



## **CASA COLINA CENTERS FOR REHABILITATION ORTHOPEDIC PHYSICAL THERAPY RESIDENCY PROGRAM *APPLICATION and INTERVIEW***

Thank you for your interest in the **Orthopedic Residency Program at Casa Colina**. To apply for the residency, please send a completed application (electronically or by US Mail) by **September 1st** to:

Phil Putignano, PT, DPT, OCS  
Program Director; Orthopedic Residency Program  
Casa Colina Centers for Rehabilitation  
255 E. Bonita Ave.  
Pomona, CA 91769  
pputignano@casacolina.org

### ***Applicants must meet the following minimum requirements***

1. Maintain a valid California Physical Therapy License
2. Maintain a current CPR certification
3. Completed at least 6 months of clinical practice in an orthopedic setting in the last year **or** one clinical affiliation as a student in orthopedics (if a recent graduate).
4. Comply with all Casa Colina employment requirements.

### ***Completed applications will consist of the following***

1. Cover letter
  - a. Please introduce yourself and respond to the following questions
    - i. What is the role of a residency program in the development of the physical therapy profession and how does this relate to APTA's vision 2020?
    - ii. What specific skills do you possess that make you an ideal candidate for a residency program?
2. Curriculum Vitae
3. 2 Letters of Recommendation (see attachment)

Top candidates will be selected for an in-person interview **in mid September**. The interview will consist of a live patient examination, documentation and a group question and answer session.

For questions, please contact...

Phil Putignano  
Program Director, Orthopedic Residency  
[pputignano@casacolina.org](mailto:pputignano@casacolina.org)  
909-596-7733 x 3017

Stephanie Kaplan, PT, DPT, ATP  
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**CASA COLINA CENTERS FOR REHABILITATION  
ORTHOPEDIC PHYSICAL THERAPY RESIDENCY PROGRAM  
LETTER OF RECOMMENDATION**

Name of Applicant:

Individual providing Recommendation:

Name/Credentials:

Current Position:

Mailing Address:

Phone Number

Email Address

May we contact you to discuss the qualifications of the candidate over the phone? Yes No  
(Instructions: Highlight your response – and delete the other response if submitting electronically)

Relation of Individual providing Recommendation to Applicant:

(Instructions: For the following three inquires, highlight your response – and delete the other responses if submitting electronically.)

Clinical Supervisor    Employer    Academic Instructor    Professional Colleague

Other (please specify):

Number of years known applicant:

Less than 2

2 to 5

Greater than 5

Compared to other applicants that you would recommend to this residency program, the applicant would rank in the:

Top 1%

Top 5%

Top 10%

Top 25%

Top 50%

Provide an example of the most valuable quality or characteristic the applicant possesses.

Provide a brief example or description illustrating your observation of the applicant's use of that quality or characteristic.

Feel free to attach (or cut/paste) other information pertinent to the application's recommendation.