



Team Rehab Occupational Therapy Hand Fellowship

Application

APPLICANT INFORMATION

Last Name

First Name

M.I.

Home Address

City

State

Zip

Primary Phone

Email

Preferred Start Date (MM/YYYY)

Are you currently employed by Team Rehab? ☐ Yes ☐ No

If yes, clinic/location

EDUCATION

List all colleges/universities attended, beginning with the most recent. Attach additional documentation as needed.

School	Location	Major	Dates Attended	Degree

FIELDWORK / CLINICAL ROTATIONS

List fieldwork or clinical rotations relevant to occupational therapy and hand therapy.

Site Name	Location	Primary Patient Population	Dates / Duration	Supervisor / Phone / Email

LICENSURE AND CERTIFICATIONS

1. Credential

Registration/Certification Number

State (if applicable)

Date Attained

2. Credential

Registration/Certification Number

State (if applicable)

Date Attained

NBCOT Certification: ☐ Yes ☐ No

State OT License: ☐ Pending ☐ Active ☐ Not yet applied

EMPLOYMENT HISTORY

List relevant professional employment, starting with the most recent. Attach resume/CV if necessary.

Employer	Dates of Employment	Responsibilities	Supervisor	Reason for Leaving

Employer	Dates of Employment	Responsibilities	Supervisor	Reason for Leaving

CONTINUING EDUCATION

List continuing education courses relevant to upper extremity, orthopedics, or hand therapy.

Course Name	Location / Date	Speaker

LETTERS OF RECOMMENDATION

Please arrange for two letters of recommendation to be submitted in support of your application.

- At least one letter should be from a clinical supervisor familiar with your occupational therapy practice.
- Recommenders may email letters directly to: Julie.berris@team-rehab.com

SHORT ANSWER QUESTIONS

Use additional sheets if necessary. Please type or print clearly.

1. Why did you choose occupational therapy as a career?

2. Describe your professional goals three years from now and five years from now.

3. How did you become interested in the practice of hand therapy?

4. How would this Hand Fellowship help you achieve your professional goals?

5. What past experiences (clinical, educational, volunteer, or personal) have prepared you to be successful in this Fellowship if selected?

6. What are your thoughts regarding the future of hand therapy and the role of occupational therapists in that future?

7. How did you hear about the Team Rehab Occupational Therapy Hand Fellowship Program?

APPLICANT ATTESTATION

I certify that my statements in this application are true and complete to the best of my knowledge. I understand that any misrepresentation or omission may be sufficient grounds for refusing my application or dismissing me from the TR OT Hand Fellowship program.

Applicant Signature _____ Date _____

Printed Name _____