Site Manager Site Survey — Teaching Faculty

Site: Monroe Carell Jr. Children's Hospital at Vanderbilt

Site Survey is successfully updated.

Section Title	Last Update	Action
Information About the Clinical Teaching Faculty	02/24/16 12:49 PM	Edit Now
Clinical Instructor Information	02/24/16 12:49 PM	Hide Now

Clinical Instructor Information

Provide the following information on all PTs or PTAs employed at your clinical site who are CIs.

Name followed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS) *
Shirley K. Gogliotti, PT

Email Address / CPI2 Login *
shirley.k.gogliotti@Vanderbilt.Edu

PT/PTA Program from Which CI Graduated *
Univ. of Illinois

Year of Graduation *
1980

Highest Earned Physical Therapy Degree *
Bachelor in Physical Therapy

Highest Earned Degree *
Bachelors degree

No. of Years of Clinical Practice *
36

No. of Years of Clinical Teaching *
26

No. of Years Working at this Site *
Please choose:

Licensing / Registration Status
Licensed/Registered

License/Registration Number
8248

State of Licensure / Registration

TN

Remove

Add Another

APTA Credentialed CI *

(•) Yes ( ) No

APTA Advanced Credentialed CI *

(•) Yes ( ) No

Other CI Credentialing *

( ) Yes (•) No

ABPTS Certified Clinical Specialist (Check all that apply) *

☐	OCS	☐	GCS
☐	PCS	☐	NCS
☐	CCS	☐	SCS
☐	ECS	☐	WCS

APTA Recognition of Advanced Proficiency for PTAs (Check all that apply) *

☐	Aquatic	☐	Musculoskeletal
☐	Cardiopulmonary	☐	Neuromuscular
☐	Geriatric	☐	Pediatrics
☐	Integumentary		

APTA Member *

( ) Yes (•) No

Remove

Name followed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS) *

Caryn Givens PT, MPT

Email Address / CPI2 Login *

caryn.m.kimsey@vanderbilt.edu

PT/PTA Program from Which CI Graduated *

Year of Graduation *

Highest Earned Physical Therapy Degree *

Masters in Physical Therapy

Highest Earned Degree *

Masters degree

No. of Years of Clinical Practice *

Please choose:

No. of Years of Clinical Teaching *

Please choose:

No. of Years Working at this Site *

Please choose:

Licensing / Registration Status

Please choose:

License/Registration Number

State of Licensure / Registration

Please choose:

Remove

Add Another

APTA Credentialed CI *

(•) Yes ( ) No

APTA Advanced Credentialed CI *

( ) Yes (•) No

Other CI Credentialing *

( ) Yes (•) No

ABPTS Certified Clinical Specialist (Check all that apply) *

☐	OCS	☐	GCS
☐	PCS	☐	NCS
☐	CCS	☐	SCS
☐	ECS	☐	WCS

APTA Recognition of Advanced Proficiency for PTAs (Check all that apply) *

☐	Aquatic	☐	Musculoskeletal
☐	Cardiopulmonary	☐	Neuromuscular
☐	Geriatric	☐	Pediatrics
☐	Integumentary		

APTA Member *

( ) Yes ( ) No

Remove

Name followed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS) *

Donna Trotter, PT, SCS

Email Address / CPI2 Login *

donna.trotter@vanderbilt.edu

PT/PTA Program from Which CI Graduated *

Year of Graduation *

Highest Earned Physical Therapy Degree *

Bachelor in Physical Therapy

Highest Earned Degree *

Bachelors degree

No. of Years of Clinical Practice *

Please choose:

No. of Years of Clinical Teaching *

Please choose:

No. of Years Working at this Site *

Please choose:

Licensing / Registration Status

Please choose:

License/Registration Number

State of Licensure / Registration

Please choose:

