



HSS Rehabilitation National Network Orthopedic Residency Resident 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 _____

APTA # (if applicable) _____

APTA Ortho Section Member (if applicable) _____

CURRENT EMPLOYMENT

Employer _____

Address _____

Phone _____ Email _____

Title _____ Employed Since _____

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 orthopedic rehabilitation.
 3. Short essay (one page) explaining your reasons for applying for the residency, your goals, and why you consider yourself to be a good candidate.
 4. Three letters of personal reference.
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APPLICANT REQUIREMENTS

Minimum Requirements

- Graduation from an accredited physical therapy program
- Current PT licensure and registration in your state of practice
- Commitment to successfully completing all program requirements
- Commitment to taking the OCS at earliest eligibility after program completion

Recommended

- Membership in the APTA and APTA Orthopaedic Section preferred (required by date of program entry)

Admission Process

All applicants are screened prior to interview selection and admission into the residency program. The network residency director and residency advisory committee select the top clinical sites/residents each year based on the criteria described above.

In accordance with hospital policy, all residency-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 September 15th for the *following year's* residency

RESIDENCY DATES January 31 - December 31

Application and supporting materials, should be emailed by the deadline above to:

William Behrns, PT, DPT, OCS, GCS
HSS Rehabilitation Director of Residencies & Fellowships
Behrns@hss.edu