



# Freedom Home Health

## Geriatric Physical Therapy Residency Application

**Application Deadline: May 1, 2009**

Please mail the completed application,  
a resume, and two letters of recommendation to:

Deb Kegelmeyer, DPT, MS, GCS  
Physical Therapy division SAMP  
453 West 10th Ave  
516 Atwell Hall  
Columbus, OH 43210







**GERIATRIC PHYSICAL THERAPY RESIDENCY APPLICATION**

Application Deadline: May 1, 2009

**PROFESSIONAL LICENSURE:**

\_\_\_\_\_ License number \_\_\_\_\_ State  
\_\_\_\_\_ License number \_\_\_\_\_ State  
\_\_\_\_\_ License number \_\_\_\_\_ State  
\_\_\_\_\_ License number \_\_\_\_\_ State

**HEALTHCARE / GERIATRIC EXPERIENCE**

\_\_\_\_\_  
Employer Title Date

\_\_\_\_\_  
Employer Title Date

\_\_\_\_\_  
Employer Title Date

\_\_\_\_\_  
Employer Title Date

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**RECOMMENDATIONS Please have these individuals send a letter of recommendation.**

1.) \_\_\_\_\_  
Name Institution Title Phone

2.) \_\_\_\_\_  
Name Institution Title Phone



**GERIATRIC PHYSICAL THERAPY RESIDENCY APPLICATION**  
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**ESSAY:**

Please use the space below or attach a separate sheet explaining why you want to participate in a geriatric physical therapy residency program. Incorporate career goals and description of clinical experiences.