PTA program? Yes No

Please answer the following questions regarding your Clinical Instructor.

- 1. Why are you recommending this Clinical Instructor for this award? Please be specific, citing examples to differentiate this outstanding CI from others. Refer to the APTA Guidelines if needed (link to APTA Board Policy follows):**
[http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Education/ClinicalInstructorsBOD.pdf#search=%22guidelines clinical instructors%22](http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Education/ClinicalInstructorsBOD.pdf#search=%22guidelines%20clinical%20instructors%22)

If possible, refer to specific examples of your CIs behaviors from any of the following areas: Mentoring, Modeling, Clinical Competence, Communication, Interpersonal Skills, Teaching Instructional Skills, Supervisory and Evaluation Skills, Professionalism.

MPTA Special Interest Group for Clinical Education
Cindy Kincaid Outstanding Clinical Instructor Award

2. Please comment on creative or innovative techniques used by the nominee to promote student growth and professional independence.

3. Please comment on any other characteristics this person possesses that might be helpful in the selection process.

Signature of Nominator (e-signature acceptable):

Please return by June 1 to your DCE