



Institution	City/State	From/To Mo/Yr/ - Mo/Yr	Credits Major 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 fellowships 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. 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.

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 Therapist Fellowship. Indicate any strengths and/or weaknesses that might influence your pursuit of this program. Elaborate on at least two clinical experiences (a particularly challenging or interesting case, a job or a clinical internship) that you feel will contribute to your ability to succeed in our Program. *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:***  
*Daniel Dore, PT, DPT, MPA*  
*Occupational Therapy Fellowship Program, Department of Physical Therapy and Occupational Therapy,*  
*Duke University Medical Center, DUMC 3965, Durham NC 27710*

**COMPLETED APPLICATION PACKETS MUST BE RECEIVED BY December 1, 2018**  
**For August 1, 2019-July 31, 2020 Fellowship**