

**CONTRACT OCCUPATIONAL THERAPIST APPLICATION**

**CAPABLE Project**

**Requirements:**

* **Must have a valid Driver’s License.** Limited travel requirements to and from service delivery region in Bastrop County.
* **Ability to work within a collaborative, client-directed model**
* **Willingness and ability to implement a protocol and balance with clinical judgment**
* **Bachelor’s degree in occupational therapy from a university certified by the ACOTE (Accreditation Council for Occupational Therapy Education) or AOTA (American Occupational Therapy Association)**
* **TBOTE Licensure**
* **At least one year experience as a licensed Occupational Therapist**

**Name:** Name

**Address:** Street Address **City:** City

**State:** State **Zip:** Zip

**Phone:** Phone number with area code

**Alt. Phone:** Alt. phone

**Email:** Email address

**Education:**

**[ ]** College graduate

**[ ]**  Some graduate school

**[ ]**  Graduate or professional degree

**Do you currently hold a license from the Texas Board of Occupational Therapy Examiners?
[ ]**  Yes **[ ]**  No

**License number** Enter license number

**Do you speak more than one language?** **[ ]**  Yes **[ ]**  No

 If yes, what language(s)? Choose an item.

 Speaking level: Choose an item.

 Writing level: Choose an item.

**Please describe your experience providing in home care.**

Click here to enter text

**Please describe your interest in working within a collaborative, client-based model.**

Click here to enter text

 (Initial here) I **certify** that all the information I provided in connection with this application, whether provided on this document or not, is true, complete, and correct to the best of my knowledge. I understand that the information will be used to evaluate my application, and that if I **knowingly** supply incorrect, incomplete, or misleading information on the application or during the interview process I will not be selected or, if selected, that I will be subject to immediate dismissal.

|  |  |  |
| --- | --- | --- |
| Signature |  | Date |

***Once complete, please attach your resume and any other applicable information and send via email to sjennings @capcog.org***