



Application for admission to:
OCCUPATIONAL THERAPY ASSISTANT PROGRAM

Austin Community College does not discriminate on the basis of race, color, creed, national origin, religion, age, gender, sexual orientation, political affiliation, or physical disability.

Applications to Health Sciences programs are NOT accepted without documentation of COMPLETED program immunization requirements. Copy of immunization form is available for print out at www.austincc.edu/health/ or you may obtain a copy from the Health Sciences Admission Office.

PLEASE PRINT IN BLACK INK OR TYPE

Application Date ____ / ____ / ____

Application Deadline: March 31

Name in Full: Last First Middle

Home Address: Number & Street County City State Zip

Home Phone: Cell Phone: Work Phone:

Social Security No.: - -

or ACC Student ID: - - - - -

E-mail: _____

Person to notify in case of emergency: _____

Address: Phone: _____

Relationship of this person to you: _____

Have you ever before made an application to any Austin Community College Health Sciences programs?

Yes No

If yes, what program? _____

When: (approximate date) _____

It is the student's responsibility to: Return this application to the Occupational Therapy Assistant (OTA) program at the Eastview Campus. It may be returned by mail or in person. DO NOT FOLD! If you need further assistance, contact the OTA Administrative Assistant at the Eastview Campus (3401 Webberville Rd., Austin, TX 78702) or call at (512) 223-5935. Additional information on the web: http://www.austincc.edu/health. Please note: Students must keep mailing address current with the Occupational Therapy Assistant Office as well as the Admissions and Records Office.

Give information concerning high school(s) attended or G.E.D.:

Name of School _____ City & State _____ Date of Completion _____

Give information concerning college, university, vocational schools, allied health schools attended:

Name of Institution _____ City & State _____ Number of Credits or Degree Earned _____

If college program was not completed, state reason: _____

If testing was done at another school, please submit a copy of the documentation with your application.

List any licenses or certificates held (ie, LVN, EMT, etc): _____

Give information concerning last three employers: (List most recent job first)

Employer: _____

Address, Street, City, State, Zip: _____

Dates employed: _____

Employer: _____

Address, Street, City, State, Zip: _____

Dates employed: _____

Employer: _____

Address, Street, City, State, Zip: _____

Dates employed: _____

Please note that to be compliant with clinical facility requirements a criminal background check will be required prior to admission to the Occupational Therapy Assistant program.

Certain minimum physical abilities and characteristics are required in health sciences professions. See program web page for specific requirements. Are you able to meet the minimum technical skills standards for the program to which you are applying?

Yes No

If "No," explain: _____

Please write a brief account of why you want to enter this career and this program.

Completion Checklist:

- All applicants must meet TSI (testing) requirements.
- Copy of official and unofficial transcripts from all previous/current education.

All applicants must complete four (4) prerequisites with a "C" or better in each course with a minimum GPA of 2.5 or better.

- ENGL 1301 English Composition
- PSYC 2301 Introduction to Psychology
- BIOL 2404 Introduction to Anatomy & Physiology (5 year limit)
- MATH Select from the Mathematics section in the General Education course list. If these courses were taken at a school other than ACC, you **must** provide a copy of the transcript with your application.
- Observation/Volunteer Form
- Information Session Verification
- Three references for applicant for admission to OTA program
- Checklist

All applicants must provide a copy of written documentation from a physician for:

- Proof of Varicella (Chicken Pox) immunity as shown by (a) physician documented history of disease (b) documentation of two immunizations **or** (c) a serum titer confirming immunity.

AND

- Proof of (a) completion of the first two of the Hepatitis B Vaccination series (the third vaccination in the series must be completed by the end of the provisional semester) **or** (b) a serum titer confirming immunity.

AND

- Proof of (a) **two** Measles Vaccinations (may be part of a MMR) **or** (b) a serum titer confirming immunity **or** (c) proof the student was born prior to January 1, 1957 **or** immunity as shown by (d) physician documented history of disease.

AND

- Proof of (a) one Mumps Vaccination (may be part of a MMR) **or** (b) a serum titer confirming immunity **or** (c) proof the student was born prior to January 1, 1957 **or** immunity as shown by (d) physician documented history of disease.

AND

- Proof of (a) one Rubella Vaccination (may be part of a MMR) **or** (b) a serum titer confirming immunity **or** immunity as shown by (c) physician documented history of disease, **regardless of date of birth**

AND

- Proof of Tetanus-Diphtheria vaccination within the last 10 years.

This application may not reflect recent program changes. Please access the most up-to-date information on the Program's webpage through the link at www.austincc.edu/health.

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information is cause for denial of admission or expulsion from the College. I understand that the information contained in this application will be read by the faculty and staff of the ACC Occupational Therapy Assistant program.

Signature of Applicant

Date

12/07-wphbc