

**INSTRUCTIONS FOR COMPLETING THE FORTANASCE PHYSICAL THERAPY  
ORTHPAEDIC RESIDENCY PROGRAM APPLICATION FORM**

1. Include a cover letter. In your cover letter, provide responses to the following inquiries:
  - a. What do you wish to gain through participation in this clinical residency?
  - b. What areas of expertise you possess that you feel would contribute to the growth in clinical skills of your fellow residents?
  - c. What are your future plans in the area of orthopaedic physical therapy?
2. Include a curriculum vitae.
3. Include two letters of recommendation. If you are a recent graduate, include a recommendation from one of your clinical instructors.

The application will be evaluated based on the following criteria:

1. Academic education.
2. Clinical education and mentoring experiences.
3. Clinical experience in orthopaedic physical therapy.
4. Research experience.
5. Community service.

**APPLICATION FOR THE FORTANASCE PHYSICAL THERAPY  
ORTHOPAEDIC RESIDENCY PROGRAM**

Please complete the following. Print legibly or type all entries.

Applicant name:

Date of application:

Address:

Telephone Numbers: Home:

Work:

Cell:

Pager:

Fax:

Email:

Social Security Number:

**Circle the most appropriate response:**

- |   |     |    |
|---|-----|----|
| 1. Have you ever filed an application with us before?   | Yes | No |
| 2. Have you ever been employed with us before?  | Yes | No |
| 3. Are you currently employed?  | Yes | No |
| 4. Can you travel if the job requires it?   | Yes | No |
| 5. Have you ever had disciplinary action taken against your license (suspension, revocation)?               | Yes | No |
| 6. Have you ever been named as a defendant in a professional malpractice suit?<br>(If yes, please describe) | Yes | No |
| 7. Have you ever been convicted in a professional malpractice suit?<br>(If yes, please describe)            | Yes | No |

**Academic Information/Experience:**

Name/Address	Course of Study/Years Completed	Degree
Undergraduate Institution(s):		
Graduate/Prof Institution(s):		
Other (specify):		

Please list all academic awards received:

**Professional Employment Experience (Start with your present/most recent employment):**

Employer:  
Address:  
Telephone/Fax Numbers:  
Job Title:  
Supervisor:  
Job Duties:  
Dates of employment: From: To:

Employer:  
Address:  
Telephone/Fax Numbers:  
Job Title:  
Supervisor:  
Job Duties:  
Dates of employment: From: To:

Employer:  
Address:  
Telephone/Fax Numbers:  
Job Title:  
Supervisor:  
Job Duties:  
Dates of employment: From: To:

Please list any/all professional awards received:

Please list any/all professional, trade, business or civic activities and offices held:

**Applicant's Statement**

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for residence as may be necessary in arriving at a residence decision. This application for residence shall be considered active until January 31 of the residence year. Any applicant wishing to be considered for residence beyond this period must reapply.

I hereby understand and acknowledge that unless otherwise defined by applicable law, that any residence relationship with this organization is of an “*at will*” nature, which means that the Resident may resign at any time and the Employer may discharge the resident at any time with or without cause. It is further understood that this “*at will*” residence relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change.

In the event of residence, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the employer. I further understand that if accepted as a resident at Fortanasce & Associates Physical Therapy, that the term is for a maximum of one calendar year unless otherwise noted in writing by an authorized executive of the organization.

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Signature of Applicant

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Date