

HOUSTON  
**Methodist**<sup>®</sup>  
SUGAR LAND HOSPITAL

**Athletic Training Residency  
In Orthopedic Rehabilitation**





Dear Prospective Candidate,

Thank you for your interest in the Houston Methodist Sugar Land Hospital Athletic Training Residency. By completing this form, you have taken your first step in becoming an advanced practitioner in the area of Orthopedic Rehabilitation!

If accepted into the residency, you will have the opportunity to become a **leader** in examination, evaluation, diagnosis, prognosis, and intervention of the athlete and active individual. You will also have the opportunity to work and learn from highly skilled physical therapists who are Board Certified in Sports and Orthopedics, and Fellowship trained in Manual Therapy, as well as Board Certified Athletic Trainers with experience at all levels of competition. You can be assured our faculty mentors are focused on your success not only as a resident but as a practicing professional. Our faculty mentors have an extreme passion in treating the athletic population and advancing the Athletic Training profession. We believe the best way to do this is by helping therapists to become highly skilled, evidence based practitioners who support the visions of CAATE and the NATA!

Below you will find information regarding the application process. Please follow the instructions to complete the application and include all of the requested materials to prevent any delay in processing your application. Please use the included checklist as a guide.

Thank you again for your interest!

Sincerely,

Marie Charpentier PT, DPT, OCS, SCS, FAAOMPT, ATC, LAT

Program Director, Athletic Training Residency

Houston Methodist Sugar Land Hospital

**APPLICATION CHECKLIST**

1. \_\_\_ Complete Application Form
2. \_\_\_ 2 Letters of Recommendation
3. \_\_\_ Copy of Texas License of Athletic Training (or anticipated completion date)
4. \_\_\_ Copy of BOC license (or anticipated completion date)
5. \_\_\_ Copy of Resume/CV

**Accepting Applications: Nov 1 – Dec 31 of each year**

If you are a recent graduate, 1 of the 2 letters of recommendation should be from a supervising clinical instructor. Letters of recommendation can be faxed directly to 281.276.0622, or emailed to [mtcharpentier@houstonmethodist.org](mailto:mtcharpentier@houstonmethodist.org), or mailed to the address below.

Applications will be reviewed as they are received so early submission is encouraged.

Qualified applicants will be invited to interview on-site with clinical faculty members.

For more information please see the attached information packet.

Please mail or email all material to the following:

**Marie Charpentier PT, DPT, OCS, SCS, FAAOMPT, ATC, LAT**  
**Houston Methodist Sugar Land Hospital**  
**Department of Rehabilitation**  
**16811 Southwest Freeway, Suite 100**  
**Sugar Land, Texas 77479**  
[mtcharpentier@houstonmethodist.org](mailto:mtcharpentier@houstonmethodist.org)

**Athletic Training Residency Application**

<b>Name (Last, First, MI):</b>		<b>Credentials:</b>	
<b>Primary Phone:</b>		<b>Alternate Phone:</b>	
<b>Email:</b>			
<b>Current Address:</b>			
<b>Street:</b>		<b>Apt/Suite:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Permanent Address:</b> <input type="checkbox"/> <i>same as above</i>			
<b>Street:</b>		<b>Apt/Suite:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Are you a US Citizen or Permanent Resident?</b>		<b>Yes</b>	<b>No</b>
<b>If no, do you have proof of eligibility to work in the US?</b>		If yes, please submit a copy with application.	
<b>Professional Education</b>			
<b>College or University:</b>	<b>Dates Attended:</b>	<b>Degree/Major:</b>	<b>Graduate:</b>
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Other Relevant Education or Programs Completed:</b>			
<b>Current Texas AT License #:</b>			
<b>Year Earned:</b>			
<b>Anticipated time to receive TX AT License:</b>			
<b>Current BOC License #:</b>		<b>Year Earned:</b>	
<b>Anticipated time to receive BOC License:</b>			

I certify the information submitted in this application is complete and correct to the best of my knowledge. I grant the Methodist Sugar Land Hospital permission, if necessary, to request additional information from previous schools and employers concerning my academic record and professional ability. Special Note: Because of the nature of clinical faculty appointments, Methodist Sugar Land Hospital may be required to provide affiliated institutions with personnel information, including social security numbers.

<b>Signature:</b>	<b>Date:</b>
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**Statement of Interest**

Please provide a brief summary of your interest in the Houston Methodist Sugar Land Hospital Athletic Training Residency. Include your reasons for applying and how the residency compliments your long term career goals. Feel free to include a few things about you as an individual that may not be otherwise listed in the application and/or would assist us in making a final decision. Please keep responses limited to 1 page.

