[](http://www.hopkinsmedicine.org/index.html)

**JOHNS HOPKINS MEDICINE**

**Department of Physical Medicine and Rehabilitation**

Physical Therapy / Occupational Therapy / Speech Language Pathology

Osler 1-159/ Meyer 2-109

1800 Orleans Street

Baltimore, MD 21287-8319

410-955-6214/ 410-955-6758

**Acute Care Occupational Therapy Fellowship**

**The Johns Hopkins Hospital**

**Application Criteria:**

* Program open to new graduates and practicing clinicians
* Completion of a Bachelor of Science, Master’s or Doctoral Degree from an accredited Occupational Therapy academic program
* Licensure from State of Maryland, Board of Occupational Therapy Examiners; or qualified to obtain a license
* Successful completion of clinical internships as required by academic program
* AOTA Member
* Current AHA CPR certification
* Three letters of recommendation
* Receipt of $50 application fee. Please [submit your payment online](https://www.hopkinsmedicine.org/physical_medicine_rehabilitation/education_training/therapy-residency/occupational-therapy/acute-care-ot-fellowship.html).

**Instructions:** All applicants are required to submit an application. Fill out all fields in the following document and send electronically to the residency coordinator listed below.

1. **Fellow Applicant Information:**

Name:

Mailing address:

Permanent Address:

Home Telephone:

Email Address:

Please send electronically to the Fellowship Director listed below:

Kelly Casey, OTD, OTR/L, BCPR, ATP, CPAM

Acute Care Occupational Therapy Fellowship Director

The Johns Hopkins Hospital

[kshowal1@jhmi.edu](mailto:kshowal1@jhmi.edu)

**2. Educational Background:**

a. What is your highest Academic degree? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. If you have completed a Master’s degree or higher, was an independent research project required?

* Yes
* No

If yes, please state the title of your research project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Are you currently a member of the AOTA?

* Yes
* No

AOTA Member number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. Are you currently licensed to practice occupational therapy in the State of Maryland?

* Yes
* No

e. Are you eligible for licensure in the State of Maryland?

* Yes
* No

**Colleges/University attended:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Colleges Attended | Year(s) Attended | Degree or Certificate | Major | Graduate Date |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Past Employment**

|  |  |  |
| --- | --- | --- |
| Employer and type of setting | Types of patients treated | # hrs./week |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Career Statement:**

The career statement should be typed and double-spaced. Please use the following questions, as they relate to your clinical/academic circumstances, to assist in the preparation of your career statement.

1. Why have you chosen to apply to the Acute Care OT Fellowship program at Johns Hopkins?
2. What is your area of clinical interest or practice area?
3. What are your professional goals or objectives?
4. How do you plan to accomplish these goals?
5. How do you believe this program will facilitate the accomplishment of your professional goals?
6. By achievement of your professional goals, how do you feel you may contribute to the field of occupational therapy in acute care?
7. What challenges do you anticipate with your involvement in the fellowship program?
8. **Letters of Recommendation:**

Please give the enclosed letter of recommendation form to three individuals who would be willing to comment on your abilities. **We strongly suggest that you include individuals who are able to comment on your academic and clinical abilities.**

**-**Former Supervisor/Instructor from an accredited occupational therapy program and/or a physician or therapist that has worked with you in the past.

Please list the names and address of the individuals to whom you have sent the above forms.

|  |  |  |
| --- | --- | --- |
| Name | Address/City/State | (Area Code) Telephone No. |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Current copy of your professional resume/CV:**

Select candidates who will progress to the next stage of the application process will be notified by email. They will be interviewed onsite at The Johns Hopkins Hospital campus. These interviews will also include a demonstration of client/staff interaction as well as a practicum utilizing mock patient case study.

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**REQUEST FOR LETTER OF RECOMMENDATION**

Contact information:

Kelly Casey, OTD, OTR/L, BCPR, ATP

Acute Care Occupational Therapy Fellowship Director

The Johns Hopkins Hospital

[kshowal1@jhmi.edu](mailto:kshowal1@jhmi.edu)

### Applicant’s Name:

**To the Applicant:**

I understand that under provisions of the Family Education Rights and Privacy Act of 1974, I have access to my letters of recommendation. I expressly Do or Do Not (circle one) wish to waive my access to this letter. I understand that a waiver of access to my file is NOT required as condition for admission, receipt of financial aid or any other services or benefits.

/

Applicant’s Signature Date

**To the Evaluator:**

Please write a letter on your ***Professional Letterhead*** evaluating the applicant in comparison with his/her clinical and/or academic peers. Your letter should be an evaluation of the candidate’s overall potential for the Occupational Therapy profession or research community in the area of acute care. If possible, include your knowledge of the applicant’s academic abilities, (e.g., comprehension, retention, abstract reasoning, perseverance, independence) communication skills, (e.g., written, verbal, interpersonal); and personal and professional development (e.g., self-concept, integrity, peer relationship, empathy).

Please identify your relationship with the applicant

* Professor
* Research Advisor
* Clinical Supervisor
* Relative
* Friend/Colleague
* Other (please describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator’s Name and Title

Evaluators Signature Date

Facility/University

(Area code) Telephone No./ Extension

**Attention Evaluator: Please return this form and letter of recommendation directly via email to Kelly Casey, OTD, OTR/L, BCPR, ATP, Acute Care Occupational Therapy Fellowship Director, at** [**kshowal1@jhmi.edu**](mailto:kshowal1@jhmi.edu)**. Your letter of reference will be shared only if the applicant requests, per the Family Education Rights and Privacy Act. Thank you.**