



St. Louis VA Healthcare System

Chiropractic Integrated Practice Residency

Applications for Academic Year 2017-2018 in St. Louis will be accepted from January 9 – Feb 3, 2017

Residencies are available at:

St. Louis, MO; Los Angeles, CA; West Haven, CT; Buffalo, NY; and Canandaigua, NY
See instructions and forms below.

The program is funded by the VA Office of Academic Affiliations and in St. Louis is administered in affiliation with Logan University, College of Chiropractic. Additional details about the program are provided in the announcement [Fact Sheet - VA Chiropractic Residency Programs](#).

The Chiropractic Integrated Practice Residency Program will provide organized post graduate training to develop chiropractors prepared for advanced practice, capable of communicating and working in an interdisciplinary environment, with a firm understanding of the role of research and continuing education in clinical decision making.

The St. Louis program may include rotations through Primary Care, Extended Care/Physical Medicine & Rehab, Pain Clinic – Pain Center of Excellence: Interdisciplinary Pain Rehab, Interventional Medicine, Spinal Cord Injury/Dysfunction, Mental Health, Neurology, Surgery/Orthopedics, Radiology, Rheumatology, Sports Rehab and Performance (Logan University)

Eligibility: To be eligible applicants must must be a US citizen and:

1. Have graduated from a CCE accredited institution by June 1, 2017
2. Be eligible to hold a license or currently are licensed to practice chiropractic
3. Have at least a 3.0 GPA in the Doctor of Chiropractic professional program
4. Have capabilities and goals consistent with the mission and rigor of the program

Application and Selection: Applications and letters of recommendation should be sent to stlchiroresidency@va.gov and must include (use fillable PDF forms below):

1. [VA Chiropractic Residency Application](#) – **deadline for submission 02/03/17**
2. [Three \(3\) letters of recommendation](#) from practicing doctors of chiropractic or faculty members from a CCE accredited institution or its international equivalent, or staff physicians from a VA Medical Center where the applicant has trained as a Chiropractic Student.
3. Resume/curriculum vitae

If selected for interview the applicant must also provide: copy of diploma and license(s), official educational transcripts of undergraduate, graduate, pre-professional, chiropractic and post graduate education, official transcript of board scores from National Board of Chiropractic Examiners.

All applications will be reviewed by a Resident Selection Committee and applicants will be selected for interviews. Those applicants chosen for interview will be required to complete:

1. The interview with the Resident Selection Committee will be conducted via telephone.
2. Candidates may be required to present a clinical case report.

The Resident Selection Committee shall make the determination after review of the application, transcripts, letters of recommendation, interview and case presentation (if applicable). Candidates shall be notified in writing of the decision of the committee.

All applications and questions should be addressed to stlchiroresidency@va.gov

VA Chiropractic Residency Application

1. VA Facility				
<ul style="list-style-type: none"> This application is for the training period July 1, 2016 through June 30, 2017 Applicants must follow the instructions for the specific residency location Deadline for submitting all application materials is February 5, 2016 				
Residency location				
2: APPLICANT INFORMATION				
Last name:		First name:		
Current address:				
Email address:		Telephone:		
Citizenship:	<i>All applicants must be US citizens. Please indicate your citizenship below.</i>			
	US citizen by birth	Naturalized US citizen	Not a US citizen	
Selective Service Registration:	<i>Male applicants born after December 31, 1959 are required to be registered with the Selective Service System unless certain exemptions apply. Please indicate your registration status below.</i>			
	Are you a male born after December 31, 1959?			
	Yes	No (if "No" proceed to Section 3)		
	Have you registered with the Selective Service System?			
	Yes	No (if "No" describe your reason in Section 6.1)		
3: EDUCATION AND TRAINING				
<i>In chronological order list education after high school through graduate/professional school</i>				
Institution and location (city/state)	Major field of study	Year completed	Degree (if applicable)	GPA
4: CHIROPRACTIC LICENSE INFORMATION				
Do you currently hold a chiropractic license?				
Yes No (if "No" proceed to Section 5)				
State of issue	License number		Expiration date	
5: OTHER HEALTHCARE LICENSE/CERTIFICATION INFORMATION				
Do you currently hold a license or certification in another healthcare profession?				
Yes No (if "No" proceed to Section 6)				

List all other healthcare licenses, certifications, and registrations	State of issue	License, certification or registration number	Expiration date

