

Have you attended an information session? ___ Yes ___ No If yes, what date: _____

Prior Education (list most recent first)

High School, Colleges Attended	Location (City, State, Zip)	Graduation Date	Hours Earned	Date Degree Earned
1.				
2.				
3.				
4.				

Employment Record (list most recent or present position)

Company Name	Date(s) Employed	Position & Duties
1.		
2.		
3.		
4.		

Prerequisite Requirement Table

Course name and number	Semester & Year	Final Grade	School Where Course was taken
ENGL 1301 Composition I			
MATH 1314 College Algebra			
BIOL 2301 A&P I (Lecture)			
BIOL 2101 A&P I (Lab)			
BIOL 2302 A&P I (Lecture)			
BIOL 2102 A&P I (Lab)			
PSYC 2301 General Psychology			
PHIL 2306 Ethics			

(Optional) Observation Hours: Please submit the signed Hours of Observation Form as well.

Name of Facility	Type of Setting	Number of Hours
1.		
2.		
3.		

Application Checklist: (Please check that all items are completed)

- I have submitted 3 recommendation forms in signed and sealed envelopes with my packet.
- I have submitted all observation feedback form(s) with signatures.(Optional)
- I have submitted official transcripts to the Office of Enrollment Services for all colleges attended.
- A transcript evaluation has been completed through SOS.
- I have included an unofficial transcripts from all colleges and universities attended in my OTA application packet.
- I have completed the OTA application in full and have signed and dated this application.
- I have included proof of employment for credit in related healthcare work experience (if applicable).
- I have disclosed information with OTA program director about background check/drug screen that may affect my application (if applicable)

This application will be used in the accumulation of points for the admission process. Final decisions on point allocation will be determined by the program director.

I hereby certify that the information in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification is cause for denial of admission or expulsion from the college. I understand that the faculty and staff of the San Jacinto College South- Occupational Therapy Assistant Program will read the information contained in this application.

Signature of Applicant

Date

Please submit requested information only. Other documents submitted other than those requested will not be considered.