

**Department of Physical Therapy and Occupational Therapy Services**

**Pediatric Occupational Therapy Fellowship Program Application**

**2023-2024**

**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 January 31,2023
* 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 OT Fellows January 31, 2023**

**Interviews will occur last week of February 2023.  
All applicants will be notified of status in the first week of April 2023.**

**Fellowship dates: August 21, 2023 – August 9, 2024** **allowing 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:

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City State Zip

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:

Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Colleges and Universities Attended:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Location** | **Major** | **Dates attended** | **Degree** |
|  |  |  |  |  |
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|  |  |  |  |  |

State(s) in which you hold an active occupational therapy license:

|  |  |  |
| --- | --- | --- |
| **State** | **Expiration Date** | **License Number** |
|  |  |  |
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Other licenses:

|  |  |  |  |
| --- | --- | --- | --- |
| **Type (RN, PT, etc)** | **State** | **Expiration Date** | **License Number** |
|  |  |  |  |
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Certifications:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of certification (CPR, NDT, etc)** | **Year of original certification, if known (N/A for CPR)** | **Year of most recent certification** | **Expiration date if applicable** |
|  |  |  |  |
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Are you applying to any other fellowships or residencies this year? \_\_\_\_\_\_\_\_

If so please list:

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Dawn Gordon, MOT, OTR

Occupational Therapist, II

dawn.gordon@childrens.harvard.edu

617-355-7212