



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 |
|----------------|---------|------------|----------|----------------|-----------------------|
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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? |
|--------------|-------|--------------------------------------------------|-------------------------------------------------------|
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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 be considered for a start date in **August**, submit this application, email Alicia.Stone3@va.gov the following documents by **March 31**:

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.*