HSS and Brooklyn Nets
Lower Extremity Athlete Fellowship Application

Name _____ Credentials _____

Address _____

Phone _____ Email _____

PROFESSIONAL CREDENTIALS

State License & # _____ Year _____ Exp _____

ADDITIONAL LICENSE (IF APPLICABLE)

State License & # _____ Year _____ Exp _____

Professional Degree(s) _____ Date _____

_____ Date _____

_____ Date _____

Membership in Professional Organizations

❑ APTA ❑ NATA ❑ NSCA ❑ Other _____

CURRENT EMPLOYMENT

Employer _____

Address _____

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 sport 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

- US Citizenship
- Graduation from an accredited physical therapy program
- A current New York State Physical Therapy license in good standing
- Malpractice insurance (minimum $1mil per occurrence/$3 mil aggregate)
- One of the following: a current ATC designation, ABPTS Sports or Orthopedic board certification (SCS or OCS), completion of prior ABPTFRE accredited sports physical residency

Admission Process

All applicants will be reviewed and the Selection Committee will interview the qualified candidates.

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 _____

APPLICATION DEADLINE February 1st

RESIDENCY DATES April 15th of current year – April 15th of following year

Application and supporting materials should be submitted by the deadline above to Snay Patel, PT, MPT, SCS, Fellowship Director at patelsn@hss.edu.

For further information, please contact Snay Patel, PT, MPT, SCS, Fellowship Director at patelsn@hss.edu.