APPLICATION FOR PHYSICAL THERAPY INTERNSHIP

Name: ___________________________________________________________________________

Dates of Requested Internship: _______________________________________________________

Do you have any flexibility with dates? __________________________________________

Phone: _________________________ Email: ____________________________________________

University Attending: ____________________________________________________________

University Advisor: ____________________________________

Phone: ___________________ Advisor’s 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: _____________

An application packet should include a résumé, cover letter and 1 letter of reference. Please answer the following questions as part of your cover letter:

- What are your professional goals related to this internship?
- What personal or professional experience do you have with individuals with spinal cord or traumatic brain injury?
- Do you have a desire to practice in the Denver area following graduation and/or do you have a previous connection with Craig Hospital?

Materials are submitted to Cortney Wolfe, PT, DPT, NCS at cwolfe@craighospital.org. Please include in the subject line: “[Student name], Internship Application”.

The application window is open from March 1 – March 31 of the year prior to the rotation. Interviews and final decisions for placements are in April.