



APPLICATION FOR DUKE NEUROLOGIC PHYSICAL THERAPIST RESIDENCY

DUKE UNIVERSITY
DEPARTMENT OF PHYSICAL THERAPY
AND OCCUPATIONAL THERAPY
PHYSICAL THERAPIST NEUROLOGIC RESIDENCY

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 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.

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

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. 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.	_____	_____
	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 Neurologic 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:***

*Mike Schmidt, PT, DPT, GCS, OCS, FAAOMPT  
Neurologic Residency Program  
Department of Physical Therapy and Occupational Therapy,  
Duke University Medical Center, DUMC 3965, Durham NC 27710  
919 668-1323*

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