Remove

Add Another

APTA Credentialed CI *

(•) Yes ( ) No

APTA Advanced Credentialed CI *

( ) Yes (•) No

Other CI Credentialing *

( ) Yes (•) No

ABPTS Certified Clinical Specialist (Check all that apply) *

☐	OCS	☐	GCS
☐	PCS	☐	NCS
☐	CCS	☑	SCS

☐	ECS	☐	WCS

APTA Recognition of Advanced Proficiency for PTAs (Check all that apply) *

☐	Aquatic	☐	Musculoskeletal
☐	Cardiopulmonary	☐	Neuromuscular
☐	Geriatric	☐	Pediatrics
☐	Integumentary		

APTA Member *

○ Yes ○ No

Remove

Name followed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS) *

Laura B. Gish, PT, DPT

Email Address / CPI2 Login *

laura.gish@vanderbilt.edu

PT/PTA Program from Which CI Graduated *

University of North Carolina

Year of Graduation *

Highest Earned Physical Therapy Degree *

Doctor in Physical Therapy

Highest Earned Degree *

Professional Doctor in Physical Therapy

No. of Years of Clinical Practice *

Please choose:

No. of Years of Clinical Teaching *

Please choose:

No. of Years Working at this Site *

Please choose:

Licensing / Registration Status

Please choose:

License/Registration Number

State of Licensure / Registration

Please choose:

Remove

Add Another

APTA Credentialed CI *

(•) Yes ( ) No

APTA Advanced Credentialed CI *

( ) Yes (•) No

Other CI Credentialing *

( ) Yes (•) No

ABPTS Certified Clinical Specialist (Check all that apply) *

☐	OCS	☐	GCS
☐	PCS	☐	NCS
☐	CCS	☐	SCS
☐	ECS	☐	WCS

APTA Recognition of Advanced Proficiency for PTAs (Check all that apply) *

☐	Aquatic	☐	Musculoskeletal
☐	Cardiopulmonary	☐	Neuromuscular
☐	Geriatric	☐	Pediatrics
☐	Integumentary		

APTA Member *

( ) Yes ( ) No

Remove

Name followed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS) *

Kelley H. Newman DPT, PCS, HPCS

Email Address / CPI2 Login *

kelley.h.siegert@vanderbilt.edu

PT/PTA Program from Which CI Graduated *

Columbia University

Year of Graduation *

Highest Earned Physical Therapy Degree *

Doctor in Physical Therapy

Highest Earned Degree *

Professional Doctor in Physical Therapy

No. of Years of Clinical Practice *

Please choose:

No. of Years of Clinical Teaching *

Please choose:

No. of Years Working at this Site *

Please choose:

Licensing / Registration Status

Please choose:

License/Registration Number

State of Licensure / Registration

Please choose:

Remove

Add Another

APTA Credentialed CI *

(•) Yes ( ) No

APTA Advanced Credentialed CI *

( ) Yes (•) No

Other CI Credentialing *

(•) Yes ( ) No

Please explain:

NCS - Hippotherapy Clinical Specialist

ABPTS Certified Clinical Specialist (Check all that apply) *

☐	OCS	☐	GCS
☑	PCS	☐	NCS
☐	CCS	☐	SCS
☐	ECS	☐	WCS

APTA Recognition of Advanced Proficiency for PTAs (Check all that apply) *

☐	Aquatic	☐	Musculoskeletal
☐	Cardiopulmonary	☐	Neuromuscular
☐	Geriatric	☐	Pediatrics
☐	Integumentary		

APTA Member *

( ) Yes ( ) No

Remove

Name followed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS) *

Paige Correia, DPT

Email Address / CPI2 Login *

chasity.p.brock@vanderbilt.edu

PT/PTA Program from Which CI Graduated *

Year of Graduation *

Highest Earned Physical Therapy Degree *

Doctor in Physical Therapy

Highest Earned Degree *

Professional Doctor in Physical Therapy

No. of Years of Clinical Practice *

Please choose:

No. of Years of Clinical Teaching *

Please choose:

