



Occupational Therapy Assistant Program Application Packet

Dear Applicant,

Thank you for expressing an interest in the Occupational Therapy Assistant (OTA) Program at Arkansas State University (A-State) in Jonesboro, Arkansas. In this application packet are the forms and instructions required to initiate the application process for the OTA program. **Please review the entire packet and read the instructions carefully before completing the forms.**

All applications are due no later than 5:00pm on March 1st.

ABOUT THE PROGRAM

The Occupational Therapy Assistant (OTA) Program at Arkansas State University (A-State) is part of the College of Nursing and Health Professions (CNHP) and has been accredited by the Accreditation Council for Occupational Therapy Education (ACOTE):

Accreditation Council for Occupational Therapy Education
c/o Accreditation Department
American Occupational Therapy Association
6116 Executive Blvd, Suite 200
North Bethesda, MD 20852-4929
Phone: 301.652.AOTA
Fax: 301.652.1417
Email: accred@aota.org

The OTA Program at A-State is a full-time program that begins in the fall semester each year, and is completed in one academic year (3 semesters – Fall, Spring, and Summer). Upon successful completion of the 28 pre-requisite hours and 36 professional core hours (64 total credit hours), graduates are granted an Associate of Applied Science (AAS) degree in Occupational Therapy Assistant. Graduates are also eligible to take the national credentialing examination offered by the National Board for Certification in Occupational Therapy (NBCOT). When the student passes this examination, he or she will become a Certified Occupational Therapy Assistant (COTA). In addition to NBCOT national certification, all states have regulatory laws for occupational therapy assistants and require licensure. Frequently, these state requirements are met through the same education and training required to maintain certification with NBCOT.

DEMANDS OF THE PROGRAM

The Occupational Therapy Assistant (OTA) program is a 3-semester, full-time, lock-step (i.e., courses have to be completed in a sequential order) program. Students take 6 OTA classes (16 credit hours) in the Fall semester, 5 OTA classes (15 credit hours) in the Spring semester, and 1 OTA class (5 credit hours) in the Summer semester. Applicants should note that the Spring



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semester consists of 8 weeks of didactic (in-class) coursework followed by an 8-week full-time fieldwork (i.e., clinical) experience. Thus, due to the intensity of the program, students are not able to complete any other coursework. Upon matriculation into the OTA program, students are scheduled to be in class 30+ hours a week each semester. OTA students are expected to spend a minimum of 2 hours for each hour of class time per week on assignments and study. Students are expected to have access to a personal computer outside of the classroom with Internet access, to be proficient in the use of a personal computer, and to use the online Blackboard system for coursework. The Blackboard system serves as a communication portal between the student and the instructor. Technological support for Blackboard is available to OTA students through the A-State Help Desk: <http://www.astate.edu/a/its/index.dot> OTA students must maintain a 75% in all OTA courses in order to progress through the program. Support for learning needs can be found through the A-State Learning Center. <https://www.astate.edu/college/university-college/the-learning-commons/>

GENERAL ADMISSIONS INFORMATION

Admission into the Occupational Therapy Assistant (OTA) program is limited to 30 students each year. Therefore, a competitive admissions process is utilized to select the most qualified candidates for the available positions.

Candidates will be ranked for program admission through the application process by their ability to demonstrate the following:

- academic ability calculated through ratio level data assigned to the below domains:
 - Prerequisite GPA
 - Overall GPA
- professional behaviors from professional references
- writing ability demonstrated through a written essay
- dedication to service and leadership qualities

MINIMUM ADMISSION REQUIREMENTS

In order to be eligible for application to the Occupational Therapy Assistant program, the following requirements must be met:

- Must be admitted to Arkansas State University – Jonesboro
- Cumulative GPA of 2.75 on a 4.0 scale of all completed college-level coursework
- Completion of 28 prerequisite course hours with a minimum grade of “B” required in all courses (see below)
- English proficiency requirements, if foreign born (TOEFL score of 79 or higher)
- All applicants are required to pass a criminal background check prior to admission



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PLEASE NOTE: Admission to Arkansas State University (A-State) does not guarantee admission into the Occupational Therapy Assistant program. The OTA application process must be completed for consideration of acceptance into the program. **Incomplete or late submissions will not be considered for admission.**

STEP 1: Candidates must submit a completed application packet to the OTA Program Admissions Committee per the instructions provided.

