

Address: _____

Phone: _____

Have you ever applied to this program before? Yes No When? _____

Have you ever been convicted of a crime (other than a minor traffic violation)? Yes No

If yes, give details in attached statement.

EDUCATIONAL BACKGROUND

What is your highest academic degree? _____

Are you currently licensed to practice occupational therapy in the state of Virginia?

Yes License # _____

No If not, are you eligible for licensure in the state of Virginia? Yes No

COLLEGES/UNIVERSITIES ATTENDED

Names of Colleges Attended	Years Attended	Degree/Certificate	Major	GPA	Graduation Date

Awards/Achievements: _____

Have you ever been placed on probation or dismissed from a college or university?

0Yes 0No If so, describe details

WORK EXPERIENCE

List the three most recent OT-related positions you have held:

*Preferred requirements include at least 1 year of clinical experience. If you are a new graduate, please list relevant clinical fieldworks/experiences.

<i>Position (Title)</i>	<i>Employer</i>	<i>Dates</i>

Professional Association Memberships:

PERSONAL STATEMENT

The personal statement should be a one-two page double-spaced reflection on your interest and potential contribution in the Central Virginia VA Medical Center Hand Therapy Fellowship Program. Consider the following questions in developing your response:

Question #1: What are your goals for participation in a hand therapy fellowship program?

Question #2: Describe how you have demonstrated leadership in the past and how your participation in a fellowship program will enable you to become a leader in the field of upper extremity rehabilitation.

Question #3: Submit a case study from your clinical experience that:

Describes your approach and critical thinking process when evaluating new patients.

Implements your clinical reasoning to apply the comprehensive exam in designing an appropriate treatment plan.

Deduces a discharge plan through the treatment process.

RESUME: Please attach a current copy of professional resume.

LETTERS OF RECOMMENDATION: Three (3) letters of recommendation are required. The letters of recommendation should be in a sealed envelope (with the referee's signature on the seal) and sent with the fellowship Application packet. We strongly suggest individuals who are able to comment on your academic and your clinical practice and research capabilities or potentials.

I certify that the information in this application is correct to the best of my knowledge.

Signature of Applicant

_____ Date: _____

Due between February 1-March 31, 2023 for the Summer Program

Virtual interviews: (Finalists only-you will be notified May 1, 2023 after applications are processed and reviewed). An in-person interview may be requested by candidates offered a position or by the Fellowship Program prior to a commitment to the program.

Application Deadline March 31,2023

Interview Days April 1-15, 2023

Notification Date May 1st 2023

Fellowship Start Date September 5, 2023

Fellowship End Date August 31, 2024

Mail together completed application, personal statement and letters of recommendation in one envelope to the following address:

Central Virginia VA Health Care System

PM&RS (652/117)

Attn: OT Hand Fellowship Coordinator-Deborah Vanderburg

1201 Broad Rock Road

Richmond, Virginia 23249

Should you have any questions please contact Deborah Vanderburg at:

- Deborah.vanderburg@va.gov
- call 804-675-5000 ext. 6070, or Patty Cooper x7342

Central Virginia VA Medical Center is committed to the principle of equal opportunity. CVCHS 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 the administration of its fellowship opportunities.