



Sports Physical Therapy Clinical Residency 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 RESIDENCY 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 residency, your goals and why you consider yourself to be a good candidate.

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

1. Three Letters of Professional Reference
2. Academic Transcripts for postsecondary academic work

APPLICANT REQUIREMENTS

Minimum Requirements

- USA citizenship
- Graduation from an accredited physical therapy program
- Current PT licensure and registration in New York state or eligibility to attain them prior to start of the clinical residency
- 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

Recommended

- One year of sports physical therapy experience (35 hour work week) OR one year of experience as a certified athletic trainer (ATC) in a full-time setting. New graduates will be considered.

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.

_____ Date

Signature

IMPORTANT DATES

- Application deadline: October 15th is the deadline for the *following* year's residency
- Residency dates: January-January of each year

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

**John Cavanaugh PT MEd PT/ATC SCS
Sports Rehabilitation and Performance Center
Hospital for Special Surgery
535 East 70th Street
New York, NY 10021**



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

For further information, please contact John Cavanaugh at 212.606.1005 or cavanaughj@hss.edu.