



HSS Rehabilitation National Network Orthopedic Residency Site Application

This application is to be completed by the clinic's leadership (i.e. director/manager)*

Clinic Name _____

Address _____

Phone _____

CLINIC LEADERSHIP

List all of those involved in the clinic's oversight, leadership and management:

Name _____ Position _____ Email _____

Name _____ Position _____ Email _____

Name _____ Position _____ Email _____

CLINIC INFORMATION

Total # of PTs on staff _____ # Full-Time _____ # Part Time _____

Average time allotted for evaluations _____

Average time allotted for follow-ups _____

Is patient overlap allowed?, if so describe _____

For the Prospective Resident list the following:

| Daily Work Hours (i.e. 8 am-4 pm, include when lunch is) | | | | | |
|--|---------|-----------|----------|--------|----------|
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| | | | | | |

Total # of weekly patient-care hours (excluding lunch) _____

Does the resident have responsibilities outside of patient-care?, if so describe _____

Expected # of patient visits/week _____

For the Prospective Mentor list the following:

| Daily Work Hours (i.e. 8 am-4 pm, include when lunch is) | | | | | |
|--|---------|-----------|----------|--------|----------|
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| | | | | | |

Total # of weekly patient-care hours (excluding lunch) _____

Does the mentor have responsibilities outside of patient-care? If so describe _____

Expected # of patient visits/week _____

Is the mentor in the same clinic as the resident? If not describe _____

PLEASE ATTACH THE FOLLOWING:

1. A brief summary (400-800 words) of your clinic's current mentoring practices (i.e. peer-to-peer, students) and how the clinic plans on fostering an environment supportive of the resident.
2. Faculty Qualifications Chart
3. Site Medical Conditions Chart

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.

Clinic Director/Manager Signature

Date

APPLICATION DEADLINE September 15th for the *following year's* residency

RESIDENCY DATES January 1 – December 31

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

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