

**STATE UNIVERSITY OF NEW YORK-DOWNSTATE MEDICAL CENTER
COLLEGE OF HEALTH RELATED PROFESSIONS
OCCUPATIONAL THERAPY PROGRAM
Early Intervention Certificate Program for Occupational Therapists (EICP-OT)**

APPLICATION FORM

Name: _____

Address: _____

Home Phone: _____ Business Phone: _____

email: _____

Social Security Number: _____

Date of Birth: _____

How do you describe yourself?

- | | |
|--|--|
| <input type="checkbox"/> Black | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> White, non-Hispanic | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other (please specify): _____ |

Do you fluently speak a language other than English?

No Yes, Specify _____

Professional certification or state licenses held: _____

Professional memberships: _____

Current Employer: _____

Address: _____

Description of Duties: _____

I. Educational Background: degree in Occupational Therapy

School:

Address _____ City _____ State _____ Zip Code _____

Major _____ Minor _____ Degree _____ Date Graduated _____

If you have higher level education or are currently enrolled in a graduate program, complete the following:

School: _____ Department: _____

Degree Program: _____ Date graduated or expected: _____

II. Professional Experience: please list any past relevant professional experiences.

1. Position: _____ Employer: _____

Address: _____ Employment dates: _____

Description of responsibilities: _____

2. Position: _____ Employer: _____

Address: _____ Employment dates: _____

Description of responsibilities: _____

3. Position: _____ Employer: _____

Address: _____ Employment dates: _____

Description of responsibilities: _____

III. Motivation

1. How did you find out about the Early Intervention Certificate Program for Occupational Therapists (EICP-OT)?

2. What factors attracted you to the area of early intervention, working with infants, toddlers and their families?

3. Please rank the top five reasons why you have chosen to participate in the program (1 being the major reason, 2 being the second major reason, and so on.)

_____ To help get a new job

_____ To help get certified as an early intervention provider in New York State

_____ To help advance in my current job

_____ To become better informed about early intervention

_____ For personal enjoyment and enrichment

_____ To discuss early intervention issues with experts and colleagues

_____ To integrate experience with content

_____ To be more effective in helping young children and their families

_____ Other: please specify: _____

IV. Continuing Education courses

V. Brief statement of your overall professional goals

VI. In addition to this application, please submit one letter of recommendation from a current or recent employer commenting on your professional skills.

Please send a print copy of this application and the letter of recommendation to:

Margaret Kaplan, PhD, OTR

Project Director, EICP-OT

Occupational Therapy Program

State University of New York, Downstate Medical Center

450 Clarkson Avenue

Brooklyn, NY 11203