



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 Physician Assistants. Physician Assistants are widely utilized around the country in orthopaedic practices to assist with initial patient evaluations, managing treatment of nonoperative conditions, assisting with surgical procedures, managing peri-operative medical issues, and post-op follow up. However, there are limited opportunities for Physician Assistants to gain the needed experience in a specialized orthopaedic setting to confidently step into a physician practice and make an immediate positive impact. This one-year Residency Program will provide you this experience and help set you apart from your peers. Having worked with Physician Assistants on my staff for many years, I recognize the value this type of training can have on your career and ability to find quality employment in the orthopaedic field of medicine.

Applications are accepted between March 1 and April 15, prior to the Residency start date on May 1. The Residency is intended to prepare you for a Physician Assistant 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 Orthopaedics and 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, assisting in surgery, and managing postoperative care.

On the following pages, you will find the application for our Physician Assistant Residency Program. For additional information about the program, position requirements and benefits, please download the description and curriculum PDF. If you are interested in applying for the program, please allow adequate time to complete the application and complete the required support materials. Incomplete or late applications will not be accepted.

Thank you for your interest in the OTRF Physician Assistant Residency Program.

Sincerely,

Steven C. Chudik, MD.



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Application Requirements for OTRF Physician Assistant Residency Program

- Completed Physician Assistant Residency application
- Official undergraduate and graduate transcripts
- Resume/Curriculum Vitae
- Two letters of recommendation
- Proof of certification with NCCPA
- Proof of Illinois licensure **or a copy of completed application forms.**
- Proof of CPR certification

Send completed information and required documents to:

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

Fax: 630-920-2382

Email: contactus@chudikmd.com



OTRF Residency Application for Physician Assistants

Name: _____ Date of Application: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate/Cell: _____

Email: _____

NCCPA Certification Number: _____

IL License Number: _____

Other Special Credentials/Certifications:

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

- Undergraduate _____

- Graduate _____

- Other _____



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

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

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 _____