CASA COLINA CENTERS FOR REHABILITATION
NEUROLOGIC PHYSICAL THERAPY RESIDENCY PROGRAM

APPLICATION and INTERVIEW

Thank you for your interest in the **Neurologic Residency Program at Casa Colina**. To apply for the residency, please send a completed application (electronically or by US Mail) by June 1st to:

Cathy Timple, PT, DPT, NCS, ATP
Program Director; Neurologic Residency Program
Casa Colina Centers for Rehabilitation
255 E. Bonita Ave.
Pomona, CA 91769
ctimple@casacolina.org

Applicants must meet the following minimum requirements
1. Maintain a valid California Physical Therapy License
2. Maintain a current CPR certification
3. Completed at least 6 months of clinical practice in a neurologic setting in the last year *or* one clinical affiliation as a student in a neurologic setting (if a recent graduate).
4. Comply with all Casa Colina employment requirements.

Completed applications will consist of the following
1. Cover letter
   a. Please introduce yourself and respond to the following questions
      i. What is the role of a residency program in the development of the physical therapy profession and how does this relate to APTA's vision 2020?
      ii. What specific skills do you possess that make you an ideal candidate for a residency program?
2. Curriculum Vitae
3. 2 Letters of Recommendation (see attachment)

Top candidates will be selected for an in-person interview in June. The interview will consist of a live patient examination, documentation and panel interview.

Final candidates will be confirmed by June 30th. Residency begins July 29th.

For questions, please contact:

Cathy Timple, PT, DPT, NCS, ATP
Program Director, Neurologic Residency
ctimple@casacolina.org
909-596-7733 x 3109

Stephanie Kaplan, PT, DPT, ATP
Director, Physical Therapy
skaplan@casacolina.org
909-596-7733 x 3074

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LETTER OF RECOMMENDATION

Name of Applicant:

Individual providing Recommendation:
        Name/Credentials:
        Current Position:
        Mailing Address:
        Phone Number
        Email Address

        May we contact you to discuss the qualifications of the candidate over the phone?   Yes   No
        (Instructions: Highlight your response – and delete the other response if submitting electronically)

Relation of Individual providing Recommendation to Applicant:
(Instructions: For the following three inquires, highlight your response – and delete the other responses if submitting electronically.)

        Clinical Supervisor   Employer   Academic Instructor   Professional Colleague
        Other (please specify):

Number of years known applicant:
        Less than 2   2 to 5   Greater than 5

Compared to other applicants that you would recommend to this residency program, the applicant would rank in the:
        Top 1%   Top 5%   Top 10%   Top 25%   Top 50%

What is the most valuable quality or characteristic that the applicant possesses?

Provide a brief example or description illustrating your observation of the applicant's use of that quality or characteristic.

Feel free to attach (or cut/paste) other information pertinent to the application's recommendation.