



Division of Physical Therapy 151-B  
Rutledge Avenue, MSC 962  
Charleston, SC 29425-9620  
Fax: 843.792.0710

Dear MUSC Pediatric Residency Applicant,  
Thank you for your interest in the Medical University of South Carolina's Physical Therapy Pediatric Residency program. Please complete the following application and provide the requested documents by **January 16, 2023**. Applications and supporting documents should be merged into one PDF document and emailed to Cindy Dodds, PT, PhD, PCS, the MUSC Pediatric Residency Director at [dodds cb@musc.edu](mailto:dodds cb@musc.edu).

Sincerely,

Cindy

Cindy Dodds, PT, PhD, PCS  
Associate Professor  
MUSC Pediatric Residency Director  
Division of Physical Therapy  
College of Health Professions  
151 Rutledge Avenue, Building B, Office B317, MSC 962  
Charleston, South Carolina, 29449  
(843) 792-5731  
[dodds cb@musc.edu](mailto:dodds cb@musc.edu)

## MUSC Physical Therapy Pediatric Residency Application

Name:

Address:

City:

State:

Zip:

Phone Number:

Email:

Hobbies & Interests:

Undergraduate College Attended:

Undergraduate Degree Earned:

Physical Therapy Program Attended:

Physical Therapy Degree Earned:

Please list **three** measurable educational and/or professional development goals being sought by completing a pediatric residency.

By completing the MUSC Pediatric Residency program, I will:

The faculty, staff, and mentors of the Medical University of South Carolina's pediatric physical therapy residency are committed to the recruitment, selection, and development of holistic practitioners. This residency values those who have gone outside of standard routines to meet the objectives outlined in this application. This can be demonstrated through volunteerism, leadership opportunities, occasions of overcoming adversity, or demonstration of dedication to their own learning through supplementary work experiences or research. The residency also values applicants that display attentiveness and inclination toward cultural humility. It is a high priority for this program to value perspectives from many different backgrounds including but not limited to race, ethnicity, social background, religion, gender, age, disability, sexual orientation, veteran status, and national origin. This contributes to the College of Health Professions mission to educate a diverse range of health professionals and integrates the five core values of collaboration, creativity, diversity, excellence, and integrity into the program.

Not only is the application process designed to be holistic, but the chosen resident will be an expected active participant in creating and fostering a welcoming environment for all colleagues, patients, and associates of the pediatric physical therapy residency. The resident should also expect their perspective to be valued throughout their time in the program.

Please describe activities or experiences that have had an influence on how you view diversity, equity, inclusion, and accessibility.

Please answer the following **two** questions. Maximum of 350 words each.

How do you view the role of the family/caregivers and child in establishing a physical therapy treatment plan?

Describe a person who had an impact on you becoming a pediatric physical therapist.

Please include the following documents with your application:

Complete

Incomplete

Copy of PT License

Work History Documentation Completed

Signed Essential Functions and Technical Standards Document

Letter of Recommendation from Physical Therapy Employer

Letter of Recommendation from PT Program Professor

Resume'

PT School Transcript

I verify that all information provided is accurate and correct.

Signature:

Date: