Atrium Health: Women's Health Physical Therapy Residency Application

All completed application documents should be emailed to <a href="https://www.wieners.nih.gov/white-nch/wh

Note: Letters of recommendation should be sent directly to this email address by author to ensure validity. Letters submitted directly by applicant will not be accepted.

For further inquiries, please contact our admissions team at WHPTresidency@AtriumHealth.org.



Atrium Health: Women's Health Physical Therapy Residency Application

pplica	ant Legal Name:
hone	Number: () Email:
referr	red Contact Method: Phone Email
referr	red Location: Charlotte, NC Winston Salem, NC No Preference
1.	Please attach and submit the following documents:
	 Current Physical Therapy License or Proof of PT Board Exam Enrollment Physical Therapy School Transcript Certificate of completion and/or enrollment proof for previous and upcoming continuing education courses related to Women's Health/Pelvic Health (I.e. APTA Academy of Pelvic Health Level 1 Pelvic Floor, Herman & Wallace Pelvic Floor Level 2, Rehabilitation for the Postpartum Client, etc.) Resume and/or CV
2.	Please submit 2 letters of recommendation.
	Both letters must be written by an individual known in a professional context (I.e. Academic, Employment, Clinical, etc.) Note: preferred for 1 letter to be from an individual who can speak to applicant's clinical reasoning. Letters must include author's name, email, phone number, and relationship to applicant for follow up if necessary. *Authors are required to send letters directly to WHPTresidency@atriumhealth.org with applicant's name as subject line to ensure validity of documents. Letters received directly from applicant will not be accepted.
3.	Have you ever had disciplinary action taken against you in a work or educational setting?
	Yes No If yes, describe details
4.	Does your academic performance accurately reflect your skills?
	Yes No If no, explain below:



5. Essay Response: Please attach your essay response to the following prompt (1500-word limit):

Why are you interested in a women's health residency and what previous experiences make you our ideal candidate?

6. **Optional: Is there any other pertinent information you would like us to consider in your application? If so, please include a cover letter and attach it to the application.