



SUPERVISED CLINICAL EXPERIENCE FORM

The CCA applicant is to fill out his/her name as well as the demographic information of the referring physician or supervising clinician. This form is then provided to the referring physician/supervising clinician for completion. The referring physician/supervising clinician is to fill out this form in its entirety and then seal the form in an envelope with their signature across the flap to ensure security and confidentiality of the reference.

CCA Applicant Name: _____

Supervising Clinician/Referring Physician Instructions

The applicant is required to submit this form as part of their CCA eligibility application. The information contained in this form is considered confidential. If you wish to share the information, you may provide the applicant with a separate copy. Please carefully answer all questions and use another sheet of paper, if necessary.

Physician/Clinician Name: _____

Degree/Credential: _____

Specialty Area: _____

Years of Experience: _____

Institution/Practice Name: _____

Address: _____

City/Province: _____

State: _____ Zip Code: _____

Contact Number: _____

Email: _____

1. Please indicate the dates in which the applicant worked under your supervision?

Start date: _____

End date: _____

2. On how many cases have you collaborated with the applicant? (*minimum of 3 required*)

Number of Cases	Case Type	Description
	Facial	Includes orbital/upper facial, nasal/midfacial, hemifacial, auricular, osseointegrated implant retained facial
	Somatic	Includes finger/thumb, partial hand/hand, aesthetic sleeve, toe/partial foot, breast/nipple, other somatic
	Ocular	Includes custom indwelling ocular, scleral cover shell

3. How would you rate the applicant's overall performance as a clinical anaplastologist? (*Check one*)

Excellent

Good

Fair

Poor

Developing

4. Is there any additional knowledge you have of the applicant that is relevant to their eligibility for CCA certification or ability to provide safe and effective care as a clinical anaplastologist?

Yes

No

If Yes, please elaborate: _____

Supervising Clinician/Referring Physician Attestation

Direct clinical supervision is oversight provided by a supervising practitioner to an applicant. First and foremost the goal of supervision is to provide reasonable assurance that any mistakes made by the applicant being supervised are corrected before harm is done to the patient. This supervisory relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the applicant while monitoring the quality of professional services delivered. Direct clinical supervision is exercised through observation, consultation, directing the learning of the applicant, and via role modeling. I attest that the information and personal accounts contained herein concerning the named CCA applicant are true and accurate.

Printed Name: _____

Signature: _____

Date: _____