No. of Years Working at this Site *

Please choose:

Licensing / Registration Status

Please choose:

License/Registration Number

State of Licensure / Registration

Please choose:

Remove

Add Another

APTA Credentialed CI *

○ Yes ◉ No

APTA Advanced Credentialed CI *

○ Yes ◉ No

Other CI Credentialing *

○ Yes ◉ No

ABPTS Certified Clinical Specialist (Check all that apply) *

☐	OCS	☐	GCS
☐	PCS	☐	NCS
☐	CCS	☐	SCS
☐	ECS	☐	WCS

APTA Recognition of Advanced Proficiency for PTAs (Check all that apply) *

☐	Aquatic	☐	Musculoskeletal
☐	Cardiopulmonary	☐	Neuromuscular

☐ Geriatric ☐ Pediatrics

☐ Integumentary

APTA Member *

○ Yes ○ No

Remove

Name followed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS) *

Heidi G. Kessler

Email Address / CPI2 Login *

heidi.g.kessler@vanderbilt.edu

PT/PTA Program from Which CI Graduated *

Year of Graduation *

Highest Earned Physical Therapy Degree *

Bachelor in Physical Therapy

Highest Earned Degree *

Bachelors degree

No. of Years of Clinical Practice *

Please choose:

No. of Years of Clinical Teaching *

Please choose:

No. of Years Working at this Site *

Please choose:

Licensing / Registration Status

Please choose:

License/Registration Number

State of Licensure / Registration

Please choose:

Remove

Add Another

APTA Credentialed CI *

◉ Yes ○ No

APTA Advanced Credentialed CI *

○ Yes ◉ No

Other CI Credentialing *

○ Yes ◉ No

ABPTS Certified Clinical Specialist (Check all that apply) *

☐	OCS	☐	GCS
☐	PCS	☐	NCS
☐	CCS	☐	SCS
☐	ECS	☐	WCS

APTA Recognition of Advanced Proficiency for PTAs (Check all that apply) *

☐	Aquatic	☐	Musculoskeletal
☐	Cardiopulmonary	☐	Neuromuscular
☐	Geriatric	☐	Pediatrics
☐	Integumentary		

APTA Member *

○ Yes ○ No

Remove

Name followed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS) *

Jennifer Hutton

Email Address / CPI2 Login *

jennifer.d.harrison@vanderbilt.edu

PT/PTA Program from Which CI Graduated *

Year of Graduation *

Highest Earned Physical Therapy Degree *

Doctor in Physical Therapy

Highest Earned Degree *

Professional Doctor in Physical Therapy

No. of Years of Clinical Practice *

Please choose:

No. of Years of Clinical Teaching *

Please choose:

No. of Years Working at this Site *

Please choose:

Licensing / Registration Status

Please choose:

License/Registration Number

State of Licensure / Registration

Please choose:

Remove

Add Another

APTA Credentialed CI *

○ Yes ◉ No

APTA Advanced Credentialed CI *

○ Yes ◉ No

Other CI Credentialing *

○ Yes ◉ No

ABPTS Certified Clinical Specialist (Check all that apply) *

☐	OCS	☐	GCS
☐	PCS	☐	NCS
☐	CCS	☐	SCS
☐	ECS	☐	WCS

APTA Recognition of Advanced Proficiency for PTAs (Check all that apply) *

☐	Aquatic	☐	Musculoskeletal
☐	Cardiopulmonary	☐	Neuromuscular
☐	Geriatric	☐	Pediatrics
☐	Integumentary		

APTA Member *

○ Yes ○ No

Remove

Name followed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS) *

Amy Darrow, PT, DPT

Email Address / CPI2 Login *

amy.swenson@vanderbilt.edu

PT/PTA Program from Which CI Graduated *

Year of Graduation *

Highest Earned Physical Therapy Degree *

Doctor in Physical Therapy

Highest Earned Degree *

Professional Doctor in Physical Therapy

No. of Years of Clinical Practice *

Please choose:

