



Evidence In Motion

Evidence In Motion Education & Training Programs Orthopaedic Residency, Sports Residency or Manual Orthopaedic Fellowship Application Form

APPLICANT INFORMATION		
Last Name:	First:	Middle:
Credentials (PT, DPT, OCS, etc):		DOB:
Specify the program you are applying for:		
<input type="checkbox"/> EIM Orthopaedic Residency	<input type="checkbox"/> Regis University tDPT/EIM Orthopaedic Residency Combo (You must also apply and be accepted through Regis University for this program offering)	
<input type="checkbox"/> EIM Orthopaedic Manual Physical Therapy Fellowship	<input type="checkbox"/> EIM Sports Physical Therapy Residency	
Weekend Intensive Locations: Please note that your final assignment of weekend intensive location will be based upon proximity to your location and availability of the network partner site at the time of your program start date. Please select your first three choices in order by listing a 1, 2, or 3 beside three of the locations below.		
<input type="checkbox"/> Georgia (Benchmark Physical Therapy - Chattanooga - Atlanta)	<input type="checkbox"/> California (San Luis Sports Therapy & Orthopedic Rehabilitation - San Luis Obispo)	
<input type="checkbox"/> Indiana (St. Vincent - Indianapolis)	<input type="checkbox"/> Illinois (Athletico - Chicago)	
<input type="checkbox"/> Texas (Texas Physical Therapy Specialists - Austin)	<input type="checkbox"/> New York (ProActive - N. Syracuse)	
If you haven't already done so, please establish a MyEIM account (free) at: http://www.evidenceinmotion.com/register.asp?gotoURL=/index.asp . If you already have a MyEIM account, please make sure your information is current.		

CONTACT INFORMATION		
Preferred Email Address:	Preferred Phone Number:	
Address: (Please indicate if St, Ave, Rd, etc.)		
City:	State:	Zip:

EMPLOYER INFORMATION		
Name:		
Email Address:	Phone Number:	
Address:		
City:	State:	Zip:

ACADEMIC BACKGROUND

What degrees were you awarded upon completion of your professional (i.e. entry level) PT education?

- Baccalaureate
 Post-Baccalaureate Certificate
 Master's (MPT, MS, etc.)
 DPT

Name of Institution:

Year of Graduation:

What is your highest earned PT related degree?

- Baccalaureate
 Post-Baccalaureate Certificate
 Entry Level Master's (i.e. MPT, MS)
 Entry Level Doctorate (i.e. DPT, tDPT)
 Post Professional Clinical Doctorate (i.e. DHSc, DSc)
 Other _____

Name of Institution:

Year of Graduation:

Please list any previous APTA credentialed residency/fellowship programs that you have completed:

Program:	Practice specialty:	Year Completed
<input type="checkbox"/> Residency	<input type="checkbox"/> Clinical Electro-physiology	
<input type="checkbox"/> Fellowship	<input type="checkbox"/> Pediatrics	
	<input type="checkbox"/> Women's Health	
	<input type="checkbox"/> Orthopaedic PT	
	<input type="checkbox"/> Hand	
	<input type="checkbox"/> Manual PT	

Please list physical therapy licensure information:

State:

License #:

Expiration:

Please list any ABPTS board certifications you hold:

Practice Specialty:	Certification #	Expiration
<input type="checkbox"/> Clinical Electro-physiology		
<input type="checkbox"/> Pediatrics		
<input type="checkbox"/> Women's Health		
<input type="checkbox"/> Orthopaedics		
<input type="checkbox"/> Sports		
<input type="checkbox"/> Geriatrics		
<input type="checkbox"/> Neurological		

EMPLOYMENT INFORMATION

Which of the following best describes your current primary position?

- Sole Owner of PT practice of business
 Academic Administrator or director of PT/PTA education program
 Supervisor/Director of PT practice
 Director of a Residency/Fellowship Program
 Partner in PT practice or business
 Academic Faculty Member
 Staff PT
 Consultant
 Researcher
 Other _____

Please estimate the number of hours per week you currently spend in clinical practice providing physical therapy services for patients. (Note: Include time spent in administrative aspects of providing patient care such as scheduling, coding, documentation, etc. as time spent in clinical practice.)

- 0-10 hours/week
 11-20 hours/week
 21-30 hours/week
 31-40 hours/week
 40+ hours/week

How many years have you been active in clinical practice?

Please provide your malpractice insurance information:

Carrier:

Policy Number:

Clinical Mentor: Please designate a mentor to supervise the clinical practicum component of the Fellowship program.

