

**Santa Ana College: Occupational Therapy Assistant Program
Spring/Fall 2015 Student Application Checklist**

PLEASE SUBMIT THIS CHECKLIST WITH YOUR COMPLETED APPLICATION

Last Name _____ First Name _____

1. _____ **OBTAIN A SAC STUDENT ID NUMBER:** Potential students must apply to the college.
2. _____ **DOWNLOAD AND COMPLETE THE OTA APPLICATION:** Your application should consist of two single sided pages in which you have selected only ONE ENROLLMENT FORMAT (Spring, Fall, or First Available).
3. _____ **PROVIDE OFFICIAL HIGH SCHOOL TRANSCRIPTS:** Only if you DO NOT hold an AA/AS or BA/BS degree from an accredited United States institution.
4. _____ **SATISFACTORY COMPLETION OF ALL PREREQUISITES, OR THEIR EQUIVALENTS, WITH A GRADE OF "C" OR BETTER.**
 - Biology 149,
 - Communication Studies 101/101H, 102, 140, 145, or 152,
 - English 101/101H,
 - Psychology 100
5. _____ **PROVIDE OFFICIAL COLLEGE TRANSCRIPTS:** Must be in an official sealed envelope.
6. _____ **DEMONSTRATE COMPLETION OF THE MATH REQUIREMENT:** Official transcripts with a BA/BS degree or an Intermediate Algebra course, or your score on the SAC Math Placement test must be provided.
7. _____ **PROVIDE A VALID COPY OF YOUR CPR CARD:** BLS for Healthcare Providers through the AHA.
8. _____ **REVIEW APPLICATION FOR COMPLETENESS**
9. _____ **DELIVER YOUR APPLICATION MATERIALS TO THE OTA PROGRAM BY THE DEADLINE:**
 - Monday, September 15' 2014 by 5 p.m.
10. _____ **STATUS EMAIL:** By November 2014 students will be notified via email regarding the status of their acceptance into the OTA program.

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PLEASE TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK

SECTION I: CONTACT INFORMATION			
Preferred Format (select only one): <input type="checkbox"/> Spring 2015 (on campus/daytime) <input type="checkbox"/> Fall 2015 (online/evening/weekend) <input type="checkbox"/> First Available			Please Keep this Application on File <input type="checkbox"/> Yes <input type="checkbox"/> No
Last Name:		First Name:	Middle:
Santa Ana College Student ID Number:		Email Address (required):	
Cell Phone:		Alternate Phone:	
Mailing Address:		City	State
		Zip Code	
EDUCATIONAL BACKGROUND			Office Review
High School Completion <input type="checkbox"/> Diploma or <input type="checkbox"/> GED			
College/University Name:		<input type="checkbox"/> AA/AS Degree Awarded or <input type="checkbox"/> BA/BS Degree Awarded	Year

NOTE: Official transcripts pertinent to your earned degree must be included with this application unless your degree was earned from SAC or Santiago Canyon College.

SECTION II: PREREQUISITE VERIFICATION						
PREQUISITE COURSE or EQUIVALENT	Term/Year	Taken At (College)	Course Number & Name	Units	Grade	Office Review
Biology 149 , Human Anatomy and Physiology						
Communication Studies 101/101H , Intro to Interpersonal Communication or 102 , Public Speaking, or 140 Argumentation and Debate, or 145 Group Dynamics, or 152 Oral Interpretation						
English 101 , Freshman Composition						
Psychology 100 , Introduction to Psychology						

NOTE: Official transcripts pertinent to the prerequisite courses must be included with this application unless they were completed at SAC or Santiago Canyon College.

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SECTION III: MATHEMATICS REQUIREMENT			Office Review
BA/BS Degree (or Higher) Obtained <input type="checkbox"/> Yes. If yes, please go to Section IV <input type="checkbox"/> No			
Santa Ana College Level III Math Placement Score:	Test Date:		
OR Completion of An Intermediate Algebra Course or Higher			//////////
Course Number & Name:	Units	Grade	
Taken At (College):			

Note: Official transcripts pertinent to your math course or your score on the SAC Math Placement test must be included with this application if you do not hold a BA/BS degree or higher.

I understand that I am responsible for completing the general education requirements for the A.S. degree prior to the start of the third semester in the OTA program. A list of general education requirements can be found in the college catalog; however, it is recommended that you make an appointment with the Counseling Center to review that you have met these requirements. _____
Initial

SECTION IV: CPR CERTIFICATION		Office Review
BASIC LIFE SUPPORT (BLS) For Healthcare Providers via the American Heart Association		
Issue Date:	Expiration Date:	

Note: A signed front and back copy of your CPR card must be included with this application.

SECTION V: PLEASE READ AND SIGN WHERE APPROPRIATE

I certify that the information provided on this application is both accurate and true to the best of my knowledge. If this application leads to enrollment, I understand that false, misleading, or inaccurate information may result in denial of admission and/or dismissal from the Occupational Therapy Assistant Program.

PLEASE NOTE: THE OTA PROGRAM'S PRIMARY METHOD OF CONTACT IS VIA EMAIL. THE STUDENT ACKNOWLEDGES THAT IT IS THEIR RESPONSIBILITY TO KEEP THEIR EMAIL ADDRESS, AND ALL OTHER CONTACT INFORMATION, CURRENT AS TO ENSURE THAT ALL PROGRAM CORRESPONDENCE IS RECEIVED. THE OTA PROGRAM WILL NOT MAKE MULTIPLE ATTEMPTS TO REACH STUDENTS DUE TO INACCURATE CONTACT INFORMATION BEING ON FILE.

Student Signature _____ Date _____

For Office Use Only	
Educational Background Verified	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prerequisites Complete	<input type="checkbox"/> Yes <input type="checkbox"/> No
Math Requirement Satisfied	<input type="checkbox"/> Yes-Degree or Math Course or SAC Placement Test <input type="checkbox"/> No
Official Transcripts Verified	<input type="checkbox"/> Yes <input type="checkbox"/> No
Valid CPR Card Verified	<input type="checkbox"/> Yes <input type="checkbox"/> No
Missing/Incomplete Items	<input type="checkbox"/> Yes To Be Returned to Student On: / / <input type="checkbox"/> No
Application Review Complete	<input type="checkbox"/> Yes-Date: / /
Name of Individual Completing Review	