



HSS Rehabilitation National Network  
Orthopedic PT Residency Program  
Site Application

This application is to be completed by the clinic's leadership (i.e., Director/Manager)\*

Clinic Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Clinic Director/Manager \_\_\_\_\_

**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?  No  Yes If yes, please describe:

\_\_\_\_\_

**For the Prospective Resident, please provide the following:**

Daily Work Hours (i.e., 8am – 4pm, 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?  No  Yes If yes, please describe:

\_\_\_\_\_

Expected # of patient visits/week \_\_\_\_\_

**For the Prospective Mentor, please provide the following details:**

Daily Work Hours (i.e., 8am – 4pm, 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?  No  Yes If yes, please describe:

\_\_\_\_\_

Expected # of patient visits/week \_\_\_\_\_

Is the mentor in the same clinic as the resident?  No  Yes If no, please provide details:

\_\_\_\_\_

**PLEASE ATTACH THE FOLLOWING:**

1. A brief summary (400-800 words) of your clinic’s current mentoring practices (i.e. peer-to-peer, students)
2. Short essay (one page) explaining how your clinic will be able to foster an environment supportive of the resident.

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** July 15<sup>th</sup> for the *following year’s* residency

**RESIDENCY DATES** February 5th – January 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