



Orthopaedic Surgery & Sports Medicine
Teaching & Research Foundation
Athletic Training Residency Program

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 several years, I have been hosting a 13-month residency program through OTRF that provides athletic trainers clinical and surgical experience.

Applications are accepted between November 1 and February 15, preceding the August 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 orthopaedics and sports medicine. 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.

On the following pages, you will find the application for the OTRF Athletic Training Residency Program. For additional information about the program, position requirements and benefits, please download the description and curriculum PDF. 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 Athletic Training Residency Program.

Sincerely,

Steven C. Chudik, MD.



1010 Executive Court • Suite 250
Westmont • IL • 60559
contactus@chudikmd.com
otrfund.org



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OTRF Residency Program Application Requirements for Athletic Trainers

- Completed Athletic Trainer Residency application
- Official transcript from Athletic Training Program
- Resume/curriculum vitae
- Cover letter about your interest in this program, your goals for the experience and your plans upon completing the residency.
- 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 Athletic Training 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 Athletic Training Residency Program.
- CPR certification (equivalent to BOC standard)

How to Submit Your Application:

Please submit your completed application and all required materials either **by mail or digitally through the Athletic Training Centralized Application Service (ATCAS)**.

Mailing Address:

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





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Digital Application via ATCAS:

Visit <https://atcas.cas.myliaison.com/applicant-ux/#/login>

1. Create an account
2. Add the OTRF Athletic Training Residency Program to your selected programs
3. Please note that ATCAS charges \$99 for the first program you apply to and \$55 for each additional program.

Applying through ATCAS allows you to conveniently upload all required documents in one place.

Incomplete or late applications submitted by either method will not be accepted.





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OTRF Residency Application for Athletic Trainers

Name: _____ Date of Application: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate/Cell: _____

Email: _____

How did you hear about us? _____
(Website, Professor, LinkedIn, Instagram, TikTok, Other)

BOC Certification Number: _____

Illinois 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? _____



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 _____

