



Neurological Vision Rehabilitation  
Fellowship Program  
Application Personal Data Sheet

**Personal Information**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Email Address \_\_\_\_\_

Permanent Home Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

Name, address, and phone number of emergency contact person

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Education Information**

1. Highest Academic degree (circle one)

Bachelor's

Master's

Doctorate

2. Currently licensed to practice occupational therapy in the state of PA (circle one)

Yes

No

If Yes, please provide license number below:

# \_\_\_\_\_

3. Colleges/Universities Attended: \_\_\_\_\_  
\_\_\_\_\_

4. Prior degrees obtained \_\_\_\_\_

5. Graduate Date from Occupational Therapy Program \_\_\_\_\_

6. Foreign languages read or spoken \_\_\_\_\_

**Personal Statement for Admission**

(Please submit your answers to these questions in no more than a 2-page double-spaced document)

1. Why have you chosen to apply to the Neurological Vision Rehabilitation Fellowship Program?
2. Where do you see yourself in 5 years, and how do you think this Fellowship Program will help you achieve your goals?
3. What do you feel you can/want to contribute to the emerging field of neurological vision rehabilitation?
4. What challenges do you expect to encounter during the course of this fellowship, and how do you think you may overcome them?