

Department of Physical Therapy Pediatric Residency Program
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 (please upload to RF PTCAS site):

- Copy of Pennsylvania licensure (or eligible to apply)
- Copy of APTA membership card
- 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

For questions or direct submission of references:

Stacey DiBiaso Caviston PT, DPT, PCS

Clinical Practice Coordinator

Mail Stop C02-1130

Room 210 CSH

The Children's Hospital of Philadelphia

3405 Civic Center Boulevard

Philadelphia, PA 19104

215-590-3657

caviston@email.chop.edu

Application deadline is December 31st for residency period of July – June of following year.