**ABPTS Sports Clinical Specialization – Acute Management of Injury and Illness (AMII) Course Submission**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course Title** |  | | | | | **Intended Audience (PT, OT,**  **ATC, ETC)** |  |
| **Overall Course Overview and Description** |  | | | | | | |
| **Course Objectives (Insert Rows as Necessary)** | | | | | | | |
| **Objective #1** |  | | | | | | |
| **Objective #2** |  | | | | | | |
| **Objective #3** |  | | | | | | |
| **Objective #4** |  | | | | | | |
| **Objective #5** |  | | | | | | |
| **Objective #6** |  | | | | | | |
| **Didactic/Lecture/On-Line Course Schedule/Content** | | | | | | | |
| **Topic Title** | | **Time (Min)** | **Faculty Name and Credentials** | **Teaching Method**  **(Online, In Person) List all used** | **Check if for Initial,**  **MOSC, or Both** | | **Assessment Method**  **(Verbal, Written) List all methods** |
| **Initial AMII** | **MOSC AMII** |
|  | |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |
| **Total Time (1 CEU or CCU/Hour)** | |  |  |  |  |  |  |
| **Practical/Laboratory Course Content** | | | | | | | |
| **Topic Title** | | **Time (Min)** | **Faculty Name and Credentials** | **Teaching Method**  **(Online, In Person) List all used** | **Check if for Initial, MOSC, or Both** | | **Assessment Method**  **(Verbal, Written) List all methods** |
| **Initial**  **AMII** | **MOSC**  **AMII** |
|  | |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |
| **Total Time (1 CEU or CCU/Hour)** | |  |  |  |  |  |  |

**Speaker Bio: Courses seeking ABPTS SCS approval for AMII should include a short bio on speakers here. Individuals who are seeking to know if a course is acceptable should submit as much information as possible about the speaker.**

|  |  |
| --- | --- |
| **Name and Credentials** | **Short Bio of Speaker (Insert rows as necessary)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

# **Criteria for Assessment:** Provide a brief description about how achievement of learning objectives will be detailed to determine passing and achievement of certificate of passing/mastery of material.

Created: 12/30/2022