

## V. Occupational Therapy Assistant Program Application Form

**Student Identification**

Complete shaded areas with all information currently available.

<b>First Name</b>		<b>Last Name</b>		<b>CPCC Student ID</b>	
<b>Street/Apt</b>					
<b>City</b>		<b>State</b>		<b>ZIP</b>	
<b>Home Phone</b>		<b>Cell Phone</b>		<b>CPCC Email</b>	
<b>Essential Functions Document</b>					
Please check the box to the right to indicate that you have reviewed and understand the criteria in the <a href="#">Essential Functions document</a> .					

**Scores**

Record scores for Items 1-4 in shaded areas with all information currently available according to the instructions below.

Item				Points Earned	Points Possible	
<b>1. Attendance Occupational Therapy Assistant (OTA) Information Session</b>					(2)	
	Date attended		(will be verified by sign-in sheet at information session by admissions specialist)			
<b>2. TEAS Test Scores</b>	Reading Score		(each score is multiplied by 0.1 to determine points earned)		(10)	
	English & Language Score				(10)	
	Adjusted Total Score				(10)	
<b>3. Related Work Experience</b>	Employed as an Occupational Therapy Aide or Rehabilitation in an Occupational Therapy (OT) Department for a minimum of 240 hours over a period of at least one year				(3)	
<b>4. Completed Academic Courses</b> <ul style="list-style-type: none"> <li>Only high school AP courses in which the exam was taken for college credit and a score of 3 or greater was received can be counted.</li> <li>Only high school IB courses in which the exam was taken for college credit and a score of 5 or greater was received can be counted.</li> <li>Course points computation for all courses: (A=3 pts; B=2 pts; C=1 pt.)</li> <li>BIO courses must be completed within 5 yrs. of applying.</li> <li>Only one course per category allowed to be counted towards application points total.</li> </ul>	<b>Category I</b>	ENG 111			(12 points total)	
			High School English AP or IB			
	<b>Category II</b>	BIO 168 or BIO 165				
			High School Biology AP or IB			
	<b>Category III</b>	PSY 150				
			High School Psychology AP or IB			
	<b>Category IV</b>	MED 120 or MED 121				
<b>Total Application Points</b>					(47)	

To clear all fields in this section, select button to the right.  
This will erase all of your entries to this form.

## VI. Required Preadmission Activities

Complete shaded areas below (either type or print legibly) with information on required observation hours (see pg. 3) and submit with application. Observation logs should be fully completed and include the clinician's signature.



### Occupational Therapy Assistant Program Observation Hours Verification Log #1

First Name		Last Name		Student ID	
Supervisor Name			Facility Name		
Phone #			Type of Facility		

Date	From:	To:	Hours	Signature of Licensed OT or OTA
				<i>Minnie Mouse, O.T.A.</i>

Comments:	
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### Occupational Therapy Assistant Program Observation Hours Verification Log #2

First Name		Last Name		Student ID	
Supervisor Name			Facility Name		
Phone #			Type of Facility		

Date	From:	To:	Hours	Signature of Licensed OT or OTA
				<i>Mickey Mouse, OTR/L</i>

Comments:	
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**Occupational Therapy Assistant Program  
Observation Hours Verification Log #3**

First Name		Last Name		Student ID	
Supervisor Name			Facility Name		
Phone #			Type of Facility		

Date	From:	To:	Hours	Signature of Licensed OT or OTA
				<i>Mrs. Wonderful OT, OTR/L</i>

Comments:



**Occupational Therapy Assistant Program  
Observation Hours Verification Log #4**

First Name		Last Name		Student ID	
Supervisor Name			Facility Name		
Phone #			Type of Facility		

Date	From:	To:	Hours	Signature of Licensed OT or OTA

Comments:

To clear all fields in this section, select button to the right.  
This will erase all of your entries to this form.