



Orthopedic Physical Therapy Clinical Residency Application

NAME: _____ CREDENTIALS: _____
Last First Middle

ADDRESS: _____
Street/City/State/Zip

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 | Member# _____ APTA ORTHO SECTION MEMBER

OTHER _____

PLEASE ATTACH THE FOLLOWING:

1. Resume/curriculum vitae, including academic and clinical education, continuing education, clinical and other relevant experience.
2. Details of your clinical experience with orthopedic diagnoses.
3. Essay explaining your reasons for applying for the residency, your goals, and why you consider yourself to be a good candidate.

APPLICANT REQUIREMENTS

Minimum Requirements

- US citizenship
- Graduation from an accredited physical therapy program
- Current PT licensure and registration in New York state (and New Jersey for Paramus site candidates)
- Malpractice insurance (minimum \$1 mil per occurrence/ \$3 mil aggregate)
- Membership in the APTA and APTA Orthopaedic Section preferred (required by date of program entry)
- Commitment to successfully completing all program requirements, including independent study of the APTA Orthopaedic Section's residency curriculum and examinations (purchased by resident)
- Commitment to taking OCS exam at earliest eligibility

Recommended

- At least one year of clinical experience in an orthopedic outpatient setting (by date of program entry)

Admissions Process

Applications are evaluated by the Orthopedic Residency director and faculty based on:

- Admission criteria listed above
- Academic and clinical education, continuing education, and other relevant experience
- Clinical experience in orthopedics
- Verbal and written communication skills
- Demonstration of leadership, professionalism, and commitment

All applicants are interviewed prior to final selection and admission into the residency program. The Orthopedic Residency director and faculty select the top candidates each year based on the criteria described above.

In accordance with hospital policy, all employment-related decisions, including program recruitment, admission, retention, and dismissal, are made without regard to race, creed, color, religion, sex, sexual orientation, gender identity and gender expression, national origin, marital status, age (18 or older), disability, veteran status, citizenship status, or any other protected characteristic as established by law.

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

Signature

Date

RESIDENCY DATES January 1 - December 31

APPLICATION DEADLINE Due September 15 for January 1 residency

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

Will Behrns, PT, DPT, OCS, GCS
Orthopedic PT Residency, Program Director
Hospital for Special Surgery Rehabilitation
535 East 70th Street
New York, NY 10021



Hospital for Special Surgery is credentialed by the American Physical Therapy Association as a clinical residency program for physical therapists in Orthopedic Physical Therapy.

For further information, please contact Will Behrns at behrns@hss.edu.