

In addition to full **typed** completion of the information requested below, please include the following:

- *Resume/CV*
- *Copy of Professional License/Certification*
- *Copy of Occupational Therapy School Transcript*

PLEASE SUBMIT ALL MATERIALS VIA EMAIL TO SHELBY ENGLISH NO LATER THAN **January, 14, 2024 @ 11:59PM:**

**\*all references must be received by the above deadline as well**

[info@brooksihl.org](mailto:info@brooksihl.org)

You will receive a confirmation email when the application has been received

- All qualified applicants will be invited to complete a one-way video interview. Participants must have access to a computer with a webcam and internet access in order to complete the interview. The invitation is typically sent 1-2 weeks after your complete your application and no later than January 17, 2024. Please note you will have 72 hours after you have received the invite to complete the process.
- Upon completion of the video review, applicants will be invited to the on-site interview at Brooks Rehabilitation in Jacksonville, Florida scheduled for Friday, February 23, 2024.

**PERSONAL DATA**

Last Name	First Name
Street Address	City/State/Zip
Primary Phone Number	Primary E-Mail

**COLLEGES ATTENDED**

Name	Years Attended From-To
Degree Earned	Degree Awarded Date
Name	Years Attended From-To
Degree Earned	Degree Awarded Date
Name	Years Attended From-To
Degree Earned	Degree Awarded Date

Name	Years Attended From-To
Degree Earned	Degree Awarded Date

**CONTINUING EDUCATION COURSES**

Name	Organization	Date Completed
Name	Organization	Date Completed
Name	Organization	Date Completed
Name	Organization	Date Completed
Name	Organization	Date Completed
Name	Organization	Date Completed

**EXPERIENCES**

PROFESSIONAL EMPLOYMENT HISTORY

Position Title	Organization Name	Dates
City, State	Average Hours per Week	Name of Supervisor
May we Contact this Organization	Supervisors E-Mail Address	Supervisors Phone Number

Duties:

Position Title	Organization Name	Dates
City, State	Average Hours per Week	Name of Supervisor
May we Contact this Organization	Supervisors E-Mail Address	Supervisors Phone Number

Duties:

Position Title	Organization Name	Dates
City, State	Average Hours per Week	Name of Supervisor
May we Contact this Organization	Supervisors E-Mail Address	Supervisors Phone Number

Duties:

CLINICAL EXPERIENCES/INTERNSHIPS

Position Title	Organization Name	Dates
City, State	Average Hours per Week	Name of Supervisor
May we Contact this Organization	Supervisors E-Mail Address	Supervisors Phone Number
Duties:		

Position Title	Organization Name	Dates
City, State	Average Hours per Week	Name of Supervisor
May we Contact this Organization	Supervisors E-Mail Address	Supervisors Phone Number
Duties:		

Position Title	Organization Name	Dates
City, State	Average Hours per Week	Name of Supervisor
May we Contact this Organization	Supervisors E-Mail Address	Supervisors Phone Number
Duties:		

**ACHIEVEMENTS**

Name	Organization	Date
Name	Organization	Date
Name	Organization	Date

**LICENSES AND CERTIFICATIONS**

Type	State	Number
Type	State	Number
Type	State	Number

**CREDENTIALS AND CERTIFICATIONS**

Certification/ Credential Type	Issue Organization	Certification Number	Certification Date	Expiration Date
Certification/ Credential Type	Issue Organization	Certification Number	Certification Date	Expiration Date
Certification/ Credential Type	Issue Organization	Certification Number	Certification Date	Expiration Date

**MEMBERSHIPS**

Name
Name
Name

**SUPPLEMENTAL QUESTIONS**

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What do you wish to gain through participation in a fellowship program?

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Discuss aspects of your background and professional experience that particularly qualify you for participation in a fellowship program.

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Have you found your professional passion, and if so, what is it? How does the fellowship program fit in your plans for following this passion?

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**REFERENCES**

All 3 references must be from licensed Occupational Therapists, with at least one being from a Fieldwork Educator, and another from an Occupational Therapist Academician. Please provide the following link to your references and ask that they be completed by the due date. <https://bihl.wufoo.com/forms/ms3437817sg7kl/>

Name	Title
Organization	Occupation
Phone Number	Email Address

Name	Title
Organization	Occupation
Phone Number	Email Address

Name	Title
Organization	Occupation
Phone Number	Email Address

**Additional Information:**

U.S. Citizen?

YES

NO

VISA details (if applicable):