STEP 2: Candidate applications will be reviewed by the OTA Admissions Committee who will be scored on the following items (*see scoring rubric at the end of this application*):

- Cumulative GPA
- Prerequisite GPA
- Content of resume
- Content and quality of letter of application
- 2 Character references from an employer and/or professor

As there is a high need for bilingual OT practitioners in this region, applicants are granted a bonus point for the ability to speak Spanish. The high total for the OTA application score is 33 points. Additional factors weighted into the total application score include documentation in the resume section of the application of leadership (+4 points) and volunteerism (+4 points).

STEP 3: The OTA Admissions Committee will rank order the candidates based on their admission score.

STEP 4: The OTA Admissions Committee uses a minimum admission score greater than or equal to 17.75 in order to select the most qualified candidates for entrance into the program. If more than 30 candidates have a score greater than or equal to 17.75, then the OTA Admissions Committee will choose the 30 candidates with the highest admission scores. The highest score possible is 33.



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PREREQUISITE COURSES OR EQUIVALENT

Course descriptions can be found in the undergraduate bulletin at www.astate.edu/registrar/.

Area	Course	Credit Hours	Course Title
*English	ENG 1003	3	Composition I
*English	ENG 1013	3	Composition II
*Math	MATH 1023	3	College Algebra
*Biology	BIO 2203	3	Human Anatomy and Physiology I
*Biology	BIO 2201	1	Human Anatomy and Physiology I Lab
Psychology	PSY 2013	3	Introduction to Psychology
Psychology	PSY 3453 PSY 4533	3	Developmental Psychology OR Abnormal Psychology
*US History/ Government	HIST 2763 HIST 2773 POSC 2013	3	The United States to 1876 OR The United States since 1876 OR Intro to US Government
*Computers	CS 1013 CIT 3533	3	Intro to Computers OR Microcomputer Applications
*University College	UC 1013 PTA 1031	3	Making Connections for Rehab Professionals OR other Making Connections course

*indicates A-State University general education requirement for AAS degree.



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APPLICATION PROCEDURE

Completed applications should be contained within a RED, one-inch 3 ring binder (*see instructions below*). Candidates should take their completed applications to Eugene Smith Building - Room 318, or mail them to the following address:

Occupational Therapy Department
College of Nursing and Health Professions
Arkansas State University – Jonesboro
Attention: OTA Admissions Committee
P.O. Box 910
State University, AR 72467

The A-State Occupational Therapy Department does not assume responsibility for lost OTA applications through the mailing process. It is advised that applicants use certified mail.

APPLICATION PACKETS MUST BE RECEIVED BY THE OCCUPATIONAL THERAPY DEPARTMENT ON OR BEFORE MARCH 1. INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED.

Pre-application advising is available for all students interested in the Occupational Therapy Assistant Program. Please contact the Department of Occupational Therapy to speak with a faculty advisor, or contact Edwin Wallace, pre-professional advisor for CNHP at ewallace@astate.edu to schedule an advising appointment

Contact Information

**Occupational Therapy Assistant Program
College of Nursing and Health Professions
Arkansas State University – Jonesboro
P.O. Box 910
State University, AR 72467
Phone: 870-972-2610**

Candidates that are selected for entrance into the Occupational Therapy Assistant Program will be notified by the Director of the OTA Program via email and written letter. **It is critically important that current contact information, including a return address, is included within the application packet** (*see instructions below*). It is recommended that you list both a primary and secondary email address, if applicable.



