Occupational Therapy Assistant Associate Degree

Associate of Applied Science (AAS)

Application deadline:
April 1, 2021

Program start:
Fall 2021

Name (First and Last)

SSU ID Number

Today's Date

Address

City

State

Zip Code

Home Phone

Cell Phone

Preferred E-mail Address

Return this application form, along with any other requested documents in this packet, to:

Shawnee State University
Office of Admissions
940 Second Street
Portsmouth, OH 45662

Shawnee State University

OCCUPATIONAL THERAPY ASSISTANT PROGRAM
MINIMUM CRITERIA FOR ADMISSION CONSIDERATION

The following items must be received in the SSU Admissions Office by April 1st:

- **Application to Shawnee State University**
- **Complete Occupational Therapy Assistant Application Packet**
- **Official High School Transcript**
- **Official College Transcripts (if applicable)**
- **Complete Algebra, Biology and Chemistry with grade of 'C' or better**
- **ACT composite of 18 or greater**
- **Completed OTA Program Autobiography Form (or upload to OTA/CAS)**
- **Completed OTA Program Volunteer Form (20 hours required)**
- **If accepted, must attend mandatory OTA orientation**

To further explain these requirements, please read the following information completely. If you have questions regarding these requirements, please contact the Health Sciences Representative at (740) 351-3209.

- You must **first** submit an application to Shawnee State University.
- Then you should complete the Occupational Therapy Assistant Application

The enclosed Autobiography/Personal Data Form and Volunteer Form should be printed. Give the Volunteer Form to the Occupational Therapist with whom you are volunteering.

The required 20 hours of volunteer time must be documented on our form to receive credit.

Students should request that official copies of high school and college transcripts (if applicable) be sent to Shawnee State. If any of your transcripts are under a different name, please request that your current name and/or social security number be included. Transcripts sent under previous names may not be traceable and may not be credited to your file.

High School Transcripts can be submitted by the following methods:

Mailed directly from the high school, or
Hand-carried in an envelope with the high school guidance counselor's signature across the envelope seal, or
Sent via FAX from the high school.

Previous College/University Transcripts: Official transcripts must be mailed directly from the college/university. Hand-carried or faxed copies ***will not be accepted*** as official transcripts.

The University reserves the right to verify the final, official authenticity of any student's transcript. Any transcript document found to be fraudulent becomes the student's responsibility

and the University reserves the right to withdraw admission acknowledgement and/or approval of acceptance.

All applicants to the Occupational Therapy Assistant Program must have **completed** high school or college level **Algebra, Biology, and Chemistry** with a grade of "C" or above within the past 5 years. (NOTE: a "C-" is not accepted and Pre-Algebra is not accepted.) The only exception is if you are a senior in high school and are currently enrolled in one of these classes, you must have your counselor send us a transcript at the end of the first semester showing your current grade average in the course. **College course grades override high school grades for Algebra, Biology, and Chemistry.**

Students with college level Algebra, Biology and Chemistry will receive an additional .5 pts.

The Autobiography Form and Volunteer Form must be completed and received in our office by **April 1**. The 20 hours of volunteer time must be completed under the direct supervision of an OT or OTA and must be documented on our form. This form should be returned by the facility where you complete the volunteer hours and not delivered by the student. Therefore, you should complete this requirement as early as possible to allow time for the forms to be returned.

All applicants will be notified in writing when the above criteria have been met. **IF YOU HAVE NOT RECEIVED THIS CARD, YOUR FILE IS NOT COMPLETE**. It is ***your*** responsibility to make sure all requirements are submitted before the deadline.

