Roth McFarlane Hand and Upper Limb Centre HAND THERAPY FELLOWSHIP APPLICATION

Process: Interested candidates are required to complete this application and submit this to the coordinator of the program via email. Applications are reviewed bi-annually. Opportunities to support a fellowship will be based on availability of resources of the team. We will endeavour to support two fellows per year. Please refer to the cycle below.

Application Deadlines	Application Review	Notification of Acceptance	Confirmed Acceptance	Start Date
September 30	October 15 to 30	November 1	November 15	March 1
March 31	April 15 to 31	May 1	May 15	September 1

Once the request for fellowship can be accommodated, the candidate is required to complete and provide proof of the following prior to their start date:

- Registration with the College of Physiotherapists of Ontario or the College of Occupational Therapists of Ontario.
- St. Joseph's student prerequisites (see appendix) (privacy, TB skin 2 step, vaccinations)

We thank you for your interest in the Hand Therapy Fellowship Program. Please contact the program coordinator, Lynn Stewart, at <u>lynn.stewart@sjhc.london.on.ca</u> if you have further questions.

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Renowned for compassionate care, St. Joseph's is one of the best academic health care organizations in Canada dedicated to helping people live to their fullest by minimizing the effects of injury, disease and disability through excellence in care, teaching and research. **Instructions**: Please type or print in ink. Be sure to answer all questions thoroughly. If any questions do not apply to you, please respond with N/A (not applicable). Please return this completed form so that processing may take place.

Date:					
General Information					
Name:					
Address: Home:	Work:				
Telephone: Home:	Work:				
Email contact information:					
Professional/Practice Information					
Member of which provincial regulatory body:					
Registration number:					
Academic credentials:					
Please describe your current area of practice.					
Please describe why you are interested in participating in this fellowship program.					

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Please identify your learning objectives/goals that you wish to achieve in participating in this fellowship program.

Please describe how you plan to incorporate the knowledge/skills you will acquire into your future practice.

Please attach a full CV to outline your educational and employment history

End

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