# Johns Hopkins Department of Physical Medicine and Rehabilitation

4924 Campbell Boulevard Suite 130A

Nottingham, MD 21236

443-442-2810

# The Johns Hopkins Hand Therapy Fellowship Program Application

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

**Fellow Information:**

1. Name:

LAST FIRST MIDDLE

1. Mailing address:
2. Permanent Address:
3. Telephone:
4. Email Address:
5. Male\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Female\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please send electronically to the Fellowship Coordinator/Director listed below:

**Rachel Pigott, OTR/L, MPH**Hand Therapy Fellowship Director  
[rmccorm6@jhu.edu](mailto:rmccorm6@jhu.edu)

**Educational Background:**

1. What is your highest Academic degree? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you currently a member of the AOTA?
   * Yes
   * No
2. Are you currently licensed to practice occupational therapy in the State of Maryland?
   * Yes
   * No
3. Are you eligible for licensure in the State of Maryland?
   * Yes
   * No
4. Colleges/University attended:

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

|  |  |  |
| --- | --- | --- |
| Employer and type of setting | Types of patients treated | # hrs./week |
|  |  |  |
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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 hand 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 hand therapy?
    7. What challenges do you anticipate with your involvement in the fellowship program?

1. **Letters of Recommendation:**

Please give the enclosed letter of recommendation form to **three individuals** who would be willing to comment on your abilities. Both new graduates and experienced therapists are eligible to apply. We strongly suggest that you include individuals who are able to comment on your academic and clinical abilities, such as a former supervisor/instructor from an accredited occupational therapy program and/or a physician or therapist that has worked with you in the past.

1. **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. |
|  |  |  |
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1. **Please attach a current copy of your professional resume.**

**REQUEST FOR LETTER OF RECOMMENDATION**

Contact information:

Rachel Pigott, OTR/L, MPH  
The Johns Hopkins Rehabilitation Therapy Services Clinic at White Marsh   
4924 Campbell Boulevard, Suite 130A, Nottingham, MD 21236

**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 hand therapy. 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

***Please return this form and letter of recommendation in a sealed envelope to the Applicant. If you prefer to send the letter directly to the Johns Hopkins Outpatient Rehabilitation Facility, please send to the mailing address above.***

**APPLICATION PROCEDURES**:

Please submit the following documents in ***one packet*** to the Johns Hopkins Outpatient Rehabilitation Facility:

* Official transcripts from each college or university attended (**Transcripts must be in a sealed envelope**).
* Career Statement
* Current curriculum vitae
* Letters of Recommendation. **Letter of recommendation must be in a sealed envelope.**

(Evaluators may send letters of recommendation directly to the program)

*Mailing Address:*

***ATTN: Rachel Pigott, OTR/L, MPH***

***Hand Therapy Fellowship Director***

**The Johns Hopkins Rehabilitation Clinic at White Marsh**

***4924 Campbell Boulevard, Suite 130A***

***Nottingham, MD 21236***

* Application Fee $50.00 can be submitted [on the fellowship website](https://www.hopkinsmedicine.org/physical_medicine_rehabilitation/education_training/therapy-residency/occupational-therapy/hand-ot-fellowship.html).

***Final applicants are required to have a personal interview. You will be notified at a later date regarding the interview. If you have any questions regarding your application and the program please contact: Rachel Pigott, OTR/L, MPH Fellowship*** ***Director at (443) 442- 2810***

**Interviews:**

Candidates may be screened via phone or skype. Final candidates will be notified via email. Interview of final candidates may be in-person or via zoom based on COVID related restrictions at the time of the interview.