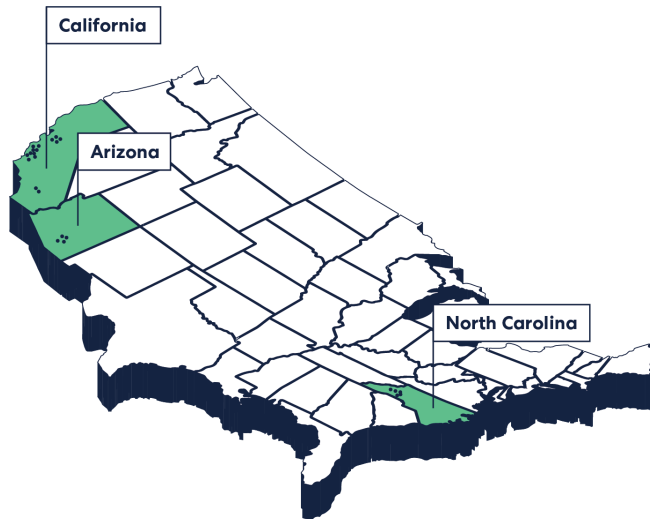




Hello and thank you for your interest in our practice! We are a team of outpatient physical therapy clinics operating facilities in Arizona, California, and North Carolina in the regions listed below.



- Atascadero, CA
- Cathedral City, CA
- Galt, CA
- Indio, CA
- Lodi, CA
- Morro Bay, CA
- Orcutt, CA
- Paso Robles, CA
- Pismo Beach, 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

Movement for Life Physical Therapy requires an application for all students that are NOT in their final affiliation. Students that would like to be considered for a reserved slot for a first or intermediate clinical affiliation should apply to our student affiliation program by completing the following items:

- ☐ Complete the application on page 2 of this packet.
- ☐ Provide a Resume - including any prior affiliation information
- ☐ Request a recommendation letter. Preferably, from a PT or PTA (past clinical instructor or PT/PTA you have worked with as an aide or volunteer) or from one of your instructors/professors.
- ☐ **(If your rotation is 30 days or less, or you are on your FINAL AFFILIATION this is NOT required.)**
- ☐ Please be sure your ACCE/DCE is CC'd on the email when application is sent
- ☐ Please email, your application, reference letter, & resume to our Education Team at:
E-mail: M4L-education@movementforlife.com

Team Movement for Life
408 Higuera Street
Suite 200
San Luis Obispo, CA 93401

NOTE: All applications are due in completed form in order to finalize and secure slots for first and intermediate rotation requests regardless of reservation status of slot requests. Final rotation requests do not require application for confirmation of slot. Confirmation of assignment will occur within 2 weeks of receiving completed application packet and reference letter.



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 areas/regions do you plan to pursue employment after graduation from your program?
4. What goals do you have for this clinical affiliation?
5. What are your clinical strengths at this point in your education? Areas for growth?
6. 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?
7. How do you learn best...what is your preferred learning style?
8. What are your career goals in Physical Therapy?(ex: Patient population you are interested in, mentorship, residency, goal of directing a clinic, starting a speciality etc..)
9. Tell us a little about yourself...hobbies, interests, awards?
10. Please review our website at 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.

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.

Signature: _____ Position / Title: _____

University / Company Name: _____