Santa Ana College: Occupational Therapy Assistant to Occupational Studies Program Fall 2025 Student Application Checklist

PLEASE SUBMIT THIS CHECKLIST WITH YOUR COMPLETED APPLICATION

Last	t Name First Name
1.	OBTAIN A SAC STUDENT ID NUMBER: Potential students must apply to the college.
2.	DOWNLOAD AND COMPLETE THE OTA to OS APPLICATION : Your application should consist of three (3) one-sided pages.
3.	PROVIDE OFFICIAL HIGH SCHOOL TRANSCRIPTS : For applicants without an AA/AS 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, 130, 140, or 145 □ English 101/101H □ Psychology 100
	For OTA to OS Program only: Applicants with course in progress of prerequisite courses – Please contact ota@sac.edu for instructions.
5.	PROVIDE OFFICIAL COLLEGE TRANSCRIPTS FROM EVERY COLLEGE ATTENDED: Must be in an official sealed envelope.
	☐ Transcripts Enclosed
	☐ Transcripts are on file at SAC (can be from a previous application period)
6.	REVIEW APPLICATION FOR COMPLETENESS. Incomplete applications will not be reviewed. Do not write "See Transcript" for Section II & Section III.
7.	MAIL YOUR APPLICATION MATERIALS IN A SEALED MANILA ENVELOPE (9" x 12") TO THE OTA PROGRAM DURING THE APPLICATION PERIOD (2/18/2025 – 4/4/2025). PACKET MUST BE POSTMARKED BY 4/4/2025.

Mailing Address:
Santa Ana College
Attention: Dawn McKenna-Sallade/OTA Program
1530 W. 17th Street
Santa Ana, CA 92706-3398

Application may be delivered in person to OTA Office (HS-107) on Monday & Thursday (8:30 am -1:30 pm) during the application period.

8. **STATUS EMAIL:** By April 18, 2025, OTA to OS applicants will be notified by email regarding the status of their application for Fall 2025 semester. The top scoring applicants, based on the criteria selection process, will be invited to complete an in-person writing sample on April 29, 2025 or May 1, 2025 at 8:00 am (allow for 30 minutes for the process). OTA applicants will be notified by email in mid-May, upon completion of the enrollment selections for the OTA to OS Program.

Santa Ana College: Occupational Therapy Assistant to Occupational Studies Program Fall 2025 Student Application Page 1

PLEASE TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK

Use this application to apply for Fall 2025, OTA to OS (Bachelor's degree for Occupational Studies). Students will earn an Associate of Science in OTA and a Bachelor of Science in OS. The selection process for this program will be criterion base. The Fall program is intended for applicants without a BA/BS awarded from another college/university. Applicants with a BA/BS Degree awarded from another university are not eligible to apply for the Fall program format of OTA to OS program.

Applicants interested in the OTA program only are welcome to apply. However, please note that priority will be given to applicants applying to the OTA to OS program. If there are seats available after the OTA to OS selections, it will be filled by randomization process for applicants interested in OTA program.

Tam applying for the following program. Please select one option only: OTA to OS program. Students will earn an Associate of Science in OTA and a Bachelor of Science in OS. This is a 4-year commitment to the program. OTA Program						
SECTION I: CONT	TACT INFORMATION					
First Name:		Middle:				
	Email Address (required):					
	Alternate Phone:					
City	State	Zip Cod	le			
EDUCATIONAL	. BACKGROUND		Office Review			
Completion □ D	iploma or □ GED	Year				
□ AA/AS Degree A	warded Year					
	SECTION I: CONT First Name: City EDUCATIONAL Completion □ D	SECTION I: CONTACT INFORMATION First Name: Email Address (required): Alternate Phone: City State EDUCATIONAL BACKGROUND Completion Diploma or GED	SECTION I: CONTACT INFORMATION First Name: Middle: Email Address (required): Alternate Phone: City State Zip Coc EDUCATIONAL BACKGROUND Completion Diploma or GED 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.

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SECTION II: PREREQUISITES 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 be completed within the past 10 years)						
Communication Studies 101/101H, Intro to Interpersonal Communication or 102, Public Speaking, or 130, 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.

	SECTION III: ADDITIONAL LOWER DIVISION GENERAL EDUCATION COURSES (UP TO 5 COURSES) Complete this section for OTA to OS Program format						
LOWER DIVISION GENERAL						Office Review	
EDUCATION COURSE	Term/Year	Taken At (College)	Course Number & Name	Units	Grade	Plan A	Plan B
1							
2							
3							
4							
5							

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

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SECTION IV: PLEASE READ AND SIGN/INITIAL WHERE APPROPRIATE

understand that I am responsible for completing the general education requirements for the A.S. degree prior to the start of the hird semester in the OTA program. A list of general education requirements can be found in the college catalog; however, it is					
ecommended that you make an appointment with the Counseling Center to review that you have met these requirements					
I certify that the information provided on this application is both a leads to enrollment, I understand that false, misleading, or inaccur from the Occupational Therapy Assistant ProgramInitial	• • • • • • • • • • • • • • • • • • • •				
PLEASE NOTE: THE OTA PROGRAM'S PRIMARY METHOD OF CONTINUENT THEIR RESPONSIBILITY TO KEEP THEIR EMAIL ADDRESS, AND ALL O ALL PROGRAM CORRESPONDENCE IS RECEIVED. THE OTA PROGRAD DUE TO INACCURATE CONTACT INFORMATION BEING ON FILE. Ini I UNDERSTAND THAT I AM APPLYING FOR THE FALL SEMESTER FOR	THER CONTACT INFORMATION, CURRENT AS TO ENSURE THAT M WILL NOT MAKE MULTIPLE ATTEMPTS TO REACH STUDENTS tial				
OTA PROGRAM, I WILL BE ENROLLED IN THE OS (BACHELOR'S DEG TO THE OTA/OS PROGRAM (if applicable) Initial					
Student Signature	Date				
For Office Use Only					
Educational Background Verified	□ Yes □ No				
Prerequisites Complete	□ Yes □ No				
Official Transcripts Verified	□ Yes □ No				
Missing/Incomplete Items	To Be Returned to Student On: / /				
Application Review Complete	Date: / /				
Name of Individual Completing Review					