



U.S. Department
of Veterans Affairs

Minneapolis VA Health Care System

OT PHYSICAL REHABILITATION FELLOWSHIP APPLICATION

Applicant Information					
Full Name:					
Last		First		MI	
Date:					
Address:					
Street Address		Apt#	City	State	Zip Code
Phone:					
Email:					

Additional Application Information: (Please respond Yes, No, or not applicable to questions)

1. Are you a citizen of the United States?
2. Have you applied for the program in the past?
3. Have you every worked or had an internship/fieldwork at the VA?
4. If yes to question 3, then when?
5. Have you ever been convicted of a felony?
6. If yes to question 5, please explain?

Educational Background

Graduate Education

Institution Name:

Address:

Years Attended:

Did you Graduate (yes or No)

Degree & GPA:

Undergraduate Education

Institution Name:

Address:

Years Attended:

Did you Graduate (yes or No)

Degree & GPA:

Other Education

Institution Name:

Address:

Years Attended:

Did you Graduate (yes or No)

Degree & GPA:

License, Registration and/or Certification

Please list all licenses, registrations, and certification you have as a health professional

Name:

Number:

Date(s) To-From:

Name:

Number:

Date(s) To-From:

Name:

Number:

Date(s) To-From:

Previous Employment (If applicable)

Company:

Phone:

Address:

Supervisor:

Job title:

Dates:

Responsibilities:

May we contact your supervision for reference? (Yes/No):

Company:

Phone:

Address:

Supervisor:

Job title:

Dates:

Responsibilities:

May we contact your supervision for reference? (Yes/No):

Company:

Phone:

Address:

Supervisor:

Job title:

Dates:

Responsibilities:

May we contact your supervision for reference? (Yes/No):

Military Service (If applicable)

Branch:

Dates:

Rank at discharge:

Type of discharge:

If other than honorable, please explain:

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 matthew.walczak@va.gov the following documents by April 30th, 2024.

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 physical rehabilitation*
 - c. *Why you chose the Minneapolis VA PR 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).*