



APPLICATION

SPORTS PHYSICAL THERAPY RESIDENCY PROGRAM

Residency Dates: August 3, 2009 – August 27, 2010

Application Deadline: April 24, 2009

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Department of Physical Therapy
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www.francis.edu/DiSepioResidency.htm



Application: Sports Physical Therapy Residency Program

INSTRUCTIONS:

1. Return the **completed application** with the **\$50 (non-refundable) application fee** to Dr. Ivan Mulligan at the address provided on the front cover. Make check payable to **Saint Francis University**.
2. Include a **typed or printed essay** (300 words or less): "Explain why you want to participate in a sports physical therapy residency program." Incorporate career goals and a description of clinical experiences.
3. Include **two (2) letters of professional recommendation**.
4. Include a **résumé**.

PERSONAL INFORMATION: (Please Print or Type)

Name:

Last

First

Middle

Please list other name(s) which may have previously appeared on academic records: _____

Male Female Date of Birth ____/____/____ Social Security No. _____
month/date/year

CURRENT ADDRESS:

Current Street Address

City

State

Zip/Postal Code

Country

Present Home Telephone: (____) _____ Cell Phone: (____) _____

PERMANENT ADDRESS:

Permanent Street Address

City

State

Zip/Postal Code

Country

Permanent Home Telephone: (____) _____ Cell Phone: (____) _____

Email: _____

Citizenship: U.S. Citizen U.S. Permanent Resident Other
Visa type _____ *If Other, Country of Citizenship:* _____

EDUCATION:

Please list all colleges and universities you have attended regardless of whether you finished a degree program, beginning with the most recent. If you are currently enrolled at a college/university, please list the institution, state the degree you are pursuing and month and year you anticipate completion.

Name of Institution	Location <i>(city, state)</i>	Area of Study	Dates Attended	Degree Awarded

PROFESSIONAL LICENSURE:

_____ License Number _____ State
 _____ License Number _____ State
 _____ License Number _____ State
 _____ License Number _____ State

HEALTHCARE / SPORTS MEDICINE EXPERIENCE:

Employer Title Date

Employer Title Date

Employer Title Date

Employer Title Date

Applicant has completed the following: _____ ATC _____ EMT _____ Emergency Responder Course

RECOMMENDATIONS:

(1) _____
Name Institution Title Telephone

(2) _____
Name Institution Title Telephone

(A letter of recommendation from the above professionals must accompany application.)

ESSAY:

Please use the space below or attach a separate sheet to explain why you want to participate in a sports physical therapy residency program. Incorporate career goals and a description of clinical experiences. (300 words or less – Please print or type.)

SIGNATURE OF APPLICANT:

I certify that the information provided by me is accurate and complete to the best of my knowledge and understand that all records become the property of Saint Francis University and cannot be returned to the applicant nor forwarded to a third party.

Applicant Signature _____ Date _____

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This policy applies to all programs and activities of the University, including, but not limited to, admission and employment practices, educational policies, scholarship and loan programs and athletic or other University-sponsored programs. Inquiries or complaints may be addressed to the University’s Director of Human Resources/Affirmative Action/Title IX Coordinator, Saint Francis University, Loretto, PA 15940 (814) 472-3264. For other University information, call (814) 472-3000. Revised: January 1, 2007