APPLICATION CHECKLIST

Student Name ___________________________ SFCC ID# __________________

APPLICATION DEADLINE: Noon, Friday, March 21, 2014 (or postmarked by March 21, 2014)

☐ Apply for admission to Spokane Falls Community College (SFCC).
  Contact Admissions at 509.533.3503 or www.spokanefalls.edu.
  • If you are enrolled at Spokane Community College (SCC), you still must apply to SFCC.
  • If you have previously been enrolled at SFCC, you must reactivate your application.

☐ Complete this application booklet.

☐ Page 3: Demographic Information and College Education
  • Request an official transcript from each college you have attended (with the exception of SFCC and SCC).
  • Have the transcript(s) sent directly to:
    Spokane Falls Community College
    Admissions Office MS 3011
    3410 W. Fort George Wright Drive
    Spokane, WA 99224-5288

☐ Page 4: Student Essay Form (10% of acceptance score).

☐ Page 5-6: Work/Volunteer Experience Form (30% of acceptance score).
  • Complete a separate form for each experience (photocopy as necessary).
  • Each form must be signed by your supervisor.

☐ Page 7: Coursework Experience (30% of acceptance score).
  • Include an unofficial copy of all of your transcripts (including SFCC and SCC). A Degree Audit is not acceptable. (If you don’t already have a copy, most schools have the information available online).
  • Complete the form noting transfer courses where applicable.

☐ Page 8: Letter of Recommendation (one), (10% of acceptance score).

☐ Prepare a cover letter: The letter should be addressed to the Admissions Committee and should discuss what makes you an outstanding applicant for the OTA Program.

☐ Verify all parts of your completed application.
  • Your application includes the following, (in this order):
    1. Cover letter
    2. Pages 2-8 of this booklet
    3. Copies of all of your transcripts
    4. Letter of recommendation (under separate cover)

☐ Submit your application. It should appear professional and organized.

☐ HAND DELIVER by Noon, Friday, March 21, 2014 to: OR Postmarked by March 21, 2014 to:
  OTA Admissions Committee
  Program Director Office, OTA Program
  SFCC Campus, Building 27, Room 356
  2917 W. Fort George Wright Drive
  Spokane, WA 99224-5202


PLEASE NOTE: If you meet ALL the basic acceptance requirements of the OTA program, you will be required to attend a ½ day in-person and group interview process on the campus of SFCC. You will be notified by April 30, 2014 if attendance at the interview process is required.
1. Do you meet the Special Requirements as outlined on pages 4-5 of the Occupational Therapy Assistant Program Information Booklet. ☐ Yes ☐ No

2. Are you currently enrolled at SFCC? ☐ Yes ☐ No At SCC? ☐ Yes ☐ No

3. Are you attending college Winter Quarter 2014? ☐ Yes ☐ No If yes, which school:

3a. What classes are taking Winter Quarter 2014?


4. Are you attending college Spring Quarter 2014? ☐ Yes ☐ No If yes, which school:

4a. What classes are taking Spring Quarter 2014?


**COLLEGE EDUCATION**

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<tr>
<th>Institution</th>
<th>Location</th>
<th>Degree/Diploma</th>
<th>Dates Attended</th>
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1. In your own words, please describe what Occupational Therapy is and what an average day in the life of an OT might look like. You may include reflections from your volunteer or work experience.

2. How did you become interested in the field of Occupational Therapy? Include information regarding prior work, educational or personal experience and exposure to people with disabilities.

3. As an OTA, how would you describe your role as a member of a health care team?
WORK/VOLUNTEER EXPERIENCE FORM

Student Name ___________________________________________ SFCC ID# ____________________________

The OTA program requires 40 total hours of volunteer or work experience divided between at least two occupational therapy settings and with an Occupational Therapist/Occupational Therapy Assistant for admission to the program. It is recommended you obtain additional hours (to a maximum of 100), and the quantity of your total hours will serve as 30% of your acceptance score.

Please summarize your volunteer/work experience.

1. Employment in Occupational Therapy setting or Restorative Aide (clinic, hospital, school, etc.)

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2. Employment as CNA, Nurse, Home Health Aide, Medical Assistant, Special Education Aide, OT Aide.

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3. Employment in Health and Fitness, Teaching, Mental Health Setting, Pre-School, Social Service.

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4. Volunteer in Occupational Therapy Setting (clinic, hospital, nursing facility, school, etc.)

