

# UBC MPT Program Clinical Educator Recognition APPLICATION

*If you do not have all of the names of your students you must apply by completing and mailing in this paper form*

Clinical Educator Name: \_\_\_\_\_

Work site: \_\_\_\_\_

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

Are you currently a PABC Member?

No  Yes

CPA/PABC Membership #:

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**I am applying for:**

**Cobalt** > You have attained **300 points** within the last 3 years

**Sapphire** > You have attained **500 points** within the last 5 years

**Royal** > You have attained **800 points** within the last 8 years

**REMINDER:**

\*Please keep in mind that years are counted from the current year back, e.g., if you are applying for the Sapphire category you must submit points for the LAST FIVE YEARS, working back from the current year.

*If you do not have all or some of your student names from past placements please list each instance as "Name Unknown."*

**Your Site Coordinator or Clinic Owner/Manager must verify and sign below.**

Student name* (First/Last)	Facility where supervised	Points	Placement level and year (E.g., 2A/2016 or INTL/2016)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

If you need more lines, please print another copy of this page and use the table above and attach.

**I certify that the above student information is correct:**

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Site Coordinator/Clinic Owner/Manager Signature      Name (please print)      Position      Date

Would you like a certificate of recognition?  Yes  No *(If yes, please supply your mailing address here):*

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

**Yearly deadlines for application submissions are:**

**March draw deadline: March 1st**  
(Draw on March 31st)

**October draw deadline: October 1<sup>st</sup>**  
(Draw on October 31<sup>st</sup>)

**Please mail this form to:**

Carolyn Andersson  
 Clinical Education Officer  
 UBC Department of Physical Therapy  
 212 – 2177 Wesbrook Mall  
 Vancouver, BC V6T 1Z3