

**College of Health Sciences
Department of Occupational Therapy**



**APPLICATION FOR ADMISSION INTO
THE MASTER OF OCCUPATIONAL THERAPY**

Please print or type:

PART I: Demographics

Title (*select one*) Ms. Mrs. Miss Mr.

Last Name: _____ First Name: _____ MI/Maiden: _____

Birth Date: _____ *I identify my gender as: Male Female Other

Permanent Mailing Address: _____

Number and Street – Apartment #

City and State

Zip Code

County of Legal Residence: _____ Home Phone Number: _____

(Area code) Number

Cellular Phone: _____ E-Mail Address: _____

(Area Code) Number

* Marital Status: Single Married Divorced Widowed * Number of Dependents: _____

* If you wish to identify yourself as a member of an ethnic/racial group, please indicate:

American Indian/Native Alaskan Asian Black or African American

Hispanic/Latino of any race Native Hawaiian or other Pacific Islander White

Prefer not to answer

Are you a Veteran? Yes No

Are you a US Citizen? Yes No

If not a citizen, are you a Permanent Resident? Yes No Alien Registration Card Number: _____

Emergency Contact: _____

Name of Contact Person

Relationship Phone Number

Address _____ City and State _____ Zip Code _____

Day Phone number

Evening Phone Number

Program to which you are applying:

Combined BS in Health Science/Masters in Occupational Therapy (BS/MOT)

Masters in Occupational Therapy (MOT)

I am seeking admission to the MOT Program as a: Full-Time Student Part Time Student

* Responses to items marked with "*" are voluntary and the information will be kept confidential. The information is being collected for statistical purposes only.

PART II: Education

Check any of the following degrees that you have previously earned:

- AA
 AS/AAS
 BA
 BS
 MA
 MS

In the space below, provide the requested information on all college-level work taken for credit at any time in the past.

Name of Institution	Major	Degree or Certificate Earned	Year Earned
Undergraduate College(s)/University(s)			
Graduate College(s)			
Other: Armed Forces, Diploma Schools			

IF you are currently completing your undergraduate degree:

Please list **all** courses you need to complete other than primary pre-requisites listed on the following page (page 3).

Courses to be completed	Name of Institution	Credit Hours	Anticipated term and year of completion

PART III: Prerequisite Courses

In the chart below, list the pre-requisite courses you have completed, including repeated courses. For repeated courses indicate the number of times the course was taken. Repeated courses should be listed in the chart in chronological order.

Course	Pre-requisites Courses Completed				
	Credit Hours	Grade	Term or Semester	Year	Institution
Anthropology or Sociology					
Developmental Psychology					
Abnormal Psychology					
Statistics					
Medical Terminology					
Human Anatomy					
Human Physiology					
Cadaver Lab (30 contact hours)					
Introduction to Occupational Therapy					

NOTE: BS/MOT applicants must attach a current evaluation of credits (Degree Planning Sheet from the College of Health Sciences advisor).

PART IV: Prerequisite Courses

In the chart below, list the pre-requisite course you are currently enrolled in and those you still need to complete.

Course	Pre-requisites Courses			
	Currently Enrolled		Still Need to be Taken	
	Term/Yr	Institution	Term/Yr	Institution
Anthropology or Sociology				
Developmental Psychology				
Abnormal Psychology				
Statistics				
Medical Terminology				
Human Anatomy				
Human Physiology				
Cadaver Lab (30 contact hours)				
Introduction to Occupational Therapy				

NOTE: BS/MOT applicants must attach a current evaluation of credits (Degree Planning Sheet from the College of Health Sciences advisor).

PART V: Certification and License Eligibility

Have you ever.....

1. been charged with or convicted of a felony? Yes No
2. had any professional license, registration or certification revoked, suspended or subject to probationary conditions by a regulatory authority or certification board? Yes No
3. been found by any court, administrative, or disciplinary proceeding to have committed negligence, malpractice? Yes No

A felony conviction may affect a graduate's ability to sit for the National Board for Certification in Occupational Therapy (NBCOT) examination or attain state licensure. A process for early determination of eligibility is available from NBCOT.

Part VI: Essay

Applicants **must attach a typed 1000-word essay** discussing the major reasons you wish to pursue a career in occupational therapy and how your human service experience has enhanced or developed your human service skills. Provide specific examples that include compassion, sensitivity to others, interpersonal skills and dedication to service and their impact on your personal growth.

By this signature on this application I am attesting that the information I submit in this application and in any required accompanying or subsequent documentation is true and accurate to the best of my knowledge.

Signature (Your application cannot be processed without a signature)

Date