

**Santa Ana College**  
**Bachelor of Science in Occupational Studies**  
**Student Application Checklist**

PLEASE SUBMIT THIS CHECKLIST WITH YOUR COMPLETED APPLICATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. \_\_\_\_\_ **OBTAIN A SAC STUDENT ID NUMBER:** Potential students must first apply to Santa Ana College.
2. \_\_\_\_\_ **DOWNLOAD AND COMPLETE THE OCCUPATIONAL STUDIES APPLICATION FROM THE WEBSITE**
3. \_\_\_\_\_ **PROVIDE OFFICIAL COLLEGE TRANSCRIPTS:** In an official sealed envelope.
4. \_\_\_\_\_ **PROVIDE A VALID COPY OF YOUR CPR CARD:** BLS for Healthcare Providers through the AHA.
5. \_\_\_\_\_ **REVIEW APPLICATION FOR COMPLETENESS**
6. \_\_\_\_\_ **SUBMIT YOUR APPLICATION MATERIALS TO THE OCCUPATIONAL STUDIES PROGRAM BY 04-28-17**

Santa Ana College  
1530 W. 17<sup>th</sup> Street  
Building T, Room 209  
Santa Ana, CA 92706

Applications may be hand delivered to T-209 or sent by mail. Office hours are Monday – Thursday 9-5 and Friday 10-4.  
Hand delivered applications must be received by 4 pm on Friday, April 28, 2017 and Mailed applications must be postmarked no  
later than April 28. No late applications will be accepted.

7. \_\_\_\_\_ **EMAIL:** By June 1, 2017 students will be emailed with the status of their acceptance into the Occupational Studies Program.

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PLEASE TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK

SECTION I: CONTACT INFORMATION		
Semester/year applying for:	Date:	
Last Name:	First Name:	Middle:
Santa Ana College Student ID Number:	Email Address (required):	
Cell Phone:	Alternate Phone:	
Mailing Address:		
City	State	Zip Code
SECTION II: OTA EDUCATIONAL BACKGROUND		Office Review
College Name:		
Degree:	Year Graduated:	
Date passed NBCOT exam:	California License Number:	
Other degree(s) earned:	College Name & 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 III: 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 submitted with this application.**

**SECTION IV: 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 OCCUPATIONAL STUDIES 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 OCCUPATIONAL STUDIES PROGRAM WILL NOT MAKE MULTIPLE ATTEMPTS TO REACH STUDENTS DUE TO INACCURATE CONTACT INFORMATION BEING ON FILE.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_