Institute for Future Scientists in Occupational Therapy

**Program Director Form**

Dear Program Director:

We are writing to ask you to please confirm that the applicant (named below) for the AOTF/AOTA Institute for Future Scientists in Occupational Therapy is indeed an appropriate candidate from your perspective.

The continued development of strong scientists within the profession is essential to achieving the goals outlined in Vision 2025. The Institute recognizes and develops students who have shown dedication to research in the profession and are interested in making important contributions as scientists in the field. The primary purposes of the Institute are to: (1) identify potential scientists in entry-level education programs; (2) introduce the potential scientists to mentors in the OT scientific community; and (3) develop a peer network.

The Institute will provide selected candidates with research mentors by matching students with current doctoral and post-doctoral students from well-known research institutes across the nation. Research-focused faculty will provide informational and training courses on relevant topics.

The intent of the program is to train and mentor future occupational therapy scientific researchers who may have limited exposure to research opportunities at their current institution, therefore, **students attending research intensive institutions and/or institutions with a heavy research mission are not eligible** (e.g., DRU-VH Carnegie Classification). If you are unsure of your program’s eligibility, email edleadership@aota.org.

With your signature on this document, you will endorse the student applicant as being qualified to the best of your knowledge as an individual who has shown consistent academic success in your program and possesses the appropriate interest in research and science for the successful completion of the Institute for Future Scientists in Occupational Therapy.

Program Director (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please provide this form to the applicant, who will upload the form into the online application.**

Contact edleadership@aota.org with any questions or concerns.