



# HSS and Brooklyn Nets Lower Extremity Athlete Fellowship Application

Name \_\_\_\_\_ Credentials \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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## PROFESSIONAL CREDENTIALS

State License & # \_\_\_\_\_ Year \_\_\_\_\_ Exp \_\_\_\_\_

### ADDITIONAL LICENSE (IF APPLICABLE)

State License & # \_\_\_\_\_ Year \_\_\_\_\_ Exp \_\_\_\_\_

Professional Degree(s) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

### Membership in Professional Organizations

APTA    NATA    NSCA    Other \_\_\_\_\_

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## CURRENT EMPLOYMENT

Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Title \_\_\_\_\_ Employed Since \_\_\_\_\_

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## HOW DID YOU HEAR ABOUT OUR FELLOWSHIP PROGRAM?

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### PLEASE ATTACH THE FOLLOWING:

1. Resume/curriculum vitae, including academic and clinical education, continuing education, clinical and other relevant experience.
2. A brief summary (400-800 words) of your relevant clinical experiences thus far, with an emphasis on sports rehabilitation and sport medicine exposures.
3. Short essay (one page) explaining your reasons for applying for the clinical fellowship, your goals, and why you consider yourself to be a good candidate.

**PLEASE ARRANGE FOR THE FOLLOWING TO BE SENT TO THE ADDRESS BELOW:**

- Three letters of professional reference

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**APPLICANT REQUIREMENTS**

**Minimum Requirements**

- US Citizenship
- Graduation from an accredited physical therapy program
- A current New York State Physical Therapy license in good standing
- Malpractice insurance (minimum \$1mil per occurrence/\$3 mil aggregate)
- One of the following: a current ATC designation, ABPTS Sports or Orthopedic board certification (SCS or OCS), completion of prior ABPTFRE accredited sports physical residency

**Admission Process**

All applicants will be reviewed and the Selection Committee will interview the qualified candidates.

In accordance with hospital policy, all employment-related decisions, including program recruitment, admission, retention, and dismissal, are made without regard to race, creed, color, religion, sex, sexual orientation, gender identity and gender expression, national origin, marital status, age (18 or older), disability, veteran status, citizenship status, or any other protected characteristic as established by law.

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I certify that the foregoing information is accurate to the best of my knowledge.

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Signature

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Date

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**APPLICATION DEADLINE** February 1<sup>st</sup>

**RESIDENCY DATES** April 15<sup>th</sup> of current year – April 15<sup>th</sup> of following year

**Application and supporting materials should be submitted by the deadline above to Snay Patel, PT, MPT, SCS, Fellowship Director at [patelsn@hss.edu](mailto:patelsn@hss.edu).**

For further information, please contact Snay Patel, PT, MPT, SCS, Fellowship Director at [patelsn@hss.edu](mailto:patelsn@hss.edu).