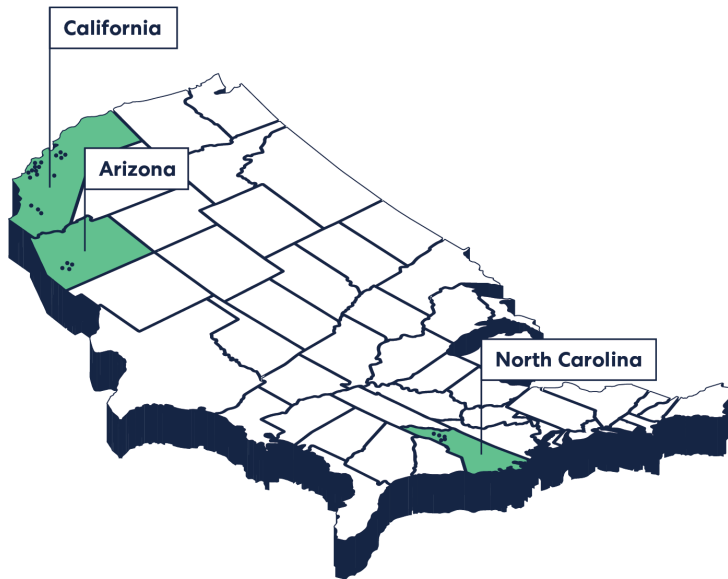




Hello and thank you for your interest in our practice! We are a team of outpatient physical therapy clinics operating facilities in Arizona, California, and North Carolina in the regions listed below.



- Arroyo Grande, CA
- Atascadero, CA
- Bakersfield, CA
- Cathedral City, CA
- Galt, CA
- Indio, CA
- Lodi, CA
- Loma Linda, CA
- Morro Bay, CA
- Orcutt, CA
- Paso Robles, CA
- San Luis Obispo, CA
- Stockton, CA
- Templeton, CA

- Tucson, AZ
- Green Valley, AZ
- Oro Valley, AZ

- Asheville, NC
- Candler, NC
- Hendersonville, NC
- Waynesville, NC

## Movement for Life Physical Therapy family of clinics

Interested students should apply to our student affiliation program by completing the following items:

1. Complete the application on page 2 of this packet.
2. Update your resume to include all affiliations you will have completed before arriving in our clinic (if you have not had all affiliations assigned at the time of submission, just note those you are aware of).
3. Request 2 recommendations. Preferably, one from a PT or PTA (past clinical instructor or PT/PTA you have worked with as an aide or volunteer) and one from one of your instructors/professors. Please have them complete the attached recommendation form on page 3. **(If your rotation is 30 days or less, this is NOT required.) These should be included with your application and resume and sent as one complete package.**
4. Please be sure your ACCE/DCE is aware that you are applying to the program before submitting your application.
5. Please e-mail, fax, or mail your application, reference letters, & resume to our Education Team at:

E-mail: [M4L-education@movementforlife.com](mailto:M4L-education@movementforlife.com)

Team Movement for Life  
1106 Walnut St  
San Luis Obispo, CA 93401

*NOTE: All applications are due in completed form in order to finalize and secure slot regardless of reservation status of slot requests. Confirmation of assignment will occur within 2 weeks of receiving completed application packet and references.*



## PT/OT\*/PTA Student Clinical Affiliation Application

Name: \_\_\_\_\_ PT/OT/PTA School: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Grad Date: \_\_\_\_\_ Affiliation Dates: \_\_\_\_\_

1. Why do you want to complete an affiliation at a Movement for Life Clinic?
2. Have you ever been a prior team member with Movement for life? If so, which clinic(s)?
3. What goals do you have for this clinical affiliation?
4. What are your clinical strengths at this point in your education? Weaknesses?
5. What did you like most about your previous clinical affiliation experiences (if this is your first affiliation, previous aide or observation hours)? What did you like the least?
6. How do you learn best...what is your preferred learning style?
7. Why did you choose physical therapy as a career? What is your career goal?
8. Tell us a little about yourself...hobbies, interests, awards?
9. Please review our website at [www.movementforlife.com](http://www.movementforlife.com) and rank your location preference. Each clinic has a webpage that includes biographical information, specialties, and backgrounds of the therapists practicing in that location. *If you have interests in certain specialties please include them in the list below (ie. Vestibular, Hand, Neuro, Peds, etc).* \* Currently OT students are only supported for clinical rotations in Hand Therapy at our San Luis Obispo, Santa Maria, and Templeton locations of our SLST region.\*

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

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. Open to any location – circle here



## Letter of Recommendation

Please return this recommendation form to the student making the request. Or email it directly to our student program manager: [m4l-education@movementforlife.com](mailto:m4l-education@movementforlife.com).

Student Name: \_\_\_\_\_ Name of Individual Providing Reference: \_\_\_\_\_

Position, Title, University / Company Name: \_\_\_\_\_

**To the referee:** We would appreciate your opinion of this applicant for clinical affiliation in our clinics including comments on strengths and weaknesses, initiative, patient rapport, communication skills and skill level related to therapy skills such as manual intervention, evaluation, exercise prescription, etc if known. For how long and in what capacity have you known the applicant? How does the applicant compare to students who have completed your program in recent years? As well as any other relevant information you care to include is appreciated. If you prefer to write a personal letter rather than use this form, please feel free to do so and attach this form to your letter.

Please rate the applicant relative to other students in the same field in recent years.

	Unable to Judge	Lowest 50%	Next 25%	Next 15%	Next 5%	Top 5%
<b>Academic Performance</b>						
<b>Communication – Interpersonal &amp; Verbal</b>						
<b>Communication - Written</b>						
<b>Team Player</b>						
<b>Motivation</b>						

Signature: \_\_\_\_\_ Position / Title: \_\_\_\_\_

University / Company Name: \_\_\_\_\_