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<td><strong>Total</strong></td>
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**PLEASE NOTE:** All volunteer/work experience needs to be cooperated with a corresponding work/volunteer experience form.
Occupational Therapy Assistant Program

**WORK/VOLUNTEER EXPERIENCE VERIFICATION FORM**

Student Name ____________________________  SFCC ID# __________________

Name of Supervisor __________________________________________________________________________

Name of Facility ______________________________________________________________________________

Facility Address ______________________________________________________________________________

I have served as a mentor for the above named OTA applicant in the field of:

☑ Occupational Therapy  ☐ Nursing  ☐ Recreational Therapy
☑ Physical Therapy  ☐ Medical Assistant  ☐ Mental Health Professional
☑ Speech Therapy  ☐ Psychology  ☐ School Setting
☑ Care Attendant  ☐ Social Services  ☐ Activities

☐ Other, please state ________________________________________________________________________

The above named OTA applicant has worked in the capacity of:

☐ Volunteer  ☐ Employee  ☐ Other, please state _______________________________________________________________________

Period: from _____ / _____ to _____ / _____

Hours per week: ________________  Total hours volunteered or worked: _______________

Duties and responsibilities performed or observed:

_________________________________________________________________________________________

I certify that the above information is correct.

_________________________________________________________________________________________

Supervisor Signature ____________________  Date __________  Title ____________________________

*Experience may be paid or volunteer; attach a page for each experience. Form may be photocopied as needed.*
WORK/VOLUNTEER EXPERIENCE VERIFICATION FORM

Student Name ___________________________ SFCC ID# ___________________________

Name of Supervisor ____________________________

Name of Facility ____________________________________________

Facility Address ____________________________________________

I have served as a mentor for the above named OTA applicant in the field of:

☐ Occupational Therapy  ☐ Nursing  ☐ Recreational Therapy
☐ Physical Therapy  ☐ Medical Assistant  ☐ Mental Health Professional
☐ Speech Therapy  ☐ Psychology  ☐ School Setting
☐ Care Attendant  ☐ Social Services  ☐ Activities

☐ Other, please state ____________________________________________

The above named OTA applicant has worked in the capacity of:

☐ Volunteer  ☐ Employee  ☐ Other, please state ____________________________________________

Period: from _____ / _____ to _____ / _____

Hours per week: ________________  Total hours volunteered of worked: ________________

Duties and responsibilities performed or observed:

I certify that the above information is correct.

________________________________________  __________________________  __________________________
Supervisor Signature  Date  Title

Experience may be paid or volunteer; attach a page for each experience. Form may be photocopied as needed.
COURSE WORK EXPERIENCE FORM

Student Name ______________________________ SFCC ID# ___________________

Based on your transcripts, list your grades for the classes taken.

Note: Academic work older than 5 years shall be evaluated on a case by case basis.

IMPORTANT: The Application Committee must have a copy of your transcript(s) to evaluate this section of your application (this includes classes taken Winter Quarter, 2014).

PREREQUISITES

• Biology 241: Human Anatomy and Physiology: 5 Credits
  School where taken __________________________
  Grade ________
  Course No. ________

• Psych 100 (or equivalent Introduction to Psychology): 5 Credits
  School where taken __________________________
  Grade ________
  Course No. ________

• ONE OF THE FOLLOWING MATH COURSES:
  – Math 92, 94, or 96: 5 Credits
    School where taken __________________________
    Grade ________
    Course No. ________
  – Math 107: 5 Credits
    School where taken __________________________
    Grade ________
    Course No. ________
  – Bus 103: 5 Credits
    School where taken __________________________
    Grade ________
    Course No. ________

• ONE OF THE FOLLOWING ENGLISH COURSES:
  – English 101 (or equivalent English Composition Class): 5 Credits
    School where taken __________________________
    Grade ________
    Course No. ________
  – English 105: 5 Credits
    School where taken __________________________
    Grade ________
    Course No. ________

Previous Degrees:

Comments about Coursework:
Occupational Therapy Assistant Program

LETTER OF RECOMMENDATION

Student Name ___________________________   SFCC ID# ________________________

Please provide this form to the person whom you are requesting a letter of recommendation. 

Note: Your recommendation needs to be from someone who has known you in a volunteer, work or educational setting.

Dear Colleague:

________________________ is applying to the Occupational Therapy Assistant Program at Spokane Falls Community College. This is a competitive application process, and your letter of recommendation is important to the Application Committee. In your letter, please address as much of the following as you are able:

• How long you have known the applicant and in what capacity.

• Your opinion regarding the candidates ability to relate to others, worker behaviors, and/or personal characteristics that would contribute to their ability to be a successful OTA.

• Your credentials, and letter should be on your professional letterhead if possible.

Please mail your letter directly to the OTA Admissions Committee at the address below. 

Letters directly from applicants will not be considered.

OTA Program Director, MS 3029
Spokane Falls Community College
2917 W Fort George Wright Drive
Spokane, WA 99224-5202

Student Name SFCC ID#
The OTA program is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE®), of the American Occupational Therapy Association (AOTA). Information regarding accreditation can be obtained at:

ACOTE
4720 Montgomery Lane
Suite 200
Bethesda, MD 20814-3449

301-652-6611, ext. 2914
accred@aota.org

Most states require licensure in order to practice, however state licenses are usually based upon the results of the NBCOT examination. Be advised that a criminal record may render an individual ineligible to take the certification exam and consequently ineligible to practice as an occupational therapy assistant. If you have concerns pertaining to a past criminal record, you should contact NBCOT at (301) 990-7979 to determine your eligibility for the exam.