

Department of Physical Therapy Pediatric Residency Program
2012-2013

Application for Residency

1. Name: _____
Last First Middle

2. Permanent Address:

Street

City State Zip Code

3. Temporary Address: _____ **Dates when this address is valid:** _____

Street

City State Zip Code

4. E-mail Address: _____

5. Telephone: _____
Home Cell

6. List all colleges and universities attended:

Name	Location	Major	Dates attended (From – To)	Degree Awarded
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. Indicate state(s) in which you hold an active PT license:

State	Year first received	License Number
_____	_____	_____
_____	_____	_____

8. List the names and titles of those who will be supplying your references (see reference report):

Name	Title
Name	Title
Name	Title

9. List other fellowships or residencies to which you are applying this year:

10: Include the following items with your application:

- Copies of Pennsylvania and New Jersey licensure as applicable
- Copy of APTA membership card if applicable
- A curriculum vitae with detailed description of clinical experiences
- Submission of pediatric and cultural competence curriculum from entry level or advanced degree program
- For external applicants, academic transcript from an accredited clinical doctorate physical therapy program
- A letter of intent outlining the following:
 - What do you wish to gain through participation in this clinical residency?
 - What are your goals and expectations in participating in the residency program?
 - What areas of expertise do you possess that you feel would contribute to the growth in clinical skills of novice clinicians?
 - What are your future plans in the area of pediatric physical therapy? After completing the clinical residency program where do you see yourself in 3 years?
- Sample of professional presentation or writing
- Three professional references (including one clinical and one academic) qualified to comment on your candidacy for residency using reference report form

To the best of my knowledge, the information on this application is true and accurate.

Applicant's Signature

Date

Send completed application to:

Sue Migliore PT, DPT, MS, PCS
Clinical Practice Coordinator
Mail Stop C02-1130
Room 216 CSH
The Children's Hospital of Philadelphia
3405 Civic Center Boulevard
Philadelphia, PA 19104
215-590-4411
Migliore@email.chop.edu

Application deadline is December 31, 2011

July 2, 2012 to June 28, 2013 Residency