SPONSOR-A-STUDENT PROGRAM

PURPOSE:
To initiate students to the Orthopaedic Section, APTA, Inc., and serve as a liaison and/or assist in the transition for the student preparing to enter the profession of physical therapy.

THE SPONSOR SHALL:

- Assist with introducing the student to the Orthopaedic Section.
- Serve as a role model and a resource for questions.
- Sponsor the student financially by funding a one year membership in the Orthopaedic Section. The cost for student membership is $15.00. (By sponsoring 5 students, you will receive a free Home Study Course of your choice)

QUALIFICATIONS:
The sponsor must be a member of the Orthopaedic Section and interested in promoting the physical therapy profession.

PROCESS:

1. Sponsor will send in Sponsor Application to the Orthopaedic Section office.
2. Office will enter sponsor in computer and send sponsor's application to the PT or PTA program within that sponsor's area (when possible), or to sponsor's school preference if indicated.
3. School liaison will coordinate with the students interested in participating; assisting with matching the student with a sponsor.
4. School will forward student's name to the Orthopaedic Section's office.
5. Orthopaedic Section will notify sponsor of his or her student.
6. Sponsor will contact assigned student.
7. An evaluation form will be sent to student participants and sponsors at the end of one year.

WHY GET INVOLVED?
To assist students in the transition from PT or PTA school to professional involvement in the APTA and the Orthopaedic Section.

SPONSOR APPLICATION

NAME: _____ PT___ PTA__

Other degree(s) earned: _____

WORK ADDRESS: _____

_____

SCHOOL PREFERENCE (if any): _____

1. Would you be willing to sponsor a student(s) from a different school than the school you listed? Y N
2. Would you be willing to sponsor a PTA student? Y N

AREAS OF EXPERTISE: (please state in 25 words or less)

_____

_____

_____

AREAS OF PROFESSIONAL INVOLVEMENT:

_____

_____

_____

AREAS OF PRACTICE:

_____ Ortho _____ Pediatric _____ Geriatrics _____ Private Practice _____ Sports Medicine
_____ Hand Rehab _____ Neuro _____ Home Health _____ SNF/ECF/ICF
_____ Academic Institution _____ Research _____ Hospital _____ Rehab Center (Inpt.)
_____ Rehab Center (Outpt.) _____ School System _____ Industry _____ Other _____

PLEASE RETURN TO:

ORTHOPAEDIC SECTION, APTA, INC.
Attn: Jessica J. Hemenway
2920 East Avenue South, Suite 200
La Crosse, WI 54601
800-444-3982 ext. 216 * 608-788-3965 (FAX)
www.orthopt.org