

**Baptist Health Orthopedic Care****Athletic Training Residency Program - Orthopedics**

This is a one-year program in collaboration with the physicians and Certified Athletic Trainers of the Baptist Health Orthopedic Care, part of Baptist Health South Florida. We will be accepting applications for the academic year 2023-2024 starting on November 1st through January 31st and interviewing from December 1st through February 28th. Final decisions are made by the end of March. Incomplete applications will not be considered.

**Eligibility Requirements:**

- BOC Certification
- Athletic Training Licensure (or eligibility) in the State of Florida
- Completed a CAATE accredited Athletic Training program or intend to graduate during the year of application
- Current certification in CPR/AED

**Items to include with application:**

- Residency Program Application
- CV listing all scholarly activity (research/publications/presentations)
- Personal statement on page 5 of application
- BOC certification
- Three letters of reference (signed, and on letterhead). One letter must be from an ATC familiar with your work.

Acceptance and admission to the program is contingent on submission of all requested materials and meeting all eligibility requirements as determined by the program.

Please submit application and supporting documents to [ATResidency@BaptistHealth.net](mailto:ATResidency@BaptistHealth.net)

If you would like more information, please contact me.

Sincerely,

**Drialys Leal, MS, LAT, ATC**  
Program Director, Athletic Training Residency



1150 Campo Sano Avenue  
Coral Gables, FL 33146  
Drialys.Leal@BaptistHealth.net  
Phone: 786.308.2152  
Fax: 786.533.9829



**Athletic Training Residency Application**

**CONTACT INFORMATION**

Full Name:

Current address:

Dates (mm/yy) to (mm/yy):

City:

State:

ZIP Code:

Country (If outside US):

Home Phone:

Work Phone:

Cell:

Email:

Fax:

Are you legally authorized to work in the United States?  No  Yes

Will you now or in the future require sponsorship for employment Visa status?  No  Yes

**PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE)**

Address:

City:

State:

ZIP Code:

Country (If outside US):

**MILITARY SERVICE**

Do you have any military obligations?  No  Yes *If, "yes" please answer questions below.*

Branch:

Current status:

Future Obligations (time commitment):

Dates (if known):

**UNDERGRADUATE EDUCATION**

1. College/University Name:

City/State:

Degree:

Dates attended from (mm/yy) to (mm/yy):

Honors:

2. College/University Name:

City/State:

Degree:

Dates attended from (mm/yy) to (mm/yy):

Honors:

**GRADUATE EDUCATION**

1. College/University Name:

City/State:

Dates attended from (mm/yy) to (mm/yy):

Graduation Date:

Degree/Study Area:

Honors:







**Athletic Training Residency Application**

RESEARCH

Research Experience:

Research in Progress:



**Baptist Health**

Orthopedic Care

### Athletic Training Residency Application

Extra-curricular Activities / Interests:

**PERSONAL STATEMENT (PLEASE LIMIT TO NO MORE THAN 250 WORDS)**

**AGREEMENT**

I certify the information in this application is true and complete and I have not withheld information that might significantly affect my qualifications for residency training. I understand any misrepresentation listed on this application and its accompanying documents may be cause for immediate termination of my application process or future employment. I authorize the training program to contact any or all of my former employers, educational institutions and/or other persons or organizations that may have information relevant to my application. I understand information obtained will be treated as confidential. I intend to complete all prerequisites prior to beginning my residency training. I understand that any contract will be void if I do not satisfactorily complete my prerequisite training or if I fail to meet other requirements that have been explicitly stated to all applicants. My commitment to the program is binding until the completion of my residency training.

Signature of applicant:

Date: