

### Our Physicians:

<b>Kurt Spindler, MD:</b>	Orthopaedic Surgeon
<b>John Kuhn, MD:</b>	Orthopaedic Surgeon
<b>Warren Dunn, MD:</b>	Orthopaedic Surgeon
<b>James Carey, MD:</b>	Orthopaedic Surgeon
<b>Charlie Cox, MD:</b>	Orthopaedic Surgeon
<b>Gene Hannah, MD:</b>	Sports Medicine Physician
<b>Andrew Gregory, MD:</b>	Sports Medicine Physician, Pediatrics
<b>Paul Rummo, DO:</b>	Sports Medicine Physician, Hand Center
<b>Robert Fitch, MD:</b>	Sports Medicine Physician, Emergency Department
<b>Alex Diamond, DO:</b>	Sports Medicine Physician
<b>Sarah Cribbs, MD:</b>	Sports Medicine Physician, Pediatrics

For more information:

Please visit our website at

[www.vanderbiltorthopaedics.com](http://www.vanderbiltorthopaedics.com)

## ATHLETIC TRAINING INTERNSHIP PROGRAM



Division 1 A - Sun



High School Outreach



Division 1 SEC



Outpatient Physical Therapy Clinic



Physician Clinic



Fitness Center

## INTRODUCTION:

Vanderbilt Sports Medicine has the unique opportunity to offer a wide array of experiences for Internship Candidates. Our Athletic Trainers not only provide the medical coverage for Vanderbilt University, but also are the official medical providers for the Nashville Predators, the Nashville Sounds (AAA baseball), Belmont University, and 18 local high schools. We employ athletic trainers in the outpatient clinic setting, fitness center, and physician extenders in our satellite clinics.



Vanderbilt takes pride in its commitment to Middle Tennessee with 43 athletic trainers serving the community.

Our dedication to excellence in patient care, research, and education has placed Vanderbilt University on the Forbes Top 100 Best Workplaces in the U.S.

## APPLICATION PROCEDURE:

*We ask that applicants be competent in assessment skills, taping, emergency preparedness, and have excellent communication skills.*

**PROGRAM INFORMATION:** Minimum of 12 weeks, spring or fall semesters, students in junior or senior year.

**REQUIRED MATERIALS:** Resume, Transcript, 2 Letters of recommendation, cover letter indicating preference of setting.

Name: \_\_\_\_\_

School (attending currently): \_\_\_\_\_

Year in school: \_\_\_\_\_ Junior \_\_\_\_\_ Senior

Semester you are applying for: \_\_\_\_\_ Fall \_\_\_\_\_ Spring

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Preference of Setting: (mark top 3 choices in order)

- \_\_\_ Division 1 SEC (college)
- \_\_\_ Division 1 A-Sun (college)
- \_\_\_ High School Outreach
- \_\_\_ Outpatient Clinic
- \_\_\_ Orthopaedic Fitness Center
- \_\_\_ Physician Clinic

**Return completed application and all required materials to:**

Vanderbilt Sports Medicine  
Belmont University  
Attn: Kim Anderson, ATC  
1900 Belmont Blvd  
Nashville, TN 37212