



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 _____ / _____ / _____

Name in Full: _____
Last First Middle

Home Address: _____
Number & Street City County State Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Social Security No.: _____ - _____ - _____ Student ID: _____

E-mail: _____ Date of Birth: _____

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 by mail or in person to the Health Sciences Admission Office at the Eastview Campus (3401 Webberville Rd., Bldg. 8000 Austin, TX 78702) or Round Rock Campus (4400 College Park Dr., Bldg. 3000 Round Rock, TX 78665)
Additional information on the web: <http://www.austincc.edu/health/> (512) 223-5700.
DO NOT FOLD!
Please note: Students must keep mailing address current with the Health Sciences Admission 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 coursework from another school has not been transferred to ACC, please submit a copy of the transcript with this 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: _____

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.

Certain minimum physical abilities and characteristics are required in health sciences professions. See <http://www.austincc.edu/health/ota/techstandards.php> 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: _____

Completion Checklist:

- All applicants must meet TSI (testing) requirements.
- Unofficial transcripts from all previous education if coursework is applicable. (Submit official transcripts to the college for college admission.)

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 unless the courses have already transferred.

- Information session completion form.
- Observation/Volunteer form.
- Three (3) Work Skills Assessment forms (Professional references) for applicant. One must be from OTR or COTA.
- Essay completed.

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.

MUST SIGN AND DATE APPLICATION ►

Applicants: Please fill in the following:

Prerequisite Courses

Must be completed prior to program application.

Required Course	*Completed Course	Academic Institution	Semester Completed	Final Course Grade	Credit Hours Earned
ENGL 1301					
PSYC 2301					
BIOL 2401					
College Level Math					

Co-requisite Courses

Completion is not required prior to program application, however courses completed at the time of application (with a "C" or better) will result in bonus points for ranking purposes.

Required Course	*Completed Course	Academic Institution	Semester Completed	Final Course Grade	Credit Hours Earned
Oral Communication					
PSYC 2314					
HPRS 1106					
SCWK 2331					
Humanities/Visual & Performing Arts					

**Courses completed from academic institutions other than ACC, or courses that do not exactly match the OTA Department's course requirement, will be evaluated on an individual basis to determine whether they will be acceptable toward the degree plan.*

Answer the following questions (typed, maximum of 300 words, on separate piece of paper): why do you want to enter this career and why did you select the OTA program at ACC?

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

MUST SIGN AND DATE APPLICATION

REVISED 7/25/11