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

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| **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** |
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| **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** |
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| **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.**

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