



**NHMI'S INTEGRATED CLINICAL  
SPORTS MEDICINE RESIDENCY  
APPLICATION WORKSHEET**



# New Hampshire Musculoskeletal Institute

ADVANCING KNOWLEDGE. ADVANCING CARE.

*The online residency application (located on survey monkey) must be completed in one sitting. You are unable to save your progress and return to it at another time. This form is meant to help applicants view the application in its entirety and answer the questions. Once all questions have been answered completely, please copy and paste them into the online application. The online application can be accessed using the following link <http://www.nhmi.net/residency-application.html> . **DO NOT SUBMIT THIS FORM AS YOUR APPLICATION.***

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## **APPLICATION IS NOT COMPLETE WITHOUT SUPPORTING MATERIALS**

REQUIRED SUPPORTING MATERIALS: OFFICIAL TRANSCRIPTS AND 3 LETTERS OF RECOMMENDATION.

Transcripts must be forwarded by the educational institution directly to NHMI. One of the 3 letters of recommendation must be from the athletic trainer who supervised the bulk of your hours.

You must mail supporting materials to NHMI, 35 Kosciuszko St, Manchester, NH 03101. Letters of recommendation must come to NHMI directly from the letter writer or from applicant in envelopes with seals signed by letter writer.

**NOTE: The text fields in this application will expand to accommodate your answers.**

### **1. Personal Information**

First Name

Last Name

Place of Birth

Date of Birth (mm/yyyy)

Current Phone Number

Current Email Address

**2. Current Mailing Address**

Street

City

State

Zip Code

Country

**3. Permanent Home Address (if different).**

Street

City

Zip Code

Country

Permanent Phone Number

Permanent Email Address

**4. Driver's License Information**

Issuing State

Driver's License Number

Expiration Date

**5. The Residency will require daily travel between sites. You must have transportation. If you do not currently own a vehicle, how do you plan to get one if accepted for the Residency?**

**6. How did you learn about the Residency?****7. High School Information**

High School Name

Location

Graduation Date

**8. College Information**

College Name

Location

Graduation Date (mm/yyyy)

Major

Minor

Degree

GPA

**9. College Information (use this section for additional college information, if needed)**

College Name

Location

Graduation Date (mm/yyyy)

Major

Minor

Degree

GPA

**10. College Information (use this section for additional college information, if needed)**

College Name

Location

Graduation Date (mm/yyyy)

Major

Minor

Degree

GPA

**11. College Information (use this section for additional college information, if needed)**

College Name

Location

Graduation Date (mm/yyyy)

Major

Minor

Degree

GPA

**12. Do you feel your academic record accurately reflects your abilities? Explain**

**What certifications do you currently hold?**

**13. ATC – Certification & Expiration Date**

**14. CPR - Certification & Expiration Date**

**15. EMT – Certification & Expiration Date**

**16. AFA/First Responder - Certification & Expiration Date**

**17. CSCS – Certification & Expiration Date**

**18. Other – Certification & Expiration Date**

**19. If you ARE NOT certified, how many hours have you accumulated to date?**

**20. When do you plan to take the certification Examination?**

**21. Are you registered for this date?**

**22. Have you taken an active part in any scientific research projects? If so what was the project and the nature of your involvement?**

**23. Previous Athletic Training Employment**

Name of Company/Institution

Supervisor

Job Title

Job Duties

**24. Previous Athletic Training Experience**

Name of Company/Institution

Supervisor

Job Title

Job Duties

**25. Other Athletic Training Activities/Experience:**

**26. List any award received for scholastic, athletic, or other outstanding achievements.**

**27. Past Work Experience (Including non-athletic training jobs and military service, if applicable):**

Occupation/Activity

Employer

City/State

Supervisor

Start Date (mm/yyyy)

End Date (mm/yyyy)

Job Duties

**28. Past Work Experience (Including non-athletic training jobs and military service, if applicable):**

Occupation/Activity

Employer

City/State

Supervisor

Start Date (mm/yyyy)

End Date (mm/yyyy)

Job Duties

**29. Past Work Experience (Including non-athletic training jobs and military service, if applicable):**

Occupation/Activity

Employer

City/State

Supervisor

Start Date (mm/yyyy)

End Date (mm/yyyy)

Job Duties

**ESSAY QUESTIONS:**

**30. Why are you interested in participating in this Residency and what do you hope to gain from this experience?**

**31. Tell us a little about yourself...your strengths, weaknesses, hobbies.**

**I certify that the information in this application is true and complete to the best of my knowledge and I understand that inaccurate information may affect my acceptance into this program. I agree to provide, if requested, documentation necessary to verify information reported on this form, I also give permission for NHMI to contact my previous employers.**

**32. I have read and agree to the statement above. My initials and typed name below constitute my signature.**

**Initials**

**Signed**

**Date (mm/yyyy)**