

Murray State College / Occupational Therapy Assistant Program

Technical Year 2016/2017

APPLICATION CHECKLIST

Complete this checklist as you work through the application process. Review the checklist and include a copy with your application material prior to sending in application packet. Application Process Checklist: Please place a in the box as the statement applies to you. My signature at the bottom verifies that I understand the application process.

1. I have completed (or will have completed) all program prerequisite classes by the end of Spring 2016 semester. If you are unable to complete all required courses by end of Spring 2016, then you must attach a plan to complete all required courses before the beginning of Fall 2016.
- I will not have all program prerequisite classes completed by end of Spring 2016. I have attached my plan to complete all pre-requisite courses before the beginning of the Fall 2016 semester. I understand that if accepted to the class and I lack any courses at the beginning of the Fall 2016 semester, I will not continue in the program and will need to re-apply to next available class.
- I have attached my mid-term grade report (with signature of each instructor) for all pre-requisite courses that I am currently taking this semester (Spring 2016).
2. I have provided the following to MSC Registrar's Office with a copy to the Allied Health Dept. office:
- ACT Score report with composite score of 19 or above. *(If less than 19, I have at least 3.0 GPA on college courses applicable to the program that I am applying) If not, indicate the date you will take the ACT exam. ACT exam date: _____*
- High school transcript or equivalent
- College transcript(s) for all course work from colleges included on your application (if not previously a MSC student)
3. I attended an OTA Program Application Orientation Class. Date of class: _____
4. I have taken the TEAS V admission exam. Date of exam: _____
5. I have reviewed the OTA Points System (Applicant Evaluation Worksheet Form 2016) and have completed a copy of the Point System form to the best of my ability and attached a copy with my application materials.
- I have enclosed my Reading List (Career Research Reading List) with my application materials
- I have enclosed a list of all locations where I completed my clinical observations. *If you are re-applying and you desire to use observations from a prior application you still need to complete a list of all locations (include the clinician's name you observed) that you are using for this application.*
- I have enclosed a letter or had my employer send the letter, to verify that I have worked in Allied Health related to the program to which I am applying. This letter must include my job duties, average hours per week, and length of employment.
- I have enclosed a copy of the Points System Worksheet completed to the best of my ability with my application materials
6. I have reviewed, signed, and included the signed signature page of the OTA Essential Functions form.
7. I have completed the written interview and have included a copy with this application. *To do this you must print off a copy from the OTA Application Links and complete in your own handwriting in the space provided with **black** ink.*
8. I have enclosed my signed application and all application materials including a copy of this check list in the **GREEN** envelope provided me at my application orientation class meeting. I understand that applications must be submitted as instructed in order to be accepted.

Applicant Name: _____ Signature _____
Please Print