



## Orthopaedic Residency of Foothills Physical Therapy Application

### GENERAL INFO

Name (Last, First): \_\_\_\_\_ Birth \_\_\_\_\_  
Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ PT License: \_\_\_\_\_

### SCHOOL HISTORY

1. School: \_\_\_\_\_ Dates: \_\_\_\_\_ - \_\_\_\_\_  
Degree: \_\_\_\_\_
2. School: \_\_\_\_\_ Dates: \_\_\_\_\_ - \_\_\_\_\_  
Degree: \_\_\_\_\_
3. School: \_\_\_\_\_ Dates: \_\_\_\_\_ - \_\_\_\_\_  
Degree: \_\_\_\_\_

### EMPLOYMENT HISTORY

1. Job: \_\_\_\_\_ Dates: \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_ City, State: \_\_\_\_\_  
Phone: \_\_\_\_\_ Company: \_\_\_\_\_
2. Job: \_\_\_\_\_ Dates: \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_ City, State: \_\_\_\_\_  
Phone: \_\_\_\_\_ Company: \_\_\_\_\_
3. Job: \_\_\_\_\_ Dates: \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_ City, State: \_\_\_\_\_  
Phone: \_\_\_\_\_ Company: \_\_\_\_\_

## REFERENCES

1. Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Relation: \_\_\_\_\_
2. Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Relation: \_\_\_\_\_
3. Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Relation: \_\_\_\_\_

## ESSAY

In addition to your application, please submit an essay response to each of the following questions:

1. Why do you want to pursue orthopaedic residency?
2. How would you describe Evidence-Based Practice?
3. Why do you think you would fit well with Foothills Physical Therapy?