



**APPLICATION FOR DUKE WOMEN'S HEALTH PHYSICAL THERAPIST  
RESIDENCY**

**DUKE UNIVERSITY HEALTH SYSTEM  
DEPARTMENT OF PHYSICAL THERAPY  
AND OCCUPATIONAL THERAPY  
PHYSICAL THERAPIST WOMEN'S HEALTH RESIDENCY**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

Until: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: Female ☐ Male ☐

Country of citizenship: \_\_\_\_\_  
If not a US Citizen, do you have US Permanent Resident status? Yes ☐ No ☐

**Race/National Origin**

*(Please circle the  
one response that  
best describes the  
way you identify  
yourself.)*

- ☐ White (not Hispanic)  
☐ African American, African Caribbean, or Black  
(describe) \_\_\_\_\_  
☐ Alaskan Native or American Indian  
(tribal affiliation) \_\_\_\_\_  
☐ Asian or Pacific Islander  
(describe) \_\_\_\_\_

- ☐ Mexican American  
☐ Cuban American  
☐ Puerto Rican  
☐ Latina/o or other Hispanic  
(describe) \_\_\_\_\_  
☐ Other  
☐ Do not choose to indicate

**Person to be notified in case of emergency:**

Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_ Day phone: \_\_\_\_\_

Address: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Have you ever applied to this program before? Yes ☐ No ☐ When? \_\_\_\_\_

Have you ever been convicted of a crime (other than a minor traffic violation)? ☐ Yes ☐ No  
If yes, give details in attached statement.



## ACADEMIC BACKGROUND:

List all colleges and universities attended. Enclose official transcript from Physical Therapy Program.

Institution	City/State	From/To Mo/Yr/ - Mo/Yr	Major	Credits Earned	Degree Date	GPA
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Have you ever been placed on probation or dismissed from a college or university. Yes ☐ No ☐ If so, describe details \_\_\_\_\_

Does your academic record accurately reflect your capabilities? Yes ☐ No ☐  
In this area, describe why or why it does not.

Have you been certified in any health profession(s)? Yes ☐ No ☐ If yes, please indicate:

Profession \_\_\_\_\_ Date \_\_\_\_\_

Profession \_\_\_\_\_ Date \_\_\_\_\_

*List other fellowships or residencies to which you are applying this year.*

## Work/Volunteer Experience

Please attach your resume.

## RECOMMENDATIONS



List the three individuals writing letters of recommendation on your behalf. One reference must be from a PT who taught the applicant in an academic setting and one reference must be from a PT where the applicant was employed or was a student.

1.	<hr/>	<hr/>
	Name	Title/Organization
	<hr/>	
	Address	
2.	<hr/>	<hr/>
	Name	Title/Organization
	<hr/>	
	Address	
3.	<hr/>	<hr/>
	Name	Title/Organization
	<hr/>	
	Address	

### APPLICATION ESSAYS

*Essays should be typed on separate pages and included with your application.*

1. Describe your reasons for choosing to apply for our Women's Health Residency. Indicate any strengths and/or weaknesses that might influence your pursuit of this program. Elaborate on at least two clinical experiences (a particularly challenging or interesting case, a job or a clinical internship) that you feel will contribute to your ability to succeed in our Program. *Limit your essay to 1000 words.*
2. Please write any additional statement you wish to include. This question is optional and intended only to give each candidate full opportunity for self-expression. *Limit essay to 500 words.*

***To the best of my knowledge, the information on this application is true and accurate.***

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

***Mail together completed application, essays, transcripts, recommendations and twenty-five dollar application fee made out to the***

***Duke Department of Physical Therapy and Occupational Therapy in one envelope to the following address:***

*Daniel Dore, PT, DPT, MPA*

*Women's Health Residency Program, Department of Physical Therapy and Occupational Therapy,  
Duke University Medical Center, DUMC 3965, Durham NC 27710*

**COMPLETED APPLICATION PACKETS MUST BE RECEIVED BY December 1, 2017**  
**For August 1, 2018-July 31, 2019 Residency**

