

# OCCUPATIONAL THERAPY PHYSICAL REHABILITATION FELLOWSHIP PROGRAM

## APPLICATION

Thank you for your interest in the **Occupational Therapy Physical Rehabilitation Fellowship Program at Casa Colina**. To apply for the residency, please send a completed application (electronically or by US Mail) by **April 1st** to:

Electronic submission: [OTresidency@casacolina.org](mailto:OTresidency@casacolina.org)

US Mail Submission:

Debra Ouellette, MS, OTR/L, BCPR, SCLV  
Casa Colina Hospital and Centers for Healthcare  
255 E. Bonita Avenue  
Pomona, CA 91767

### ***Applicants must meet the following minimum requirements***

1. Maintain a valid California Occupational Therapy License
2. Maintain a current CPR and First Aid certification
3. Completed at least six months of clinical practice in a physical rehabilitation setting in the last year or one Level 2 fieldwork in a physical rehabilitation setting (if a recent graduate)
4. Comply with all Casa Colina employment requirements

### ***Completed applications will consist of the following***

1. Cover Letter
  - a. Please introduce yourself and respond to the following questions
    - i. What is the role of a fellowship program in the development of the occupational therapy profession and how does this relate to AOTA's Centennial Vision and Vision 2025?
    - ii. What specific skills do you possess that make you an ideal candidate for a fellowship program?
2. Curriculum Vitae
3. Three Letters of Recommendation (see page 2). Letters should be included with your application, please do not send them separately. If you have graduated from OT school in the past 12 months, one recommendation must be from a fieldwork instructor.

Top candidates will be selected for an **in-person** interview.

**The final candidates will be confirmed by mid-May.**

For questions, please contact: [OTresidency@casacolina.org](mailto:OTresidency@casacolina.org)



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## ***LETTER OF RECOMMENDATION***

**Name of applicant:**

**Individual providing recommendation:**

Name/Credentials:

Current Position:

Mailing Address:

Phone Number:

Email Address:

**Relation of the individual providing the recommendation to applicant:**

*(Highlight your response and/or delete other responses if submitting electronically)*

Clinical Supervisor

Employer

Academic Instructor

Professional Colleague

*Other (please specify):*

**Number of years you have known the applicant:**

Less than 2

2 to 5

Greater than 5

**What is the most valuable quality or characteristic that the applicant possesses?**

**Provide a brief example or description, illustrating your observation of the applicant's use of the quality or characteristic:**

**Please feel free to attach (or cut/paste) other information pertinent to the applicant's recommendation.**