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AFTER ADMISSION INTO THE PROGRAM

Students admitted to any College of Nursing and Health Professions program must meet professional course requirements stated in the Arkansas State University Undergraduate Bulletin. Evidence of the following is required on or before the first day class:

- CPR certification valid through the academic year
- Proof of passed background check through College of Nursing and Health Professions
- TB skin tests valid through the academic year
- Evidence of Hepatitis B immunization or signed declination statement
- Copy of valid health insurance
- Copy of professional liability insurance
- Payment and registration with CORE ELMS (\$225, one-time fee)
- Completed departmental forms and consents



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APPLICATION PACKET

The following guidelines should be used for preparing your application packet for the Occupational Therapy Assistant Program. **Read and follow the directions carefully because incomplete applications will not be considered for admission to the program.**

- Use a BLACK one-inch 3 ring binder to hold all of your application materials.
- Your name must be affixed to the outside panel edge (binding) of the binder.
- The inside contents will begin with a FACE SHEET and APPLICATION PACKET CHECKLIST followed by six (6) dividers ordered and labeled according to the guidelines below.
- FACE SHEET: The first page will be a FACE SHEET. You can copy the FACE SHEET found in this packet. You can type or neatly handwrite the information.
- APPLICATION PACKET CHECKLIST: The second page will be the APPLICATION PACKET CHECKLIST. You can copy the CHECKLIST found in this packet. This checklist should be used to make sure you have included everything you need in the packet. The items on the checklist are in the order of how the packet should be organized.

DIVIDER 1 - RESUME. Your resume can be in any professional format, but should include the following information:

- Name (First, Middle, Last)
- A-State Student ID Number
- Email Address
- Address (s) Street address, city, state, zip
 - o Permanent Address
 - o Local Address (If different from permanent)
- Phone Number(s)
 - o Permanent
 - o Cell
 - o Work
- Secondary Education
 - o List all past and present secondary institutions attended; list the most recent first in reverse chronological order.
- Work Experience
 - o List all past and present work experience; list the most recent first
- Extracurricular Activities/Volunteer or Service Learning experiences; list most recent first and include responsibility
 - o For volunteer hours, please include name of coordinator or contact person, contact number and/or email, number of hours served and specific duties, just as you would list work experience
- The following items are optional – provide as applicable:
 - o Awards and honors received



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- o Leadership positions
- o Special skills: knowledge of technology, special certification or skills
- o Conferences, seminars or continuing education programs attended (list the most recent first)
- o Other information that might be valuable for evaluation purposes

DIVIDER 2 – LETTER OF APPLICATION. The letter of application should be 2-3 pages in length, word-processed, size 12 font and double spaced with one inch margins.

The letter should be in correct business format and addressed to:

Arkansas State University
College of Nursing and Health Professions
Program Director, OTA Application
Occupational Therapy Department
PO Box 910
State University, AR 72467

The letter of application should include the following information:

1. Describe your reasons for selecting occupational therapy as a profession.
2. Describe your personal traits, attributes, and strengths that will make you a successful occupational therapy assistant student.
3. Describe any life or work experiences that have:
 - a. helped you decide to be an occupational therapy assistant
 - b. helped you to develop skills that you can use to be a successful occupational therapy assistant
 - c. helped you to be a dedicated occupational therapy assistant.
4. Why is A-State your school of choice?

DIVIDER 3 - TRANSCRIPTS. Two official transcripts are required as part of the application. Two transcripts should be included for all post-high school institutions attended and high-school transcripts if concurrent credit was received.

- Transcript 1: School/university-issued sealed envelopes containing official transcripts from all post-high school institutions attended AND highschool transcripts where concurrent credit was received should be placed inside a page protector in this section. Place a piece of tape over the top of the page protector so the transcripts will not slide out.
- Transcript 2: School/university-issued sealed envelopes containing official transcripts from all post-high school institutions attended AND highschool transcripts where concurrent credit was received should be mailed to:



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Office of Admissions, Records and Registration - Arkansas State University
P.O. Box 1570
State University, AR 72467

Again, one set of transcripts will be included in the application binder and one set of transcripts should be mailed to the Registrar's office for processing.

