



Wallace State Community College (WSCC) – Hanceville

Instructions for Completing Online Health Application for: 2018 Occupational Therapy Assistant Program

Application Link will be open for submissions from **March 1 thru June 1 for Fall Entry**

ADMISSION CRITERIA

Applicant must meet the following requirements for admission to WSCC:

- Apply to WSCC Admissions, be unconditionally admitted to the college and must be in good standing with the college.
- Submit to WSCC Admissions official college transcripts from each college previously attended.
- Submit to WSCC Admissions an official score report of highest ACT composite score
- If seeking Financial Aid, complete the FAFSA application (www.fafsa.gov), School Code: 007871, by June 1.
- Submit the online health division application and deliver Verification Sheet (page 2) with all required attachments by deadline of June 1.

Occupational Therapy Assistant requirements:

- Complete all OTA required (prerequisite) courses by the June 1st application deadline.
- Obtain an ACT score of 18 or higher, **regardless of educational background.**
- Documentation of 24 hours of observation at two separate facilities, supervised by a COTA or OTR
- AHA approved CPR certification for BLS or Healthcare Providers
- Able to perform Essential Functions of the OTA Program

****** Admission to the program is competitive; ranking procedures can be found in the OTA section of the WSCC catalog or on the OTA website at www.wallacestate.edu/catalog. Meeting the minimum requirements for admission does not guarantee acceptance into the program.**

The Occupational Therapy Assistant Program at Wallace State Community College is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA), located at 4720 Montgomery Lane, Suite 200, Bethesda, MD 20814-3449. ACOTE's telephone number, c/o AOTA, is 301-652-AOTA. ACOTE's web address is www.acoteonline.org

GENERAL INSTRUCTIONS

All information must be included in your application and submitted with your Verification Sheet (page 2) to be considered complete. Any missing documentation may result in your application not being considered. Information will NOT be accepted via fax or email – applications must be submitted online. The Verification Sheet, along with all attachments, must be delivered in person or received by mail on or before the deadline date of **June 1**. If you wish to ensure receipt, please send completed packet by certified mail.

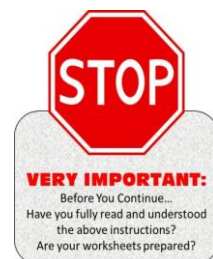
You should retain copies of your completed application packet. Information will not be released from application packets. You will be notified by mail of your acceptance or non-acceptance to the health program. No information regarding individual admission status will be given via telephone; do not call Admissions or the program to obtain your status. Accepted students are required to submit to drug screenings and background checks, as well as attend a mandatory program orientation. Drug Testing Policy and Background Check Policy are available for viewing online at www.wallacestate.edu.

INFORMATION NEEDED TO COMPLETE THE ONLINE APPLICATION

For the best results, please do not attempt to complete the online application until you have fully read and understand the following instructions. Once you start the application, you must finish it in one sitting. You will have one opportunity to open the link and complete the application on your computer. Completion of the online application may take 30 to 60 minutes, dependent on your preparation.

Specific information that you will need before starting your online application:

- A valid WSCC Student ID number that begins with "W".
- Most current unofficial copies of college transcripts from each college previously attended. (College name must be on transcript) If no college attended, High School transcripts are required. WSCC Admissions office CANNOT PRINT transcripts from other colleges.
- Documentation of ACT score. If you do not have an ACT score, list the scheduled date and location you are taking the ACT.
- Complete the Verification Sheet (page 2) by typing your information prior to opening the online application.



VERIFICATION SHEET REQUIRED ATTACHMENTS

The Verification Sheet (page 2), in addition to your online application, must be submitted with the following items attached by the published deadline for your application to be complete.

- Copies of most current unofficial college transcripts from each college previously attended – no exceptions. **The college's name must print on each transcript. Highlight in yellow the required general courses.** WSCC Admissions office CANNOT PRINT transcripts from other colleges.
- Copy of ACT score (scores printed from Degree Works will be accepted for Wallace State – Hanceville students).
- Program specific requirements **(See verification Sheet (page2) for program specific information).**

NOTE: It is the responsibility of each applicant to ensure that the application is complete and that all information is on file prior to application deadline. The application packet must include all information listed above at the time it is submitted to the program.

