

## 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 (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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**GOALS OF THE AFFILIATION**

Please let us know your goals while at HCDI:


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:
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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	
2 letters from references	
Copies of certificates for additional qualifications	
A current Curriculum Vitae	

Please return completed applications by April 30th to:

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

Fax: 212-598-6136  
Phone: 212-598-6054  
E-Mail: richard.kassler@nyumc.org