

# Beaumont

## Application for Residency

### Section 1A: Residency specification

Please check which residency you are applying for:

Pediatric

Women's Health

Orthopedic

### Section 1B: Biographical and Contact Information

Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Pronouns: \_\_\_\_\_ Marital status: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Country: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-Code: \_\_\_\_\_

Phone number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

### Citizenship Information:

Citizenship status: U.S. Citizen Permanent U.S. Resident Temporary U.S. Resident  
Non-U.S. Resident None

Country of citizenship (if not U.S.): \_\_\_\_\_

Second Country of Citizenship (if dual citizen): \_\_\_\_\_

*If you have a U.S. Visa, please provide Visa information in separate form.*

### Section 1C: Race/Ethnicity

Do you consider yourself to be of Hispanic/Latino origin? YES NO

Please select one or more of the following groups in which you consider yourself to be a member.

American Indian or Alaska Native

Asian

Black or African-American

Native Hawaiian or Other Pacific Islander

White

### Section 1D: Other

Have you ever had a PT or professional license suspended, revoked, or otherwise acted against, including denial of licensure by the licensing authority of any state, territory, or country? YES NO

Have you ever been dismissed or suspended from a college or university? YES NO

Have you ever withdrawn or been dismissed from a residency or fellowship program in physical therapy for any reason? YES NO

If you answered Yes to any of the previous questions in Section 1D, please explain below:

## **Section 2: Supplemental Materials**

**Please upload the following documents to support your application:**

1. Resume/CV with education/work history, experience(s), and continuing education.
2. Current PT License.
3. Two letters of recommendation.
4. Personal statement as to why you would like to participate in this residency program.