

Glen Sather Sports Medicine Clinic

Application for Fellowship in Manipulative and Sports Physical Therapy

Mail completed application and current Curriculum Vitae/Resume to:

Heather Bredy, Coordinator Physical Therapy Fellowship Program
Glen Sather Sports Medicine Clinic
University of Alberta
Edmonton, Alberta T6G 2H9



or,

Submit electronically to: hbredy@ualberta.ca

Applicant Information				
Surname: _____		First Name: _____		Initial: _____
Address: _____				
Apt/Unit #	Street	City	Prov:	Postal Code:
Phone: () _____ - _____		Fax: () _____ - _____		
E-mail Address: _____				
Mailing Address (if different from above): _____				
Apt/Unit #	Street	City	Prov:	Postal Code:
Date of Birth: _____		Country of Citizenship: _____		
Year/Mon/Day				
Fluent in spoken English: (circle one) Yes No		Fluent in written English: (circle one) Yes No		
Indicate proficiency in other languages: _____ _____				
Are you licensed to practice physical therapy in the province of Alberta? (circle one) Yes No				
If yes, indicate CPTA license number: _____				

Undergraduate Education
<i>Please attach Curriculum Vitae/Resume</i>

Graduate Education
<i>Please attach Curriculum Vitae/Resume</i>

Relevant Employment History
<i>Please attach Curriculum Vitae/Resume</i>

Current Professional Certification

Please attach Curriculum Vitae/Resume

References

Name of Referee: _____ E-mail Address: _____

Position and Department: _____

Institution/Company: _____

Address: _____ Telephone: () - _____

_____ Fax Number: () - _____

Name of Referee: _____ E-mail Address: _____

Position and Department: _____

Institution/Company: _____

Address: _____ Telephone: () - _____

_____ Fax Number: () - _____

Disclaimer and Signature

I certify the information contained in this application is complete and accurate.

I certify to the best of my knowledge I am not currently the subject of any investigative procedures or disciplinary actions.

I authorize the Glen Sather Sports Medicine Clinic to collect information from my references as it may pertain to my application to the Fellowship in Manipulative and Sports Physical Therapy.

I acknowledge the Fellowship in Manipulative and Sports Physical Therapy at the Glen Sather Sports Medicine Clinic is 18 months in duration and that once I accept the offer to participate in the Fellowship, I must fulfill the commitment as outlined at the time of the appointment.

Signature: _____ Date: _____