



PRI Mini Residency Program

Resident Application

Please mail a copy of your completed application form and all supporting documentation to both the PRI Mini Residency Center for which you have chosen to apply, as well as the Postural Restoration Institute® (Attn: Jennifer Platt, 5255 R Street, Lincoln, NE 68504):

PART ONE (Demographics)

Today's Date _____

Name _____

Professional Title _____

Employer / Company _____

Work Address _____

Work Phone and Fax _____

Website _____

Home Address _____

Home Phone _____

Email _____

Education Background _____

Which PRI Mini Residency Center are you applying to with this application?

PART TWO (Course Attendance)

- Please list all PRI courses that you have attended. Course requirements: Myokinematic Restoration, Postural Respiration, and Pelvis Restoration.
**Please note that some PRI Mini Residency Centers may have additional course requirements.*

Course	Date	Location	Speaker

PART THREE (PRI Experience & Expectations)

- Please type out your responses to the following questions, and include these with your application.
 1. How much do you use PRI in your current every day practice with patients or clients? Is it a subordinate method, or is it your primary treatment/management approach?
 2. Why are you pursuing the PRI Mini Residency Program and what do you hope to get out of this 6-week program at our center?
 3. What are your future goals for integration of PRI concepts within your practice/setting?
 4. What do you feel are your PRI application strengths and weaknesses (i.e. Concepts? Testing? Manual Techniques? Non-Manual Techniques?)
 5. Please express what PRI reasoning or application you want to improve upon during this mini residency program.
 6. What is your optimal learning style? (i.e. hands on, didactic reading, observation, etc.)

7. Who have been your professional mentors? Do you have any PRI mentors? If so, who are those mentors and in what ways have they successfully mentored you?
8. Besides utilizing PRI as an assessment/treatment approach, what other PT or sports/performance-related interventions (i.e. Graston, Schroth, Dry Needling, FMS/SFMA, DNS, etc.) do you use in your practice or setting on a regular basis?
9. Do you currently integrate PRI with foot orthotics/footwear or collaborate with an optometrist or dentist in your area? If so, in what ways are these other disciplines integrated within your practice?
10. What are your expectations of this PRI Mini Residency Center, or what would you view as a successful residency program, based on time and money spent?

PART FOUR (Supporting Documents)

- Please be sure to include the following documents with your application:
 - Verification as a licensed or certified healthcare or movement professional.
 - Copy of the certificates of completion for the required PRI courses (Myokinematic Restoration, Pelvis Restoration, Postural Respiration) and any additional courses specified as requirements for the PRI Mini Residency Center for which you are applying to.
 - Proof of Professional Liability Insurance Coverage