**2021-2022 Providence Physical Therapy Residency Application Form**

**Name:**

**Mailing Address:**

**Email:**

**Phone:**

**Preferred contact method:**

**Home address if different from mailing address:**

**Which Residency are you intending to apply to? (circle):** Sports/Ortho

**Academic Background:**

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| --- | --- | --- | --- |
| Institution  | City/State | Degree Earned | Date of Study |
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Have you ever been placed on probation from a college or university? Y/N

**Clinical Education and Mentoring Experiences:**

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| --- | --- | --- |
| **Clinic/Location** | **Date range** | **Comments/Details etc.** |
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**Letters of Recommendation:**

Please submit two letters of recommendation along with this application:

* Please include at least one from a physical therapist who taught in your physical therapy program if you graduated in the last 3 years. If you are currently a practicing physical therapist, please include at least one recommendation from a supervisor/manager.
* The other recommendation should be from a physical therapist that has worked with the applicant in clinical practice whether as a colleague or a clinical instructor.

**References:** We are requesting 2 references who are not also composing a letter of recommendation.

|  |  |  |  |
| --- | --- | --- | --- |
| Name  | Relationship | Contact Phone | Contact email |
|  |  |  |  |
|  |  |  |  |

**Cover Letter and Curriculum Vitae:**

In addition to an up-to-date curriculum vitae, please include a cover letter outlining the reason for applying to the residency program of interest.

**\*\*Achieving candidacy status is not an indication that ABPTRFE will grant initial accreditation. Participants who graduate from a program in candidacy status are not deemed to have completed an accredited program.\*\***