Application Checklist
Occupational Therapy Assistant Program

Your application is **not complete** and cannot be considered in the admissions process until **ALL** forms and any required documentation are included.

Use the checklist below to verify that **ALL** information is included. Sign and date this form. Submit this and all other indicated information to the Occupational Therapy Assistant Program Director. These items may be mailed or hand-delivered (hand-delivered ***is recommended***). **ALL** information, current and accurate, is required by the application deadline of **June 1**.

Check

- ☐ **Application for Admission to McLennan Community College has been completed.**
  http://www.mclennan.edu/admissions/become-a-student/index.html

- ☐ **Application for the Occupational Therapy Assistant Program (including this checklist page).**
  Completed application must be mailed/delivered to the Occupational Therapy Assistant Program Director (HPN 123)

- ☐ **Documentation – Proof of completion of any one of the Texas college placement tests to include test scores in Reading, Writing, and Mathematics or placement test Exemption Status.**
  Student must be TSI complete. ***This information is usually found on the transcript.***

  Documentation – Transcripts from ALL colleges that you have attended.
  This information must be supplied to **BOTH** the Occupational Therapy Assistant Program Director and the Admission Department.
  Highlander Central MUST have official transcripts.
  Note: **It is the applicant's responsibility to submit updated transcripts to both Highlander Central and the OTA Program Director as additional courses are completed.** ***Fall grades must be submitted to the OTA Program Director no later than noon of the last Friday of the McLennan Community College semester.***
  - ☐ Highlander Central (must be original, official transcripts)
  - ☐ **OTA Program Director** (may be copies, unofficial transcripts; **MUST include MCC transcript**)

- ☐ **Documentation – Academic Prerequisite and Co-requisite Course List (third page of this form)**
  This information must be supplied to the Occupational Therapy Assistant Program Director.

- ☐ **Documentation – OTA Program General Information Session verification (form received at GIS Session)**
  This information must be supplied to the Occupational Therapy Assistant Program Director

- ☐ **Documentation – Verification of 40 hours of volunteer/work time in occupational therapy in two different settings (20 hours each) with a currently licensed OT or OTA.**
  This information should be documented on the Occupational Therapy Experience Form and turned in to the Occupational Therapy Assistant Program Director.

- ☐ **Documentation – Two Basic Workplace Skills Assessment Forms, one from an OT or OTA.**
  This information must be supplied to the Occupational Therapy Assistant Program Director.

After you have completed, **and checked,** all applicable items above, you are now ready to turn in your application.

Accreditation: The Occupational Therapy Assistant Program is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA), located at 4720 Montgomery Lane, Suite 200, Bethesda, MD 20814-3449. ACOTE's telephone number c/o AOTA is 301.652.6611 and Web address is www.acoteonline.org.

_____ _____

Signature *Date*

McLENNAN COMMUNITY COLLEGE
1400 College Drive • Waco, TX 76708
www.mclennan.edu/health-professions

Application
Occupational Therapy Assistant Program

Application deadline is **June 1**. This application is effective for **only one** review. A new application is required for each admission cycle.

Name:

_____ _____ _____ _____
Last name *First name* *Middle name* *Other names used on records*

MCC ID #: _____

Current address:

_____ _____ _____
House number *Street, Route or P. O. Box number* *Apartment number*

_____ _____ _____ _____
City *County* *State* *ZIP*

Telephone number: home (_____) _____ work (_____) _____

E-mail address: _____

List all colleges and/or vocational-technical schools you have attended, including MCC:

College	*Dates attended*

I have previously applied to the McLennan Occupational Therapy Assistant Program: No_____ Yes_____ Year _____

The steps previously outlined on the Application Checklist (admission to the college, testing, transcripts, etc.) must be completed **before the applicant can be considered for admission to the Occupational Therapy Assistant Program**.

Have you ever been convicted of a crime other than a minor traffic violation? ☐ Yes ☐ No

Please note: Driving under the influence (DUI) or driving under suspension (DUS) are not considered minor traffic violations. Failure to disclose will result in withdrawal from this program. Be advised that a criminal background may exclude a student/graduate from participating the OTA Program pediatrics course, taking the national certification exam, and/or being licensed by the State of Texas. Students have the right to request a criminal history evaluation letter from NBCOT and TBOTE. For more information, contact the Program Director.

Have you ever been involuntarily withdrawn from another health professions (OTA or **any** health profession) program? ☐ Yes ☐ No

I certify that the information furnished in this application is complete and correct.

_____ _____
Signature *Date*

Return this form to:

Program Director, Occupational Therapy Assistant
McLennan Community College
1400 College Drive
Waco, Texas 76708

McLENNAN COMMUNITY COLLEGE
1400 College Drive • Waco, TX 76708
www.mclennan.edu/health-professions

Occupational Therapy Assistant Program
Academic Pre-Requisite and Co-Requisite Course List

Applicant Name: _____

- Please fill out this form based on the required McLennan Community College OTA program academic pre-requisite and co-requisite courses which you have completed at the time of application.
- If you have **repeated any course**, please make sure you **list each time** you took the course, the grade received, and the institution where the course was taken.
- Please note any courses that you are currently enrolled in ("IP" for in progress) and include the name of the institution.

COURSE	College Taken	Semester/YR Completed or In Progress	Grade
EX: BIOL 2401	*McLennan Community College*	*SP/2016*	*B*
ENGL 1301 Composition I			
PSYC 2301 General Psychology			
PSYC 2314 Lifespan Growth & Development			
BIOL 2401 Anatomy & Physiology I			
BIOL 2402 Anatomy & Physiology II			
HPRS 1206 Medical Terminology			
3-Credit Hour Philosophy, Culture, Language, or Creative Arts Elective (HUMANITIES)	List Course Name and Number as well as College		

I attest that the above information is correct to the best of my knowledge.

Applicant signature _____Date _____