HSS Rehabilitation Orthopedic Physical Therapy Clinical Residency 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 | 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 expertise 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)
- 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)

Recommended

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

Admission Process

Applications are evaluated by the Orthopedic Residency director, coordinator 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 screened prior to interview selection and admission into the residency program. The Orthopedic Residency director, coordinator 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:**

William Behrns PT, DPT, OCS, GCS
Director of Rehab Residencies and Fellowships
HSS Rehabilitation
535 East 70th Street
New York, NY 10021

ABPTRFE
ACCREDITED PROGRAM

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 William Behrns at behrnsw@hss.edu.