### Central Virginia VA Health Care System

Occupational Therapy Hand Therapy Fellowship Program Application

### **APPLICATION PROCEDURES:**

Instructions: All applicants are required to submit an application. The following documents should be completed.

Applicant Information: Pages 1-3 of this document completed with applicant's signature

- Personal Statement
- Current Curriculum Vitae
- At least 3 Letters of Recommendation (mailed to the address below)

## **APPLICANT REQUIREMENTS:**

- U.S. Citizen
- Graduate of an accredited occupational therapy program
- Passed the NBCOT Board examination
- Completed application form including resume/curriculum vitae
- Three letters of recommendations from individuals who can speak to their clinical skills
- Occupational therapy license
- Evidence of upper extremity rehabilitation interest and/or pursuit of additional training/experiences in this area
- Not on probation or under a learning contract at their current facility or program

Upon review of application, select applications will be chosen for an interview.

## **APPLICANT INFORMATION**

Legal Name:				
Last	First		Middle	
Date of Birth:				
Current Address: : From		To:		
Number and Street				Zip Code
Home Phone Number:		Cell Phone:		
E-mail Address:				
Person to Notify in case	of emergency:			
Name: Re			onship:	
Day phone:				

Address:					
Phone:					
Have you ever applied to t	his program bef	ore? Yes	No Wi	nen?	
Have you ever been convic	ted of a crime (	other than a minc	or traffic vio	lation)? \	res No
If yes, give details in attach	ed statement.				
<b>EDUCATIONAL BACK</b>	GROUND				
What is your highest acade	emic degree?				
Are you currently licensed	to practice occu	pational therapy	in the state	of Virgin	ia?
Yes License #					
No If not, ae you eligible for licensure in the state of Virginia? Yes No					
COLLEGES/UNIVERSI	TED ATTEND	DED			
Names of Colleges Attended	Years Attended	Degree/ Certificate	Major	GPA	Graduation Date
	1				
Awards/Achievements:					
/wards//terrieverneries.					
Have you ever been placed	d on probation c	or dismissed from	a college or	universit	
OYes ONo If so, describe d	·	4.5.111.5564 11.0111	a conege of	J V C. J. I.	·1 ·
ores ono il so, describe d	CLAIIS				

# **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.

Position (Title)	Employer	Dates	
Professional Association M	emberships:		
PERSONAL STATEME	 NT		
·	Virginia VA Medical Center Har	nced reflection on your interest and potentiand Therapy Fellowship Program. Consider t	
Question #1: Wha	t are your goals for participatio	on in a hand therapy fellowship program?	
	ellowship program will enable y	ted leadership in the past and how your you to become a leader in the field of upper	r
Question #3: Subn	nit a case study from your clinic	cal experience that:	
Describes y	our approach and critical think	king process when evaluating new patients.	
•	s your clinical reasoning to app e treatment plan.	oly the comprehensive exam in designing ar	า
Deduces a	discharge plan through the trea	atment process.	
RESUME: Please attach a	a current copy of professional r	resume.	
letters o recommendation sent with the fellowship Ap	should be in a sealed envelope	ers of recommendation are required. The (with the referee's signature on the seal) a suggest individuals who are able to commendations or potentials.	
I certify that the information	on in this application is correct t	to the best of my knowledge.	
Signature of Applicant			
	D	Date:	

# Due between February 1-March 29, 2024 for the Summer Program

Interviews: (Finalists only-you will be notified April 1, 2024 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 29, 2024

Interview Days April 1-12, 2024

Notification Date May 3, 2024

Fellowship Start Date September 9, 2024

Fellowship End Date September 5, 2025

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

Central Virginia VA Health Care System (117)

**Occupational Therapy Department** 

Attn: OT Hand Fellowship Coordinator-Deborah Vanderburg

1201 Broad Rock Blvd

Richmond, Virginia 23249

Should you have any questions please contact

Deborah Vanderburg at:

-deborah.vanderburg@va.gov

-call 804-675-5000 ext. 6070

Rebecca Cardile at:

-rebecca.cardle@va.gov

-call 804-675-5000 ext. 8597

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.