CRAIG
APPLICATION FOR PHYSICAL THERAPY
INTERNSHIP

Name: ______________________________________________________________________

Dates of Requested Internship: __________________________________________________

Do you have any flexibility with dates? ____________________________________________

Phone: _________________________ Email: _________________________________________

University Attending: ____________________________________________________________

University Advisor: _____________________________________________________________

Phone: ___________________ Advisors Email: __________________________________________

Have you had a background check by the University? ________________________________

Can you provide proof of a negative TB test completed within one year of the completion of internship? ______________________________________________

Would you be covered for malpractice by your university? ____________________________

Has the University agreed to cover workmen’s comp insurance? _______________________

Signature of University representative:________________________________ Date: _____________

Please include a brief narrative (no more than 2-3 pages, double spaced) to answer the following questions:

• How do you feel this internship will assist you in achieving your professional goals?
• What personal or professional experience do you have with individuals with spinal cord or traumatic brain injury?
• What are your goals for this internship, what clinical skills you have developed that you are most proud of and what areas of your clinical skills you want to improve upon?
• Do you have a desire to practice in the Denver area following graduation and / or do you have a previous connection with Craig Hospital?

Please include 2 letters of reference from University professors, advisors, or clinical supervisors. Please ask them to include your strengths and areas for growth.

Materials may be submitted to Cortney Wolfe, PT, DPT, CCCE at cwolfe@craighospital.org. Please include in the subject line: “Student name, Internship Application”. References may be sent separately or together in the application packet.