



# Hospital for Special Surgery Hand Therapy Fellowship for Occupational Therapists Application

NAME: \_\_\_\_\_ CREDENTIALS: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
Street City State Zip Code

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## PROFESSIONAL CREDENTIALS

NYS LICENSE: \_\_\_\_\_ YEAR: \_\_\_\_\_ EXP: \_\_\_\_\_

LICENSED IN STATE OF / #: \_\_\_\_\_ YEAR: \_\_\_\_\_ EXP: \_\_\_\_\_

PROFESSIONAL DEGREE(S): \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_ DATE: \_\_\_\_\_

## MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

AOTA  ASHT  OTHER \_\_\_\_\_

## CURRENT EMPLOYMENT

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip Code

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TITLE: \_\_\_\_\_ EMPLOYED SINCE: \_\_\_\_\_

## HOW DID YOU HEAR ABOUT OUR FELLOWSHIP?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE ATTACH THE FOLLOWING:**

1. Resume/curriculum vitae, including academic and clinical education, continuing education, clinical and other relevant experience.
2. Details of your clinical experience with hand and other upper extremity diagnoses.
3. Essay explaining your reasons for applying for the fellowship, your goals and why you consider yourself to be a good candidate.

**PLEASE ARRANGE FOR THE FOLLOWING TO BE SENT TO THE ADDRESS BELOW:**

1. Three Letters of Professional Reference
2. Academic Transcripts for postsecondary academic work

**APPLICANT REQUIREMENTS**

**Minimum Requirements**

- Graduation from an ACOTE® accredited occupational therapy program
- Current OT licensure and registration in New York State or eligibility to attain them prior to start of fellowship
- Malpractice insurance (minimum \$1 mil per occurrence/ \$3 mil aggregate)
- 1 year of experience after graduation in an outpatient orthopedic setting with some experience in hand/upper extremity rehabilitation

**Preferred Qualifications**

- Minimum requirements as above
- 3 or more years of experience after graduation including 1 or more years in hand and upper extremity rehabilitation in an outpatient orthopedic setting
- Membership in AOTA and/or ASHT

**Finalists will be interviewed prior to acceptance into the fellowship program.**

I certify that the foregoing information is accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FELLOWSHIP DATES**            September 1<sup>st</sup> to June 30<sup>th</sup>

**APPLICATION DEADLINE**    April 30<sup>th</sup>

**Application and supporting materials, along with a \$50 non-refundable application fee** (made payable to *Hospital for Special Surgery*) **should be submitted by April 30<sup>th</sup> to:**

**Julia Doty OTR/L, CHT  
HSS Rehabilitation  
535 East 70<sup>th</sup> Street  
New York, NY 10021**

We appreciate your interest in the Hospital for Special Surgery Hand Therapy Fellowship. For further information, please contact Julia Doty OTR/L, CHT at 917.260.4400 or dotyj@hss.edu