TO: Illinois Physical Therapist and Physical Therapist Assistant Students
FROM: Chicago Area Clinical Educators Forum (CACEF)
        Clinical Instructor Recognition Committee
Date: April 2, 2014
RE: Outstanding Clinical Instructors

Has a clinical instructor enhanced your professional growth?

Would you like to tell other PTs and PTAs about an outstanding CI?

We are pleased to announce that the Chicago Area Clinical Educators Forum (CACEF) will be honoring outstanding clinical instructors. We need your help to identify these individuals! Outstanding clinical instructors (CIs) demonstrate all of the following characteristics:

- They model continued professional and personal growth and development;
- They exhibit outstanding professional behaviors;
- They facilitate your development as a critical thinker and problem-solver; and
- They exhibit enthusiasm for clinical teaching.

If one of your clinical instructors demonstrated these characteristics, please complete the attached recognition form. The CI whom you select will receive a copy of your recognition letter, a congratulatory letter from the CACEF, and a free one year membership to CACEF. In addition, the CCCE/CIs' supervisors will be notified about the recognition, and the names of all Outstanding CIs will be acknowledged on our CACEF website (cacef.com)

Return letters of nomination to:

Jeanne O’Neil McCoy, PT, DPT, MS, NCS
Co-Chair, CACEF
University of IL at Chicago
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OR

Seth Kress, PT, MPT
Co-Chair, CACEF
Loyola University Medical Center
Outpatient Physical Therapy
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Thank you for taking the time to recognize an outstanding clinical instructor!
I recognize ______________________ as an Outstanding Clinical Instructor.

Facility Name: ________________________________________________________________

Facility Address: ___________________________________________________________

Clinical Instructor’s Email Address: _____________________________________________

Clinical Instructor's Center Coordinator for Clinical Education (CCCE) and/or Supervisor's
Name/(E-mail(s) if available): _________________________________________________

Please provide a short, typewritten letter of recognition. You may use the front and back of this
page. Space for your signature is provided on the back of this page.
Student Signature: ________________________________________________________________

Date: ________________________________________________________________________

Printed Name of Student: __________________________________________________________________

Student's E-mail Address: __________________________________________________________________

School/University: _____________________________________________________________________