Qualifications of a clinical mentor are described in detail in an addendum at the end of this application. Please ensure you read the addendum carefully and in its entirety.

Last Name:

First:

Phone:

Email:

PROFESSIONAL MEMBERSHIPS**Are you an APTA Member?** Yes Member number : _____ No (Required, please apply for membership)**What sections do you belong to?**

- Acute Care
- Aquatic PT
- Cardiovascular & Pulmonary
- Clinical Electro-physiology
- Education
- Home Health
- Research
- Sports PT
- Women's Health

- Federal PT
- Geriatric
- Hand Rehabilitation
- Health Policy and Administration
- Neurology
- Orthopaedic
- Pediatric
- Private Practice

Are you a member of the American Academy of Orthopaedic and Manual Physical Therapists? (AAOMPT) Yes Member number: _____ No**LETTER OF RECOMMENDATION (REQUIRED FOR FELLOWSHIP APPLICANTS ONLY)**

Please designate 2 individuals who can provide a brief recommendation regarding your qualifications. At least one of these individuals should be your current employer. They will each need to fill out the LOR form. Please send completed LOR forms to EIM, along with your application. (Electronically is preferred.)

	Last Name	First Name	Email	Phone
1				
2				

STATEMENT OF EXPECTATIONS

The EIM Residency and Fellowship courses require a combination of distance-based and live on-site intensive course offerings. This means that applicants should be technically proficient in basic internet use as well as able to travel to the on-site intensive course events. Additionally, Fellows may need to attend several more weekend intensive courses to complete all APTA & AAOMPT requirements. By checking the box below, you acknowledge that you have read this statement, understand its implications, and agree to the aforementioned conditions.

I agree to the above statement: Yes No

Signature:

Date:

STATEMENT OF INTEREST

Please provide a brief summary of your interest in this program including your motivations for applying and how the program compliments your career goals. Please also include a few things about you as an individual that may not be otherwise listed in the application. Please limit responses to < 750 words.

Payment Information

A) Program Fees (per participant)

Combined tDPT/Residency	\$ 16,500 (plus \$100 application fee & ≈ \$500 materials fee)
Residency	\$ 11,500 (plus \$100 application fee & ≈ \$500 materials fee)
Fellowship- Track I – EIM Residency Graduate	\$ 7,400 (plus \$100 application fee & ≈ \$140 materials fee)
Fellowship- Track II – Non-EIM Residency Graduate	\$11,960 (plus \$100 application fee & ≈ \$640 materials fee)
Sports Physical Therapy Residency	\$ 11,500 (plus \$100 application fee & ≈ \$500 materials fee)

****Application Fee of \$100 is due on the receipt of application.**

**** Fees listed do not include weekend intensive travel and related expenses.**

*****Tuition fees may vary if affiliated with one of our Network Partner sites.**

B) Residency and Fellowship Payment Terms

- i. One-third of Program Tuition Plus related Application/Materials Fees are due within 30 days of start of the Program.
- ii. Balance is due in 4 Quarterly Payments after the course is initiated.
- iii. EIM is happy to accommodate direct billing to Sponsored Organizations (e.g. employers) where applicable. Please contact EIM's billing department to facilitate this request.
- iv. Please note that EIM reserves the right to provide individual student grades and performance detail to each student's corresponding Sponsoring Organization if requested.
- v. Payment can be made via cash, check, credit card, or money order. Please contact EIM if alternative payment methods are desired.
- vi. A late fee of \$100 will be assessed by EIM if payment is made after the due date.
- vii. EIM is to be contacted regarding late registration.

C) Refund Policy

- i. EIM recognizes that conditions can occur that may necessitate a withdrawal from the Program.
- ii. Other than the initial tuition payment due prior to the Program start date, payments for tuition are scheduled on a quarterly basis. A decision to withdrawal from the Program will eliminate further quarterly tuition payments.
- iii. A refund of a portion of the payments made for individuals who must withdraw from the Program will be provided as follows:

Month of Program

Refund

1 – 12
13 +

EIM will refund 25% of the tuition paid
No Refund

EIM's refund policy assumes that the student requesting a refund is current on all outstanding payments. All overdue payments, less the refund provided, will remain due and the responsibility of the student to pay. Refunds on a student's application and materials fees are not available.

