

Dear Applicant,

Thank you for your interest in the Unity Health System/Ithaca College Residency in Neurologic Physical Therapy. We require the following materials from you in order to process your application:

1. Completed application, including admissions essay
2. Current resume or CV
3. Two letters of recommendation, with at least one from a clinical reference

This program runs for 50 weeks. We accept one resident per year. Admission applications can be submitted at any time, but are *due no later than 60 days prior to your intended start date*. To be considered for admission into this program, you must:

1. Be a legal resident of the United States
2. Be a graduate of an accredited physical therapy program
3. Hold a current license to practice physical therapy in the state of New York by the start of the residency program
4. Be willing to complete a formal on-site interview , if requested

Once all application materials are received, the admissions team will review your completed application. Applicants identified for formal interview will be required to provide their own transportation and accommodations.

On behalf of the faculty, we congratulate you on your decision to pursue advanced training in neurologic physical therapy through a residency program. Please feel free to contact the co-directors of the program with any additional questions that you might have, or visit our web site at www.unityhealth.org/ptresidency to acquire additional information.

Sincerely,

Maria Anderson, MS/SLP, CCC

Elizabeth Clark, PT, DPT, NCS

Cindy Zablony, PT, DPT, MS, NCS

**Unity Health System/Ithaca College
Residency in Neurologic Physical Therapy**

Application Form

Name _____ **Date** _____

Home Address _____

Street

City

State

Zip Code

Primary Phone # _____ **Alternate Phone #** _____

Email address _____

Educational Background:

School _____ Degree _____

Year graduated _____ GPA _____

School _____ Degree _____

Year graduated _____ GPA _____

School _____ Degree _____

Year graduated _____ GPA _____

PT License Are you licensed to practice physical therapy in New York State?

___ Yes License # _____

___ No

If you answered no, are you eligible for licensure in New York?

Yes When will you take the licensure exam OR apply to transfer your exam scores from another jurisdiction? _____
 No

Professional Background

Are you currently an American Physical Therapy Association (APTA) member?

Yes How long have you been a member? _____
 No

Are you a member of any APTA sections and /or Special Interest Groups?

Yes Which ones? _____
 No

Please list other professional memberships _____

Are you board certified by the APTA specialties?

Yes Specialty area / date of certification _____
 No

Do you hold any other advanced professional certifications?

Yes Please list _____
 No

Professional Employment History

Current employer: _____

Employer address: _____

How long have you been employed by this facility? _____

Admissions Essay

The Admissions Committee would like to know more about you and your desire to enroll as a resident in the Unity Health System/Ithaca College Residency in Neurologic Physical Therapy. Please provide us with your thoughts addressing the following areas:

- Why are you interested in pursuing a residency program in neurologic physical therapy?
- Why are you specifically interested in the Unity Health/ Ithaca College program?
- Why is this a good time in your life to pursue this experience?
- What professional career goals do you aspire to attain upon completion of a residency program?

Your admissions essay should be 1-2 pages in length using the following formatting:

- 12 point font
- One-inch margins
- Single spacing

Please send your completed application and admissions essay to:

Unity Health System
St. Mary's Campus
Acute Rehabilitation, 5th Floor
89 Genesee Street
Rochester, NY 14611
Attention: Elizabeth Clark, PT, DPT, NCS

**Unity Health/Ithaca College
Residency in Neurologic Physical Therapy**

Letter of Recommendation Request

Name of applicant: _____
Last First Middle

To the applicant:

The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to educational records concerning them. Students are also permitted to waive their right of access to recommendations. The following signed statement indicates the wish of the applicant regarding this recommendation. Failure to respond will be considered a waiver of the right of access to this recommendation. This waiver is not required for admission.

_____ I waive my right to inspect this recommendation.

_____ I do not waive my right to inspect this recommendation.

Signature of applicant

Date

To the evaluator:

The above applicant wishes you to write a letter of recommendation on behalf of his/her application for admission to the Unity Health System / Ithaca College Residency in Neurologic Physical Therapy. This residency experience combines post professional clinical and didactic education focused on advanced knowledge in the area of neurorehabilitation. We appreciate your objective evaluation of this applicant's qualifications and potential for successful completion of this program. If possible, please comment on the applicant's communication skills, personal and professional attributes, and academic abilities (e.g. comprehension, retention, critical reasoning, independent thought).



Department of Physical Medicine and Rehabilitation



SCHOOL OF HEALTH SCIENCES
AND HUMAN PERFORMANCE
Department of Physical Therapy

Relationship to Applicant:

_____ Academic instructor _____ Clinical supervisor _____ Professional colleague

_____ Friend /relative

Evaluator's Name & Title

Evaluator's Signature

Date

Facility / Academic Institution

(Area Code) Telephone Number / Extension

***Please return this form and letter to the applicant in a sealed envelope with your signature across the seal. Thank you.**