

JAHVH Occupational Therapy Fellowship Program Application



Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date of Birth: _____ Place of Birth: _____

Fellowship Applying for: Assistive Technology Mental Health Neurorehabilitation

Have you applied for the program in the past? YES NO

Are you a citizen of the United States? YES NO

Are you a veteran or active duty military? YES NO If yes, Branch
 of Service: _____

Have you ever worked or had an internship at the VA? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain:

Education

Please list all Education and Training after High School through Graduate/Professional School

Name of School	Address	Start Date	End Date	Diploma/Degree	Major/ Field Study

License, Certification, or Registration

Please list all Licenses, Certifications and Registrations you have now or have had as a health professional.

License Name:	State	License Certification or Registration Number:	Is the License/ registration/ certification current?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

To Submit this application, email Katherine.Litman@va.gov the following documents by **April 30th**

1. *Completed Application*
2. *Resume*
3. *One-page essay explaining why a fellowship is important to you and why you chose the VA as a fellowship site*
4. *Two letters of reference (may be included in e-mail submission and do not need to be sent separately)*
5. *Copy of Valid OT license and NBCOT certificate OR transcripts showing an expected graduation date prior to the start of the fellowship and your scheduled NBCOT test date.*