

# JAHVH 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 (choose 1): Assistive Technology  Hand Therapy   
Mental Health  Neurorehabilitation

How did you hear about our program? \_\_\_\_\_

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 [Katherine.Litman@va.gov](mailto:Katherine.Litman@va.gov) the following documents by **April 30th**

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 (temporary licenses not accepted) and NBCOT certificate OR proof of expected graduation date and proof of confirmed/scheduled NBCOT testing date that will allow for results to be received prior to June 30th.
6. Proof of completion of an in-person physical agent modalities course/certification (\*\*HAND THERAPY ONLY)