

**AOTA HEADQUARTERS CAPSTONE EXPERIENCE APPLICATION**

# APPLICANT INFORMATION

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| --- | --- |
| Name: | AOTA Member #: |
| Mailing Address: |
| City: | State: | Zip Code: |
| Phone: | Email: |

**PROGRAM INFORMATION**

|  |  |
| --- | --- |
| School name: | City/State: |
| Capstone Coordinator name: | Credentials: |
| Phone: | Email: |
| Memorandum of Understanding with AOTA: [ ]  Yes [ ]  No [ ]  In Process |
| **Student Fieldwork Level II Placements**: |
| **Faciltity Name** | **Location (City/State)** | **Dates** (m/yyyy) | **Practice Area** |
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**BACKGROUND**

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| **Previous Education** |
| **School Name** | **Dates** | **Degree/Major** |
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| **Relevant Work Experience** |
| **Employer** | **Dates** | **Brief description of work** |
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|  |  |  |

**PLACEMENT REQUEST** *(indicate your 1st and 2nd choice)*

|  |  |  |
| --- | --- | --- |
| **1st** | **2nd** | **Department** |
| [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  | [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  | Federal AdvocacyFederal Reimbursement & Regulatory PolicyState Affairs & Health PolicyPractice Engagement and Capacity Building (Behavioral Health, Community & Population Health, Diversity, Equity, and Inclusion initiatives)Practice Improvement (Evidence-Based Practice, Quality, Knowledge Translation).  Professional DevelopmentAcademic AffairsConferences & EventsMarketing & Business Operations |
| **Length of placement desired:** [ ]  14 weeks *(minimum)* [ ]  Other (specify): \_\_\_\_\_\_\_\_\_**Dates:** mm/dd/yyyy – mm/dd/yyyy |
| **References** |
| Ref. #1 | A | Title | Affiliation: |
|  | Phone: | Email: |  |
| Ref. #2 | Name: | Title: | Affiliation: |
|  | Phone: | Email: |  |

**ESSAY:**

Doctoral capstones completed at AOTA are collaborative projects that provide doctoral students with an in-depth experience in a concentrated area of study at the association.  Doctoral students are matched based on Association needs and student interest(s).  Please describe your interest(s); information about your related projects or activities and how you see them contributing to a project at AOTA; the rationale for requesting an AOTA Capstone Experience; and, expectations and objectives for the experience.

**Email application and two reference letters to AOTA Academic Affairs at** **fwapplications@aota.org**.

**AOTA Staff Use Only:**

[ ]  2 Reference Letters

[ ]  Contract in Place Reviewed by Academic Affairs

[ ]  Interviewed by \_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_

[ ]  Accepted [ ]  Denied

Supervisor:

Department:

Start Date:

HR: