



APPLICATION FOR DUKE PHYSICAL THERAPIST SPORTS FELLOWSHIP

DUKE UNIVERSITY
DEPARTMENT OF PHYSICAL THERAPY
AND OCCUPATIONAL THERAPY
PHYSICAL THERAPIST SPORTS FELLOWSHIP

PERSONAL INFORMATION

Name: Last First Middle Social Security Number
Mailing Address: City State Zip Code Until: Day Phone: Evening Phone:
Permanent Address: City State Zip Code Telephone: E-Mail
Date of Birth: Sex: Female Male
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: Evening phone:

Have you ever applied to this program before? Yes No When?

Have you ever been placed on probation or dismissed from a college or university? Yes No
If yes, give details in attached statement

Have you ever been convicted of a crime (other than a minor traffic violation)? Yes No
If yes, give details in attached statement.



ACADEMIC BACKGROUND:

List all colleges and universities attended. Enclose official transcripts from all of these institutions.

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

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 you have asked to send letters of recommendation on your behalf. Recommendations should be mailed directly to Sports Fellowship Program, Department of Physical Therapy and Occupational Therapy, Duke University Medical Center, DUMC 3965, Durham NC 27710

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 Sports Fellowship. Indicate any strengths and/or weaknesses that might influence your pursuit of this program. Describe in some detail your experiences in physical therapy. Include the nature of the experience indicating the amount of time involved and the types of experience. *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 completed application, essays, transcripts and evaluations in one envelope to the following address:

*Daniel Dore, PT, MPA
Sports Fellowship Program, Department of Physical Therapy and Occupational Therapy,
Duke University Medical Center, DUMC 3965, Durham NC 27710*

APPLICATIONS MUST BE RECEIVED BY March 12, 2010
For August 1, 2010-July 31, 2011 Fellowship

