Department of Physical Therapy and Occupational Therapy Services
Pediatric Occupational Therapy Fellowship Program Application
2024-2025

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, 2024
- 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, 2024

Interviews will occur early March 2024.
All applicants will be notified of status in the first week of April 2024.

Fellowship dates: August 19, 2024 – August 15, 2025 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:
________________________________________________________________________
________________________________________________________________________
Street
City
State
Zip

Email Address: __________________________________________________________

Telephone:
Home:_________________________________
Cell: _________________________________

Colleges and Universities Attended:

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<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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<th>State</th>
<th>Expiration Date</th>
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Other licenses:

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<th>Type (RN, PT, etc)</th>
<th>State</th>
<th>Expiration Date</th>
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Certifications:

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<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:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Dawn Gordon, MOT, OTR
Occupational Therapist, II
dawn.gordon@childrens.harvard.edu
617-355-7212