It is the policy of Wallace State Community College, a postsecondary institution under the control of the Alabama Community College System Board of Trustees, that no person shall, on the grounds of race, color, sex, religion, national origin, disability, age, or sexual orientation be excluded from participation in, be denied benefit of, or be subjected to discrimination under any program, activity or employment. The College will not retaliate against any person because they have engaged in a protected activity opposing the College or because they have made a complaint, testified, assisted, or participated in any manner in an investigation, proceeding or hearing alleging discrimination on a basis specified above



2018 OTA VERIFICATION SHEET

For each program to which you are applying, a typed Verification Sheet with the required program attachments and an Online Application must be submitted by the June 1 deadline. Mailing address, email, and phone must be current in order to receive correspondence. Applications will not be accepted by email or fax.

WSCC Student Name: First Middle Last

Student #: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Primary Email: _____ Emergency Contact Name: _____

Primary Phone (Area Code): _____ Emergency Phone (area code): _____

High/Home School Name: _____ Relationship: _____

High/Home School Graduation: _____ mm/yyyy Date GED Completed: _____

Currently Enrolled at: _____

1st College Attended: _____ 3rd College Attended: _____

2nd College Attended: _____ Other Colleges Attended: _____

Other WSCC Programs Applying to, in order of admission preference: _____

ACT Composite Score: _____ Date of Scheduled Test (mm/dd/yyyy): _____ Test Location: _____

Total number of Observation hours: _____ (minimum of 24) Total number of Observation Facilities: _____ (minimum of 2) CPR Certification Expiration Date (mm/dd/yyyy): _____

STUDENTS: PLEASE MARK THE HIGHEST GRADE ACHIEVED FOR EACH OF THE BELOW COURSES. YOU MUST HAVE ALL CLASSES BELOW COMPLETED IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED. If you received credit by examination for a course (AP, CLEP, PLA, etc.), enter a grade of "B." Documentation of these exam scores must be submitted with your application materials in order to receive credit.

Course	Letter Grade	Course Completed at (College Initials):
ORI 110 Freshman Seminar		WSCC only (Exempt if transferring 12+ credit hours)
ENG 101 English Composition I		
HUM/ART/PHL		(A 3 credit hour Code A humanities course from ART, MUS, THR, REL, philosophy, ethics, or literature may be substituted for HUM 101.)
MTH 100 Intermediate College Algebra		
Higher Math Course #		(Only for students who completed a higher math than MTH 100)
BIO 201 Anatomy & Physiology I		(BIO 103 prerequisite is not required for OTA students)
BIO 202 Anatomy & Physiology II		
PSY 200 General Psychology		
PSY 210 Human Growth & Development		

Attach to this verification sheet the following items; Place a check mark in the box(s) to indicate item is attached:

- Most current unofficial transcripts from each college attended (College name must be on transcript). Transcripts must show completion of all prerequisite courses by the application deadline of June 1st. WSCC Admissions office CANNOT PRINT transcripts from other colleges.
- Copy of ACT score (18 minimum) regardless of educational background. (score printed from Degree Works will be accepted for Wallace State – Hanceville students).
- Completed and signed Essential Functions Form (Page 3-4)
- Observation Documentation form (page 5) of 24 hours of observation divided between two occupational therapy facilities. (It is the student's responsibility to schedule observation hours. No extra credit will be given for hours in excess of the 24 that are required.)
- Copy of both sides of AHA approved CPR Certification card for BLS or Healthcare providers. CPR training must include a hands-on component of skills demonstration with child, adult and AED training. (The statement "BLS or Healthcare Provider" must be on CPR card to be valid. Online CPR courses will not be accepted.)

____ (Student's Initials): **I understand that meeting minimal requirements does not in itself guarantee admission to the program. I have reviewed and agree to the WSCC Health Division Background Policy and WSCC Health Division Drug Screening policy. I acknowledge that the information presented is truthful and accurate. Violation is subject to disciplinary action through Wallace State Community College.**

Date: _____ (mm/dd/yyyy)

Once the above information is filled out completely and all required attachments are gathered, continue to the online application:

Link to Application: <https://www.surveymonkey.com/r/CJ8HSV9>

Send completed Verification sheet and all attachments to

Deliver to: Tom Bevell Bldg, 1 st Floor Erika Lee, Rm 104	or	Mail to: WSCC OTA Application Attn: Erika Lee (#52) P. O. Box 2000 Hanceville, AL 3507-2000	For official use only: Date Application Received _____ Application Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No Application Reviewer's Initials: _____ Additional documentation required _____
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Occupational Therapy Assistant Program

