



San Jacinto College  
South Campus  
Occupational Therapy Assistant Program

**Prior Education (list most recent first)**

High School, Colleges Attended	Location (City, State, Zip)	Graduation Date From/To	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.		

**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 II (Lecture)			
BIOL 2102 A&P II (Lab)			
PSYC 2301 General Psychology			
PHIL 2306 Ethics			
PSYC 2314 Lifespan Growth & Development			

**(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.		

San Jacinto College  
South Campus  
Occupational Therapy Assistant Program

**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 and placed in packet (must be requested from Enrollment Services in advance)
- \_\_\_\_\_ I have included an unofficial San Jacinto College transcript as well as transcripts from all other colleges 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 in for credit in related healthcare work experience (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.**