No. of Years of Clinical Teaching *

Please choose:

No. of Years Working at this Site *

Please choose:

Licensing / Registration Status

Please choose:

License/Registration Number

State of Licensure / Registration

Please choose:

Remove

Add Another

APTA Credentialed CI *

○ Yes ◉ No

APTA Advanced Credentialed CI *

○ Yes ◉ No

Other CI Credentialing *

◉ Yes ○ No

Please explain:

Certified Child Passenger Safety Technician

ABPTS Certified Clinical Specialist (Check all that apply) *

☐	OCS	☐	GCS
☐	PCS	☐	NCS
☐	CCS	☐	SCS
☐	ECS	☐	WCS

APTA Recognition of Advanced Proficiency for PTAs (Check all that apply) *

☐	Aquatic	☐	Musculoskeletal
☐	Cardiopulmonary	☐	Neuromuscular
☐	Geriatric	☐	Pediatrics
☐	Integumentary		

APTA Member *

○ Yes ○ No

Remove

Name followed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS) *

Amanda Gillian

Email Address / CPI2 Login *

Amanda.gillian@vanderbilt.edu

PT/PTA Program from Which CI Graduated *

Year of Graduation *

Highest Earned Physical Therapy Degree *

Doctor in Physical Therapy

Highest Earned Degree *

Professional Doctor in Physical Therapy

No. of Years of Clinical Practice *

Please choose:

No. of Years of Clinical Teaching *

Please choose:

No. of Years Working at this Site *

Please choose:

Licensing / Registration Status

Please choose:

License/Registration Number

State of Licensure / Registration

Please choose:

Remove

Add Another

APTA Credentialed CI *

○ Yes ◉ No

APTA Advanced Credentialed CI *

○ Yes ◉ No

Other CI Credentialing *

○ Yes ◉ No

ABPTS Certified Clinical Specialist (Check all that apply) *

☐ OCS	☐ GCS

☐	PCS	☐	NCS
☐	CCS	☐	SCS
☐	ECS	☐	WCS

APTA Recognition of Advanced Proficiency for PTAs (Check all that apply) *

☐	Aquatic	☐	Musculoskeletal
☐	Cardiopulmonary	☐	Neuromuscular
☐	Geriatric	☐	Pediatrics
☐	Integumentary		

APTA Member *

○ Yes ○ No

Remove

Name followed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS) *

Ashley Allen

Email Address / CPI2 Login *

ashley.r.allen@vanderbilt.edu

PT/PTA Program from Which CI Graduated *

Year of Graduation *

Highest Earned Physical Therapy Degree *

Doctor in Physical Therapy

Highest Earned Degree *

Bachelors degree

No. of Years of Clinical Practice *

Please choose:

No. of Years of Clinical Teaching *

Please choose:

No. of Years Working at this Site *

Please choose:

Licensing / Registration Status

Please choose:

License/Registration Number

State of Licensure / Registration

Please choose:

Remove

Add Another

APTA Credentialed CI *

○ Yes ◉ No

APTA Advanced Credentialed CI *

○ Yes ◉ No

Other CI Credentialing *

○ Yes ◉ No

ABPTS Certified Clinical Specialist (Check all that apply) *

☐	OCS	☐	GCS
☐	PCS	☐	NCS
☐	CCS	☐	SCS
☐	ECS	☐	WCS

APTA Recognition of Advanced Proficiency for PTAs (Check all that apply) *

☐	Aquatic	☐	Musculoskeletal
☐	Cardiopulmonary	☐	Neuromuscular
☐	Geriatric	☐	Pediatrics
☐	Integumentary		

APTA Member *

○ Yes ○ No

Remove

Name followed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS) *

Sarah Moran, DPT

Email Address / CPI2 Login *

sarah.m.moran@vanderbilt.edu

PT/PTA Program from Which CI Graduated *

Year of Graduation *

Highest Earned Physical Therapy Degree *

Doctor in Physical Therapy

Highest Earned Degree *

Please choose:

