



Hospital for Special Surgery Hand Therapy Fellowship for Physical 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

APTA 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 accredited physical therapy program
- Current PT 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 APTA 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 1st to June 30th

APPLICATION DEADLINE April 30th

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

**Julia Doty OTR/L, CHT
HSS Rehabilitation
535 East 70th 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