Zablocki VA Medical Center Occupational Therapy Physical Rehabilitation Fellowship Program Application
Clement J. Zablocki VA Medical Center
5000 W. National Ave
Milwaukee, Wisconsin 53295
414.384.2000
414.382.5395
www.milwaukee.va.gov

APPLICATION PROCEDURES:
Instructions: All applicants are required to submit an application. The following documents should be completed.

- Applicant Information: Pages 1-3 of this document completed with applicant’s signature
- Personal Statement
- Current Curriculum Vitae
- At least 3 Letters of Recommendation (mailed to the address below)

APPLICANT REQUIREMENTS:

- U.S. Citizen
- Graduate of an accredited occupational therapy program
- Passed the NBCOT Board examination
- Maintain a current CPR certification through the American Heart Association
- Completed application form including resume/curriculum vitae
- 3 letters of recommendations from individuals who can speak to their clinical skills
- State of Wisconsin license
- Evidence of physical rehabilitation interest and pursuit of additional training/experiences in this area
- Not be on probation or under a learning contract at their current facility or program

Upon review of application, select applicants will be chosen for an onsite interview.
APPLICANT INFORMATION
Legal Name ______________________________________________________________________
Last                                               First                                               Middle
Date of Birth: _______________________________
Current Address: From ________________________ To ___________________________
                                                                        mm/yyyy                                                  mm/yyyy
_________________________________________________________________________________________
Number and Street                    Apt.                        City                           State                              Zip Code
Permanent home address: _______________________________________________________________
                                                                        Number and Street                    Apt.                        City                           State                              Zip Code
Permanent Home Telephone ______________________ Cell Phone ____________________________
E-mail Address ____________________________________________________________________
Person to be notified in case of emergency:
Name:___________________________ Relationship to applicant:________________________
Day phone:__________________
Address:______________________________________________________________________
Evening phone:_______________
Have you ever applied to this program before? □ Yes  □No  When? ______________________
Have you ever been convicted of a crime (other than a minor traffic violation)? □Yes □No
If yes, give details in attached statement.

EDUCATIONAL BACKGROUND:
What is your highest academic degree?__________________ ___________________________
Are you currently licensed to practice occupational therapy in the State of Wisconsin?
 □Yes; License # ___________________
 □No            If not, are you eligible for licensure in the State of Wisconsin? □Yes  □No

COLLEGES/UNIVERSITIES ATTENDED:

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<th>Name of Colleges Attended</th>
<th>Year(s) Attended</th>
<th>Degree or Certificate</th>
<th>Major</th>
<th>Graduation Date</th>
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Have you ever been placed on probation or dismissed from a college or university. □Yes □No
If so, describe details
_____________________________________________________________________________
_____________________________________________________________________________
WORK EXPERIENCE:
List the three most recent OT-related positions you have held:
*Preferred requirements include at least 1 year of clinical experience. If you are a new graduate, please list relevant physical rehabilitation clinical fieldworks/experiences.

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<th>Position (Title)</th>
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PERSONAL STATEMENT:
The personal statement should be a two-page double-spaced reflection on your interest and potential contribution to the Zablocki VA Medical Center Physical Rehabilitation Fellowship Program. Consider the following questions in developing your response:

- **Question #1:** What are your goals for participation in a physical rehabilitation fellowship program?
- **Question #2:** Describe how you have demonstrated leadership in the past and how your participation in a fellowship program will enable you to become a leader in the field of physical rehabilitation occupational therapy.
- **Question #3:** Describe your approach and thought process when you are evaluating new patients. How do you use clinical reasoning to complete a comprehensive and successful exam and determine the appropriate recommendations and/or treatment plan? You may provide a patient example if needed.

CURRICULUM VITAE:
Please attach a current copy of your professional resume.

LETTERS OF RECOMMENDATION:
Three (3) letters of recommendation are required. The letters of recommendation should be in a **sealed** envelope (with the referee’s signature on the seal) and sent with the Fellowship Application packet. **We strongly suggest individuals who are able to comment on your academic and your clinical practice and research capabilities or potentials.**

*I certify that the information on the application information is correct to the best of my knowledge.*

Signature of Applicant: _______________________________ Date: _______________________________

Due between February 3 – May 1, 2020 for the 2020-2021 Fellowship Program Year
**In-person interview**: (Finalists only- you will be notified in mid-May after applications are processed and reviewed)

Dates to Remember as noted below:

- Start Date for Submission of Applications: February 3, 2020
- Application Deadline: May 1, 2020
- Interview Day: May 29, 2020
- Notification Date: June 5, 2020
- Notification of Acceptance: June 12, 2020
- Fellowship Start Date: August 31, 2020
- Fellowship End Date: September 1, 2021

Mail together completed application, personal statement and letters of recommendation in one envelope to the following address:

Clement J. Zablocki VA Medical Center  
Attn: Asha Grisby MSOT, OTR/L  
5000 W. National Ave  
Building: 111 Room: B0305  
Milwaukee, Wisconsin 53295

Should you have any questions please contact Asha Grisby at asha.grisby@va.gov or 414-384.2000 ext 49543

*Zablocki VA Medical Center is committed to the principle of equal opportunity. ZVAMC does not discriminate against individuals on the basis of race, color, sex, sexual orientation, gender identity, religion, disability, age, veteran or refugee status, ancestry, or national ethnic origin in the administration of its fellowship opportunities.*