Accreditation (Occupational Therapy Assistant Program)

Accreditation

The Occupational Therapy Assistant Program 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 and its web address is www.acoteonline.org

Graduates are able to sit for the national certification examination for the occupational therapy assistant administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT); however, the NBCOT sets its own criteria for taking the exam, which may include questions on the applicant's criminal history. www.nbcot.org For graduate pass rates visit secure.nbcot.org/DATA/SCHOOLSTATS.ASPX

For more information on these limitations, you can contact NBCOT at (301)990-7979. After successful completion of this exam, the individual will be a Certified Occupational Therapy Assistant (COTA). Most states require licensure in order to practice; however, state licenses are usually based on the results of the NBCOT Certification Examination

OCCUPATIONAL THERAPY ASSISTANT PROGRAM

VOLUNTEER EXPERIENCE

One of the admission requirements for the Occupational Therapy Assistant Program is the volunteer or work experience under the direct supervision of an occupational therapist or occupational therapy assistant (certified/registered, and/or licensed personnel only). Volunteer hours cannot be under the supervision of a family member, friend or friend of the family.

Length of Experience: 20 hours volunteer experience (no more, no less), under the direct supervision of an OTR or COTA.

Appointments: ***You*** must make all contact and arrangements for the experience – **NOT** your mother, spouse, etc. If you cannot keep an appointment, be sure to contact your supervisor.

Appearance: See next page.

Evaluation: Give the evaluation form to your supervisor. Please ask the facility to send the evaluation directly to Shawnee State University. Emphasize to the supervisor that we must have their state license # on the reference form. Otherwise, it will be returned and delay completion of your file.

Be prompt, courteous and helpful! OT clinics are busy places and appreciate good volunteers.

If you have any questions, please call Bobbi Massie, SSU Health Sciences Representative at (740) 351-3209.

APPEARANCE STANDARDS FOR VOLUNTEERS
IN OCCUPATIONAL THERAPY

ELECTRONIC DEVICES

No electronic devices are to be used during volunteer hours (i.e. cell phone, texting, PDA, MP3, IPOD, laptops, etc.)

HYGIENE

Particular attention must be paid to personal hygiene and cleanliness to help prevent and control infection. Hands must be clean and well manicured at all times.

HAIR

Hair must be clean and neatly arranged. Personnel in patient care areas are discouraged from wearing beards, mustaches, and long hair. If beards and/or mustaches are worn, they must be clean, neat and well-trimmed. In patient care areas, long hair should be worn up or pulled back off the shoulders.

JEWELRY

Everyone is urged to exercise common sense and safety precautions in wearing jewelry. Only one pair of earrings is permitted. No other visible piercings allowed.

TATTOOS

No visible tatoos are permitted.

CLOTHING

Clothes must be clean and well-pressed. Shoes must be clean and polished. Soft-soled shoes are recommended for this type of work.

The following is acceptable apparel:

Females	***Males***
Skirt (must be knee-length) or dress slacks	Dress slacks
Blouse or sweater	Shirt (sports or polo)
Hose or socks must be worn	Socks must be worn
Clean shoes	Clean shoes
Lab jacket is optional	Lab jacket is optional

The following is not acceptable apparel:

Sundresses, halter tops, tank tops, T-shirts, sweatshirts or any type of sheer or see-through clothing.
Denim jeans
Sandals

EVALUATION FOR SHAWNEE STATE UNIVERSITY STUDENTS
Pre-OTA Admission

Student:_____Student I.D.#:_____
I waive all rights of access to this evaluation under federal or state law, and understand that by signing this waiver, this evaluation will be confidential and will only be used for the purpose of admission to this program.

_____
Applicant's Signature *Date*

IF THIS STUDENT HAS NOT SIGNED THIS WAIVER, THIS EVALUATION MAY BE DISCLOSED TO THE STUDENT UPON REQUEST.

