

Prerequisites

OTA PROGRAM ADMISSION APPLICATION

Please print or type when completing this form and return it to:

Department of Allied Health & Career Programs Room 4457 South Suburban College, 15800 S. State Street, South Holland, IL 60473 **Do not return this application until all steps are complete.**

APPLYING FOR TERM 20	SPRING	SUMMER	FALL	(choose one)	
Last Name:	Maiden:		First: _		MI:
Colleague ID Number:	time Phone: (ne: ()			
Address:					
City:					
Email Address:					
Academic Background					
High School Attended:			City:		State:
Date of graduation:	(or) Date of GED:				
School/College/University	<u>Dates Attended</u>			Diploma/Degree Earned	
All transcripts must be on file in the Admiss must be on file by February 1st or your appl completed the form will be returned):	sions & Records ar	ea by January 1st	of the year you	are applying. PLEASE NOT	E: All information

ART 112-Three Dimensional or

ART 110-Metals and Jewelry or

ART 109-Ceramics I

BIO 185-Human Anatomy and Physiology I

ENG 101-Composition and Rhetoric

OTA 101-Introduction to Occupational Therapy

PSY 101-Introduction to Psychology

College

Semester/Year

Grade

(Ranking for admission is based on your GPA for the above courses)

General Education Requirements	College	Semester/Year	Grade
BIO 186-Human Anatomy and Physiology II			
MDR 102-Fundamentals of Medical Terminology			
PSY 206-Abnormal Psychology OR			
PSY 211-Growth & Development			
SPE 108-Oral Communication			

Please Note: In order to begin the OTA Professional/Career Education Program Requirements in the fall, all of the above prerequisite AND general education requirements must be completed with a 3.25 GPA or better.

Prior to enrolling in the Occupational Therapy Assistant Program, students are advised to review the applicable licensure procedures and requirements and state laws of the profession to ensure that they are eligible to receive a license following completion of the Occupational Therapy Assistant Program at South Suburban College. You may be subject to a criminal background check and/or drug testing. Eligibility for clinical/licensure may be limited by the results of a criminal background investigation.

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Signature: _			Date:
_			

I understand the requirements for admission to the program in regards to course work, health care coverage and entrance examination.