PERSONAL INFORMATION

Name: ________________________________________

Last First Middle

Mailing Address:__________________________________________________________

City State Zip Code

Day Phone:_________________________ Evening Phone:_____________________

Permanent Address:_____________________________________________________

City State Zip Code

Telephone:_________________________ E-Mail______________________________

Date of Birth:_____________________________

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:__________________________________________________________

City State Zip Code

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)?

If yes, give details in attached statement.

☐ Yes ☐ No

Orthopaedic Residency Application

1/3
**ACADEMIC BACKGROUND:**

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

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<th>Institution</th>
<th>City/State</th>
<th>From/To Mo/Yr/ - Mo/Yr</th>
<th>Major</th>
<th>Credits Earned</th>
<th>Degree Date</th>
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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 your resume.
RECOMMENDATIONS

List the three individuals completing 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 the Orthopaedic 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
Orthopaedic 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 November 27, 2020
For August 1, 2021-July 31, 2022 Residency