



Skills on the Hill

PEDIATRIC OCCUPATIONAL THERAPY

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3508 Lee Highway, Suite 100
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OT STUDENT FIELDWORK APPLICATION FORM

Date Applied: _____

Name			
Permanent Address			
Contact Number/s		Email	
School Name		Contact Number	
School Address		Graduate Level Completed	
Name of School Contact Person & position			
Phone number		Email	
EDUCATION:			
School	School Name & Location	Degree earned & Date	Major
High School	_____	_____	_____
College	_____	_____	_____
Technical	_____	_____	_____
Scholastic Honors, Awards, and/or Licenses (if any) _____			
Activities relevant to internship (if any) _____			

Proposed Start Date			
Proposed End Date			

SKILLS ON THE HILL provide equal opportunities without regard to race, color, religion, national origin, ethnicity, gender, sexual preference, age, or disability.

REFERENCES AND EMERGENCY CONTACT

Reference 1

- Name _____ Relationship _____
- Contact # _____ Email _____
- Company / School _____ Known for How long? _____

Reference 2

- Name _____ Relationship _____
- Contact # _____ Email _____
- Company / School _____ Known for How long? _____

Reference 3

- Name _____ Relationship _____
- Contact # _____ Email _____
- Company / School _____ Known for How long? _____

Emergency Contact 1

- Name _____ Relationship _____
- Contact # _____ Email _____

Emergency Contact 2

- Name _____ Relationship _____
- Contact # _____ Email _____

Statement of Understanding:

I hereby certify that all information is true, complete and has been given voluntarily. I understand that I may be required to provide further information related to student fieldwork placement. I acknowledge that any false statements or misrepresentations I make may result to immediate dismissal from the organization.

Applicant's Signature

Date

PLEASE ANSWER BRIEFLY:

Why are you interested in working as an OT Intern at SOTH?