

					BA/BS	MA/MS
				AA/AS	BA/BS	MA/MS
State	Da	ates At	tended:	Deg	gree Award	led:
al transcripts n	nay result	in you	application	being denied	d.	
reviously atter	nded or cu	irrently	enrolled.			
e Occupational i	Therapy As rogram obj	sistant ectives	Program who	o have been o	convicted o	tters that
<u> </u>				luisite requir	ements.	
				proof of DD214	in both cases	
			/must subset	nroof of DD344	in both case-	
	2000 F ''	I.				
County of Residence: Alternate Telephone:						
ity, State, Zip:  Telephone:						
Street Address: Date of Birth:						
sc	CCCD Stude	ent ID #	:			
	of Veteran?  Diploma for website for  Occupational ecourse and product contact the  reviously attental transcripts relations and product the second s	SCCCD Stude Date of Birth Telephone: Alternate Te SCCCD Email of Veteran? Yes Diploma G or website for appropriat Occupational Therapy As e course and program objuit contact the OTA program ould contact the OTA program ould transcripts may result	SCCCD Student ID #  Date of Birth:  Telephone:  Alternate Telephon  SCCCD Email:  of Veteran? Yes No  Diploma GED  or website for appropriate classes  Occupational Therapy Assistant  e course and program objectives.  Pull contact the OTA program di	SCCCD Student ID #:  Date of Birth:  Telephone:  Alternate Telephone:  SCCCD Email:  of Veteran? Yes No (must submit at: Diploma GED Year:  for website for appropriate classes and prerect of the course and program objectives. Applicants we course and program objectives. Applicants we could contact the OTA program director for contact the OTA program director for contact the other course and program objectives. Applicants we could contact the OTA program director for contact the OTA program director for contact the other course and program objectives. Applicants we could contact the OTA program director for contact the OTA program director for contact the other course of the oth	SCCCD Student ID #:  Date of Birth:  Telephone:  Alternate Telephone:  SCCCD Email:  of Veteran? Yes No (must submit proof of DD214  Diploma GED Year:  or website for appropriate classes and prerequisite require  Coccupational Therapy Assistant Program who have been a be course and program objectives. Applicants with a history  and contact the OTA program director for confidential adv  reviously attended or currently enrolled.  Alternate Telephone:  SCCCD Email:  Or website for appropriate classes and prerequisite require  Coccupational Therapy Assistant Program who have been or  Coccupational Therapy Assistant Program who have been or  Coccupational Therapy Assistant Program director for confidential adv  Control of the OTA program director for confidential a	Date of Birth:  Telephone:  Alternate Telephone:  SCCCD Email:  of Veteran? Yes No (must submit proof of DD214 in both cases)  Diploma GED Year:  or website for appropriate classes and prerequisite requirements.  Occupational Therapy Assistant Program who have been convicted of a course and program objectives. Applicants with a history of any material contact the OTA program director for confidential advisement and could contact the OTA program director for confidential advisement and transcripts may result in your application being denied.  Telephone:  Alternate Telephone:  SCCCD Email:  Occupational Therapy Assistant Program who have been convicted of a course and program objectives. Applicants with a history of any material denied and contact the OTA program director for confidential advisement and contact the OTA program director for confidential advisement and contact the OTA program director for confidential advisement and contact the OTA program director for confidential advisement and contact the OTA program director for confidential advisement and contact the OTA program director for confidential advisement and contact the OTA program director for confidential advisement and contact the OTA program director for confidential advisement and contact the OTA program director for confidential advisement and contact the OTA program director for confidential advisement and contact the OTA program director for confidential advisement and contact the OTA program director for confidential advisement and contact the OTA program director for confidential advisement and contact the OTA program director for confidential advisement and contact the OTA program director for confidential advisement and contact the OTA program director for confidential advisement and contact the OTA program director for confidential advisement and contact the OTA program director for confidential advisement and contact the OTA program director for confidential advisement and contact the OTA program director for confidential advisement an

NOTE: Official transcripts must be sent to Clovis Community College Admissions & Records. All documents must be received by application closing date. Upon completion of in-progress coursework, it is the students' responsibility to submit official transcripts documenting completion prior to beginning the program.

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#### OTA PROGRAM APPLICATION

## SECTION III: REQUIRED PREREQUISITE COURSES VERIFICATION

Applicants may apply while in-process of completing coursework. If selected, admission is conditional; All coursework must be completed, and minimum qualifications met upon beginning the OTA program.

REQUIRED PREREQUISITE COURSE or EQUIVALENT	Term/ Year	Taken At (College)	Course Number & Name	Units	Grade	 fice view
BIOL 5: Human Biology (4units) <i>OR</i> BIOL 25: Human Anatomy and Physiology (4 units) OR Equivalent Course						
PSY 2: General Psychology (3 units) <i>OR</i> PSY 16: Abnormal Psychology (3 units) <i>OR</i> SOC 1A: Introduction to Sociology (3 units) OR Equivalent Course						
ENG 1A: English Composition (4 units) OR ENG 1A: Reading and Composition (4 units) and ENG 205: Strategic Skill for Success English (2 units) OR Equivalent Course						
COMM 10: Intercultural Communication (3 units) OR Equivalent Course						
HCA5: Introduction to Health Care & Careers (3 units) OR Equivalent Course						
MATH 11: Elementary Statistics (4 units) OR STAT 7: Elementary Statistics (4 units) OR MATH 45: Contemporary Mathematics (4 units) OR Equivalent Course						
OT 10: Medical Terminology (3 units) OR Equivalent Course						
CHDEV 38: Lifespan Development (3 units) <i>OR</i> PSY 38: Lifespan Development (3 units) OR Equivalent Course						

*NOTE:* Courses from private, out of state, or foreign colleges or universities, must be evaluated for course substitution prior to application to the program.

### SECTION IV REQUIRED ADDITIONAL GENERAL EDUCATION COURSES VERIFICATION

Applicants MUST have general education completed prior to start of the OTA program

Applicants may apply while in-process of completing coursework. If selected, admission is conditional; All coursework must be completed, and minimum qualifications met upon beginning the OTA program.

Gen Ed taken within SCCCD	Gen Ed taken Outside	of SCCCD			
Area A: Natural Sciences (1 course, 3 units mi	nimum)				
College:	Course Name:	Grade:	Units:	Sem/Yr.	
Area B: Social and Behavioral Sciences (1 co	ourse, 3 units minimum)				
College:	Course Name:	Grade:	Units:	Sem/Yr.	
Area C: Humanities (1 course, 3 units minimum	n)				
College:	Course Name	Grade:	Units:	Sem/Yr.	
Area D <sub>1</sub> : Language and rationality (1 course e	ach from D <sub>I</sub> & D <sub>II</sub> , 6 units minimum)				
College:	Course Name:	Grade:	Units:	Sem/Yr.	
Area D <sub>2</sub> : Language and rationality (1 course, 3 units minimum)					
College:	Course Name:	Grade:	Units:	Sem/Yr.	

#### OTA PROGRAM APPLICATION

SECTION IV REQUIRED ADDITIONAL GENERAL EDUCATION COURSES VERIFICATION						
Area E₁: Lifetime Skills Requireme	nts (1 course each from E₁ & E₁, 5 units)					
College:	Course Name:	Grade:	Units:	Sem/Yr.		
Area E2: Lifetime Skills Requireme	nts (1 course each from E <sub>I</sub> & E <sub>II</sub> , 5 units)					
College:	Course Name:	Grade:	Units:	Sem/Yr.		
Area F: Government and American	n Institutions (3 units)					
College:	Course Name:	Grade:	Units:	Sem/Yr.		
Area G: Communication - one coul	rse from area B2 of General Education (3 units)					
College:	Course Name:	Grade:	Units:	Sem/Yr.		
Cumulative College GPA (Minimum required: 2.5 Includes all college coursework)						

*NOTE:* Courses from private, out of state, or foreign colleges or universities, must be evaluated for course substitution prior to application to the program.

#### SECTION IV: PLEASE READ AND INITIAL 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 OTA program. In the event of *in-progress coursework*, I understand that I must submit final official transcripts to the Clovis Community College Admissions & Records office to complete my application and secure a possible seat in the cohort. I understand that my seat will be forfeited in the event I do not provide necessary documents demonstrating completion of all in-progress coursework.

Initial

I understand that all pre-requisite coursework must be completed with a grade of "C" or better, a pre-requisite GPA of 2.5 or greater and all general education requirements must be completed successfully with a cumulative GPA of 2.5 or greater.

Initial

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 V: PLEASE READ AND SIGN WHERE APPROPRIATE

I hereby certify, under penalty of perjury, 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.

Student Signature:	Date:

SCCCD Student ID:

# OTA PROGRAM APPLICATION

For Office Use Only				
Pre-Requisite Courses Completed	Yes No			
Required Gen Ed Courses Complete	Yes			
Gen Ed Pattern	Local CSU/UC.			
Official Transcripts Verified	Yes No			
Missing/Incomplete Items	Yes, return to student by:  Date:  No			
Application Review Complete	Yes Date:			
Name of Individual Completing Review	Name:			