

Section on Pediatrics  
**Education Summit Application**

**Maximum Page Limit – 3 pages (not including attached CV)**

**Please include the following information in your application highlighting information that may be relevant to your participation in the Summit:**

- 1) Name/contact information/e-mail address:
- 2) APTA member number:
- 3) Description of experience: address all that apply
  - a) pediatric clinical practice experience, including number of years in various pediatric practice settings.
  - b) academic experience: years in academia/ name of institution or university/ years teaching in pediatric content/ name and context of courses taught
  - c) experience as a clinical instructor/ CCCE/ ACCE
  - d) other relevant experience for Summit participation
- 4) Briefly discuss how your communication skills and ability to collaborate with others will positively contribute to the summit objectives.
- 5) Choose one or two of the summit objectives listed below and discuss how your background and skills will contribute to achieving those objectives.
  - a) Recommend optimal pediatric professional physical therapy education practices.
  - b) Recommend strategies for preparation, development, and support of academic faculty adequately prepared to deliver pediatric professional education.
  - c) Summarize traditional, novel, and unique models of delivery of optimal pediatric clinical education experiences.
  - d) Recommend strategies for the preparation, development, and support of clinical instructors in pediatric physical therapy.
  - e) Suggest research projects and funding priorities to support research aimed at identifying optimal educational practices in pediatric professional education.

I agree, that if selected to participate in the Education Summit, I will:

- Come prepared having completed pre-assigned readings and participated in networking forums.
- Be engaged with my peers throughout the Summit.
- Follow all SOP requests for documents or other information prior to, and following, the Summit.
- Make travel plans and seek reimbursement from SOP as requested.
- Avoid the need to withdraw participation and notify Summit planning committee as soon as possible if cancellation is required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please e-mail this application with your current resume or CV to [jfurze@creighton.edu](mailto:jfurze@creighton.edu) by 5:00 PM EST, December 15, 2011. Late applications will not be considered. Applicants will be notified of acceptance prior to the Combined Sections Meeting in February of 2012.**