



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

Day Phone:

Evening Phone:

Permanent Address:

Email:

City State Zip Code

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.	_____	_____
	Name	Title/Organization

	Address	
2.	_____	_____
	Name	Title/Organization

	Address	
3.	_____	_____
	Name	Title/Organization

	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, 2019

For August 1, 2020-July 31, 2021 Residency



