

 **Hand and Upper Extremity Occupational Therapy Fellowship Application**

**Eligibility**

1. Must have an Occupational Therapy Degree from an accredited university

2. Must have passed the NBCOT exam

3. Must be eligible to get licensure in the state of Ohio

**Instructions**

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

# jason.suda@osumc.edu

#  or

# Jason Suda MOTR/L, CHT

 Outpatient Care Dublin

 6700 University Boulevard, Suite 1500

 Dublin, OH, 43016

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

# **Letters of Recommendation**

Two (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, Jason Suda.

The letters of recommendation must also be received by the application deadline.

## Email: jason.suda@osumc.edu

Email Subject Line: OT Hand and Upper Extremity Fellowship Letter of Recommendation

Or

Postal Mail:

 Jason Suda MOTR/L, CHT

 Outpatient Care Dublin

 6700 University Boulevard, Suite 1500

 Dublin, OH, 43016

 **Hand and Upper Extremity 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 | Diagnosis Served  |
|  |  |  |
|  |  |  |

 Capstone Project (if applicable):

|  |
| --- |
|  |

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 hand and upper extremity thus far. Include any specialized training, coursework and/or research experiences in which you have participated. [250-word limit]

2. Please share your hand therapy OT professional goals. [250-word limit]

3. The OSUWMC Hand and Upper Extremity OT Fellowship Program prides itself on the concept of intense immersion in specialty clinical practice as a learning method for advanced skill development. Explain how this Fellowship will promote your long-term professional goals. [500-word limit]

OSUWMC Hand and Upper Extremity Therapy Fellowship Application; 12/2024