



VA | U.S. Department of Veterans Affairs

VA St. Louis Health Care System 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: Physical Rehabilitation

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 Alicia.Stone3@va.gov the following documents by **March 31, 2023**:

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.