6: ADDITIONAL QUESTIONS

If you answer "YES" to any of the questions below please explain in section 6.1

Do you have pending or have you ever had any health profession license, certification, or registration to practice revoked, suspended, denied restricted, limited or issued/placed on a probational status or voluntarily relinquished?	Yes No
Do you have pending or have you ever had clinical privileges at any health care institution or agency revoked, suspended, denied restricted, limited or issued/placed on a probational status or voluntarily relinquished?	Yes No
If you have ever participated in the Medicare/Medicaid Program, were you convicted of and or investigated for making and/or using false, fictitious, or fraudulent statements, representations, writings or documents, regarding a material fact in connection with the delivery of or payment for health care benefits, items or services that would be in violation of the Criminal False Claims Act?	Yes No
Are you now, or have you ever been, involved in administrative, professional or judicial proceedings in which malpractice on your part is or was alleged? If YES, give details below, including name of action or proceedings, date filed, court or reviewing agency, and the status or disposition of case concerning allegations, together with your explanation of the circumstances involved. <i>As a provider of health care services, the VA has an obligation to exercise reasonable care in determining that applicants are properly qualified. It is recognized that many allegations of professional malpractice are proven groundless. Any conclusion concerning your answer as it relates to professional qualifications will be made only after a full evaluation of the circumstances involved.</i>	Yes No
Do you need accommodations to perform the procedures and essential functions of the training position for which you have applied?	Yes No

6.1: REMARKS

7: PERSONAL STATEMENT

In 300 - 400 words, please explain why you should be selected for this VA chiropractic residency, what you expect to gain from the training, and what impact you expect it will have on your career.

Return this completed form by email to the respective program(s) to which you are applying:

West Haven, CT	anthony.lisi@va.gov
Buffalo, NY	andrew.dunn@va.gov
Canandaigua, NY	paul.dougherty@va.gov
St. Louis, MO	stlchiroresidency@va.gov
Los Angeles, CA	valerie.johnson4@va.gov

You may apply to more than one location, but must follow each facility's individual application instructions as specified on its website.

Due to the highly selective nature of these programs you are strongly advised to be judicious in submitting applications.

Submission deadline is February 5, 2016

VA Chiropractic Resident Recommendation Form

VA Chiropractic Residency Program overview

Residents provide full diagnostic and management services for musculoskeletal and neuromuscular conditions under the mentorship of senior VA doctors of chiropractic (DCs). This includes team-based management of complex conditions in collaboration with medical and other healthcare providers. Residents also engage in clinical rotations through primary care, medical/surgical specialties, mental health, and rehabilitation disciplines. Additionally, residents participate in various scholarly activities, and attend and give presentations at multiple academic/research venues of the VA facility and/or its affiliates.

Please consider this applicant in context of the above-described training program.

Applicant's name:

How long have you known the applicant?

In what capacity have you interacted with and come to know the applicant?

Were you previously, are you now, or are you about to become related to the applicant as family, or associated through a professional or financial arrangement? If yes, please explain.

Please rank the applicant compared to other students/chiropractors of similar experience levels. If you do not have adequate knowledge to rate a given area, please indicate UA for "unable to assess."

	Top 5%	Top 25%	Top 50%	Lower 50%	UA
Medical/clinical knowledge					
Clinical competence and judgment					
Patient examination and diagnosis					
Therapeutic intervention skills					
Competence in evidence-based medicine principles					
Patient interaction and communication					
Respect and compassion for patients					
Ethical behavior and integrity					
General written and spoken communication skills					
Conscientiousness, reliability					
Effectiveness as an interdisciplinary team member					
Willingness to accept constructive criticism					
Work ethic					
Self-initiative					
Emotional stability and maturity					
Likelihood of integrating in a medical setting					

Additional questions

Are you aware of any particular strengths or weaknesses of this applicant that may not be evident on paper? If yes, please explain.

Have you ever observed or been informed of any physical, mental, emotional, or behavioral issues that the applicant has or had that have affected or could potentially affect his/her ability to perform the duties required? If yes, please explain.

To the best of your knowledge, are there any special provisions required to accommodate this applicant? If yes, please explain

Would you recommend this applicant for a VA chiropractic residency?

Highly recommend

Recommend

Recommend with reservation (explain below)

Do not recommend (explain below)

Please call me to discuss this applicant (enter telephone number below)

Please write any additional comments in the space below. Feel free to include any personal experiences that might illustrate the applicant's character or uniqueness.

Your information	
Name:	
Date:	
Current position/institution:	
Signature:	

Please sign this form (either electronically or hard copy) and return a PDF by email to the respective program(s) to which the candidate is applying:

West Haven, CT	anthony.lisi@va.gov
Buffalo, NY	andrew.dunn@va.gov
Canandaigua, NY	paul.dougherty@va.gov
St. Louis, MO	stlchiroresidency@va.gov
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