



UNIVERSITY of WESTERN STATES

Exercise and Sports Science

UNIVERSITY OF WESTERN STATES RESIDENCY/FELLOWSHIP APPLICATION

Please consider my application for the following residency program:

() Sports Science: _____ January

_____ April

() Radiology:

Year for which you are applying: _____

All materials for application should be addressed to:

University of Western States
Human Resources
2900 132nd Ave.
Portland, OR 97230
Fax 503.206.3204
E-mail: hr@uws.edu

Questions pertaining to the MSESS fellowship program may be directed to:

Dr. Craig Kawaoka; email: ckawaoka@uws.edu

Questions pertaining to the radiology residency program may be directed to:

Dr. Beverly Harger; email: bharger@uws.edu

GENERAL INFORMATION

NAME:

ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ e-mail _____

INSTITUTION YOU ARE APPLYING FROM: _____



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REFERENCES: Three letter of recommendation are required: Department Chairperson or equivalent from relevant area of specialty sought (e.g. Head of Radiology or Clinical Sciences) at their alma mater; a certified specialist practicing in the area of specialty (e.g. DACBSP/CCSP/ATC if sports, DACBR if radiology); and a faculty member from a department other than area of specialty.

NAME	ADDRESS	PHONE	POSITION

I waive my right to review the reference forms. () Yes () No

ALL COLLEGES ATTENDED: (please submit transcripts along with application)

NAME	ADDRESS	START DATE	END DATE	DEGREE

ALL HEALTH PROFESSIONAL LICENSES OBTAINED:

STATE	TYPE OF LICENSE	LICENSE NUMBER	YEAR OBTAINED	CURRENT STATUS



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PURSUIITS: Please describe any experience you have had related to the following, or attach a curriculum vitae:

Teaching: _____

Publications: _____

Research: _____

Clinical Experience: _____

ENTRANCE ESSAYS

Please respond to each of the following questions. Be concise. The Committee is interested in your perspectives relating to this training program, not a lengthy dissertation of your life or philosophies.

What is your purpose for applying to this program?



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What strengths do you bring to this program and how will they advance the program during your time with us?

What are the most important goals you intend to fulfill while in this program?



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How will you use your specialty training after you finish the program?

I certify that the information given on this application is true and complete. I understand that false information will invalidate my application.

SIGNED: _____ DATE: _____