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| **Mount Vernon Hospital Inpatient Rehabilitation**  |
| **2501 Parkers Lane****Alexandria, VA 22306**  |

**Inova Mount Vernon Hospital Inpatient Rehabilitation**

**Neurologic Occupational Therapy Fellowship**

**Application**

**Application Procedures**

* Complete application
* Please include the following supplemental materials:
	+ Letter of Intent/Cover letter
	+ Resume
	+ Two Professional Letters of recommendation
		- New graduates must include one academic letter of recommendation and one letter of recommendation from a previous clinical instructor.
* Email completed application and supplementary materials to the following:

Krisztina Ware OT/L, OTD, BCPR, SCLV

Fellowship Coordinator

krisztina.ware@inova.org

Megan Luatua OTR/L

Fellowship Co-coordinator

Megan.luatua@inova.org

Aby Darlington, OTR/L

Director of Rehabilitation Services

(703) 664-7484

Aby.darlington@inova.org

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| **APPLICANT INFORMATION** |
| Legal Name:  | Date: |
| Street Address:  | Apt/Unit #: |
| City: | State: | Zip: |
| Phone: | Email: |
| Are you legally eligible to work in the U.S.?  | Yes □  | No □  |
| Have you ever been convicted of a felony? If yes, explain. | Yes □  | No □  |

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| **EDUCATION** |
| College/University Attended | Year(s) Attended | Degree or Certification | Graduation Date |
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| **LICENSURE**  |
| Are you currently licensed to practice occupational therapy in the state of Virginia? |
| Yes □License #:  | No □ |
| If not, are you eligible for licensure in the state of Virginia? |
| Yes □ | No □ |

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| **WORK EXPERIENCE**  |
| List the three most recent OT-related positions you have held. If you are a new graduate, please include relevant neurologic clinical experiences. |
| Position | Employer/Clinical Site | Dates |
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| **DISCLAIMER AND SIGNATURE** |
| I certify that the information contained in this application is correct to the best of my knowledge.  |
| Signature of Applicant: | Date:  |