No. of Years of Clinical Practice *

Please choose:

No. of Years of Clinical Teaching *

Please choose:

No. of Years Working at this Site *

Please choose:

Licensing / Registration Status

Please choose:

License/Registration Number

State of Licensure / Registration

Please choose:

Remove

Add Another

APTA Credentialed CI *

(•) Yes ( ) No

APTA Advanced Credentialed CI *

( ) Yes (•) No

Other CI Credentialing *

( ) Yes (•) No

ABPTS Certified Clinical Specialist (Check all that apply) *

☐	OCS	☐	GCS
☐	PCS	☐	NCS
☐	CCS	☐	SCS
☐	ECS	☐	WCS

APTA Recognition of Advanced Proficiency for PTAs (Check all that apply) *

☐	Aquatic	☐	Musculoskeletal
☐	Cardiopulmonary	☐	Neuromuscular
☐	Geriatric	☐	Pediatrics
☐	Integumentary		

APTA Member *

( ) Yes ( ) No

Remove

Name followed by credentials (e.g., Joe Therapist, DPT, OCS or Jane Assistant, PTA, BS) *

Email Address / CPI2 Login *

PT/PTA Program from Which CI Graduated *

Year of Graduation *

Highest Earned Physical Therapy Degree *

Please choose:

Highest Earned Degree *

Please choose:

No. of Years of Clinical Practice *

Please choose:

No. of Years of Clinical Teaching *

Please choose:

No. of Years Working at this Site *

Please choose:

Licensing / Registration Status

Please choose:

License/Registration Number

State of Licensure / Registration

Please choose:

Remove

Add Another

APTA Credentialed CI *

Yes No

APTA Advanced Credentialed CI *

Yes No

Other CI Credentialing *

Yes No

ABPTS Certified Clinical Specialist (Check all that apply) *

☐	OCS	☐	GCS
☐	PCS	☐	NCS
☐	CCS	☐	SCS
☐	ECS	☐	WCS

APTA Recognition of Advanced Proficiency for PTAs (Check all that apply) *

☐	Aquatic	☐	Musculoskeletal

☐	Cardiopulmonary	☐	Neuromuscular
☐	Geriatric	☐	Pediatrics
☐	Integumentary		

APTA Member *

○ Yes ○ No

Remove

Add Another

All records have been displayed

Section Sign Off:

Click the box below to indicate you have reviewed and finished with this section of the survey.

☑ **This section has been completed.**

Clinical Instructors	02/24/16 12:49 PM	Hide Now

Clinical Instructors

What criteria do you use to select clinical instructors? (Check all that apply)

☑ APTA Clinical Instructor Credentialing	☑ Career ladder opportunity	☐ Certification/training course
☑ Clinical competence	☐ Delegated in position description	☐ Demonstrated strength in clinical teaching
☐ No criteria	☐ Other (not APTA) clinical instructor credentialing	☑ Therapist initiative/volunteer
☑ Years of experience	☐ Other	

How are clinical instructors trained? (Check all that apply)

☑ 1:1 individual training (CCCE:CI)	☑ APTA Clinical Instructor Education and Credentialing Program	☐ Academic for-credit coursework
☑ Clinical center inservices	☐ Continuing education by academic program	☐ Continuing education by consortia
☐ No training	☐ Other (not APTA) clinical instructor credentialing program	☑ Professional continuing education (e.g., chapter, CEU course)
☐ Other		

Section Sign Off:

Click the box below to indicate you have reviewed and finished with this section of the survey.

☑ **This section has been completed.**

"Key fields have been marked with an asterisks. Please see the CSIF Web Help Manual for more details about Key Fields"

Site Survey is successfully updated.

For assistance or technical support, send a request

PT CPIWeb vers. 2.41.