



NHMI'S INTEGRATED CLINICAL SPORTS MEDICINE RESIDENCY APPLICATION WORKSHEET

*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.***

THE ICSMR APPLICATION MUST BE SUBMITTED BY MARCH 1.

APPLICATION IS NOT COMPLETE WITHOUT ALL SUPPORTING MATERIALS.

REQUIRED SUPPORTING MATERIALS:

1. OFFICIAL TRANSCRIPTS (forwarded directly to NHMI by the educational institution)
2. COVER LETTER
3. THREE RECOMMENDATIONS (**Applicants must email Charlene at char@nhmi.net with the names and email addresses of three references. The recommendation link will be sent directly to each reference's email.**)

One of the recommendations must be from the athletic trainer who supervised the bulk of the applicant's hours.

Email supporting materials to Charlene at char@nhmi.net or mail to: Residency Selection Committee, NHMI, 35 Kosciuszko St, Manchester, NH 03101.

Recommendations must be submitted via SurveyMonkey link. Applicant must request the link to be sent to reference by emailing Charlene at char@nhmi.net with reference's name and email address. The recommendation link will then be sent directly to the reference. All recommendations must be submitted by March 1, 2018 for application to be considered for the residency.

DEADLINE FOR APPLICATIONS IS MARCH 1, 2018. PHONE AND IN-PERSON INTERVIEWS WILL BE CONDUCTED THROUGHOUT APRIL. FINAL DECISIONS WILL BE MADE ON OR BEFORE APRIL 30, 2018.

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/dd/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

State

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. Do you currently have a reliable mode of transportation for travel between sites? If not, how do you plan to acquire a reliable mode of transportation if accepted for the Residency?**

* 6. How did you learn about the ICSM Residency?





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*** 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	<input type="text"/>
Location	<input type="text"/>
Graduation Date (mm/yyyy)	<input type="text"/>
Major	<input type="text"/>
Minor	<input type="text"/>
Degree	<input type="text"/>
GPA	<input type="text"/>

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

College Name	<input type="text"/>
Location	<input type="text"/>
Graduation Date (mm/yyyy)	<input type="text"/>
Major	<input type="text"/>
Minor	<input type="text"/>
Degree	<input type="text"/>
GPA	<input type="text"/>

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

College Name	<input type="text"/>
Location	<input type="text"/>
Graduation Date (mm/yyyy)	<input type="text"/>
Major	<input type="text"/>
Minor	<input type="text"/>
Degree	<input type="text"/>
GPA	<input type="text"/>

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

Please provide information on the certifications you hold listed below:

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



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Section 3: Athletic Training Experience/Employment Background

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

20. If you ARE NOT certified, 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 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. List Undergraduate Clinical Sites:



26. List any additional Athletic Training Activities/Experience:



Section 4: Honors/Awards

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

A large, empty rectangular box with a thin black border, intended for the user to list any awards received for scholastic, athletic, or other outstanding achievements.



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

Occupation/Activity	<input type="text"/>
Employer	<input type="text"/>
City/State	<input type="text"/>
Supervisor	<input type="text"/>
Start Date (mm/yyyy)	<input type="text"/>
End Date (mm/yyyy)	<input type="text"/>
Job Duties	<input type="text"/>

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

Occupation/Activity	<input type="text"/>
Employer	<input type="text"/>
City/State	<input type="text"/>
Supervisor	<input type="text"/>
Start Date (mm/yyyy)	<input type="text"/>
End Date (mm/yyyy)	<input type="text"/>
Job Duties	<input type="text"/>

