

## HARKNESS CENTER FOR DANCE INJURIES PHYSICAL THERAPY AFFILIATION APPLICATION

### APPLICANT INFORMATION

|  |                     |
|--|---------------------|
| Name:                                  |                     |
| Phone:                                 | E-mail:             |
| Current address (inc ZIP/Postal Code): |                     |
| Undergraduate Institution:             |                     |
| Degree program:                        | Year of graduation: |
| Graduate Institution:                  |                     |
| Degree program:                        | Year of graduation: |
| Physical Therapy School:               | Year of graduation: |

### ADDITIONAL INFORMATION

|                                       |              |
|---------------------------------------|--------------|
| Additional degrees or certifications: | Date earned: |
|                                       |              |
|                                       |              |
|                                       |              |

### DANCE BACKGROUND

|  |        |
|--|--------|
| Types of dance studied:                                |        |
| Dance schools, studios or companies:                   | Dates: |
|  |        |
|  |        |
|  |        |
| Any additional information regarding dance background: |        |
|  |        |

### PHYSICAL THERAPY EXPERIENCE

|  |        |
|--|--------|
| Please list your physical therapy experience, including aid / office positions and clinical affiliations<br>(Indicate area of concentration / type of affiliation) | Dates: |
|  |        |
|  |        |
|  |        |
|  |        |

### CAREER ASPIRATIONS

|   |
|---|
| Please describe career aspirations you have, and how an affiliation at HCDI may assist these aspirations: |
|   |
|   |
|   |
|   |

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PHYSICAL THERAPY AFFILIATION APPLICATION**

**GOALS OF THE AFFILIATION**

Please let us know your goals while at HCDI:

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Dates available:

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|  |
|--|

**REFERENCES**

Please attach 2 letters of reference: one from a current or previous employer (preferably PT related), 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: |
|-------------------------|-------|

**CHECKLIST**

**Please check that you have included:**

|   |  |
|---|--|
| Copy of transcripts of university education to date, including modules/classes taken so far |  |
| 2 letters from references   |  |
| Copies of certificates for additional qualifications  |  |
| A current Curriculum Vitae  |  |

Please return completed applications by February 15th to:

Hospital for Joint Diseases Orthopaedic Institute  
Department of Physical and Occupational Therapy  
Attn: Amy Drum  
301 East 17th Street  
New York, NY 10003

Fax: 212-598-6136  
Phone: 212-598-6769  
E-Mail: amy.drum@nyumc.org