

PROGRAM APPLYING FOR: ☐ Orthopaedic Physical Therapy fellowship ☐ Hand Therapy fellowship PERSONAL INFORMATION: First Name ΜI Last Name Current Street or PO Address Zip/Postal Code City State Work Mobile Telephone: Home 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 License number _____State License number State

State

_____ License number

Employer Title Date(s) Employer Title Date(s) Employer Title Date(s) RECOMMENDATIONS (Include three letters of recommendation: one medical (MD or PA), one healthcare provider (PT/OT), and one personal letter of recommendation in a sealed envelope or mailed separately) 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 ha will contributed to these goals. Attach additional pages as needed. Please be concise. Please attach two copies of your curriculum vitae to this application. Application Check List Professional/Personal references Completed personal information Clinical fellowship essay attached HOW DID YOU HEAR ABOUT US: OC (OrthoCarolina) website ASHT website HTCC website Internet search Other, please elaborate	HEALTHCARE / PHYSICAL OR OCCUPA	ATIONAL THERAFT EXPERIENCE:
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☐ Internet search ☐ Other, please elaborate	☐ ASHT website	☐ HTCC website
	☐ Internet search	Other, please elaborate

Signature of Applicant	ATOA Member #	Date
OFFICIAL USE ONLY		
Date received:	Signature:	
Date interviewed:	Signature:	
Date approved/disapproved:	Signature:	

MAIL APPLICATION MATERIALS TO:

OrthoCarolina

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

704.671.1860 ph 704.671.1859 fax

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