



CLINICAL RESIDENCY IN PEDIATRIC PHYSICAL THERAPY
APPLICATION

Thank you for your interest in the pediatric residency training program. The following is required for application and is due by February 28, 2010:

1. This application form
2. Curriculum Vitae
3. Copy of Ohio physical therapy license (or written plan to obtain)
4. Letter of interest outlining areas of interest, goals in pursuing advanced training, and any unique qualities you might bring to the residency program
5. Two letters of recommendation (can be mailed with application or separately)

Last Name:		First:	MI:
Present Address:		City:	
State & Zip:		Phone:	
Permanent Address (if different from above):		City:	
State & Zip:		Phone:	
Email:			

EDUCATION			
<u>Name of Institution</u>	<u>Location</u>	<u>Graduation Date</u>	<u>Degree</u>

PROFESSIONAL LICENSURE	
State:	Number:
State:	Number:
<i>Ohio licensure is required for participation in the residency program.</i>	



The LEND Program at The Nisonger Center
Leadership Education Excellence in Neurodevelopmental Disabilities Program

PEDIATRIC PHYSICAL THERAPY WORK EXPERIENCE OR INTERNSHIP(S)		
<u>Employer/Facility</u>	<u>Location</u>	<u>Date</u>

ALL APPLICATION MATERIALS ARE DUE BY FEBRUARY 28, 2010.

PLEASE RETURN APPLICATION MATERIALS TO:

Helen Alexander, PT, MHS, PCS
Director, Pediatric Physical Therapy Residency Program
The Nisonger Center, UCEDD
The Ohio State University
321 McCampbell Hall
1581 Dodd Drive
Columbus, OH 43210
Alexander.307@osu.edu

Signature

Date