



**APPLICATION FOR DUKE  
ACUTE AND CRITICAL CARE OCCUPATIONAL THERAPIST FELLOWSHIP**

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

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
                     Last                                    First                                    Middle

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
                     City                                    State                                    Zip Code

Day Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_  
                     City                                    State                                    Zip Code

Telephone: \_\_\_\_\_

E-Mail \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

**Person to notify in case of emergency:**

Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_ Day phone: \_\_\_\_\_

Address: \_\_\_\_\_ Evening phone: \_\_\_\_\_

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



**ACADEMIC BACKGROUND:**

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

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 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. The letters must be enclosed in your full application packet. 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:***

*Mike Schmidt, PT, DPT, GCS, OCS, FAAOMPT  
Acute and Critical Care Occupational Therapy Fellowship Program,  
Department of Physical Therapy and Occupational Therapy,  
Duke University Medical Center, DUMC 3965, Durham NC 27710  
919 668-1323*

**COMPLETED APPLICATION PACKETS MUST BE RECEIVED BY**  
**NOVEMBER 19, 2021**

**For August 1, 2022-July 31, 2023 Fellowship**

