



HSS Rehabilitation Sports Physical Therapy Clinical Residency Application

Name _____ Credentials _____

Address _____

Phone _____ Email _____

PROFESSIONAL CREDENTIALS

State License & # _____ Year _____ Exp _____

ADDITIONAL LICENSE (IF APPLICABLE)

State License & # _____ Year _____ Exp _____

Professional Degree(s) _____ Date _____

_____ Date _____

_____ Date _____

Membership in Professional Organizations

☐ APTA ☐ NATA ☐ NSCA ☐ Other _____

CURRENT EMPLOYMENT

Employer _____

Address _____

Phone _____ Email _____

Title _____ Employed Since _____

HOW DID YOU HEAR ABOUT OUR RESIDENCY PROGRAM?

PLEASE ATTACH THE FOLLOWING:

1. Resume/curriculum vitae, including academic and clinical education, continuing education, clinical and other relevant experience.
2. A brief summary (400-800 words) of your relevant clinical experiences thus far, with an emphasis on sports rehabilitation and sport medicine exposures.
3. Short essay (one page) explaining your reasons for applying for the residency, your goals, and why you consider yourself to be a good candidate.

PLEASE ARRANGE FOR THE FOLLOWING TO BE SENT TO THE ADDRESS BELOW:

1. Three letters of professional reference
2. Academic transcripts for postsecondary academic work

APPLICANT REQUIREMENTS

Minimum Requirements

- US Citizenship
- Graduation from an accredited physical therapy program
- Current PT licensure and registration in New York State or ability to attain them prior to start of the clinical residency
- Malpractice insurance (minimum \$1mil per occurrence/\$3 mil aggregate)
- One of the following: a current ATC designation, a current license as an EMT, or certification as an Emergency Responder
- Commitment to taking the SCS at earliest eligibility

Recommended

- One year of sports physical therapy experience (35-hour work week) OR one-year experience as a certified athletic trainer (ATC) in a full-time setting. New graduates will be considered.

Admission Process

All applicants will be reviewed and the Selection Committee will interview the qualified candidates.

In accordance with hospital policy, all employment-related decisions, including program recruitment, admission, retention, and dismissal, are made without regard to race, creed, color, religion, sex, sexual orientation, gender identity and gender expression, national origin, marital status, age (18 or older), disability, veteran status, citizenship status, or any other protected characteristic as established by law.

I certify that the foregoing information is accurate to the best of my knowledge.

Signature

Date

APPLICATION DEADLINE September 15th for the *following year's* residency

RESIDENCY DATES January – January of each year

Application and supporting materials, along with a \$50 non-refundable application fee (made payable to *Hospital for Special Surgery*) **should be submitted by the deadline above to:**

Michelle Cilenti, PT, DPT, OCS, SCS, CSCS
Sports Physical Therapy Residency Director
HSS Westchester
1133 Westchester Avenue
White Plains, NY 10605



Hospital for Special Surgery is credentialed by the American Physical Therapy Association as a clinical residency for physical therapists in Sports Physical Therapy.

For further information, please contact Michelle Cilenti at 914.821.9300 or cilentim@hss.edu