



## FIT FEET CLINICAL DIRECTOR APPLICATION QUESTIONNAIRE

Dear Fit Feet Clinical Director Candidate,

Thank you for expressing interest in becoming a clinical director for Special Olympics Fit Feet®. As a clinical director, you will join other volunteer health professionals in supporting the Special Olympics Healthy Athletes® program. A clinical director must be licensed according to the standards of the state/province/region in which they serve. Your application will be reviewed by the local Special Olympics Program, Regional Health team, and Special Olympics International (SOI). Once approved by SOI, you will participate in a blended learning experience to complete your training and become a clinical director.

For more information about Special Olympics Healthy Athletes® and Fit Feet, visit: <https://resources.specialolympics.org/health/fit-feet>

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Name: \_\_\_\_\_ Professional Title/Degree: \_\_\_\_\_

License Number: \_\_\_\_\_ State/Province/Country of License: \_\_\_\_\_

Expiration date of most recent licensure (or renewal): \_\_\_\_\_

If a license number is not applicable in your country, please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*\* If a clinical license is not applicable, include any certifications to support your qualifications in your attached CV/resume.*

Does your license/certification allow you to practice independently (without direct supervision)?  Yes  No

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Have you ever volunteered at a Fit Feet event?  Yes  No

*If yes, please describe:* \_\_\_\_\_

Do you have experience providing foot care to people with intellectual and developmental disabilities (IDD)?  Yes  No

*If yes, please describe:* \_\_\_\_\_

*Practical and clinical skills you currently have experience providing (select all that apply):*

- Structural foot exam     Dermatological foot/toe exam     Diabetic foot screening
- Biomechanical foot & ankle exam     Gait analysis

List any memberships or affiliations with professional organizations:

\_\_\_\_\_

Do you have flexibility in your schedule to support Fit Feet events to fit your local Special Olympics Program's needs with the expectation of at least one event per year?  Yes  No

Are you able to travel within your local Special Olympics Programs' service area to support Fit Feet events?  Yes  No

In your role as clinical director, how would you contribute to the Fit Feet program and support its continued success while working within the existing program model? *(please select all that apply)*

- Professional network relations
- Connections to local equipment and supply resources
- Supporting recruiting and training efforts in alignment with Fit Feet protocols
- Facilitating access to follow-up services and care for athletes
- Other: \_\_\_\_\_

*Please share details of these contributions with your Special Olympics Program staff.*

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Please check the boxes below to confirm you have read, understand, and agree to the Fit Feet Clinical Director requirements:

The Fit Feet program and role of clinical director have been explained to me. See description [here](#).  Yes  No

I hold an active license in the state/province/country where I will serve as a clinical director for Fit Feet events.  Yes  No

I understand that this role requires active licensure and will alert my SO Program if my license becomes inactive.  Yes  No

I agree to follow the most up-to-date Fit Feet event and screening protocols as determined by Special Olympics International.  Yes  No

I will ensure compliance with any/all partnership agreements between Special Olympics and external partners.  Yes  No

I commit to actively serving as a Fit Feet clinical director for a minimum 3-year volunteer term.  Yes  No

I commit to utilizing tablets to digitize Fit Feet screening data in the Healthy Athletes System (HAS). If tablets are unavailable at a screening event, I commit to ensuring that paper HAS forms are thoroughly and accurately completed to support post-event data collection.  Yes  No

I commit to supporting program sustainability by recruiting clinical volunteers and providing mentorship to future clinical director trainees as assigned.  Yes  No

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Please **ATTACH** your updated professional CV/resume in English in PDF format. Be sure it contains the following:

- Information about your **educational background**
  - **Licenses and/or credentials** you hold for your clinical profession
  - An outline of your **professional work experience**
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