

Rehabilitation Services, UNC Hospitals, UNC Health Care
NEONATAL PHYSICAL THERAPY FELLOWSHIP APPLICATION

Applicant Name: _____
Address (for all communication regarding program): _____
City: _____ State: _____ Zip: _____
Phone (for all communication regarding program): _____
Email (for all communication regarding program): _____
Name of PT School and date of graduation: _____
States in which you hold a current PT license: _____
If not licensed, date you are scheduled to take exam: _____
If not licensed, date you are scheduled to take exam: _____

Note: Proof of US citizenship and a clear background check is required prior to acceptance into this residency.

Please include the following items on separate pages. Please make sure your name is clearly recorded on each attached page.

1. Academic transcripts from your physical therapy education with statement regarding how accurate the educational record reflects applicant capacity.
2. Proof of PCS Certification **or** Proof of Pediatric Physical Therapy Residency Graduation
3. Current CV or resume
4. 3 letters of recommendation. Letters must be on letterhead and addressed to the admissions committee. At least 1 letter must be from a PT who knows you professionally. The second letter is not required to be a PT but should be someone who knows you in a professional or work capacity. Letters may be sent by you in the application packet, however, they must be in sealed envelopes with the recommender's signature on the sealed portion of the envelope. Alternatively, letters may be sent directly to the program by the writer, but they must be received by the published deadline.
5. Written response not to exceed 1000 words to the following question.

Why have you decided to pursue a fellowship program, what are your professional goals and how could this program enhance your career?

The applicant must have 2 years pediatric clinical work experience. Preferred candidates will have pediatric acute care experience, hold the Pediatric Clinical Specialist (PCS) credentials, and/or have graduation from an ABPTRFE-accredited pediatric residency program.

The attached information is true and correct to the best of my knowledge:

Signature: _____

Date: _____

APPLICATION DEADLINE: AUGUST 31, 2019

Mail all materials to:

UNC Hospitals
Rehabilitation Services, Suite W1000
Neonatal Physical Therapy Fellowship Program Director
101 Manning Drive
Chapel Hill NC, 27514

Please also submit the scanned signed application along with supporting documents via email to Kerry.Blazek@unchealth.unc.edu? (The application will be processed when all materials have been received, including the application fee)