

APPLICATION CHECKLIST

1. ___ Complete Application Form
2. ___ 2 Letters of Recommendation
3. ___ Copy of Texas License of Athletic Training (or anticipated completion date)
4. ___ Copy of BOC license (or anticipated completion date)
5. ___ Cover Letter explaining why you want to do a residency program
6. ___ Copy of Resume/CV

Accepting Applications: Now until filled

If you are a recent graduate, 1 of the 2 letters of recommendation should be from a supervising preceptor. Letters of recommendation and applications can be emailed to charpentier@uthscsa.edu.

Applications will be reviewed as they are received so early submission is encouraged.

Qualified applicants will be invited to interview with clinical faculty members.

Please email any questions to:

Marie Charpentier PT, DPT, FAAOMPT, OCS, SCS, ATC, LAT
Director of Athletic Training Residency in Rehabilitation, UT Health San Antonio
Director of Rehabilitation University of Texas San Antonio
charpentier@uthscsa.edu

Athletic Training Residency Application

Name <small>(Last, First, MI):</small>		Credentials:	
Primary Phone:		Alternate Phone:	
Email:			
Current Address:			
Street:		Apt/Suite:	
City:	State:	Zip:	
Permanent Address: <input type="checkbox"/> <i>same as above</i>			
Street:		Apt/Suite:	
City:	State:	Zip:	
Are you a US Citizen or Permanent Resident?		Yes	No
If no, do you have proof of eligibility to work in the US?		If yes, please submit a copy with application.	
Professional Education			
College or University:	Dates Attended:	Degree/Major:	Graduate:
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Relevant Education or Programs Completed:			
Current Texas AT License #:			
Year Earned:			
Anticipated time to receive TX AT License:			
Current BOC License #:		Year Earned:	
Anticipated time to receive BOC License:			

I certify the information submitted in this application is complete and correct to the best of my knowledge. I grant UT Health San Antonio permission, if necessary, to request additional information from previous schools and employers concerning my academic record and professional ability.

Signature:	Date:
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