30. 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

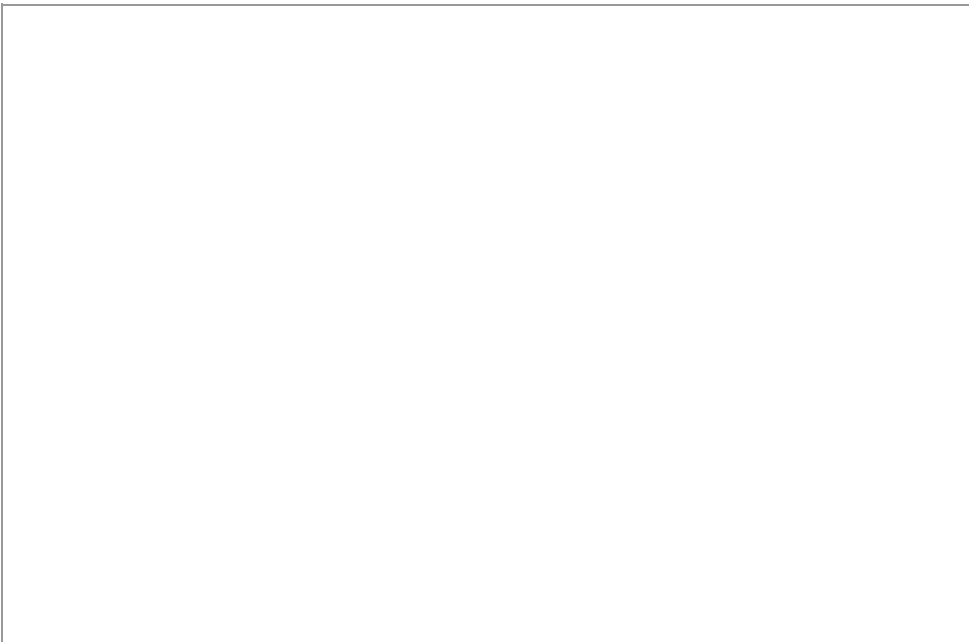
Section 6: Essays

* 31. Why are you interested in participating in the ICSMR residency program?

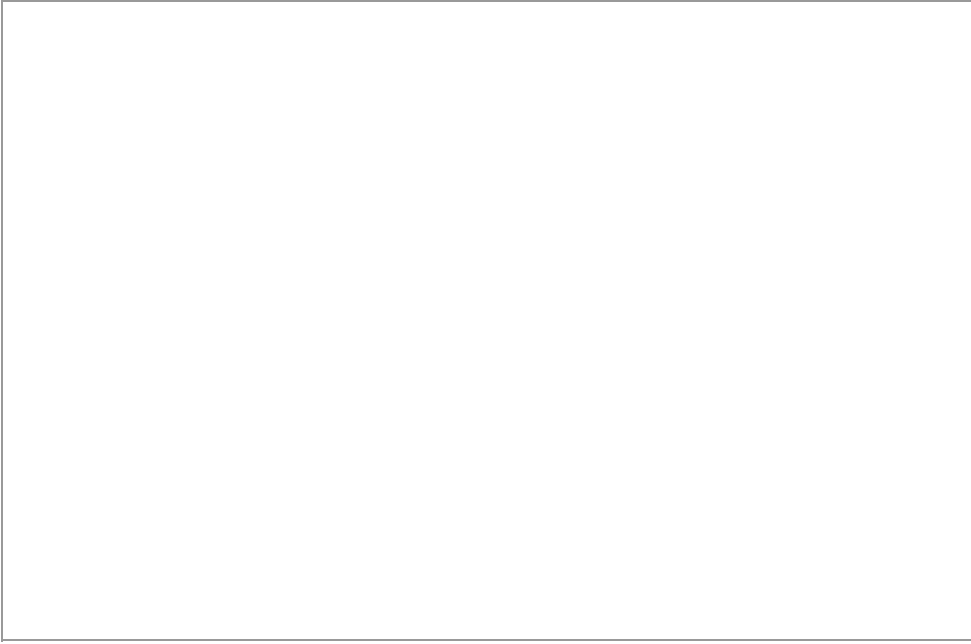
* 32. What do you hope to gain from this 12-month ICSMR experience?



* 33. The ICSMR residency program is a highly independent learning experience which requires a high level of critical thinking (i.e. strong ability to actively and skillfully conceptualize, apply, analyze, synthesize and evaluate information). What experiences do you have that will prepare you for this high-intensity, demanding position?



* 34. Tell us a little about yourself...strength, weaknesses, hobbies, etc.

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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.

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

Initials

Signed

Date (mm/dd/yyyy)

To pay online please click the following link <http://www.nhmi.net/residency-application.html>



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USE THE CHECKLIST BELOW TO ENSURE YOUR APPLICATION IS COMPLETE

36. REQUEST LINK FOR THREE RECOMMENDATIONS TO BE SENT TO YOUR REFERENCE FROM CHARLENE AT CHAR@NHMI.NET. SEND REFERENCE NAME AND EMAIL ADDRESS TO CHAR@NHMI.NET. RECOMMENDATION LINKS WILL BE SENT DIRECTLY TO YOUR REFERENCE. RECOMMENDATIONS WILL BE SUBMITTED DIRECTLY TO THE SELECTION COMMITTEE VIA SURVEYMONKEY.

ALL RECOMMENDATIONS MUST BE SUBMITTED BY MARCH 1, 2018 FOR APPLICATION TO BE CONSIDERED FOR REVIEW.

complete

37. ORDER TRANSCRIPTS FROM YOUR UNDERGRADUATE AND GRADUATE STUDIES. HAVE THEM SENT BY THE ACADEMIC INSTITUTION TO: RESIDENCY SELECTION COMMITTEE, NHMI, 35 KOSCIUSZKO ST, MANCHESTER, NH 03101

Complete