

ORTHOPAEDIC RESIDENCY APPLICATION PACKET

Thank you for your interest in the Kaiser Permanente Northern California Orthopaedic Physical Therapy Residency. Applications are now being accepted for rolling admissions for a planned September 2016 start.

Please complete the following application packet and e-mail it to:

Dr. Eric K. Robertson, PT, DPT, OCS, FAAOMPT, Program Director
3555 Whipple Road, Building A, Union City, CA 94587

Phone: (510) 675-4259

Fax: (510) 675-3241

Email: eric.k.robertson@kp.org

Application Packet:

A complete application will include:

- Application Form
- CV/Resume
- Unofficial Transcripts from any universities attended
- Essay Questions
- Two letters of recommendation from professional references

APPLICATION FORM

First Name	Last Name
Email Address	Telephone
Street Address	City, State, Zip Code
Primary language spoken:	Other language(s) spoken:
<p>Have you ever had a PT or professional license suspended, revoked, or otherwise acted against, including denial of licensure by licensing authority of any state, territory or country? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain:</p>	
<p>Have you ever been dismissed or suspended from a college or university? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain:</p>	
<p>Have you ever withdrawn or been dismissed from a residency or fellowship program in physical therapy for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain:</p>	

NORTHERN CALIFORNIA
Graduate Physical Therapy Education
Education:

Please include additional degrees in your attached curriculum vitae.

College or University	Start Date (MM/YYYY)	End Date (MM/YYYY)	Degree/Major

Physical Therapy License:

Please include additional licenses in your attached curriculum vitae.

State of Licensure	License Number

Professional Employment Experience:

List your experience in physical therapy practice for the last 5 years, most recent record first. Please include a brief description of your employment experience, including the types of patient diagnoses seen, within your attached curriculum vitae.

Name of Employer	Location (City, State)	Job Title (clinician, manager, director)	Start Date (MM/YYYY)	End Date (MM/YYYY or Present)

Professional Memberships:

List your professional memberships (local, state, national, sections) for the last 10 years, most recent record first. Include additional memberships within your attached curriculum vitae.

Name of Group	Membership Number	Start Date (Year)	End Date (Year or Present)

NORTHERN CALIFORNIA
Graduate Physical Therapy Education
Active Service to Professional Organizations:

List any appointments to committees or other active service involvement in health organizations and associations at local, state, and national levels. Please include a brief description of your role within or contribution to this group, as well as additional appointments and activities, within your attached curriculum vitae.

Name of Group/ Organization	Position/Title (Board, council, committee, task force, workgroup member, etc.)	Date Appointed/ Start of Work (MM/YYYY)	End Date (MM/YYYY)

Honors and Awards:

List the names of any awards or honors demonstrating your achievement in, and contributions to, physical therapy practice. Include additional honors and awards achieved within your attached curriculum vitae.

Name of Award/Honor	Issuing Institution/Organization	Date Received (MM/YYYY)

ESSAY QUESTIONS

Please answer each essay question on a separate page. Responses should be no more than a single page in length, using 12-point font and 1-inch margins.

1. What do you wish to gain through participation in this residency program?
2. Discuss the aspects of your background and professional experience that particularly qualify you for participation in this residency program.
3. What are your future plans as they relate to orthopaedic physical therapy?