# HSS Upper Extremity Athlete
# 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, along with a current Florida State Physical Therapy license or demonstrate an ability to obtain Florida licensure
- Malpractice insurance (minimum $1mil 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
- Possess ABPTS Sports or Orthopedic board certification or completion of prior ABPTFRE accredited sports physical therapy 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** May 31st

**RESIDENCY DATES** August 1st of current year - August 31st of following year

**Application and supporting materials should be submitted by the deadline above to Terrance Sgroi, PT, DPT, SCS, MTC, Fellowship Director at sgroit@hss.edu.**

For further information, please contact Terrance Sgroi, PT, DPT, SCS, MTC, Fellowship Director at sgroit@hss.edu.