



2017 OCCUPATIONAL THERAPY ASSISTANT Program Application Checklist

Applications will be accepted through June 1, 2017
Applications received after June 1st will be considered on a space available basis.

(Please initial beside each statement below, indicating your understanding and acceptance)

____ **ALL OTA general required (prerequisite) courses MUST be completed by the June 1st application deadline.** You may not apply to the program, then finish required courses after the application deadline.

____ 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.

____ Any coursework or test scores completed after the June 1 deadline will not be accepted as part of your application packet.

____ A meeting with an OTA Program Advisor is recommended prior to spring semester registration to be sure you are completing the appropriate prerequisite courses.

____ All requested information must be included for your packet to be complete. Any piece of missing documentation will result in the application not being considered for admission. Information will not be accepted via fax - it must be delivered in person or via mail by the deadline date.

____ **NOTE: It is the responsibility of each applicant to ensure that the application is complete and that all information is on file.** If application packet does not include all information listed above at the time it is submitted to the OTA department, it will be rejected.

____ **YOU SHOULD RETAIN COPIES OF THE APPLICATION PACKET YOU SUBMIT.** If you reapply in the future, information will not be released from previous application packet.

____ You will be notified by mail if you are accepted into the program. As no information regarding individual admission status will be given via telephone, please do not call the Admissions or OTA department to obtain your status. Letters will also be sent to individuals who are not accepted into the program.

____ **Upon acceptance** to the OTA program, all health science division students are required to have drug screenings and background check. Drug Policy and Background Check Policy are available for viewing online at www.wallacestate.edu.

____ It is the official policy of Wallace State Community College and the Occupational Therapy Assistant Program that no person is discriminated against on the basis of race, color, sex, religion, national origin, disability, sexual orientation, age, handicap unrelated to program performance requirements, or Vietnam era or disabled veteran status. No person will be excluded from participation in, denied the benefits of, or otherwise subjected to discrimination in the administration of any educational program/ activity, including admission to the College.

____ This initialed form, as well as the checklist (next page) should be included with your completed OTA application packet.

____ Completed application packets may be dropped off in the Bevill building, 3rd floor, offices #301 or #302, to Mrs. Monk, OTA Secretary, 1st floor, office #103, or mailed to the address on the application. No electronic or fax submissions will be accepted.

____ Due to faculty teaching schedules and the volume of applications being submitted, OTA faculty will not be available for individual appointments to discuss or review application packets **AFTER May 11th, 2017**. You may still submit your application packet to offices #301, #302 or #103 in the Bevill building or via US mail until the June 1st, application deadline.

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.

OTA Prerequisite Courses (Must be completed by June 1st application deadline)

Course	Credit Hours	Additional Information
ORI 110 – Freshman Seminar	1	WSCC Students Only
ENG 101 – English Composition	3	
PSY 200 – General Psychology	3	
MTH 116 – Mathematical Applications	3	Math 116 or higher will be accepted
SPH 106 – Fundamentals of Oral Communication	3	SPH 107 also accepted
BIO 201 – Anatomy and Physiology I	4	**BIO 103 is a prerequisite for this course if taken at WSCC**
HIT 110 – Medical Terminology	3	**Must be a 3 credit hour course**
CIS 146 – Microcomputer Applications	3	
HUM – Humanities/Fine Arts Elective	3	Any 3-credit hr. Humanities course-ART, MUS, THR, HUM, PHL, REL, etc.

Once ALL prerequisite courses are completed, follow the application procedures below:

Submit to WSCC ADMISSIONS Office:

- WSCC application available online at: <http://www.wallacestate.edu/admissions/apply-online>
- Official transcripts from each college previously attended, showing completion of OTA prerequisite courses
- Proof of high school graduation (transcripts) or GED certificate
- Documentation of ACT score of 18 or higher, **regardless of educational background**

Submit to the OTA PROGRAM DIRECTOR:

NOTE: ALL items below must be included with your OTA application packet even if you have already submitted them to the WSCC Admissions office. Failure to submit all requested items below with your OTA application by the June 1 deadline will result in your application being excluded from admissions consideration.

