



Where the world comes for answers

**Department of Physical Therapy and Occupational Therapy Services
Pediatric Occupational Therapy Fellowship Program Application
2025-2026**

Application Criteria

- Graduate of an OT program accredited by ACOTE or approved by the WFOT (required by AOTA)
- Have successfully passed the NBCOT exam for initial certification (required by AOTA)
- Minimum of 3 years of experience as an occupational therapist
- Meets all the requirements for employment at Boston Children's Hospital
- Licensed or eligible for licensure in Massachusetts
- Current CPR certification

Admissions Process

- Submit completed application to the program coordinator by deadline and include the following materials:
 - Resume or curriculum vitae
 - Letter of intent/objectives for participation in the program (limit to 2 pages)
 - Career goals in pediatric occupational therapy
 - Summary of prior clinical and educational experience related to pediatrics
 - Two (2) professional references
- Interview for selected applicants (interviews will occur early March 2025)
 - Interviewed applicants will be notified of status early April 2025

Application Deadline for Prospective OT Fellows: January 31, 2025

Fellowship Dates: August 18, 2025 – August 14, 2026

(Program dates include ability for the Fellow to take time off during the program year. Extension of the Fellowship program may be indicated for remediation pending acquisition of knowledge or skills in any given module.)

Please submit completed applications to:

Dawn Gordon, MOT, OTR
Occupational Therapist, II
OT Fellowship Program Coordinator
Boston Children's Hospital
Dawn.Gordon@childrens.harvard.edu
617-355-721



**Boston
Children's
Hospital**

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Name: _____

Last

First

Middle

Permanent Address:

Street

City

State

Zip

Email Address: _____

Telephone:

Home: _____

Cell: _____

Colleges and Universities Attended:

Name	Location	Major	Dates attended	Degree

State(s) in which you hold an active occupational therapy license:

State	Expiration Date	License Number

Other licenses:

Type (RN, PT, etc)	State	Expiration Date	License Number

Certifications:

Name of certification (CPR, NDT, etc)	Year of original certification, if known (N/A for CPR)	Year of most recent certification	Expiration date if applicable

Are you applying to any other fellowships or residencies this year? _____

If so please list:

DISCLOSURES AND ACKNOWLEDGEMENTS - Boston Children's Hospital is an Equal Opportunity / Affirmative Action Employer. Qualified applicants will receive consideration for employment without regard to their race, color, religion, national origin, sex, sexual orientation, gender identity, protected veteran status or disability. The following link provides more information regarding the Federal laws prohibiting discrimination in employment: [EEO is The Law](#)

LIE DETECTOR TEST - It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability. Boston Children's Hospital does not administer lie detector tests as a condition of employment or continued employment.

By submitting my application, I confirm and acknowledge the following:

- The information provided by me on this application is true, accurate and complete. I understand that if Boston Children's Hospital becomes aware that I have provided incorrect, false or misleading information or made material omissions of fact during the application process, Boston Children's Hospital may disqualify me from further consideration for employment, withdraw my job offer, refuse employment or take disciplinary action, including dismissal.
- If I am applying for a position that requires licensure and/or certification, I have or will have such licensure and/or certification by the time I start.
- This application carries no promise of employment.
- Any offer of employment will be conditioned upon satisfactory and complete education and reference checks. Boston Children's Hospital has authority to contact the educational institutions identified by me on this application and/or on my resume to confirm the accuracy of the information which I have provided. Boston Children's Hospital has authority to contact the references I provide and the supervisors identified as contactable in this application, to make all inquiries appropriate and necessary to ensure thorough reference checks (including but not limited to inquiring about duties, responsibilities, reason for leaving, employment history and other qualifications for employment), and I release Boston Children's Hospital from any liability in connection with these reference checks.
- Employment at Boston Children's Hospital is conditioned upon completion and review of a Criminal Offender Record Information (CORI) check.
- If hired, I will provide no later than my first day of hire proof of my identity and valid proof of legal work authorization in accordance with federal law. I understand that I will not be permitted to begin work until such proof is furnished.

Applicant Signature:

Date: