**ALAMO COLLEGES DISTRICT**
**St. Philip's College**

Health Science Department Center for Health Professions

Occupational Therapy Assistant Program

# APPLICATION PACKET



## Applicant Name

Click or tap here to enter text.

# INSTRUCTIONS

Applicants must fill out all forms entirely before application submission. Incomplete applications are ineligible for consideration. The applicant's responsibility is to ensure that the application is complete before submitting it for review by the Occupational Therapy Assistant (OTA) program. You will not be allowed to add to your application package later. If the application is received and any requirements are missing, this will be deemed an incomplete application and will not be reviewed.

- Applicants must be enrolled in St. Philip's College (SPC). Admission to SPC does not guarantee admission to the OTA program. Please review information packet.

- Applicants should meet with the OTA advisor to ensure all pre-requisites are reviewed for acceptance or apply for course substitutions.

- All supporting documentation should be originals and submitted with application to be reviewed. Official transcripts must be sent electronically to spc-ota@alamo.edu.

- The student can submit a copy of transcripts with application to begin the process, but an official electronic transcript must be submitted no later than March 31 deadline to be considered by the review committee.

- The application package must be saved as ONE PDF file to include supporting documents and submit electronically to spc-ota@alamo.edu prior to the 31 March deadline.

- Save completed PDF file with transcript copies:
  Last Name, First Name, Application Year
  (example: StevensonJacqueline2022)
  Do not submit individual JPEGs or PDFs.

- A completed application does NOT mean that the student is automatically enrolled in the Occupational Therapy Assistant Program.

- Attach all required documents following the checklist.

# NOTICE TO OCCUPATIONAL THERAPY ASSISTANT (OTA) PROGRAM APPLICANTS

The Health Science Department and OTA Program makes every effort to provide an understandable application process by ensuring each applicant has the necessary information for application completion. It is the student's responsibility to review the application requirements and selection criteria for the individual program to which they are applying as some programs have additional requirements beyond those listed for the Health Science Department. Application requirements and selection criteria are subject to change. Please visit the program's website for detailed information about the program's application and selection process.

All applicants have equal opportunity to contact the program director prior to submitting their application. Each program reserves the right to consider an applicant ineligible for program admission if they neglect any part of the stated requirements for application or selection. Fulfilling all application criteria DOES NOT guarantee acceptance into a program as program size is limited. Acceptance to any Health Science Program is subject to completion of a background check, drug screen and updated immunizations.

The OTA Program Academic Program Specialist is able to assist you with general application questions you may have. However, it remains the responsibility of the applicant to follow all written instructions for application submission and selection criteria.

Alamo Colleges, St. Philip's College, the Health Science Department and its programs are not responsible for any applicant misinterpretation of the application or selection process.

I have read the above and understand this notice, as evidenced by my signature.

| NAME | Click or tap here to enter text. | | |
|---|---|---|---|
| SIGNATURE | | DATE | Click or tap to enter a date. |

# OCCUPATIONAL THERAPY ASSISTANT APPLICATION FORM

Please submit typed form.

| | |
|---|---|
| **Program Applying for**: Occupational Therapy Assistant Program | **Desired Entry Year**: Choose an item. |
| **Name**: Click or tap here to enter text. | **Banner ID:** Click or tap here to enter text. |
| **Street Address**: Click or tap here to enter text. | **SSN**:  Click or tap here to enter text. |
| **City:** Click or tap here to enter text. | **SPC School Email**: Click or tap here to enter text. |
| **State**: Click or tap here to enter text.  **Zip Code**: Click or tap here to enter text. | **Personal Email**: Click or tap here to enter text. |
| **Mobile Phone**:  Click or tap here to enter text. | **Alternate Phone**: Click or tap here to enter text. |

| ALL Colleges/Universities Attended (include attachments as necessary) | Degree | Hours Completed | Dates |
|---|---|---|---|
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

| Employment History      Employer (include attachments as necessary) | Job Title | Dates |
|---|---|---|
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Are you eligible to work in the United States?** Choose an item. | **Convicted of a felony?**  Choose an item. | |

| **Convicted of a misdemeanor?** Choose an item. | **If a felony or misdemeanor is on record, have you submitted letter from NBCOT and TBOTE?** Choose an item. |
|---|---|
| Enrollment into the Health Science programs by students with felony convictions could result in denial of licensure or certification. These students would not be eligible for admission into the program until a declaratory order process is completed with the licensure and/or certification board and proof of eligibility for licensure or certification is provided. | |
| | |
| **Medical Emergency Numbers** | |

| Name: Click or tap here to enter text. | Relationship: Choose an item. | Phone Number Click or tap here to enter text. |
|---|---|---|

I understand that falsification of any information on application will automatically disqualify me as an applicant for admission and will result in my being dropped from any Health Science Program.

I have read and understand the Notice to Program Applicants.

Signature: _____  Date: Click or tap to enter a date.

If I am not accepted into the Occupational Therapy Assistant Program, I consent to have my application packet forwarded to the following Health Science Programs for consideration:

| | | | | |
|---|---|---|---|---|
| ☐ | Biomedical Engineering Technology | | ☐ | Nurse Aide |
| ☐ | Cardiac Sonography | | ☐ | Nursing: LVN |
| ☐ | Diagnostic Medical Sonography | | ☐ | Phlebotomy |
| ☐ | Health Information Technology | | ☐ | Physical Therapist Assistant |
| ☐ | Histologic Technician | | ☐ | Radiography Technologist |
| ☐ | Invasive Cardiovascular Technology | | ☐ | Respiratory Care Technology |
| ☐ | Kinesiology | | ☐ | Surgical Technology |
| ☐ | Medical Laboratory Technician | | ☐ | Vision Care Technology |

# OCCUPATIONAL THERAPY APPLICATION CHECKLIST

Check each box below to affirm you completed that step prior to applying. **SUBMIT** THIS PAGE WITH THE APPLICATION.

| NAME | Click or tap here to enter text. |
|------|----------------------------------|
| DATE | Click or tap here to enter text. |

| | |
|---|---|
| ☐ | Have you completed the "Apply Texas" application for submission to St. Philip's College? |
| ☐ | Have you completed the program pre-requisite courses? ENGL 1301, BIOL 2401, and MATH (20)Core |
| ☐ | Have you met with the Program Advisor (Douglas Gable at dgable@alamo.edu) for course transfer or degree advising? |
| ☐ | Have you completed and included the ATI TEAS pre-entrance exam score form? <br> • Only include the score page. Minimum score is 65 |
| ☐ | Have you included any additional required licensure documents, if applicable? <br> • If you have a felony, include NBCOT and TBOTE documentation |
| ☐ | Have you checked to ensure you met the minimum overall grade point average (GPA) requirement? <br> • You must have a MINIMUM of 2.75 on a 4.0 scale |
| ☐ | Did you have your official transcripts electronically sent to SPC-ota@alamo.edu? <br> • You are required to submit all official transcripts from all colleges attended, including St. Philip's and Alamo colleges. |
| ☐ | Did you complete and include the saved Shadow Module in PDF? |
| ☐ | Did you check the OTA Program website to ensure you met the application deadline of March 31? <br> • Applications postdated after March 31 will not be accepted |
| ☐ | Did you read and sign the NOTICE TO PROGRAM APPLICANTS statement? |
| ☐ | Did you complete and include the **typed** OTA STUDENT APPLICATION FORM? |
| ☐ | Did you complete and include the APPLICATION CHECKLIST? |
| ☐ | Did you place ALL documents in ONE PDF File for submission? <br> • Save file: Last Name, First Name, Application Year (example: StevensonJacqueline2022) <br> • Do not submit individual JPEGs or PDFs |