- OTA program application
- Copy of transcripts from each college previously attended (including Wallace State). You may submit student copies of your transcripts with your OTA application. **Transcripts must show completion of ALL prerequisite courses by the application deadline of June 1 of the year in which you are applying to the program.**
- Documentation of 24 hours of observation divided between two occupational therapy departments. It is the responsibility of the applicant to schedule observation hours. These may be completed at any setting where an OTR or COTA is employed. The hours may be divided in any way between facilities, provided there are a total of 24. **No extra credit is given for hours in excess of the 24 that are required. Observation hours should be recorded on the observation form included with this packet.**
- Photocopy of both sides of unexpired CPR certification card - valid application year.
- Must be AHA Approved CPR Certification 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.)**
- Documentation of ACT score of 18 or higher, **regardless of educational background**

Submit to the WSCC FINANCIAL AID office:

- If seeking financial aid, submit FAFSA Application by June 1st deadline (www.fafsa.gov). School Code: **007871**



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Please contact program faculty (256-352-8333 or 8341) with any questions.

Copies of ALL college transcripts MUST BE ATTACHED to application (including Wallace State)

Prior to APPLICATION to the program, the following must be complete:

- Yes No WSCC college application submitted to Admissions.
- Yes No Student re-entry form submitted to Admissions. (For students who have not attended WSCC within the last 2 semesters)
- Yes No Official transcripts from each college previously attended submitted to WSCC Admissions
- Yes No Proof of high school graduation (transcripts) or GED certificate submitted to WSCC Admissions
- Yes No Official ACT score submitted to WSCC Admissions
- Yes No _____ (Your Initials) Reviewed WSCC Health Division Background Policy (<http://www.wallacestate.edu/programs/health-division>)
- Yes No _____ (Your Initials) Reviewed WSCC Health Division Drug Screening Policy (<http://www.wallacestate.edu/programs/health-division>)
- Yes No If seeking financial aid, submit FAFSA Application by June 1st deadline (www.fafsa.gov) – School Code: **007871**

Date of Application _____ Plan to Enter Program Fall Semester 2017

WSCC Student No. W Social Security No. _____

Full Name _____
 Last Name First Name Middle Initial Maiden

Mailing Address _____

City _____ State _____ Zip _____

Personal Email Preferred _____

WSCC Email Preferred _____ Emergency Contact _____

Home Phone _____ Relationship _____

Cell Phone _____ Emergency Contact Phone _____

Work Phone _____ Emergency Contact Phone _____

Previous Education (Please attach copies of transcripts for each college - use reverse side for additional college information)

Transcript Attached	College Name	City/State	Diploma or Degree	Date
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	_____

If you are applying to other allied health or nursing programs, please list in order of preference for admission:

1. _____ 2. _____ 3. _____

Have you completed a 2 year allied health patient care related program? Yes No Which program: _____

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.

Grade	Class	Hours	Official Use	Official Comments
	ORI 110 Freshman Seminar	1		(WSCC Students Only)
	ENG 101 English Composition I	3		
	HUM Humanities/Fine Arts Elective	3		
	SPH 106 or 107 Fundamentals of Oral Comm.	3		
	MTH 116 Mathematical Applications	3		(Math 116 or higher will be accepted)
	BIO 201 Human Anatomy & Physiology I	4		(BIO 103 is a prerequisite to this course if taken at WSCC)
	HIT 110 Medical Terminology	3		(Must be a 3 credit hour course)
	CIS 146 Microcomputer Applications	3		
	PSY 200 General Psychology	3		

- Yes No Copy of **transcripts** from each college previously attended (including WSCC) **attached** to application
- Yes No **ACT SCORE** attached or listed on transcript Your ACT Score is: _____ (18 minimum)
- Yes No Proof of **Observation Hrs** Attached / Observation Total Hours (24 hrs min) _____ # of Observation Facilities (2 Min) _____
- Yes No Copy of AHA approved **Healthcare Provider CPR** card attached to application _____ CPR Expiration Date: _____
- Yes No I have reviewed the OTA section of the WSCC catalog (online), as well as the program requirements/admission procedures for the program

This application expires June 2, 2017 Student Signature _____ Date _____

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Mail completed application to: Occupational Therapy Assistant Program Attn: Dr. Allen Keener Wallace State Community College P. O. Box 2000, Hanceville, AL 35077-2000	For official use only: Date Application Received _____ Application Reviewer's Initials: _____	Application Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No Additional documentation required: _____
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OCCUPATIONAL THERAPY ASSISTANT PROGRAM

Clinical Observation Documentation Form

Name of Applicant (Print Please) _____

WSSC 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 WSSC 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