

## FELLOWSHIP APPLICATION

Please submit the following items:

1. Electronic Application form including responses to essay questions (see below)
2. A list of 3 references and contact information (letters are not needed)
3. Occupational Therapy Academic Transcript
4. Curriculum Vitae (CV) or Resumé (upload at the end of the electronic application)

Email transcripts to:

Bobbi Greiner, OTD, OTR/L, BCP

Department of Occupational Therapy

Creighton University

2500 California Plaza

Omaha, NE 68178

bobbigreiner@creighton.edu

**Occupational Therapy Fellowship Application Forms available online at:**

<https://spahp.creighton.edu/academics/occupational-therapy/fellowship-programs>

OT Fellowship Application

**PERSONAL INFORMATION:**

Last Name, First, Middle:

Present Address:

City/State:

Zip/Postal Code:

Country:

Area Code/Telephone:

Email Address:

**EDUCATION (list in reverse chronological order):**

College or University:

City/State:

Dates attended:

Degree earned:

College or University:

City/State:

Dates attended:

Degree earned:

**PROFESSIONAL LICENSURE (if applicable):**

\_\_\_\_\_ License Number \_\_\_\_\_ State

\_\_\_\_\_ License Number \_\_\_\_\_ State

**HEALTHCARE/ FELLOWSHIP AREA OF INTEREST EXPERIENCE (list in reverse chronological order)**

Employer/Clinical Site:

Title:

Dates of Employment:

Employer/Clinical Site:

Title:

Dates of Employment:

Employer/Clinical Site:

Title:

Dates of Employment:

**Professional References:** Provide 3 professional references that can speak to your attributes related to this fellowship program.

**Reference #1**

|  |  |
|--|--|
| First/Last Name  |  |
| Email  |  |
| Phone Number   |  |
| Relationship (i.e. Professor, fieldwork educator, employer etc.) |  |

**Reference #2**

|  |  |
|--|--|
| First/Last Name  |  |
| Email  |  |
| Phone Number   |  |
| Relationship (i.e. Professor, fieldwork educator, employer etc.) |  |

**Reference #3**

|  |  |
|--|--|
| First/Last Name  |  |
| Email  |  |
| Phone Number   |  |
| Relationship (i.e. Professor, fieldwork educator, employer etc.) |  |

## Pediatric Fellowship Application

### **ESSAYS:**

1. How would successful completion of this pediatric fellowship program benefit your personal and professional development?
2. What attributes would a pediatric occupational therapist need to possess in order to communicate and collaborate with school personnel, hospital personnel, entry-level occupational therapy students, clients, and their families on a highly successful level? Please describe.
3. What do you anticipate as some potential challenges and rewards of completing a pediatric fellowship program at this stage in your career?

## Neurology Fellowship Application

### **ESSAYS:**

4. How would successful completion of this neurology fellowship program benefit your personal and professional development?
5. What attributes would an occupational therapist specializing in neurorehabilitation need to possess in order to communicate and collaborate with clinic/hospital personnel, community resources, entry-level occupational therapy students, patients, and their families and caregivers on a highly successful level? Please describe.
6. What do you anticipate as some potential challenges and rewards of completing a neurology fellowship program at this stage in your career?

## Gerontology Fellowship Application

### **ESSAYS:**

7. How would successful completion of this gerontology fellowship program benefit your personal and professional development?
8. What attributes would an occupational therapist specializing in geriatrics need to possess in order to communicate and collaborate with University personnel, rehabilitation personnel, entry-level occupational therapy students, clients, and their families and caregivers on a highly successful level? Please describe.
9. What do you anticipate as some potential challenges and rewards of completing a gerontology fellowship program at this stage in your career?