



## Hand Therapy Fellowship Application

Personal Information				
First Name:		Last Name:		
Primary Phone:				
Country:				
Address:				
City:		State/Province:		Zip/Postal Code:
Education				
School	Location (City, State)	Degree	Major	Start & End Dates
Fieldwork/Internships:				
NAME	LOCATION	DURATION	SUPERVISOR	
Professional Information				
Licenses, Registrations and/or Certifications:				
1. _____				
License/Certification/Registration	Number	Date Attained		
2. _____				
License/Certification/Registration	Number	Date Attained		
3. _____				
License/Certification/Registration	Number	Date Attained		
Awards/Achievements:				
Continuing Education:				
Please list any continuing education courses you have completed that are relevant to the practice of hand therapy and dates attended.				

Course:	Date:
Course:	Date:
Course:	Date:
Are you currently licensed to practice occupational therapy in the state of Minnesota? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently licensed to practice occupational therapy in the state of Wisconsin? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Professional Memberships: <input type="checkbox"/> AOTA <input type="checkbox"/> ASHT <input type="checkbox"/> State hand therapy association	
<input type="checkbox"/> Other: _____	
Anticipated date for Hand Therapy Certification Exam:	
<b>Additional Questions</b>	
How did you hear about this opportunity?	
Have you ever been asked to resign or been dismissed from a job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No If reasonable accommodation is needed, please contact our Human Resources Department at (952) 847-4022.	
I certify that all information is true and accurate to the best of my knowledge <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Please upload the following supporting documentation:**

- Cover letter
- Curriculum Vitae – include work history
- Essay questions:
  - Why have you chosen to apply for the hand therapy fellowship at TCO?
  - Describe your professional goals three years from now, five years from now.
  - What past experiences have you had that would help make this a successful fellowship?
  - What challenges do you anticipate with your involvement in the fellowship program?
- 2 letters of recommendation (i.e. professor, manager/supervisor, peer/co-worker)