

Orthopedic Physical Therapy Residency Application

Application deadline: March 1, 2010

Please print this application.

Mail the completed application, your resume, \$50 application fee and two letters of recommendation to:

Melissa Kidder PT, DPT, OCS
OSU Sports Medicine
2050 Kenny Road, Suite 3100
Columbus OH 43221

Application Checklist:

- Essay
- References / Recommendations (2)
- Resume / CV
- \$50 non-refundable application fee, check payable to OSU Sports Medicine

Orthopedic Physical Therapy Residency Application

Personal Information:

Last Name	First Name	MI
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Present Address

City	State	Zip/Postal Code	Country
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Area Code/TelephoneHome	Work	Fax
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Permanent Address

City	State	Zip/Postal Code	Country
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Area Code/TelephoneHome	Work	Fax	Email Address
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Education:

College or University (Physical Therapy)	City/State	Dates	Degree
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College or University	City/State	Dates	Degree
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College or University	City/State	Dates	Degree
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Professional Licensure:

_____	License number	_____	State
_____	License number	_____	State
_____	License number	_____	State
_____	License number	_____	State

Healthcare / Orthopedic Experience

Employer	Title	Date(s)
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Employer	Title	Date(s)
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Employer	Title	Date(s)
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Employer	Title	Date(s)
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Recommendations (Include in a sealed envelope or mailed separately)

1. _____
Name Institution Title Phone

2. _____
Name Institution Title Phone

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Essay:

Please use the space below to explain why you want to participate in an orthopedic physical therapy residency program. Incorporate career goals and description of clinical experiences. Attach additional pages as needed.