REQUIRED ITEMS TO EMAIL / MAIL TO EVIDENCE IN MOTION:

- **Please fill out the application and letter of recommendation forms electronically (Fellowship Applicants Only)**(ie. MS Word) and save by using your *last name, a space, and then first name*. Likewise, 2 letters of recommendation (LOR) should also be filled out and sent electronically. Save the LORs by using your *last name, a space, first name, and then LOR1 or LOR2*. If you really want to impress, then save or print these electronically as a pdf file and send! Please e-mail the completed application and LOR forms together back to donna@evidenceinmotion.com. **Residency applicants are NOT required to submit LORs.**
If all else fails, as a last resort you can send a hard-copy to the same address you will send your application fee which is:

Evidence in Motion
13000 Equity Place, Suite 105
Louisville, KY 40223
Attn: Application Submissions

- **EIM will also need a copy of your Regis application and confirmation of acceptance into their t-DPT program to have on file (if applying for combo program)** -You can either email or mail a hard copy to the above address/email for EIM.
- **Electronic or hard copy of Statement of Interest**
- **Electronic or hard copy of your CPR certificate**
- ***Electronic or hard copy of your ATC, EMT or ER certificate or scheduled class (*Sports Residency Applicants Only)**
- **Electronic or hard copy of Professional Liability Insurance**
- **\$100 Application Fee**
- **Billing information**
(Name/Email): _____

- **Notice to EIM of intent to acquire materials** - EIM routinely coordinates the ordering and delivery of required program materials to each resident and fellow. Each resident and fellow is able to acquire the materials, without the assistance of EIM, if they choose. EIM must receive a notice from the individual pending student of their intent to acquire materials, not later than 60 days prior to the start of the program.

How did you hear about EIM's Residency and Fellowship and Sports Residency Program? _____

Email sent upon successful completion and payment

Once we receive your application and application fee (\$100.00, non-refundable) we will review and get back in touch with you regarding your acceptance status. Please contact us at info@evidenceinmotion.com if you have any questions. Thank you for applying. We look forward to the possibility of having you join our program.

Sincerely,

The Evidence in Motion Team



Addendum A: Clinical Mentorship Requirements and Considerations

I. Qualifications of a Clinical Mentor

Residency:

A physical therapy orthopedic residency mentor will have some or all of the following qualifications:

- ABPTS certification (OCS)
- Teaching experience (academic, continuing education presentations, and/or clinical instructor)
- Actively engaged in patient care
- Able to spend a portion of clinic hours in 1:1 time with the resident
- Agrees with and upholds the patient care principles of EIM
- Approved by EIM residency director

Fellowship:

In addition to the qualifications above, a clinical mentor for fellows will be a Fellow who is a current member of the AAOMPT in good standing.

II. Responsibilities of a Clinical Mentor

Residency: during the clinical residency, a mentor is responsible for facilitating learning for the resident by:

- Assisting the resident in developing residency objectives and goals
- Supervising of the resident in direct patient care
- Providing opportunities to assist the resident in achieving objectives
- Providing critique and guidance to the resident on critical thinking and skill development
- Review and certification of the resident's log of mentorship hours

Fellowship: In addition to the qualifications above, a clinical mentor for fellows will:

- Assist the Fellow in developing fellowship objectives and goals
- Provide critique and guidance to the Fellow for the development and submission of case reports and poster/platform presentations
- Provide critique and guidance to the Fellow for the development of teaching modules, educational and marketing materials
- Be proactive in modeling and instilling leadership and mentorship qualities to the Fellow
- Work with EIM faculty to conduct one or possibly two live practical examinations

III. Responsibilities of the EIM Resident and Fellow

It is the responsibility of the Resident or Fellow to seek out and make arrangements with a clinical site and mentor. EIM may provide assistance in providing potential sites/mentors through its Network Partners and other affiliated clients. However, the financial arrangement is a matter decided between the resident, the residency site, and mentor and not through EIM. The costs associated with mentoring hours (honorarium to the mentor or practice and travel costs (if necessary) in some cases

will be an added expense for the Resident or Fellow. EIM recommends that the Resident or Fellow, whenever possible, work with their employer and company colleagues to arrange for mentoring within their facility or their organization (if multiple facilities exist) which should allow for a mentoring arrangement that is efficient and provided at no additional cost to the participant.

Completing mentorship hours for residency training purposes is a reasonable task, because there is a relatively broad pool of clinicians who will be able to meet the requirements. However, completing mentorship hours is often the rate limiting step to completing fellowship training. There are many situations in other fellowship programs in which Fellows-in-Training complete all of the didactic requirements but are never able to satisfy the mentorship requirements due to a limited pool of Fellows available to provide mentorship. In coordination with EIM, persons considering Fellowship training should give very careful consideration from the outset regarding how he or she plans to address this issue.