

Employment History: (Use additional sheets if necessary)

<u>Employer</u>	<u>Address</u>	<u>Duration</u>	<u>Primary Patient Population</u>	<u>Supervisor</u>

Continuing Education: (please list any continuing education courses you have completed that you feel are relevant to the practice of hand therapy and dates attended)
Use additional sheets if necessary:

<u>Course Name</u>	<u>Location/Dates</u>	<u>Speaker</u>

***Please make sure you enclose two letters of recommendation.**

Please answer the following questions: (Use additional sheets if necessary)

1. Why did you choose OT/PT as a career?

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

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

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

5. What past experiences have you had that would help make this a successful fellowship if you are chosen?

6. What are your thoughts regarding the future of hand therapy?

7. How did you hear of our fellowship program?

I certify that my statements are true and complete to the best of my knowledge. I understand that any misrepresentation or omission may be sufficient reason for refusal of this application or dismissal from the program.

Signature

Date