MetroHealth

APPLICATION FOR METROHEALTH NEUROLOGIC PHYSICAL THERAPY RESIDENCY

BIOGRAPHICAL INFORMATION:

Name	_____ (First) (Middle) (Last)
Alternate Name *(if applicable)*	_____ (First) (Middle) (Last)
Sex	☐ Male ☐ Female ☐ Prefer not to answer
Gender Identity with Pronouns *(optional)*	
Birth Information	**Birth date** (MM/DD/YYYY): _____ **Place of Birth**: _____ (Country, city, state/territory/province, and county)
Country of Citizenship	**Country of Citizenship**: _____ If not a US Citizen, do you have US Permanent Resident status? Yes☐ No☐

CONTACT INFORMATION:

Current (Mailing) Address	Street:		
	City:	State:	Zip:
Permanent Address	Street:		
	City:	State:	Zip:
Phone Number	_____		
Email			

ADDITIONAL QUESTIONS:

License Infraction ☐ **Yes** ☐ **No** Indicate whether you have ever had any certification, registration, license, or clinical privileges revoked, suspended, or in any way restricted by an institution, state, or locality.
If yes, explain:
Academic Infraction ☐ **Yes** ☐ **No** Indicate whether you have ever been dismissed or suspended from a college or university. If you answer yes, you will not automatically be disqualified from admission; however, if you fail to provide accurate information when answering this question, you may jeopardize your application. If you select **Yes,** enter a brief explanation in the field provided. Include 1) a brief description of the incident, 2) specific charge made, 3) a reflection on the incident and how the incident has impacted your life.
If yes, explain:
Residency or Fellowship Withdrawal or Dismissal ☐ **Yes** ☐ **No** Indicate whether you have withdrawn or been dismissed from a physical therapy residency or fellowship program for any reason. If you answer yes, you will not automatically be disqualified from admission; however, if you fail to provide accurate information when answering this question, you may jeopardize your application. If you select **Yes**, enter a brief explanation in the field provided. Include 1) a brief description of the incident, 2) specific charge made, 3) a reflection on the incident and how the incident has impacted your life.
If yes, explain:
Have you ever been convicted of a crime? ☐ **Yes** ☐ **No**
If yes, explain:

ACADEMIC HISTORY:

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

Institution	City/State	From Month/Year - Month/Year	Degree Earned	GPA

Continuing Education Courses (if applicable):

Use this section to report Continuing Education Units (CEUs) that have been awarded to you.

Please relevant list CEUs from the last 3 years only.

Course	Sponsoring Organization	Date

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

RECOMMENDATIONS:

List the three individuals completing letters of recommendation on your behalf.

Name	Title/Organization	Contact Information

ENCLOSURES:

Please attach the following files to your completed application submission:

☐ **Current resume/CV**

☐ **Letter of intent (no more than 750 words)**

☐ **Copy of official transcripts from Physical Therapy Program**

☐ **Letters of Recommendation (3)**

Note: References and supporting documents will not be returned

ACKNOWLEDGEMENT:

The policy of MetroHealth Medical Center is to provide equal opportunity to all of our employees and applicants for employment. Decisions concerning employment, transfers and promotions are made upon the basis of the best qualified candidate without regard to color, race, religion, national origin, age, sex, sexual orientation, marital status, ancestry, status as a disabled or Vietnam era veteran or any other characteristic protected by law.

I certify that the information contained within this application is complete and accurate to the best of my knowledge. I understand that any false or missing information may disqualify me from consideration for a position; may result in an investigation by MetroHealth Medical Center; or lead to other investigative and/or legal action.

_____

Applicant's Signature **Date**

PLEASE NOTE: MetroHealth Neurologic PT Residency is a "developing" program and has not yet received "candidacy" status from ABPTRFE. Candidacy status expected May 2021, full accreditation projected for October 2022. **Participants who graduate from a program in candidacy status are not deemed to have completed an accredited program**.

SUBMISSION:

Please submit all documents electronically in a single email to: Angela Wolf, PT, DPT at awolf1@metrohealth.org with subject line: "Neurologic Residency Application".

COMPLETED APPLICATION PACKETS MUST BE RECEIVED BY **APRIL 15, 2021**

For August 2021- August 2022 cycle.