

Neurologic Occupational Therapy Fellowship Application

MedStar National Rehabilitation Network
102 Irving Street NW
Washington, DC 20010
www.medstarnrh.org

Trinity Washington University
125 Michigan Ave NE
Washington, DC 20017
www.trinitydc.edu

APPLICATION PROCEDURES:

Instructions: All applicants are required to submit an application. The following documents should be mailed to the attention of Neepa Shah MS OTR/L, Fellowship Director, at neepa.shah@medstar.net when your application has been mailed.

- Application Fee \$45.00: Submit check made payable to MedStar National Rehabilitation Hospital
- Applicant Information: Pages 2-3 of this document completed with applicant's signature
- Transcripts from occupational therapy graduate school attended. Can be attached to application, unofficial transcripts with seal accepted. Do not need to have transcripts sent directly from school.
- Personal Statement
- Current Curriculum Vitae
- At least 2 Letters of Recommendation along with signed "Request for Letter of Recommendation" form (completed for each referee) in a **sealed envelope** with the referee's signature on the seal. (see Page 4). One Letter of Recommendation must be from non-Occupational Therapist

APPLICATION REQUIREMENTS:

Applicants must be graduates of an ACOTE- accredited entry-level occupational therapy program, have passed the NBCOT Board examination, and maintain a current CPR certification through the American Heart Association. Applicants must be a member of AOTA and must be eligible for and obtain licensure as an occupational therapist in the District of Columbia. At least 1 year of experience is preferred, but not required. Upon review of application, select applicants will be chosen for an onsite interview.

If you have any questions regarding the application, please contact Neepa Shah; Fellowship Director at Neepa.Shah@medstar.net or call 202-877-1509.

APPLICANT INFORMATION

Male

Legal Name _____
Last First Middle

Female

Date of Birth: _____

Current Address: From _____ To _____
mm/yyyy mm/yyyy

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 _____

EDUCATIONAL BACKGROUND:

What is your highest academic degree? _____

Are you currently licensed to practice occupational therapy in the District of Columbia?

- Yes; License # _____
- No

If not, are you eligible for licensure in the District of Columbia? Yes No

*Note: New Graduates must plan to sit for the exam two months prior to to start of the fellowship.

COLLEGES/UNIVERSITY ATTENDED:

Name of Colleges Attended	Year(s) Attended	Degree or Certificate	Major	Graduate Date

WORK EXPERIENCE:

List the three (3) 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 neurologic clinical fieldworks/experiences.

<u>Position (Title)</u>	<u>Employer</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSONAL STATEMENT:

The personal statement should be a two-page double-spaced reflection on your interest and potential contribution to the MedStar NRH Neurologic Fellowship Program. Consider the following questions in developing your response:

1. Why are you interested in participating in this fellowship program? Consider your professional goals and objectives.
2. What makes you an exceptional candidate for this fellowship program?
3. Where do you see yourself 5 years from now? How will the MedStar NRH fellowship help you attain this vision?
4. How do you hope to contribute to the field of neurologic occupational therapy?
5. Describe a particularly meaningful clinical teaching or research experience that you have had to date. How have you changed as a result? What have you learned from the experience? How has this affected your clinical practice?

CURRICULUM VITAE:

Please attach a current copy of your professional resume.

LETTERS OF RECOMMENDATION:

Please give the enclosed letter of recommendation forms to individuals who would be willing to comment on your abilities. Two (2) letters of recommendation are required; one must be from a non-occupational therapist. The letters of recommendation should be returned to the applicant 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.**

Please list the names and address of the individuals to whom you have sent the recommendation forms.

Name	Address/City/State	(Area Code) Telephone Number	Email Address	Relationship to the Applicant

I certify that the information on the application information is correct to the best of my knowledge.

Signature of Applicant: _____ Date: _____

REQUEST FOR LETTER OF RECOMMENDATION

Mail to the below address:
MedStar National Rehabilitation Hospital
Attn: Neepa Shah MS OTR/L
102 Irving Street NW
Washington, DC 20010

Applicant's Name: _____

To the Applicant:

I understand that under the provisions of the Family Education Rights and Privacy Act of 1974, I have access to my letters of recommendation. I expressly **Do** or **Do Not** (circle one) wish to wave my access to this letter. I understand that a waiver of access to my file is NOT required as a condition for admission, receipt of financial aid, or any other services or benefits.

Applicant's Signature _____ Date _____

To the Evaluator:

Thank you for writing a letter of recommendation for the above applicant to be considered for the MedStar NRH Neurologic Occupational Therapy Fellowship program. Please complete the letter of recommendation on your professional letterhead.

Our ideal candidate is a self-directed learner with exceptional interest in advancing their skills in neurologic occupational therapy patient care, teaching, and research. We have found that the most useful letters include the following information:

1. Applicant's personal characteristics (i.e., integrity, reliability, determination, motivation, honesty, professionalism, leadership, character, maturity, etc.)
2. Applicant's communication skills (i.e. written, verbal and interpersonal)
3. Applicant's social skills (i.e., interpersonal skills, ability to interact with others in groups, establish peer relationships, work and collaborate as team player, and manage conflict)
4. Applicant's academic potential (i.e. comprehension, retention, abstract thinking, critical thinking and problem solving skills) and/or clinical potential (patient rapport, evaluation/intervention skills, clinical decision-making, documentation, patient/family education)
5. Applicant's personal and professional development: (self-concept, integrity, peer relationship and empathy).
6. How does this student compare to others whom you have taught or with whom you have worked?

Please identify your relationship with applicant:

Professor/ Research Advisor
Clinical Supervisor/Clinical Instructor
Other: _____

Evaluator's Name & Title

Evaluator's Signature / Date

Facility/ University

(Area code) Telephone No./ Extension Email: _____