Essential Functions

Area	Function	Yes	No	If no, please comment
Mobility	1. Have physical stamina to stand, walk, perform repetitive motions, and/or transfer patients for 8 hours or more in a clinical setting.	<input type="checkbox"/>	<input type="checkbox"/>	
	2. Can stand on both legs, move from room to room, and maneuver in small spaces. Physical disabilities must not pose a threat to the safety of the student, faculty, patients, or other health care workers.	<input type="checkbox"/>	<input type="checkbox"/>	
Flexibility	1. Can bend the body downward and forward by bending at the spine and waist, and kneeling/stooping as appropriate to perform patient treatment.	<input type="checkbox"/>	<input type="checkbox"/>	
	2. Can flex and extend all joints freely – upper and lower extremities – specifically as needed to maintain proper postural control and body mechanics when working with clients in various settings.	<input type="checkbox"/>	<input type="checkbox"/>	
Strength	1. Can raise objects from a lower to a higher position or move objects horizontally from position to position. <i>This factor requires the substantial use of the upper extremities and back muscles.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
	2. Possess mobility, coordination, and strength to push, pull or transfer heavy objects/people. Consistently required to meet a medium physical workload demand, with occasional heavy physical workload demand required, dependent upon caseload. (Strength to lift 25 lbs. frequently and 50 lbs. or more occasionally).	<input type="checkbox"/>	<input type="checkbox"/>	
Fine Motor Skills, Dexterity, and Hand/Eye Coordination	1. Possess manual dexterity, mobility, and stamina to perform transfers, lifting objects, working with small children and older adults, perform manual therapy techniques and/or CPR.	<input type="checkbox"/>	<input type="checkbox"/>	
	2. Can seize, hold, grasp, turn, and otherwise work with both hands.	<input type="checkbox"/>	<input type="checkbox"/>	
	3. Can pick, pinch, or otherwise work with the fingers.	<input type="checkbox"/>	<input type="checkbox"/>	
Auditory Ability	1. Possess sufficient hearing to assess patients' needs, follow oral instructions, communicate with other health care workers, as well as respond to audible sounds of emergency notifications, codes, equipment notifications, and respond to patients' auditory expressions of pain and discomfort. Please comment if corrective devices are required.	<input type="checkbox"/>	<input type="checkbox"/>	
Visual Acuity, Visual Field, Visual Motor Coordination, and Contrast Sensitivity	1. Possess the visual acuity/visual field/visual scanning/visual motor coordination to read and write documentation under a variety of time constraints, print sizes, and conditions, as well as visually assess the patient for skin integrity, pain, and to identify escalation of situations by observing visual signs of distress/aggression or determine flight risk due to unpredictable patient behaviors. Ability to assess the environment for hazards related to fall risk and safety to patients and healthcare staff.	<input type="checkbox"/>	<input type="checkbox"/>	
	2. Possess sufficient contrast sensitivity/visual field to determine fall risks such as: water on the floor, changes in elevation in indoor and outdoor environments, moving and stationary hazards to mobility in the environment that may pose a danger to clients to ensure safe functional mobility based on the needs of the client.	<input type="checkbox"/>	<input type="checkbox"/>	
	3. Ability to frequently perform patient care/assessment/documentation tasks under a demanding schedule with few rest breaks. Please comment if corrective devices are required.	<input type="checkbox"/>	<input type="checkbox"/>	
Depth Perception	1. Is able to determine distance from one surface to another and evaluate environmental conditions in the patient environment in order to safely transfer patients in a variety of environments and situations.	<input type="checkbox"/>	<input type="checkbox"/>	
Communication	1. Possess verbal/nonverbal and written communication skills adequate to exchange ideas, detailed information, and instructions accurately.	<input type="checkbox"/>	<input type="checkbox"/>	
	2. Able to speak, read, comprehend, and write legibly in the English language.	<input type="checkbox"/>	<input type="checkbox"/>	

