



APPLICATION FOR DUKE ORTHOPAEDIC MANUAL THERAPY PHYSICAL
THERAPIST FELLOWSHIP

DUKE UNIVERSITY HEALTH SYSTEM
DEPARTMENT OF PHYSICAL THERAPY
AND OCCUPATIONAL THERAPY
PHYSICAL THERAPIST ORTHOPAEDIC MANUAL THERAPY FELLOWSHIP

PERSONAL INFORMATION

Name: _____
Last First Middle

Mailing Address: _____

Email: _____

City State Zip Code

Day Phone: _____

Evening Phone: _____

Permanent Address: _____

City State Zip Code

Telephone: _____

Date of Birth: _____

Country of citizenship: _____

If not a US Citizen, do you have US Permanent Resident status? Yes ☐ No ☐

E-Mail _____

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 notify in case of emergency:

Name: _____ Relationship to applicant: _____ Day phone: _____

Address: _____ Evening phone: _____

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



ACADEMIC BACKGROUND:

List all colleges and universities attended. Enclose official transcripts 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 copy of resume.



RECOMMENDATIONS

List the three individuals who will be writing letters of recommendation on your behalf. The letters must be enclosed in your full application packet. 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 Orthopaedic Manual Therapy Fellowship. 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 Duke Department of Physical Therapy and Occupational Therapy in one envelope to the following address:

*Daniel Dore, PT, DPT, MPA
Orthopaedic Manual Therapy Fellowship Program, Department of Physical Therapy and Occupational Therapy,
Duke University Medical Center, Box 3965, Durham NC 27710*

COMPLETED APPLICATION PACKETS MUST BE RECEIVED BY NOVEMBER 19, 2021
For August 1, 2022-July 31, 2023 Fellowship

