



HSS and New York Mets Baseball Club Upper Extremity Athlete Fellowship Application

NAME: _____ CREDENTIALS: _____
 Last First Middle

ADDRESS: _____
 Street City State Zip Code

PHONE: _____ EMAIL: _____

PROFESSIONAL CREDENTIALS

STATE LICENSE: _____ YEAR: _____ EXP: _____

ADDITIONAL LICENSE (IF APPLICABLE)

IN STATE OF/ #: _____ YEAR: _____ EXP: _____

PROFESSIONAL DEGREE(S): _____ DATE: _____

_____ DATE: _____

_____ DATE: _____

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

APTA NATA NSCA OTHER _____

CURRENT EMPLOYMENT

EMPLOYER: _____

ADDRESS: _____
 Street City State Zip Code

PHONE: _____ EMAIL: _____

TITLE: _____ EMPLOYED SINCE: _____

HOW DID YOU HEAR ABOUT OUR FELLOWSHIP PROGRAM?

PLEASE ATTACH THE FOLLOWING:

1. Resume/curriculum vitae, including academic and clinical education, continuing education, clinical and other relevant experience.
2. A brief summary (400-800 words) of your relevant clinical experiences thus far, with an emphasis on sports rehabilitation and sports medicine exposures.

3. Short essay (one page) explaining your reasons for applying for the clinical fellowship, your goals and why you consider yourself to be a good candidate.

PLEASE ARRANGE FOR THE FOLLOWING TO BE SENT TO THE ADDRESS BELOW:

- Three Letters of Professional Reference

APPLICANT REQUIREMENTS

Minimum Requirements

- USA citizenship
- Graduation from an accredited physical therapy program
- A current New York State Physical Therapy license in good standing, along with a current Florida State Physical Therapy license or demonstrate an ability to obtain Florida licensure
- Malpractice insurance (minimum \$1 mil per occurrence/ \$3 mil aggregate)
- One of the following: a current ATC designation, a current license as an EMT, or certification as an Emergency Responder
- Possess ABPTS Sports or Orthopedic board certification or completion of prior ABPTFRE accredited sports physical therapy residency

All applications will be reviewed and the Selection Committee will interview the qualified candidates. Please print this form and sign and date below:

I certify that the foregoing information is accurate to the best of my knowledge.

Signature

Date

IMPORTANT DATES

- Application deadline: August 31st
- Fellowship dates: Mid-September of current year to end of September the following year

Application and supporting materials, along with a \$50 non-refundable application fee (made payable to *Hospital for Special Surgery*) should be submitted to:

**Terrance Sgroi, PT, DPT, SCS, MTC
HSS Sports Rehabilitation and Performance West Side
610 West 58th Street
New York, NY 10019**

For further information, please contact Terrance Sgroi, PT, DPT, SCS, MTC, Fellowship Director at sgroit@hss.edu.