

HEALTHCARE / PHYSICAL OR OCCUPATIONAL THERAPY EXPERIENCE:

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

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

ATOA Member #

Date

OFFICIAL USE ONLY

Date received: _____ Signature: _____

Date interviewed: _____ Signature: _____

Date approved/disapproved: _____ Signature: _____

MAIL APPLICATION MATERIALS TO:

OrthoCarolina

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

704.671.1860 ph
704.671.1859 fax

YOU. IMPROVED.

OrthoCarolina

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IN ORTHOPEDICS

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