Perception/ Judgement/ Safety	1. Possess ability to make decisions quickly and under pressure to maintain patient safety.	<input type="checkbox"/>	<input type="checkbox"/>	
	2. Ability to problem-solve to maintain patient safety and provide effective treatment solutions.	<input type="checkbox"/>	<input type="checkbox"/>	
	3. Ability to manage responsibilities effectively in busy clinical environments.	<input type="checkbox"/>	<input type="checkbox"/>	
	4. Right/left discrimination, stereognosis, and sensory processing needed for patient safety.	<input type="checkbox"/>	<input type="checkbox"/>	
	5. Sufficient topographical orientation skills needed for safety in navigation through facilities with patients.	<input type="checkbox"/>	<input type="checkbox"/>	
Cognition	1. Possess sufficient cognition to maintain appropriate: attention span, critical thinking, ability to generalize, form concepts, and set goals necessary as a clinician.	<input type="checkbox"/>	<input type="checkbox"/>	
	2. Possess sufficient memory, orientation, recognition, and sequencing needed for making safe patient care.	<input type="checkbox"/>	<input type="checkbox"/>	
Interpersonal Skills	1. Able to interact purposefully and effectively with others.	<input type="checkbox"/>	<input type="checkbox"/>	
	2. Able to convey/utilize sensitivity, respect, tact, and a mentally healthy attitude. Ability to modify behavior in response to feedback from faculty and/or clinical fieldwork supervisors.	<input type="checkbox"/>	<input type="checkbox"/>	
	3. Oriented to reality and not mentally impaired by mind-altering substances.	<input type="checkbox"/>	<input type="checkbox"/>	
	4. Able to function safely and effectively during high stress periods.	<input type="checkbox"/>	<input type="checkbox"/>	
Psychosocial Skills	1. Can demonstrate appropriate awareness of others, self-control, and self-expression while utilizing ethical and professional social conduct.	<input type="checkbox"/>	<input type="checkbox"/>	
	2. Possess appropriate interpersonal skills to allow for: communication with warmth and respect, value of beliefs and backgrounds of others, and ability to establish rapport with patients and families.	<input type="checkbox"/>	<input type="checkbox"/>	
	3. Ability to utilize self-control, time management, and coping skills in a variety of demanding situations to maintain professional behaviors.	<input type="checkbox"/>	<input type="checkbox"/>	
	4. Adhere to the OT Code of Ethics, both in the classroom and during clinical placements.	<input type="checkbox"/>	<input type="checkbox"/>	

If you are unable to fully meet any of the listed criteria, you will need to meet with the WSCC ADA Coordinator.

Students who are seeking reasonable accommodations and services on the basis of a disability are required to submit documentation to verify their eligibility for services. Receiving academic accommodations at Wallace State is a **4-step procedure**: 1. Students must complete an accommodation request form from the ADA Office each semester. 2. Students may hand-deliver the letter or have it sent to each instructor. 3. Students must arrange a meeting with their instructor(s) to discuss the proposed accommodations listed in the letter. 4. Students report any concerns about accommodations to the ADA Office as soon as possible. **Students with disabilities must maintain the same responsibility for their education and level of performance in both the classroom and clinical fieldwork as students who do not have disabilities.** This includes maintaining the same academic levels, meeting the same deadlines for assignments, treatment schedules and documentation in the clinic, meeting clinical fieldwork site productivity standards, maintaining appropriate behavior and giving timely notification of any special needs.

Upon reading and reviewing the Essential Functions, I have selected the appropriate boxes above attesting to my ability to perform the indicated function area. I further understand that I may be required by the OTA faculty to be re-evaluated if deemed necessary based on my ability to perform the essential functions during the program, for retention, and progression through the program.

Please mark the box that meets your ability at this time:

- I currently have the ability to perform the Essential functions.
 I currently am unable to perform the Essential functions indicated without accommodations.

Please Print Your Name

WSCC Student No.

Student Signature

Today's Date

Wallace State Community College does not discriminate on the basis of race, color, sex, religion, national origin, disability,



OCCUPATIONAL THERAPY ASSISTANT PROGRAM

Clinical Observation Documentation Form

Name of Applicant (Print Please) _____

WSCC Student # W _____

The OTA program requires that applicants complete a total of 24 quality hours divided between two (2) different Occupational Therapy Department settings. By quality experience we mean actual time spent observing patient care, not time spent observing department "down time". Credit should not be given for anything outside of patient care activities (i.e., lunch, secretarial duties, videos, etc.). Hours may be divided among facilities in any way, provided the total number of hours is 24.

Hours of observation may be performed under an Occupational Therapist or Occupational Therapy Assistant. If you observe multiple disciplines (OT & PT) during your day, you may only count the time spent with the OT or OTA toward the observation requirement.

DAY	Starting Time HR MIN AM/PM	Ending Time HR MIN AM/PM	# of Hours	Name of Facility	Location (City, State)	Telephone Number	Printed Name of Supervisor	Signature of Supervisor (with credentials)
/	:	:						
/	:	:						
/	:	:						
/	:	:						
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_____ **TOTAL DAYS** **TOTAL HOURS** _____

(This form may be reproduced as necessary to document hours of observation)

I certify that the hours listed above were performed by me. I understand that the WSCC Admissions Committee will verify this document for authenticity and realize that falsification of this document will result in my application to the OTA Program being withdrawn from consideration.

Student Signature
 Revised: 12/16

Date