



2012 OCCUPATIONAL THERAPY ASSISTANT Program Application Checklist

Applications will be accepted through June 1, 2012
Applications received after June 1st will be considered on a space available basis.

TO COMPLETE APPLICATION TO THE PROGRAM, THE FOLLOWING MUST BE SUBMITTED

Submit to **WSCC ADMISSIONS** Office:

- WSCC application
- Official transcripts from all colleges previously attended
- Proof of high school graduation (transcripts) or GED certificate
- Documentation of general required courses completed
- Documentation of ACT score of 18 or higher

Submit to the **OTA PROGRAM DIRECTOR**:

- OTA program application
- Copy of transcripts from ALL colleges previously attended (including Wallace State)
- Documentation of 24 hours of observation divided between two occupational therapy departments
- Photocopy of both sides of CPR certification card - valid application year.

Submit to the **WSCC FINANCIAL AID** office:

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

An interview with the OTA Program Director is recommended prior to Spring semester registration to be sure you are completing the appropriate pre-requisite courses.

*All information must be included for this 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.

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.

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 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 departments to obtain your status. Letters will also be sent to individuals who are not accepted into the program.

Upon acceptance 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, religion, age, sex, national origin, 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.



2012 OCCUPATIONAL THERAPY ASSISTANT APPLICATION

Applications will be accepted through June 1, 2012.

Applications received after June 1st will be considered on a space available basis.

Please contact Program staff (256-352-8333 or 8341) for 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 all colleges 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.html>)
- Yes No _____ (Your Initials) Reviewed WSCC Health Division Drug Screening Policy (<http://www.wallacestate.edu/programs/health.html>)
- 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 2012

WSCC Student No. _____ 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

Grade	Class	Hours	Official Use	Official Comments
	ORI 101	Orientation to College	1	
	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	
	BIO 201	Human Anatomy & Physiology I	4	
	HIT 110	Medical Terminology	3	
	CIS 146	Microcomputer Applications	3	
	PSY 200	General Psychology	3	

- Yes No Copy of transcripts from ALL colleges 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 CPR card attached to application Healthcare Provider CPR Yes No CPR Expiration Date: _____

This application expires June 2, 2012

Student Signature _____ Date _____

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, religion, age, sex, national origin, 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.

Mail completed application to: Occupational Therapist Assistant Program
 Attn: Tammy Gipson (#95)
 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: Yes No
 Additional documentation required: _____



OCCUPATIONAL THERAPY ASSISTANT PROGRAM

Clinical Experience Documentation Form

Name of Applicant (Print Please) _____

WSSC Student # _____

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 of observation may be performed under an Occupational Therapist or Occupational Therapy Assistant.

DAY	STARTING TIME		ENDING TIME		# of Hours	Name of Facility	Location (City, State)	Telephone Number	Printed Name of Supervisor
	HR	MIN	AM/PM	HR					
/	:	:	:	:					
/	:	:	:	:					
/	:	:	:	:					
/	:	:	:	:					
/	:	:	:	:					
/	:	:	:	:					
/	:	:	:	:					
/	:	:	:	:					
/	:	:	:	:					
/	:	:	:	:					
/	:	:	:	:					
/	:	:	:	:					
/	:	:	:	:					
/	:	:	:	:					

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

Date