  

**Zablocki VA Medical Center Occupational Therapy Physical Rehabilitation Fellowship Program Application**

Clement J. Zablocki VA Medical Center

5000 W. National Ave

Milwaukee, Wisconsin 53295

414.384.2000

414.382.5395

[www.va.gov/milwaukee-health-care](http://www.milwaukee.va.gov)

**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
* AOTA member
* Graduate of an accredited occupational therapy program
* Passed the NBCOT Board examination
* Maintain a current CPR certification through the American Heart Association
* Completed application form including resume/curriculum vitae
* 3 letters of recommendations from individuals who can speak to their clinical skills
* Current State OT license
* Evidence of physical rehabilitation interest and pursuit of additional training/experiences in this area
* Not be on probation or under a learning contract at their current facility or program

Upon review of application, select applicants will be chosen for a virtual interview.

**APPLICANT INFORMATION**

Legal Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

mm/yyyy mm/yyyy

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Number and Street Apt. City State Zip Code

Permanent home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number and Street Apt. City State Zip Code

Permanent Home Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Person to be notified in case of emergency:**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evening 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?

Yes; License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No If not, are you eligible for licensure in the State of Wisconsin? Yes No

**COLLEGES/UNIVERSITIES ATTENDED:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Colleges Attended | Year(s) Attended | Degree or Certificate | Major | Graduation Date |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Have you ever been placed on probation or dismissed from a college or university. Yes No If so, describe details **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**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 physical rehabilitation clinical fieldworks/experiences.

Position (Title) Employer Dates

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**PERSONAL STATEMENT:**

The personal statement should be a two-page double-spaced reflection on your interest and potential contribution to the Zablocki VA Medical Center Physical Rehabilitation Fellowship Program. Consider the following questions in developing your response:

* **Question #1:** What are your goals for participation in a physical rehabilitation 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 physical rehabilitation occupational therapy.
* **Question #3:** Describe your approach and thought process when you are evaluating new patients. How do you use clinical reasoning to complete a comprehensive and successful exam and determine the appropriate recommendations and/or treatment plan? You may provide a patient example if needed.

**CURRICULUM VITAE:**

Please attach a current copy of your 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 on the application information is correct to the best of my knowledge.***

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Due March 31, 2024, for the 2024-2025 Program**

**Virtual/In-person** **interviews:** (Finalists only- you will be notified early April after applications are processed and reviewed)

* **Start Date for Submission of Applications: Jan. 1, 2024**
* **Application Deadline: March 31, 2024**
* **Interview Days:  April 15-19, 2024**
* **Notification Date: April 30, 2024**
* **Notification of Acceptance: May 15, 2024**
* **Fellowship Start Date: July 29, 2024**
  + **Acute/Rehab:** July 29, 2024 – Nov. 29, 2024
  + **Inpt./Outpt. SCI:** Dec. 2, 2024 – March 28, 2025
  + **Outpt. OT:** March 31, 2025 – July 25, 2025
* **Fellowship End Date: July 25, 2025**

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

Clement J. Zablocki VA Medical Center

Attn: Melissa Ward-Healy

Occupational Therapy Dept

5000 W. National Ave

Building 111, Room E100B

Milwaukee, WI 53295

Should you have any questions please contact Melissa Ward-Healy at:

[melissa.ward-healy@va.gov](mailto:melissa.ward-healy@va.gov) or 414-384.2000, ext. 41145

*Zablocki VA Medical Center is committed to the principle of equal opportunity. ZVAMC 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 in the administration of its fellowship opportunities.*