

**AMERICAN ACADEMY OF SPORTS PHYSICAL THERAPY  
Traveling Fellowship Application**

**TRAVELING FELLOWSHIP APPLICATION FOR SPRING 2020 TOUR  
Dates: March 1- March 11, 2020**

**Spring 2020 Sites:**

**Craig Garrison – Fort Worth Tx  
Justin Cooper – Baltimore, MD  
Mark Paterno – Cincinnati OH**

**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 recent photograph – passport size to each application.
3. Complete application form and submit with your CV to Mark De Carlo, Executive Director, at [mdecarlo@aspt.org](mailto:mdecarlo@aspt.org) and send \$50.00 nonrefundable deposit to:

**AMERICAN ACADEMY OF SPORTS PHYSICAL THERAPY  
Traveling Fellowship Application  
Mark De Carlo  
P.O. Box 431  
Zionsville, Indiana 46077**

4. Ask only two sponsors to send letters of recommendation to **Mark De Carlo at [mdecarlo@aspt.org](mailto:mdecarlo@aspt.org)**. **It is your responsibility to make sure all forms and letters are received by AASPT by the deadline.** The AASPT executive director will contact you as soon as any of your letters arrive, but it is solely your responsibility to stay in touch with your sponsors and make sure your letters arrive before the deadline.
5. 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.
6. **All applications and letters of recommendation must be completed and received by AASPT by December 1, 2019.** Incomplete applications or those received after the deadline will not be considered.

**PLEASE TYPE:**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

APTA Membership #: \_\_\_\_\_ Citizenship: \_\_\_\_\_

State Licensure #: \_\_\_\_\_

Current Position: \_\_\_\_\_

Current Hospital/Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Names and address of two physical therapists that will support this application:

**PHYSICAL THERAPIST #1**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Graduate of \_\_\_\_\_  
College/University

Date Graduated: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

**PHYSICAL THERAPIST #2**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Graduate of \_\_\_\_\_  
College/University

Date Graduated: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

**Additional Education**

Type of Education: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Location: \_\_\_\_\_

Professional Activities since graduation (name, location, month, year, SPTS section activities).

1. Activity \_\_\_\_\_

2. Activity: \_\_\_\_\_

3. Activity: \_\_\_\_\_

Special Awards and Honors (list special awards received from college on).

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What type of practice do you engage in or aspire to?

Academic: \_\_\_\_\_

Community: \_\_\_\_\_

Administrative: \_\_\_\_\_

Research: \_\_\_\_\_

Other: \_\_\_\_\_

Please indicate your sports team coverage if any (name of team/years of coverage)

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**Complete your Curriculum Vitae on a separate attachment according to the following format.**

- a. Name of applicant.
- b. List of national, regional and local professional organization/allied health to which you belong.
- c. List the committee appointments, which you received in the above allied health organizations.
- d. Describe any special non-academic achievements or activities which you believe are important; i.e., civic activities, church, scouting, chamber of commerce, etc.
- e. 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.
- f. List published abstracts.

- g. List the textbooks or chapters in textbooks, which you have written or edited. Identify title, publisher and year.
- h. List the manuscripts, which have been submitted for publication, identify the article and the journal. Give date of submission.
- i. 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.
- j. Describe clinical and basic research work, which is now in progress.
- k. 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.
- l. List national, regional and local postgraduate courses or meetings, which you have organized or hosted.
- m. List scientific presentations, which you have made to national meetings (include title of paper, organization, location, and date).
- n. List scientific presentations of which you were a co-author to a national, regional or local meeting.

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

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