

St. Catherine's Rehabilitation Hospital & Villa Maria Nursing Center
Physical Therapy Post-Professional Clinical Residency in Geriatrics
Application Form

Applicant Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: (____)-____-_____

States in which you hold a current P.T. license: _____

If not licensed, date you are scheduled to take the exam: _____

Physical Therapy Program/School where you graduated: _____

Date of graduation from Physical Therapy Program/School: _____

Date you expect to be available to enter the residency program if accepted: _____

Please respond to the items below on separate pages, sign, date and attach the pages to this application form. Limit responses to no more than one page per item.

1. State your purpose/goals for pursuing a clinical residency in geriatric physical therapy.
2. Identify the determining factors that led you to pursue a residency program.
3. Identify your plans upon completion of the residency program.
4. State why you have chosen to apply at St. Catherine's/Villa Maria.
5. Specifically explain how your experiences academically and as a practicing physical therapist or physical therapy intern have prepared you for this residency.
6. In addition, identify any courses (continuing education courses or academic courses) you have taken to better prepare you for the residency program since graduating from PT school.
7. Include a current resume or curriculum vitae.
8. Residents must also submit two (2) letters of recommendation. Letters must be on letterhead, addressed to the Admissions Committee. They must be from professionals who know you both personally and professionally. At least one must be from a faculty member of the PT program from which you graduated. The letters may be sent by you in the application packet; however, they must be in sealed envelopes. Alternatively, the letters may be sent directly to the program by the writers, but they must be received by the published deadline.

Submit this application with attachments and a **\$50.00 non-refundable** application fee (made payable to Villa Maria Nursing Center) to:

Geriatric Residency Program Coordinator
Physical Therapy Department
St. Catherine's/Villa Maria
1050 NE 125th Street
N. Miami, FL 33161

You may submit the application via email to ghartley@chsfla.com (the application will be processed when the application fee has been received)

Signature

Date



American Physical Therapy Association
The Science of Healing. The Art of Caring.™

CREDENTIALLED RESIDENCY PROGRAM

St. Catherine's Rehabilitation Hospital & Villa Maria Nursing Center

Physical Therapy Post-Professional Clinical Residency in Geriatrics Application Checklist

Application materials must be submitted directly to the Program Coordinator.

- Application Form
- Six (6) pages addressing the questions on the application form
- A current resume or CV
- Two (2) letters of recommendation
- \$50.00 fee

An interview will be arranged after all of the application materials have been received. Interviews are conducted in person when feasible. Phone interviews will be considered if necessary.

It is the responsibility of the applicant to insure that all materials (including letters of recommendation) are received by the program director in a timely fashion.

Applications lacking materials will not be considered. Applicants will be notified by mail of the Program's decision within 30 days of receipt of the entire application packet.

SEND ALL APPLICATION MATERIALS AND CORRESPONDENCE TO:

Geriatric Residency Program Coordinator
Physical Therapy Department
St. Catherine's/Villa Maria
1050 NE 125th Street
N. Miami, FL 33161

ghartley@chsfla.com