DIVIDER 4 - PREREQUISITES. Complete the prerequisite form and include in this section. Put the grade next to the course(s) you have already completed and include the institution where you completed the course. If you need additional prerequisites, indicate when and where you will be taking the remaining courses. If you have retaken a course, indicate the date the course was first taken, and the grade and each subsequent attempt and grade thereafter. Please note, all prerequisites **must be completed with a grade of A or B** prior to starting the fall semester. Accepted candidates with incomplete prerequisites at the time of acceptance will be required to submit official transcripts with final grades prior to full admission to the program.

DIVIDER 5 – CHARACTER EVALUATION OF OCCUPATIONAL THERAPY ASSISTANT APPLICANT. Candidates must obtain two (2) character references from an employer and/or professor. Due to the nature and intensity of the A-State Occupational Therapy Assistant Program coursework, the program requires the individual providing the reference to be able to objectively evaluate certain applicant capabilities (i.e., intellectual, ethical, physical, and emotional capabilities) in order to ensure the applicant's success in the program and in the clinic. A completed form consists of the candidate legibly filling out the top of the form and signing it, and the employer and/or professor legibly completing and signing the bottom portion of the form. Candidates must use the CHARACTER EVALUATION FORM included in this packet. Individuals providing professional references are encouraged to use the comments space on the form or attach a separate letter to the form when providing additional evidence of character for consideration. Letters of reference must be in their original, unopened envelope with the signature of the individual providing the reference over the seal.

DIVIDER 6 - IMMUNIZATIONS. Please submit proof you have received the required immunizations or at least the first dose of the vaccinations series (Hepatitis B, MMR). Documentation must come from your healthcare provider.

Required vaccines:

- Hepatitis B (3 doses)
- MMR (Measles, Mumps and Rubella)
- Tetanus & Diphtheria (TDap)
- Tuberculin (TB) skin test



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SUMMARY

Submit all of the above materials together in one notebook in the order listed. We will not accept information that arrives separately from the application packet. To increase your opportunity to be evaluated for the program, please follow all directions carefully and submit the packet on time.

****ADDITIONAL IMPORTANT INFORMATION****

Health Insurance

The Occupational Therapy Assistant Program requires that all OTA students carry personal health insurance. This is mandatory. Students must provide hard copy proof of this to the Program Director's Office after they are accepted into the program. This must be provided by mail, fax or hand delivery no later than one week prior to starting the first day of class. Clear copies of both sides of your insurance card will suffice as proof.

Background Checks

Additionally, ALL accepted candidates will be required to pass a background check prior to full admission to the OTA Program. The cost of the background check is approximately \$100, and is the responsibility of the candidate. Specific instructions on completing the background check will be sent to accepted candidates with their acceptance letter. Candidates should also be aware that as of January 1, 2018, NBCOT will be requiring all graduates of OTA programs to submit to an additional background check as part of the certification exam application process. There is no additional cost for this background check. Please refer to the NBCOT website at www.nbcot.org if you have questions about the background process, or guidelines on offenses that would preclude a candidate from sitting for the NBCOT OTA Certification Exam.



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**Occupational Therapy Assistant Program
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**Arkansas State University
College of Nursing and Health Professions
Occupational Therapy Assistant Program
Application Packet FACE SHEET**

Name _____
Last First Middle Maiden or Former

A-State Student ID Number _____

Home Address _____

Telephone Number _____

Primary Email _____

Secondary Email _____

Do you hold a degree in another field? Yes _____ No _____ If "Yes," what major? _____

Do you have or have you ever had a professional license or certification in any field?
Yes _____ No _____ If "Yes," what type of license? _____
You MUST enclose a copy of the license with your resume.

Have you ever had a license, registration or certification as a professional denied, revoked,
cancelled or suspended? Yes _____ No _____
If "Yes," state the reason. _____

Have you withdrawn, been dismissed or attended but did not complete any technical, college or
university program? Yes _____ No _____
If "Yes," you MUST submit a letter of good standing from the director or chair of the
program. Include this letter with your resume.

Is English your primary language? Yes _____ No _____ If "no," what language? _____
See website for English Proficiency Requirements. You MUST submit test scores with
your resume.

Date

Signature of Applicant



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Arkansas State University is an Equal Opportunity/Affirmative Action Employer with a strong institutional commitment to the achievement of excellence and diversity among its faculty and staff. To that end, the University provides opportunities in employment practices, admission and treatment of students without regard to race, color, religion, age, disability, gender, national origin, or veteran status. Arkansas State University complies with all applicable federal and state legislation and does not discriminate on the basis of any unlawful criteria.



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Arkansas State University College of Nursing and Health Professions Occupational Therapy Assistant Program Application Packet CHECKLIST

Name _____ A-State Student ID Number _____

Insert this CHECKLIST directly behind the FACE SHEET and in front of the first divider.
Check off all items included in the packet.

_____ FACE SHEET

_____ CHECKLIST

_____ RESUME (Divider # 1)

_____ LETTER OF APPLICATION (Divider # 2)

_____ TRANSCRIPTS (Divider # 3)

_____ PREREQUISITES (Divider # 4)

_____ CHARACTER EVALUATION OF OCCUPATIONAL THERAPY
ASSISTANT APPLICANT (Divider # 5)

_____ IMMUNIZATION PROOF (Divider # 6)



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**Arkansas State University
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Application Packet PREREQUISITE FORM**

Prerequisite	If completed: Course Title, Credit Hours, Grade Received, Completion Date, University	If not completed: Expected Completion Date & University
Composition I		
Composition II		
College Algebra		
Human Anatomy and Physiology I		
Human Anatomy and Physiology I Lab		
Introduction to Psychology		
Developmental Psychology OR Abnormal Psychology		
The US to 1876 The US Since 1876 OR Intro to US Government		
Intro to Computers OR Microcomputer Applications		
Making Connections		



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**Arkansas State University
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Occupational Therapy Assistant Program
CHARACTER EVALUATION OF OCCUPATIONAL THERAPY ASSISTANT
APPLICANT FORM: Page 1**

To Be Completed By Applicant:

Applicant's Name: _____

I understand that this evaluation is confidential. I waive my rights of access under the Family Education Rights and Privacy Act of 1974, or other laws, regulations or policies. (Applicants are NOT permitted to read evaluation).

Applicant's Signature: _____

To the Evaluator: The above-named applicant to the Arkansas State University Occupational Therapy Assistant Program is requesting an evaluation from you. Due to the nature and intensity of the A-State Occupational Therapy Assistant Program coursework, the program recognizes that all potential applicants must possess certain intellectual, ethical, physical, and emotional capabilities to be successful in the program and in the clinic. Thus, the OTA program requests your assistance in objectively evaluating the applicant in the below areas. Your assistance in this application process is greatly appreciated.

After completing this form, please place it in an envelope, seal the envelope and sign it across the seal. Then return it to the applicant who will forward it to the Occupational Therapy Assistant Program Director, unopened, with the remaining application materials. This procedure allows the applicant to know that he/she has all necessary documents to submit a complete application packet by our deadline. Please confirm with the applicant the due date for this letter of evaluation. Thank you for your assistance.

I. Rate to what extent the applicant appears to possess the attributes listed below. Please use the following scale:

0=not observed, 1=below average, 2=average, 3=above average, 4=outstanding

Interest in and knowledge of occupational therapy	0	1	2	3	4	N/A
Appropriate interpersonal skills	0	1	2	3	4	N/A
Ability to communicate effectively	0	1	2	3	4	N/A
Ability to be timely and dependable	0	1	2	3	4	N/A
Ability to exhibit professional conduct (attitude, dress, etc)	0	1	2	3	4	N/A
Personal qualities (sincerity, initiative, enthusiasm, patience)	0	1	2	3	4	N/A
Evidence of psychological maturity and stability	0	1	2	3	4	N/A
Raises relevant questions	0	1	2	3	4	N/A
Recognizes own stressors or problems in the clinical setting	0	1	2	3	4	N/A
Effective use of time and resources	0	1	2	3	4	N/A



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Occupational Therapy Assistant Program
CHARACTER EVALUATION OF OCCUPATIONAL THERAPY ASSISTANT
APPLICANT FORM: Page 2**

II. Using the same rating scale as before, please indicate the strength of your overall endorsement and your expectations of performance by the applicant for our occupational therapy assistant program:

1 = Below Average 3 = Above Average
 2 = Average 4 = Outstanding

III. Indicate in what capacity you have been associated with the applicant:

_____ as an employer

_____ as a professor

IV. What would be your attitude toward having this applicant in a responsible position under your direction?

- | | | | |
|-----------------------------|------------------------------------|-----------------------------|-----------------------------------|
| A. <input type="checkbox"/> | Definitely would want him/her | D. <input type="checkbox"/> | Would prefer not to have him/her |
| B. <input type="checkbox"/> | Would want him/her | E. <input type="checkbox"/> | Definitely would not want him/her |
| C. <input type="checkbox"/> | Would be satisfied to have him/her | F. <input type="checkbox"/> | Unable to judge |

V. General Comments: You may use the space below to make further comments about the applicant if you so desire.

Evaluator's Signature: _____ Date: _____

Please print name: _____ Title: _____

Organization/College: _____

Position or Department: _____



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Student Information

Last Name: _____ First Name: _____

Application Number: _____

Applicant Scoring Categories						Points
PART I - QUANTITATIVE DATA						
OVERALL GPA - based on all transcripts received						0
Ability to speak Spanish = 1 bonus point						1 = Yes 0 = No
PREREQUISITE GPA						
Prerequisite Course	Date Taken	Credit Hours Earned	Grade = 4 = 3 = 2 = 1 = 0	Final Grade		
Composition I	#####	3	0	0		
Composition II	#####	3	0	0		
Making Connections	#####	3	0	0		
Abnormal or Dev Psych Course	#####	3	0	0		
Human A&P I Lab	#####	1	0	0		
Human A&P I	#####	3	0	0		
History Course	#####	3	0	0		
Computer Course	#####	3	0	0		
College Algebra	#####	3	0	0		
Introduction to Psychology	#####	3	0	0		
TOTAL						28
Total Prerequisite GPA						0
PART II - QUALITATIVE DATA						
VOLUNTEER EXPERIENCE						4 = Has documented volunteer hours
LEADERSHIP AND/OR SERVICE EXPERIENCES						4 = Has engaged in leadership/service activities



PART II - QUALITATIVE DATA CONTINUED		POINTS
QUALITY OF WRITING	3 = Written materials are clear, accurate, well-written (i.e., no grammatical, punctuation, and/or spelling errors) 2 = Written materials are generally clear, accurate, well-written (i.e., 1 - 3 grammatical, punctuation, and/or spelling errors) 1 = Written materials are fairly well-written, but may have multiple errors (i.e., 4 - 7 grammatical, punctuation, and/or spelling errors) 0 = Written materials have more than 7 grammatical, punctuation, and/or spelling errors, or is very difficult to understand	2
CONTENT OF WRITING	1 = Letter of Application and application questions reflect clear rationale and reasoning consistent with the nature and demands of the profession 0 = Letter of Application and application questions reflects no rationale or reasoning necessary for the field	0
PREPROFESSIONAL EVALUATION - An average of the 2 reference form scores, average the scores after rating each form.	Reference #1 _____ 4 Reference #2 _____ 4 _____	0
RECOMMENDATION FOR ADMISSION - This should be rated according to the "Reference Form" Average the 2 Reference forms recommendation (4 = strongly recommend, 3 = recommend, 2 = recommend with reservation, 1 = neutral, 0 = do not recommend)	Reference #1 _____ 4 Reference #2 _____ 4 _____	0
NOTE: If the applicant receives a "Do Not Recommend" do not average the 3 Reference forms, instead, record the overall score for this section as a 0. Please input zero into all "reference form" cells.		
OVERALL PROFESSIONAL IMPRESSION - From your subjective "look" based on your overall impressions, rate this candidate's ability to be successful in this degree program and make contributions to the profession. (4 = excellent, 3 = good, 2 = average, 1 = poor, 0 = do not recommend)		0
*Highest possible applicant score = 33; Minimum accepted applicant score = 17.75		FINAL SCORE
		0.00