



## Orthopaedic Surgery & Sports Medicine Teaching & Research Foundation

Dear Prospective Applicant:

Thank you for your interest in the Orthopaedic Surgery and Sports Medicine Teaching and Research Foundation (OTRF) residency program for athletic trainers. Across the country, it is becoming commonplace for athletic trainers to work alongside orthopaedic surgeons in the clinic and the operating room. However, there are limited opportunities for athletic trainers to obtain the skills and training necessary to work in this capacity. For the past several years, I have been able to provide a one-year residency program through OTRF that provides clinical and surgical experience for athletic trainers.

Applications are accepted between December 1 and March 15, immediately prior to the July 1 residency start date. The residency is intended to prepare you for a clinical athletic trainer position in an orthopaedic practice. The time and dedication required to complete the program will reward you with advanced clinical knowledge, skills and the capacity to assist physicians in an orthopaedic sports medicine setting. You will gain valuable experience taking problem focused medical histories, conducting an orthopaedic physical exam, interpreting X-rays and other radiologic exams, casting/splinting/fitting DME, caring for wounds, making medical decisions, educating patients, participating in research and assisting in surgery. The resident leads a weekly clinical conference for physical therapists, healthcare clinicians, athletic trainers, physicians and other medical personnel. He/she also will sit for Orthopaedic Technologist Certification as part of required curricula.

On the following pages, you will find the application for my athletic training residency program. For additional information about the program, position requirements and benefits, please download the description and curriculum PDF. Also, if you are interested in applying for the program, please allow adequate time to complete the application and obtain the required support materials. Incomplete or late applications will not be accepted.

Thank you for your interest in the OTRF Residency Program.

Sincerely,

Steven C. Chudik, MD.



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### OTRF Residency Program **Application Requirements for Athletic Trainers**

- Completed athletic trainer residency application
- Official undergraduate/graduate transcript(s)
- Resume/curriculum vitae
- Two letters of recommendation
- Proof of certification or copy of registration for the BOC exam before May of the residency year. Applicants must have passed the BOC exam and be a certified athletic trainer before beginning the OTRF Residency Program.
- Proof of Illinois athletic trainers' licensure, **or a copy of completed application forms.** Applicants must attain an Illinois athletic trainers' license before beginning the OTRF Residency Program.
- CPR certification (equivalent to BOC standard)
- **Accepted** applicant must register for the Orthopaedic Technologist (OT) certification exam before the deadline (typically June 30) for the August exam period. The resident must pass the OT exam to participate in the surgical-assist portion of the program.

#### **Send completed information and required documents to:**

OTRF Athletic Training Residency Program  
c/o Dr. Steven Chudik 1010 Executive Court, Suite 250  
Westmont, IL 60559

Fax: 630-920-2382

Email: [contactus@chudikmd.com](mailto:contactus@chudikmd.com)





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## OTRF Residency Application for Athletic Trainers

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate/Cell: \_\_\_\_\_

Email: \_\_\_\_\_

BOC Certification Number: \_\_\_\_\_

IL License Number: \_\_\_\_\_

Other Special Credentials/Certifications:

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Training/Educational Background (Please include school, location, dates of completion, and degree earned):

• Undergraduate \_\_\_\_\_

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• Graduate \_\_\_\_\_

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• Other \_\_\_\_\_

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Relevant clinical/professional experience (Please include length of time):

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Other special relevant experiences you would like to share (Use separate sheet if more space is needed):

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References for letters of recommendation

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Relationship: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Relationship: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

Please submit a short, one-page essay about your interest in this program, your goals for the experience and your plans upon completing the residency.





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I certify that all information submitted in the application process, including the application, transcripts, proof of licensure and certification (application), and all supplemental material is my own, factually true and honestly presented.

Signature \_\_\_\_\_ Date \_\_\_\_\_