

Murray State College
Occupational Therapy Assistant Program
Tishomingo, OK 73460

APPLICATION FOR ADMISSION
Technical Year 2016/2017

Applicants to the Murray State College OTA Program are selected in accordance with nondiscriminatory practices. **The application process must be completed and submitted by 1:00 pm on or before the last Friday in April (April 29, 2016). If mailed, they must be postmarked by April 28, 2016.**

- Please give careful consideration to each question on this form and answer each question completely.
- You must print the document, attach a photo, complete all information, sign, and mail. All responses except on the Written Interview and when signatures are required should be typed & printed.

Name: _____
(Last) (First) (Middle/Maiden)

Home Address: _____
(Number and Street) (City) (State) (Zip Code)

Email: _____

Home Phone #: _____ Mobile Phone #: _____

U.S. Citizen: ___Yes___No Date of Birth: _____
(Month) (Day) (Year)

Please attach a current photo below.

Person to be notified in Case of Emergency or we can't reach you:

Name: _____

Relationship: _____

Address: _____

Phone #: _____

Secondary Education: List all high school or other secondary schools attended.

Dates: From/To	Name of School	City/State	Diploma: (Y/N)

Post-Secondary Education: List all formal education beyond high school.

Dates: To/From	Name of Institution	City & State	Degree: Y/N

Employment: List all work experience, during the last five years.

Dates: To/From	Position Held	Employer	City & State

Please answer the following questions that impact your eligibility for licensure in Oklahoma.
These questions are taken from OK Licensure Application.

1. Have you ever been arrested or charged or convicted of a felony or misdemeanor? Yes No
2. Have you ever been addicted to or abused any drug or chemical substance including alcohol? Yes No
3. Have you ever obtained an assessment or been treated for use of any drug or chemical substance including alcohol? Yes No
4. Have you ever had any mental, emotional or nervous disorder or condition which could affect, or if untreated could affect, your ability to practice competently? Yes No

If you answer yes to any of the above questions, please provide details on separate sheet of paper and attach to your application. If you answer yes to any of these questions, you may be ineligible for license upon graduation. Prior to applying to the program you should seek clarification from the OSBMLS regarding your situation. No one will be admitted to the OTA program if it is understood that they would be ineligible for license in Oklahoma as this would be in conflict with the program mission. If you have questions, please contact the program director.

Please give the names and addresses of three individuals who are not relatives, but who know you well and can give information about your character and/or capabilities. For example, you might include a recent teacher, counselor, employer, or clergyman. We contact references only when the selection committee desires additional information.

1. Name: _____ Position or Title _____
Address: _____
Phone: _____
2. Name: _____ Position or Title _____
Address: _____
Phone: _____
3. Name: _____ Position or Title _____
Address: _____
Phone: _____

I hereby affirm that all information on this form and the enclosed document are complete and accurate to the best of my knowledge. I understand that giving false information will make me ineligible for admission and enrollment in the OTA Program.

Signed _____

Date _____

*Complete all application documents and include with your application. All documents must be submitted in **green** envelope provided at the application orientation class. See Application Check List Form.*