

Neurologic Occupational Therapy Fellowship Application Instructions

1. Fill out the application below including a response to all 3 questions on the last page.
2. Attach CV/Resume for review.
3. Submit above documents via email or postal mail* before the deadline to:

Tierney.Bumgardner@osumc.edu

Or

Tierney Bumgardner
2050 Kenny Rd. Suite #2134
Columbus, OH 43221

*If you plan to submit your application via postal mail, please send an email to Tierney.Bumgardner@osumc.edu to notify of your postal mail submission.

Letters of Recommendation

2 letters of recommendation are required for your application to be considered complete and reviewed by our application committee.

Please request that your letters of recommendation be sent directly to the Fellowship Program Director: Tierney Bumgardner
The letters of recommendation must also be received by the application deadline.

Email: Tierney.Bumgardner@osumc.edu
Subject Line: OT Fellowship Letter of Recommendation

Or

Postal Mail: Tierney Bumgardner
2050 Kenny Rd. Suite #2134
Columbus, OH 43221



**THE OHIO STATE
UNIVERSITY**

WEXNER MEDICAL CENTER

Neurologic Occupational Therapy Fellowship Employment Application

Personal Information

| | | | |
|--|------|-------|----------|
| Name | | | |
| Address | City | State | Zip Code |
| Phone | | Email | |
| How did you hear about this OT Fellowship? | | | |

Fieldwork Experience

| Location: Name of institution and type of setting | Area of Specialty *Pre-requisite to apply is to have at least 1 FW in a neuro setting | Diagnosis Served |
|---|---|------------------|
| | | |
| | | |

Capstone Project (if applicable):

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Education: Highest Education Level:

| School | Degree | Major | Graduation Date | GPA |
|--------|--------|-------|-----------------|-----|
| | | | | |

Work History:

| Employer | Start Date | End Date | Title |
|---------------------|------------|----------|-------|
| | | | |
| Duties: | | | |
| Reason for leaving: | | | |

References:

| Name | Phone |
|------|-------|
| | |
| | |

1. Please briefly describe your clinical and academic experiences in Neuro-rehabilitation thus far. Include any specialized training, coursework, and/or research experiences in which you have participated. [250 word limit]

2. In less than 250 words, please share your long-term neuro OT professional goals.

3. The OSUWMC OT Neurologic Fellowship Program embraces the concept of intense immersion in specialty clinical practice as a learning method for advanced skill development. Explain how this Neurologic Fellowship will promote your long-term professional goals?

[500 word limit]