



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? Yes No

Are you currently licensed to practice occupational therapy in the state of Wisconsin? Yes No

Professional Memberships: AOTA ASHT State hand therapy association

Other: _____

Anticipated date for Hand Therapy Certification Exam:

How did you hear about this opportunity?

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)