

HARKNESS CENTER FOR DANCE INJURIES OBSERVATIONAL RESIDENCY APPLICATION

APPLICANT INFORMATION

Name:

Date of birth:

Phone:

E-mail:

Current address (inc ZIP/Postal Code and Country):

Undergraduate Institution and course of study:

Year of Graduation:

Graduate Institution and course of study (if applicable):

Year of graduation

MEDICAL TRAINING

Institution

Course of study

Year of graduation:

EXPERIENCE (INCLUDING RESIDENCIES)

Name and address of employer

Specialty

Dates

CONTINUING PROFESSIONAL DEVELOPMENT

Additional degrees or certifications, including details of all CME courses, professional activity and affiliations

Date earned:

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DANCE BACKGROUND

Please give us details regarding your interest in dance:

CAREER ASPIRATIONS

Please describe career aspirations you have, and how an observational residency at HCDI may assist these aspirations:

GOALS OF THE RESIDENCY

Please let us know your goals while at HCDI:

Dates available:

REFERENCES

Please attach 2 letters of reference: one from a current or previous employer, and one from an academic professor / instructor.

SIGNATURE

I confirm that the above information is correct and true, and that I have included all requested information.

Signature of applicant:

Date:

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CHECKLIST

Please check that you have included:

Copy of transcripts of university education to date, including modules/classes taken so far	
Letters of reference	
Copies of certificates for any additional qualifications	
A current Curriculum Vitae	

Please return completed applications to:

Harkness Center For Dance Injuries
Hospital for Joint Diseases Orthopaedic Institute
Attn: Megan Richardson
301 East 17th Street
New York, NY 10003