# Instructions:

1. Applicant must be a physical therapist and a member of the American Academy of Sports Physical Therapy practicing in the U.S.
2. Attach a recent, passport-sized photograph.
3. Complete the application and submit with your CV to AASPT at [help@aaspt.org](mailto:help@aaspt.org)
4. Pay the $50.00 non-refundable deposit at the website application page.
5. Ask only two sponsors to send letters of recommendation to [help@aaspt.org](mailto:help@aaspt.org) **It is your responsibility to make sure all forms and letters are received by AASPT by the deadline.**
6. Attach a personal statement, not to exceed 500 words, detailing why you want to be an AASPT Traveling Fellow and what you can offer the program.
7. All applications and letters of recommendation must be completed and received by the **deadlines listed at** [**sportspt.org/tf**](http://sportspt.org/tf). Incomplete applications or those received after the deadline will not be considered.

# Applicant Information

Session (spring or fall & year): (e.g. Spring 2024)

Name: type your answer

Date of Birth: type your answer

Citizenship: type your answer

APTA Membership #: type your answer

State Licensure #: type your answer

Current Position: type your answer

Current Hospital/Institution: type your answer

Address: type your answer

Office Phone: type your answer

Cell Phone: type your answer

Email: type your answer

# Endorsing Physical Therapists

**PHYSICAL THERAPIST #1**

Name: type your answer

Address: type your answer

Graduate of type your answer

Date Graduated: type your answer

Degree Earned: type your answer

**PHYSICAL THERAPIST #2**

Name: type your answer

Address: type your answer

Graduate of type your answer

Date Graduated: type your answer

Degree Earned: type your answer

# Applicant Additional Education

Type of Education: type your answer

Dates From-To: type your answer

Location: type your answer

**Professional Activities since graduation**

(name, location, month, year, SPTS section activities).

Activity: type your answer

Activity: type your answer

(add more as required)

**Special Awards and Honors:**

(list as many as are relevant)

**What type of practice do you engage in or aspire to:**

(Select one or more )

Academic | Community | Administrative | Research

Other: type your answer

**Please indicate your sports team coverage if any:**

(name of team/years of coverage)

# CV Instructions

Attach your Curriculum Vitae according to the following format.

* Name of applicant.
* List of national, regional and local professional organization/allied health to which you belong.
* List the committee appointments, which you received in the above allied health organizations.
* Describe any special non-academic achievements or activities which you believe are important; i.e., civic activities, church, scouting, chamber of commerce, etc.
* List the articles that you have published. List the name of the article, journal name, authors, page numbers and the date published. Please underline you name and capitalize the name of the journal.
* List published abstracts.
* List the textbooks or chapters in textbooks, which you have written or edited. Identify title, publisher and year.
* List the manuscripts, which have been submitted for publication, identify the article and the journal. Give date of submission.
* List the research grants which you have received and the source. List all of the authors in their proper sequence and the amount of each grant.
* Describe clinical and basic research work, which is now in progress.
* List all the movies, sound slide programs, exhibits, audiotapes and videotapes that you have developed or co-developed. You should also list the scientific meetings where each has been presented.
* List national, regional and local postgraduate courses or meetings, which you have organized or hosted.
* List scientific presentations, which you have made to national meetings (include title of paper, organization, location, and date).
* List scientific presentations of which you were a co-author to a national, regional or local meeting.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_