

# Utah Orthopaedic Physical Therapy Residency Program

## PROOF OF GOOD STANDING FOR TIMELY GRADUATION

Physical Therapy Program Chair:

*A student enrolled in your program is applying to the Utah Orthopaedic Physical Therapy Residency Program. If the student is currently in good standing and is expected to graduate on time (and prior to August 1 of the application year), please sign below and return to applicant or email to [misha.bradford@hsc.utah.edu](mailto:misha.bradford@hsc.utah.edu) using institution email address. Alternatively, you may send via institution email a statement attesting the same (without the form).*

*Thank you,*

*Misha PT, DPT*

*Director, Utah Orthopaedic Physical Therapy Residency Program*

*ABPTRFE Certified Specialist in Orthopaedic Physical Therapy*

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I certify that \_\_\_\_\_ is a student in good standing in the PT program named below and they are expected to graduate before August 1 of the application year.

Name

Title

Program / Institution

Signature

Date