

## **Department of Rehabilitation Services**

# Duke Health Hand Therapy Occupational Therapy Fellowship

Personal Information
Name:
Mailing Address:
Phone Number:
Email:
Academic Background
List your undergraduate and graduate colleges and universities attended. Please provide official or unofficial transcripts from your undergraduate and graduate schools where you obtained your degrees within the submission.
Undergraduate Degree:
Undergraduate School attended:
Graduate Degree:
Graduate School attended:
Work/Volunteer Experience
Please attach a copy of your resume within the submission



### **Department of Rehabilitation Services**

#### **Recommendations**

List three individuals completing letters of recommendation on your behalf. The letters must be provided in your submission packet and must be in pdf format and signed by your recommendation. One reference must be from an OT who taught the applicant in an academic setting and one reference must be from an OT where the applicant was employed or a student.

setting and one reference mast be normal or where the applicant was employed or a stadent.			
Name,	e, title, and place of employment of individual providing recommend	dation:	
1.			
2.			
3.			
	i <mark>cation Essays</mark> rs should be typed on separate pages and included with your submissi	on	
1.	Describe your reasons for choosing to apply for the Hand Therapy Control Fellowship. Indicate any strengths and/or weaknesses that might in of this program. Elaborate on at least two clinical experiences (a particular or interesting case, job, or clinical internship) that you feel will control to succeed in the program. Limit your essay to 1000 words.	fluence your pursuit articularly challenging	
2.	Please write any additional statement you wish to include. This que intended only to give each candidate full opportunity for self-expre 500 words.	•	
To the	e best of my knowledge, the information on this application is true an	nd accurate.	
Signat	ture Date		



### **Department of Rehabilitation Services**

Email all application information in a zip file to Michael Schmidt at Michael.schmidt@duke.edu

Michael Schmidt, PT, DPT, MHA Director of Residency and Fellowship Programming **Department of Rehabilitation Services** Duke University Health System

**COMPLETED APPLICATION PACKETS MUST BE RECEIVED BY December 2, 2024** 

For August 1, 2025-July 31, 2026 Fellowship