



**NHMI ATHLETIC TRAINING RESIDENCY APPLICATION
MUST BE SUBMITTED BY APRIL 1, 2024.**

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 Katelyn at Katelyn@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 Katelyn at Katelyn@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 Katelyn at Katelyn@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 April 1, 2024 for application to be considered for the residency.

DEADLINE FOR APPLICATIONS IS APRIL 1, 2024. PHONE AND IN-PERSON INTERVIEWS WILL BE CONDUCTED THROUGHOUT APRIL. FINAL DECISIONS WILL BE MADE ON OR BEFORE APRIL 30, 2024.

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

*** 1. Personal Information**

First Name	<input type="text"/>
Last Name	<input type="text"/>
Place of Birth	<input type="text"/>
Date of Birth (mm/dd/yyyy)	<input type="text"/>
Current Phone Number	<input type="text"/>
Current Email Address	<input type="text"/>

*** 2. Current Mailing Address**

Street	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip Code	<input type="text"/>
Country	<input type="text"/>

3. Permanent Home Address (if different).

Street	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip Code	<input type="text"/>
Country	<input type="text"/>
Permanent Phone Number	<input type="text"/>
Permanent Email Address	<input type="text"/>

*** 4. Driver's License Information**

Issuing State	<input type="text"/>
Driver's License Number	<input type="text"/>
Expiration Date	<input type="text"/>

* 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 NHMI Athletic Training Residency?

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* 7. High School Information

High School Name

Location

Graduation Date

*** 8. College Information**

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"/>

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	<input type="text"/>
Supervisor	<input type="text"/>
Job Title	<input type="text"/>
Job Duties	<input type="text"/>

24. Previous Athletic Training Experience:

Name of Company/Institution	<input type="text"/>
Supervisor	<input type="text"/>
Job Title	<input type="text"/>
Job Duties	<input type="text"/>

* 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.

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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):

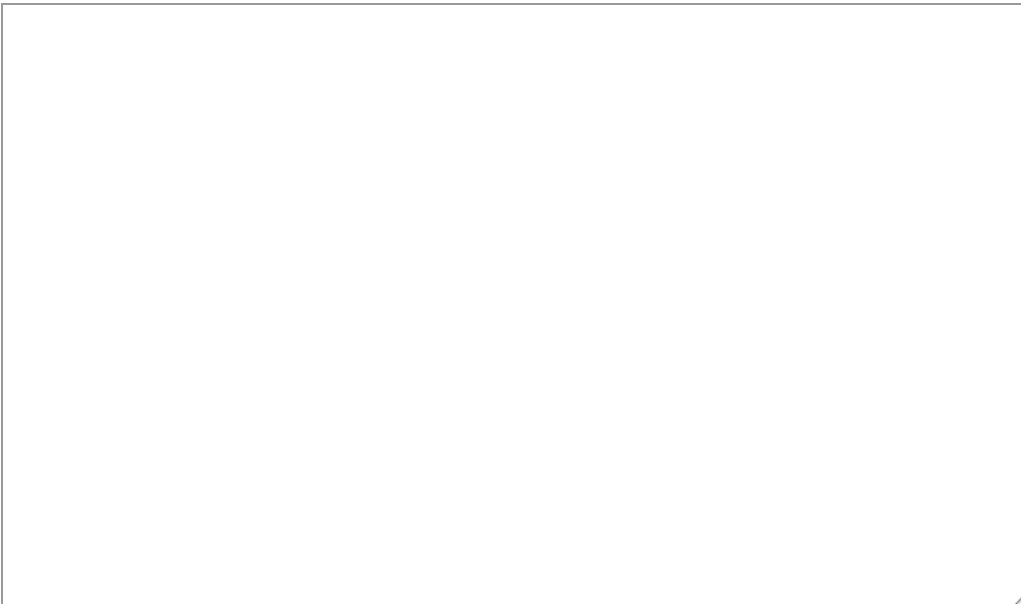
Occupation/Activity	<input type="text"/>
Employer	<input type="text"/>
City/State	<input type="text"/>
Supervisor	<input type="text"/>
Start Date (mm/yyyy)	<input type="text"/>
End Date (mm/yyyy)	<input type="text"/>
Job Duties	<input type="text"/>

