



**APPLICATION FOR DUKE
ACUTE AND CRITICAL CARE OCCUPATIONAL THERAPY RESIDENCY**

**DUKE UNIVERSITY
DEPARTMENT OF PHYSICAL THERAPY
AND OCCUPATIONAL THERAPY
OCCUPATIONAL THERAPY ACUTE AND CRITICAL CARE RESIDENCY**

PERSONAL INFORMATION

Name: _____
 Last First Middle

Mailing Address: _____ Until: _____

_____ Day Phone: _____
 City State Zip Code

Evening Phone: _____

Permanent Address: _____

_____ Telephone: _____
 City State Zip Code

E-Mail _____

Date of Birth: _____ Sex: Female Male

Country of citizenship: _____

If not a US Citizen, do you have US Permanent Resident status? Yes No

Race/National Origin

(Please circle the one response that best describes the way you identify yourself.)

- | | |
|--|---|
| <input type="radio"/> White (not Hispanic) | <input type="radio"/> Mexican American |
| <input type="radio"/> African American, African Caribbean, or Black (describe) _____ | <input type="radio"/> Cuban American |
| <input type="radio"/> Alaskan Native or American Indian (tribal affiliation) _____ | <input type="radio"/> Puerto Rican |
| <input type="radio"/> Asian or Pacific Islander (describe) _____ | <input type="radio"/> Latina/o or other Hispanic (describe) _____ |
| | <input type="radio"/> Other |
| | <input type="radio"/> Do not choose to indicate |

Person to be notified in case of emergency:

Name: _____ Relationship to applicant: _____ Day phone: _____

Address: _____ Evening phone: _____

Have you ever applied to this program before? Yes No When? _____

Have you ever been placed on probation or dismissed from a college or university? Yes No
 If yes, give details in attached statement

Have you ever been convicted of a crime (other than a minor traffic violation)? Yes No
 If yes, give details in attached statement.



ACADEMIC BACKGROUND:

List all colleges and universities attended. Enclose official transcripts from Occupational Therapy Program.

Institution	City/State	From/To Mo/Yr/ - Mo/Yr	Major	Credits Earned	Degree Date	GPA
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Have you ever been placed on probation or dismissed from a college or university. Yes No If so, describe details _____

Does your academic record accurately reflect your capabilities? Yes No
In this area, describe why or why it does not.

Have you been certified in any health profession(s)? Yes No If yes, please indicate:
Profession _____ Date _____
Profession _____ Date _____

List other fellowships or residencies to which you are applying this year.

_____	_____	_____
_____	_____	_____
_____	_____	_____

WORK/VOLUNTEER EXPERIENCE

Please attach copy of your resume.

RECOMMENDATIONS

List the three individuals completing letters of recommendation on your behalf.

1.	_____	_____
	Name	Title/Organization

	Address	
2.	_____	_____
	Name	Title/Organization

	Address	
3.	_____	_____
	Name	Title/Organization

	Address	

APPLICATION ESSAYS

Essays should be typed on separate pages and included with your application.

1. Describe your reasons for choosing to apply for the Acute and Critical Care Occupational Therapy Residency. Indicate any strengths and/or weaknesses that might influence your pursuit of this program. Describe in some detail your experiences in occupational therapy. Include the nature of the experience indicating the amount of time involved and the types of experience. *Limit your essay to 1000 words.*
2. Please write any additional statement you wish to include. This question is optional and intended only to give each candidate full opportunity for self-expression. *Limit essay to 500 words.*

To the best of my knowledge, the information on this application is true and accurate.

Applicant's Signature

Date

Mail together completed application, essays, transcripts, recommendations and twenty-five dollar application fee made out to the Duke Department of Physical Therapy and Occupational Therapy in one envelope to the following address:

Melissa Kandel, OTR/L

*Occupational Therapy Residency Program, Department of Physical Therapy and Occupational Therapy,
Duke University Medical Center, DUMC 3965, Durham NC 27710*

COMPLETED APPLICATION PACKETS MUST BE RECEIVED BY January 27, 2016
For August 1, 2016-July 31, 2017 Residency