Therapist:_____ ***State OT/OTA License #** _____
Cannot be completed by a limited permit holder

Facility:_____
Facility Address: _____
Facility Phone: _____

APPEARANCE	Appropriate	Needs to Improve
1. Clean and neat		
2. Appropriate attire		
PERFORMANCE		
1. Prompt		
2. Attentive		
2. Asks appropriate questions		
3. Follows directions		
4. Carries out assignments		
5. Shows initiative		
6. Works well with staff		
7. Works well with patients		

Would you want this person to work for you as a COTA?_____Yes_____No
Explain:_____

VOLUNTEER TIME RECORD **TOTAL NUMBER OF HOURS SERVED**: _____

Date	Hours	Initials	Date	Hours	Initials	Date	Hours	Initials

By signing this form, I certify that I am not a family member, friend, or friend of the family to this student: **Therapist's Signature** _____

Students are not to be supervised by a family member, friend or friend of the family. Hours will not count toward admission and there is the potential for losing existing seat in the Occupational Therapy Assistant Program.

NOTE: THIS FORM MUST BE **RETURNED BEFORE April 1** FOR THE APPLICANT TO BE CONSIDERED FOR THE PROGRAM. **RETURN DIRECTLY TO**: Office of Admission, Shawnee State University, 940 Second Street, Portsmouth, OH 45662

***NOTE: The state license number is necessary to verify that the student was directly supervised by an OTR or COTA**.

OCCUPATIONAL THERAPY ASSISTANT

APPLICATION FOR ADMISSION

AUTOBIOGRAPHY/PERSONAL DATA FORM

Name_____Student ID _____

Street address _____

City_____State_____Zip_____ Phone ( )_____

Year Applying to Enter Program: Fall _____
Year

On a separate sheet of paper, please respond to the following eight items:

1. Describe, in your own words, how occupational therapy helps people.
2. Work experiences – including dates (list current or most recent work first).
3. Special interests & hobbies.
4. Experiences from which you receive the greatest amount of satisfaction.
5. Responsibilities for self and/or others.
6. Reasons for selecting Occupational Therapy Assisting as a career.
7. Reasons for selecting Shawnee State University.
8. Your aspirations and future plans.

Signature_____Date _____

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Office of Admission, 940 Second Street, Portsmouth, OH 45662

Shawnee State University does not discriminate in admission, access or treatment in programs and activities or employment policies or practices on the basis of race, creed, sex, color, national or ethnic origin, religion, marital status, age, sexual orientation., veteran status or qualified handicap.

SHAWNEE STATE UNIVERSITY
Occupational Therapy Assistant Program

ADVISING CHECKLIST

(student use only, not required to be submitted with application)

PROGRAM PRE-REQUISITES:

High school or college Biology with a C or higher _____

High school or college Chemistry with a C or higher _____

High school or college Algebra with a C or higher _____

In addition to the above pre-requisites, applicants to the occupational therapy assistant program must work/volunteer 20 hours, under the direct supervision of either a licensed occupational therapy assistant or occupational therapist.

APPLICATION DEADLINE:

All application materials including pre-requisites, volunteer form, and autobiography are due on or before ***April 1***

NON-OTAT COURSES REQUIRED IN THE OTA CURRICULUM:
Note: These courses are not prerequisites and therefore not required at the time of application. Students may take them prior to admission to the program or concurrently with the OTAT coursework.

AHNR 1102 _____
Quarter equivalent AHNR 102

PSYC 1101 _____
Quarter equivalent PSYC 101

STAT 1150 _____

PSYC 1130 _____
Quarter equivalent PSCH 151

BIOL 1130 _____
Quarter equivalent BIOL 130 and 131

SOCI 1101 _____
Quarter equivalent SOCI 101

ENGL 1102 _____
Quarter equivalent ENGL 111S &112S

* 3 hrs Cultural Perspectives _____
Quarter equivalent – see 2005-2007 SSU Catalog

ENGL 1105 _____
Quarter equivalent ENGL 112S & 115S

**General elective _____
Quarter equivalent see 2005-2007 SSU Catalog

* Cultural Perspectives Elective **(Non-western)**
** Any 3 credit hour course (4-qtr) from Psychology, Sociology, Sign Language, Speech, or cultural perspectives (western)

Note: Other developmental courses, according to placement testing, as needed.