



Neurological Vision Rehabilitation Fellowship Program Application

Good Shepherd Rehabilitation Network
850 S. Fifth St.
Allentown, PA 18103

www.goodshepherdrehab.org

Application Procedures

1. Applicants will submit the application on or before the **June 15th** deadline. Applications submitted by mail must be postmarked by the application deadline.
2. Applications turned in after the deadline will be rejected unless extenuating circumstances can be described. The determination to review late applications will be made by the Fellowship Program Coordinators.
3. The Program Coordinators will review all applications to ensure that each individual meets all of the eligibility requirements.
4. Applicants will participate in an onsite interview. Once the interview schedule is confirmed, each applicant will be informed of the specific time, date, and place for their interview.

5. Each applicant will be informed of their status throughout the process, particularly as decisions are made in regards to their status.
6. Once the interviews are completed, final decisions are made regarding acceptance or rejection.
7. All applicants will be notified of their final status prior to the start of the program for which they have applied.

Application Content

Instructions: The following documents should be mailed to the attention of Jenna Sopp, MS, OTR/L, Program Coordinator. An email should also accompany the submission of the application to jsopp@gsrh.org to confirm that the Program Coordinators are expecting the arrival of the application. An reply email confirming the Program received your application will be supplied.

1. Proof of licensure to practice occupational therapy within Pennsylvania
2. Proof of current AOTA membership
3. Current resume/CV
5. Two letters of recommendation
(One must be from a non-occupational therapist. The letters of recommendation should be returned to the applicant in a **SEALED** envelope, with the referee's signature on the seal, and sent with the Fellowship Application Packet. We strongly suggest individuals who are able to comment on your clinical practice and research capabilities or potential.)
6. Personal Data Sheet

I certify that this information in application content is correct to the best of my knowledge.

Signature of Applicant: _____

Date: _____