



# ORTHOCAROLINA PHYSICAL/HAND THERAPY FELLOWSHIP APPLICATION

## PROGRAM APPLYING FOR:

- Orthopaedic Physical Therapy fellowship       Hand Therapy fellowship

## PERSONAL INFORMATION:

\_\_\_\_\_ Last Name                      \_\_\_\_\_ First Name                      \_\_\_\_\_ MI

\_\_\_\_\_ Current Street or PO Address

\_\_\_\_\_ City                      \_\_\_\_\_ State                      \_\_\_\_\_ Zip/Postal Code

\_\_\_\_\_ Telephone: Home                      \_\_\_\_\_ Work                      \_\_\_\_\_ Mobile                      \_\_\_\_\_ Fax

## EDUCATION:

\_\_\_\_\_ College or University City/State/ Dates/ Degree/GPA (Physical or Occupational Therapy)

\_\_\_\_\_ College or University City/State/ Dates/ Degree/GPA

\_\_\_\_\_ College or University City/State/ Dates/ Degree/GPA

## PROFESSIONAL LICENSURE (INCLUDE ALL CURRENT AND PAST):

\_\_\_\_\_ License number                      \_\_\_\_\_ State

\_\_\_\_\_ License number                      \_\_\_\_\_ State

\_\_\_\_\_ License number                      \_\_\_\_\_ State

\_\_\_\_\_ License number                      \_\_\_\_\_ State

## HEALTHCARE / PHYSICAL OR OCCUPATIONAL THERAPY EXPERIENCE:

---

Employer/Title/Date(s)

---

Employer Title Date(s)

---

Employer Title Date(s)

## RECOMMENDATIONS

(Include three recommendations: one medical (MD or PA), one healthcare provider (PT/OT), and one personal recommendation in a sealed envelope or mailed separately)

---

Name/Institution/Title/Phone

---

Name/Institution/Title/Phone

---

Name/Institution/Title/Phone

## CLINICAL FELLOWSHIP APPLICATION ESSAY

Please write on separate paper and explain why you want to participate in the OrthoCarolina Clinical Fellowship Program. Please incorporate career goals and description of how your clinical experiences have/will contributed to these goals. Attach additional pages as needed. Please be concise.

Please attach two copies of your curriculum vitae to this application.

- |   |   |
|---|---|
| <input type="checkbox"/> Application Check List             | <input type="checkbox"/> Professional/Personal references |
| <input type="checkbox"/> Completed personal information     | <input type="checkbox"/> Curriculum vita                  |
| <input type="checkbox"/> Clinical fellowship essay attached |   |

## HOW DID YOU HEAR ABOUT US:

- |   |  |
|---|--|
| <input type="checkbox"/> OC (OrthoCarolina) website | <input type="checkbox"/> AOTA website            |
| <input type="checkbox"/> ASHT website               | <input type="checkbox"/> HTCC website            |
| <input type="checkbox"/> Internet search            | <input type="checkbox"/> Other, please elaborate |
-

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**OFFICIAL USE ONLY**

Date received: \_\_\_\_\_ Signature: \_\_\_\_\_

Date interviewed: \_\_\_\_\_ Signature: \_\_\_\_\_

Date approved/disapproved: \_\_\_\_\_ Signature: \_\_\_\_\_

**MAIL APPLICATION MATERIALS TO:**

**OrthoCarolina**

Attn: Stacy Rumpfelt OTR/L, OTD, CHT, CLT  
870 Summit Crossing Place  
Gastonia, NC 28054

704.671.1860 ph  
704.671.1859 fax

**YOU. IMPROVED.**

**OrthoCarolina**

EXCELLENCE  
IN ORTHOPEDICS

**OUR MISSION:** *Excellence in care and service, one patient at a time.* | **ORTHOCAROLINA.COM**