Department of Physical Therapy and Occupational Therapy Services
Pediatric Occupational Therapy Fellowship Program Application
2019-2020

Application Criteria

- Graduate of an OT program accredited by ACOTE or approved by the WFOT (required by AOTA)
- Have successfully passed the NBCOT exam for initial certification (required by AOTA)
- Minimum of 3 years of experience as an occupational therapist
- Meets all the requirements for employment at Boston Children’s Hospital
- Licensed or eligible for licensure in Massachusetts
- Current CPR certification

Admissions process

- Submit completed application by deadline April 1, 2019
- Resume or CV
- Interview
- Letter of intent/ Objectives for participation in program (limit to 2 pages)
- Career goals in pediatric occupational therapy
- Summary of prior clinical and educational experience related to pediatrics
- Two (2) References

Application Deadline for Prospective Fellows April 1, 2019
All applicants will be notified of status in the first week of June 2019.

Fellowship dates: August 19, 2019 – August 7, 2020 allowing for Fellow to have time off during the year.
(Extension of the Fellowship program may be indicated for remediation pending acquisition of knowledge or skills in any given module.)
Name: _________________________________________________________________

Last  First  Middle

Permanent Address:

Street

City  State  Zip

Email Address: __________________________________________________________

Telephone:
  Home:_________________________________
  Cell: __________________________________

Colleges and Universities Attended:

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<tr>
<th>Name</th>
<th>Location</th>
<th>Major</th>
<th>Dates attended</th>
<th>Degree</th>
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State(s) in which you hold an active occupational therapy license:

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<tr>
<th>State</th>
<th>Expiration Date</th>
<th>License Number</th>
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Other licenses:
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<th>Type (RN, PT, etc)</th>
<th>State</th>
<th>Expiration Date</th>
<th>License Number</th>
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Certifications:

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<th>Name of certification (CPR, NDT, etc)</th>
<th>Year of original certification, if known (N/A for CPR)</th>
<th>Year of most recent certification</th>
<th>Expiration date if applicable</th>
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Are you applying to any other fellowships or residencies this year? ________
If so please list:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

*Margaret C. Maynard, M. Ed., OTR/L, BCP, CHT*
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