



MICHIGAN MEDICINE

UNIVERSITY OF MICHIGAN

Hand Therapy Residency Application

Name: _____
Last First M.I.

Address: _____
City State Zip

Phone: _____ Email: _____

Education: (Please list each school)

Name	Address	Honors	Dates Attended		Degree

Internships: (Please list only level 2 internships)

Name	Location	Duration	Primary Patient Population	Supervisor

Certifications: (Use additional sheets if necessary)

1. _____

Resistration/Certification	Number	Date Attained

2. _____

Resistration/Certification	Number	Date Attained

Employment History: (Use additional sheets if necessary)

Employer	Address	Duration	Primary Patient Population	Supervisor

Continuing Education: (Please list any continuing education courses you have completed that you feel are relevant to the practice of hand therapy and dates attended) Use additional sheets if necessary.

Course Name	Location/Date	Speaker

***Please make sure you enclose two letters of recommendation.**

Please answer the following questions: (Use additional sheets if necessary)

1. Why did you choose OT/PT as a career?

2. Describe your professional goals three years from now, five years from now.

3. How did you become interested in the practice of hand therapy?

4. How would this residency help you achieve your professional goals?

5. What past experiences have you had that would help make this a successful residency if you are chosen?

6. What are your thoughts regarding the future of hand therapy?

7. How did you hear about our residency program?

I certify that my statements are true and complete to the best of my knowledge. I understand that any misrepresentation or omission may be sufficient reason for refusal of the application or dismissal from the program.

Signature

Date