



Rehabilitation Athletic Training Residency Application

Application deadline: January 1 of each calendar year

Please complete and print this application.

Send the completed application, resume/curriculum vitae, and three letters of recommendation via email or mail to:

Sarah Whitt PT, ATC, LAT, OCS
Director of Athletic Training Residency
Ben Hogan Sports Medicine
800 5th Avenue, Suite 150
Fort Worth, TX 76104
Email: sarahwhitt@texashealth.org

Application Checklist:

- Application
- Letters of Recommendation (3)
- Resume/curriculum vitae



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Personal Information:

Last Name	First Name	MI
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Current Address

City	State	Zip/Postal Code	Country
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Telephone Number (Number where you can be contacted)	Email
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Education:

College/University (Athletic Training)	City/State	Dates	Degree
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College/University	City/State	Dates	Degree
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College/University	City/State	Dates	Degree
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Professional Licensure:

_____ License Number _____ State

_____ License Number _____ State

_____ License Number _____ State

Sports Medicine Experience: (to include clinical affiliations)

Employer Title Date(s)

Employer Title Date(s)

Employer Title Date(s)

Recommendations (Include in a sealed envelope or mailed separately)

Name Institution Title Phone

Name Institution Title Phone

Name Institution Title Phone



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Letter of Interest: (The letter can be completed on a separate sheet of paper)
Please describe why you are interested in participating in an athletic training residency program. What led you to this decision? Include your career goals and how your past sports medicine experiences have influenced this decision.