Santa Ana College: Occupational Therapy Assistant Program
Spring 2024 Student Application Checklist

<u>PLEASE SUBMIT THIS CHECKLIST WITH THE COMPLETED APPLICATION</u>

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**: Application should consist of two single sided pages.

3. _____ **PROVIDE OFFICIAL HIGH SCHOOL TRANSCRIPTS**: For applicants without an AA/AS or BA/BS degree awarded from an accredited United States institution.

4. _____ **SATISFACTORY COMPLETION OF ALL PREREQUISITES, OR THEIR EQUIVALENTS, WITH A GRADE OF "C" OR BETTER.** Applicants with AP Exam taken in lieu of a prerequisite course must have a score of 3, 4, or 5 on the AP test. Submit an official AP Score Report (in an official sealed envelope) from the College Board with your application.

    □ Biology 149

    □ Communication Studies 101/101H, 102, 103, 140, or 145

    □ English 101/101H

    □ Psychology 100

5. _____ **PROVIDE OFFICIAL COLLEGE TRANSCRIPTS FROM EVERY COLLEGE ATTENDED:** Must be in an official sealed envelope from the college.

    ☐ Transcripts Enclosed

    ☐ Transcripts on file at SAC (can be from a previous application period)

6. _____ **REVIEW APPLICATION FOR COMPLETENESS**. Incomplete applications will not be review. Do not write "See Transcript" for Section II.

7. _____ **MAIL YOUR APPLICATION MATERIALS IN A SEALED MANILA ENVELOPE (9" X 12") TO THE OTA PROGRAM DURING THE APPLICATION PERIOD (8/21/2023 – 9/29/2023). PACKET MUST BE POSTMARKED BY 9/29/2023.**

Mailing address:
Santa Ana College
Attention: Dawn McKenna-Sallade/OTA Program
1530 W. 17th Street
Santa Ana, CA 92706

Application may be delivered in person to OTA Office (T-209) on Monday (8:30 am – 1:30 pm) and Thursday (8:30 am – 12:30 pm) during the application period (8/21/2023-9/29/2023).

STATUS EMAIL: By October 23, 2023 students will be notified via email regarding the status of their acceptance into the OTA program

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Spring 2024 Student Application

PLEASE TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK

SECTION I: CONTACT INFORMATION		
Use this application to apply for Spring 2024. The selection for this semester will be a randomization selection process (lottery).		
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 Name: Completion □ Diploma or □ GED Year	
College/University Name: □ AA/AS Degree Awarded or □ 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						
PREREQUISITE COURSE or EQUIVALENT	Term/Year	Taken At (College)	Course Number & Name	Units	Grade	Office Review
Biology 149 Human Anatomy and Physiology (4 units with Lab) Must to taken within the last 10 years						
Communication Studies 101/101H, Intro to Interpersonal Communication **or 102**, Public Speaking, or **103**, Intro to Intercultural Communication, **or 140** Argumentation and Debate, **or 145** Group Dynamics						
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.

<u>PLEASE TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK</u>

SECTION III: PLEASE READ AND INITIAL/SIGN WHERE APPROPRIATE

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. _____
Initials

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. _____ **Initials**

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 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. _____ **Initials**

Student Signature _____ Date _____

For Office Use Only	
Educational Background Verified	□ Yes □ No
Official Transcripts Verified	□ Yes □ No
Prerequisites Completed	□ Yes □ No
Missing/Incomplete Items	_____ _____ To Be Returned to Applicant On: / /
Application Review Complete	Date: / /
Name of Individual Completing Review	