

Minneapolis VA Health Care System

Hand Therapy Fellowship Program Application

1 Veteran Drive, Minneapolis, Minnesota 55417

612-413-7885

www.va.gov/minneapolis-health-care



APPLICANT INFORMATION:

Date _____

Full Name _____
Last First MI

Date of Birth: _____

Current Address:

_____ Apt. _____
Street Address

_____ City State Zip Code

Phone _____ Email _____

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 which branch/service?

Have you ever worked or had an internship/fieldwork at the VA? YES NO if yes, when?

Have you ever been convicted of a felony? YES NO
If yes, please explain

EDUCATION

Please list all education and training after High School through Graduate/Professional School

Name and location of school	Degree	Major	GPA	Start & End Dates

Awards/Achievements earned

Professional Organization Memberships

LICENSE, REGISTRATION AND/OR CERTIFICATION

Please list all licenses, registrations, and certifications you have now or have had as a health professional.

License/certification/registration name and State (if applicable)	Number	Date of issuance/expiration

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 Laurie.Humiston@va.gov the following documents by April 30th, 2023.

1. Completed application
2. Resume
3. One page essay explaining why this fellowship
 - a. is important to you
 - b. a description of your pursuit of a career in hand therapy
 - c. why you chose the Minneapolis VA Hand and Upper Extremity Occupational Therapy Fellowship Program.
4. Two letters of reference (may be included in the email and **do not** need to be sealed/ sent separately)
5. Your NBCOT certificate or transcripts showing an expected graduation date prior to the start of the fellowship and your scheduled/planned NBCOT test date, and a copy of a valid OT license from any state (as applicable).

Should you have any questions please contact Laurie Humiston at laurie.humiston@va.gov

or 612-413-7885.

Minneapolis VA Medical Center is committed to the principle of equal opportunity. MVAHCS does not discriminate against individuals on the basis of race, color, sex, sexual orientation, gender identity, religion, disability, age, veteran or refugee status, ancestry, or national ethnic origin in the administration of its fellowship opportunities.