Orlin & Cohen Sports Physical Therapy Residency

Program Application

Name: _____

Address: _____ City: _____ State: _____
Zip: _____ Phone: _____ Email: _____

U.S. Citizenship Status: (check one) ☐ U.S. Citizen ☐ Legal U.S. Resident ☐ None If selected "None", please provide explanation:

_____

Undergraduate College Attended: _____
Undergraduate Degree Earned: _____ Date of Graduation: _____

Physical Therapy Program Attended: _____

Address: _____

City: _____ State: _____ Zip: _____

Physical Therapy Degree Earned: _____ Date of Graduation: _____

PT License #: _____ State: _____ Date of Expiration: _____

PT License #: _____ State: _____ Date of Expiration: _____

Current Employer: _____

Address: _____ City: _____
State: _____ Zip: _____ Employed Since: _____

Current Title: _____ Name of Direct Supervisor: _____

Are there any pending legal or licensing actions on an of the above licenses? (circle one) YES / NO
If answered "YES", please provide a detailed explanation of any such actions on a separate sheet.

Please list all Professional Credentials (ex. CSCS, COMT, MDT etc): _____

_____

APTA Member: ☐ YES ☐ NO APTA Membership #: _____ Chapter(s): _____

List any other professional membership(s): _____

_____

Program Eligibility

Applicants with the following qualifications are eligible for appointment to a residency program at Orlin & Cohen Medical Specialists Group (the "Program"):

- ❑ U.S. Citizenship or Legal Residency
- ❑ Doctorate Degree in Physical Therapy from an U.S. CAPTE accredited education institution Valid New York State PT license
- ❑ APTA Membership
- ❑ Minimum of one (1) year outpatient clinical experience
- ❑ Demonstrate strong interest in orthopedics through ongoing professional development and clinical activities
- ❑ CPR/First Aid Certification
- ❑ Use of personal vehicle
- ❑ One f the Following
    - Minimum of one (1) year of outpatient clinical experience with Emergency response for the Athlete (ERA)
    - Minimum of one (1) year as a practicing Certified Athletic Trainer
    - Minimum of one (1) year as a practicing EMT

Application Requirements

- ❑ Please include the following documents prior to submitting your application. Submitting incomplete application/missing required documents could result in a delay and/or rejection of your application.
- ❑ Completed Residency Application Form
- ❑ Curriculum Vitae, including a list of continuing education courses completed within the past 3 years
- ❑ Application Letter (400-800 words) describing qualifications, relevant experience, and evidence of strong interest in orthopedics in support of your candidacy. Please explain your reasons for applying for the clinical residency, your goals and why you consider yourself to be a good candidate. (please submit in a separate form)
- ❑ Proof of US Citizenship or legal residency
- ❑ Proof of PT diploma from an accredited Physical Therapy Program
- ❑ Proof of Current NY State Registration
- ❑ Academic Transcripts for post-secondary academic work
- ❑ Three letters of recommendations (consisting of at least one letter from each category):
    - Direct Supervisor/Outpatient Clinical Instructor
    - Colleague/Professor

Applicant Signature: _____ Date: _____

Please submit the completed application via email to **RehabSportsResidency@orlincohen.com** by **Feb 5th, 2027**. For any questions regarding the application or the program, please reach out to **Summer Koepplin directly (skoepplin@orlincohen.com)**