Section 6: Essays

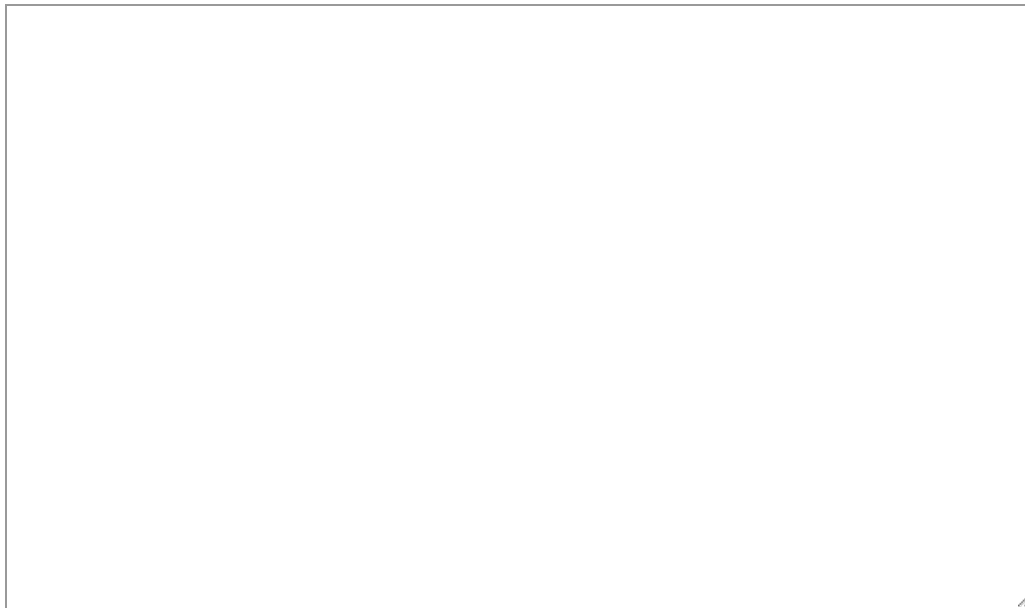
* 31. Why are you interested in participating in the NHMI Athletic Training Residency program?



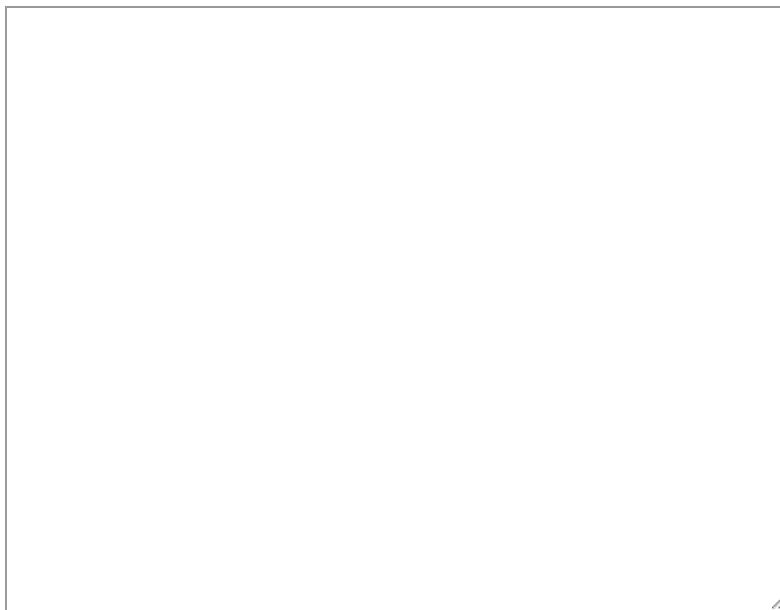
* 32. What do you hope to gain from this 12-month NHMI Athletic Training Residency experience?



* 33. The NHMI Athletic Training 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 KATELYN AT KATELYN@NHMI.NET. SEND REFERENCE NAME AND EMAIL ADDRESS TO KATELYN@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 APRIL 1, 2024 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