

# Aurora BayCare

## Rehabilitation & Sports Medicine

### Aurora BayCare Occupational Therapy Hand and Upper Extremity Rehabilitation Fellowship

The Aurora BayCare Occupational Therapy Hand and Upper Extremity Rehabilitation Fellowship is committed to developing advanced practitioners in the focus area of occupational and physical rehabilitation (e.g., upper extremity musculoskeletal injuries and work rehabilitation). The fellow will complete a comprehensive curriculum designed to advance their knowledge, skill, and clinical reasoning within the focus area of hand and upper extremity therapy along with work rehabilitation. Our program is currently an AOTA candidate program seeking accreditation.

**Program Format:** Full-time

**Program Length:** 12 months

**Application Deadline:** February 1

**Program Highlights:**

- Independent patient care in an outpatient occupational therapy clinic
- One-on-one clinical mentoring
- In-person and online academic coursework designed to provide the basis for advanced clinical practice
- Physician rounding and observation

If you have any questions about the application process or would like to request further information regarding our fellowship program, please reach out to the program coordinator Mitchell Voss at [Mitchell.voss@aah.org](mailto:Mitchell.voss@aah.org) or 920-288-5426.

#### Application Checklist

- Completed Applicant Information
- Meet Program Prerequisites
- Curriculum Vitae
- Three Letters of Recommendation
- Supplemental Essay Questions
- Occupational Therapy School Transcripts
- Additional Supporting Documentation (PDF preferred)
  - Examples include copies of any relevant licenses or certifications and research publications or presentations

#### Program Prerequisites

- Graduated or will graduate from an ACOTE occupational therapy program prior to the fellowship start date.**
- Valid licensure or anticipated to meet eligibility requirements for licensure as an occupational therapist in the State of Wisconsin.**
- Comply with Advocate Health's employment requirements for occupational therapists**
  - May include but not limited to a criminal background check, pre-employment physical examination and drug screening, and vaccination and immunization policies
- No specific years of experience required for fellowship application**

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Applicant Information			
Full Legal Name:			
Former Name (if applicable):			
Current Street Address:			
City:	State:	Zip Code:	Country:
Preferred Phone Number:			
Preferred Email Address:			
I declare that I am (check appropriate):			
<input type="checkbox"/> Licensed as an occupational therapist in the State of WI <input type="checkbox"/> Not yet licensed but eligible for licensure in the State of WI meeting the two following requirements: <ul style="list-style-type: none"> <li>○ Citizenship               <ul style="list-style-type: none"> <li><input type="checkbox"/> A citizen or national of the United States.</li> <li><input type="checkbox"/> A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license of credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA).</li> </ul> </li> <li>○ Education               <ul style="list-style-type: none"> <li><input type="checkbox"/> Graduated from an accredited occupational therapy program.</li> <li><input type="checkbox"/> Anticipate graduation from an accredited occupational therapy program prior to fellowship program start date.</li> </ul> </li> </ul>			
<b>Please attach an updated copy of your curriculum vitae including relevant academic background, transcripts, licenses or certifications, professional experiences, research publications or presentations, continuing education courses, and other professional development activities.</b>			

Educational Background
Entry-Level Occupational Therapy Program Affiliation:
Date of Graduation (or anticipated):
If not graduated, anticipated National Occupational Therapy Certification Examination test date:
Have you ever had an occupational therapy or other professional license suspended, revoked, or otherwise acted against, including denial of licensure by the licensing authority of any state/territory/country? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever withdrawn or been dismissed from a fellowship program in occupational therapy for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever withdrawn or been dismissed or suspended from a college or university for any reason? <input type="checkbox"/> Yes <input type="checkbox"/> No

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### Letters of Recommendation

Provide three letters of recommendation that emphasize your commitment to learning, leadership potential, interpersonal skills, resiliency, and ability to effectively communicate. All letters of recommendation must be received by the application deadline. Please list below the names of who will be writing your letters of recommendation. If they prefer to submit their letters directly to the program, they can email the letter to [mitchell.voss@aah.org](mailto:mitchell.voss@aah.org) and include your name in the subject line.

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### Supplemental Essays

**Complete the following essays in a separate document and submit with your application. Each response should be less than 2000 words in length and typed with 11-point Calibri font.**

1. Explain, in detail, aspects of your personal, educational, and professional background that have guided your decision to pursue a fellowship in hand and upper extremity rehabilitation.
2. Discuss your future career goals as they relate to occupational therapy.
3. Describe personal attributes that will contribute to your success in the Aurora BayCare Occupational Therapy Hand and Upper Extremity Rehabilitation Fellowship.

### Program Affirmation and Signature

*The Aurora BayCare Occupational Therapy Hand and Upper Extremity Rehabilitation Fellowship is a developing program and is not an accredited program through the AOTA. I understand participation in a fellowship program during the initial accreditation process does not guarantee graduation from an AOTA accredited program.*

Signature:

Date:

### Disclaimer and Signature

*I certify that all information and statements provided in this application are current, correct, and complete to the best of my knowledge.*

*I certify that the information provided represents my own work.*

*I understand that withholding information requested or giving false information may be grounds for dismissal from Aurora BayCare Occupational Therapy Hand and Upper Extremity Rehabilitation Fellowship if admitted.*

*I understand that my employment as an Occupational Therapy Fellow is contingent upon the candidate satisfying Advocate Health's employment eligibility requirements and willingness to fulfill or practice by Advocate Health's mission and values.*

Signature:

Date: