



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 **April 15, 2020**. 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 doddscb@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

doddscb@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:

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

Complete

Incomplete

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: