

SECTION ON WOMEN'S HEALTH, APTA

CLINICAL RESIDENCY GRANT APPLICATION:

The APTA Section on Women's Health (SOWH) has made a priority of establishing specialty practice. Consistent with the SOWH Description of Specialty Practice and strategic planning, the Section embraces the development of clinical residency programs to foster these specialized skills. In an effort to offset the cost of application, SOWH has established up to five grants for the 2012 calendar year, in the amount of \$1725.00 each. The grants will be awarded on a first come, first serve basis. Grant applicants must be a Section on Women's Health member. Depending on the number of residents accepted into the first year of the program, this will cover part or the entire APTA credentialing fee. The SOWH Residency Committee invites you to review the following information and application.

Applicants are limited to one application (i.e., applications that do not meet APTA credentialing requirements or withdraw from the APTA credentialing process voluntarily, are not eligible for future funding on the same program).

Application Process

- The women's health residency or fellowship program will submit the grant application to the Section on Women's Health Executive Officer after receiving official credentialing from the American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE).
- Upon receipt of the program application and proof of credentialing from ABPTRFE by the Section on Women's Health Executive Office, the Section on Women's Health Residency Committee will send the women's health residency program a letter stating that the grant has been awarded. The Section will then send a check for the program's application fee (up to \$1725.00 per award) directly to program. The APTA will not delay the application for receipt of this check.

GRANT APPLICATION DEADLINE: December 31 annually, or until all funds for the year have been awarded.

**SECTION ON WOMEN'S HEALTH; APTA
WOMEN'S HEALTH CLINICAL RESIDENCY OR FELLOWSHIP PROGRAM GRANT
APPLICATION COVER SHEET**

Available to Section on Women's Health Members Only

Name of Residency or Fellowship Program:

Person submitting grant application: _____

Role in residency or fellowship program: _____

APTA Membership Number: _____

Address for Correspondence:

E-mail Address: _____

Daytime Telephone Number: _____

Fax Number: _____

Number of residents/fellows attending (check one):

1-5 residents

6-10 residents*

11 or more residents*

*: Awards are limited to \$1725.00 per program.

Signature of person completing application: _____

Name and Address for Grant Award Check to be made Payable to:

Please submit

Via e-mail to: kathiest.clair@apta.org

Alternate mail Submission: American Physical Therapy Association
Section on Women's Health
ATTN: Kathie St. Clair
PO Box 327
Alexandria, VA 22313