Santa Ana College: Occupational Therapy Assistant Program Spring/Fall 2016 Student Application Checklist

PLEASE SUBMIT THIS CHECKLIST WITH YOUR COMPLETED APPLICATION

Las	t Name First Name
1.	OBTAIN A SAC STUDENT ID NUMBER: Potential students must apply to the college.
2.	DOWNLOAD AND COMPLETE THE OTA APPLICATION: Your application should consist of two single
	sided pages in which you have selected only ONE ENROLLMENT FORMAT (Spring, Fall, or First Available).
3.	PROVIDE OFFICIAL HIGH SCHOOL TRANSCRIPTS: Only if you DO NOT hold an AA/AS or BA/BS
	degree from an accredited United States institution.
4.	SATISFACTORY COMPLETION OF ALL PREREQUSITES, OR THEIR EQUIVALENTS, WITH A GRADE OF "C" OR BETTER. □ Biology 149, □ Communication Studies 101/101H, 102, 140, 145, or 152, □ English 101/101H, □ Psychology 100
5.	PROVIDE OFFICIAL COLLEGE TRANSCRIPTS: Must be in an official sealed envelope.
6.	DEMONSTRATE COMPLETION OF THE MATH REQUIREMENT: Official transcripts with a BA/BS
	degree or an Intermediate Algebra course, or your score on the SAC Math Placement test must be
	provided.
7.	PROVIDE A VALID COPY OF YOUR CPR CARD: BLS for Healthcare Providers through the AHA.
8.	REVIEW APPLICATION FOR COMPLETENESS
9.	DELIVER YOUR APPLICATION MATERIALS TO THE OTA PROGRAM BY THE DEADLINE:
	• Monday, September 14, 2014 by 3 p.m.
10.	STATUS EMAIL: By November 2015 students will be notified via email regarding the status of their
	accentance into the OTA program

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PLEASE TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK

SECTION I: CONTACT INFORMATION										
Preferred Format (select only one): Please Keep this Applicar						ion on File				
☐ Spring 2016 (on campus/	daytime) 🗆 Fa	all 2016 (online/evenii	ng/weekend) 🗆 First Available	_ '	Yes □ N	lo				
Last Name:		First Name:	Middle:							
Santa Ana College Student	ID Number:		Email Address (required):							
Cell Phone:			Alternate Phone:							
Mailing Address:		City	State		Zip Code					
	EDUCATIONAL BACKGROUND Office									
EDUCATIONAL BACKGROUND										
High School Completion Diploma or GED										
College/University Name:		□ AA/AS Degree Av	varded or BA/BS Degree Awarded	d	Year					
NOTE: Official transcripts pertinent to your earned degree must be included with this application unless your degree was earned from SAC or Santiago Canyon College.										
		SECTION II: PRERE	QUISITE VERIFICATION							
PREQUISITE COURSE or EQUIVALENT	Term/Year	Taken At (College)	Course Number & Name	Units	Grade	Office Review				
Biology 149 , Human Anatomy and Physiology										
Communication Studies										
101/101H , Intro to										
Interpersonal										
Communication or 102,										
Public Speaking, or 140										
Argumentation and										

NOTE: Official transcripts pertinent to the prerequisite courses must be included with this application unless they were completed at SAC or Santiago Canyon College.

Debate, or 145 Group Dynamics, or 152 Oral Interpretation English 101, Freshman Composition

> **Psychology 100**, Introduction to Psychology

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SECTION III: MATHEMATICS REQUIREMENT								
BA/BS Degree (or Higher) Obtained □ Yes. If yes, please go to Section IV □ No								
DAY DO DEGLEE (OF HIGHEL) Obtained 163. II yes, please go to section iv 140								
Santa Ana College Level III Math Placement Score:	Test Date:							
Sunta And Conege Level in Matri I accinent Score.	rest bate.							
OR Completion of An Intermediate Algebra Course or Higher								
Course Number & Name:		Units	Grade	////////				
Taken At (College):				_				
(65.1565)								
Note: Official transcripts pertinent to your math course or your score on the SAC Math P	lacement test must be included wi	th this application if	you do not hold a BA	A/BS degree				
or higher.								
I understand that I am responsible for completing the general educ	cation requirements for th	e A.S. degree p	orior to the start	t of the				
third semester in the OTA program. A list of general education req								
recommended that you make an appointment with the Counseling	Center to review that you	u have met the	se requirement	s				
				Initial				
SECTION IV: CPR CERT	TFICATION			Office				
BASIC LIFE SUPPORT (BLS) For Healthcare Provide		t Association		Review				
Issue Date: Expiration Date:								
Note: A signed front and back copy of your CPR card must be included with this application.								
SECTION V: PLEASE READ AND SIGN WHERE APPROPRIATE								
I certify that the information provided on this application is both accurate and true to the best of my knowledge. If this application is both accurate and true to the best of my knowledge.								
leads to enrollment, I understand that false, misleading, or inaccurate information may result in denial of admission and/or								
from the Occupational Therapy Assistant Program.								
DIFACE NOTE, THE OTA DROCDAM/C DRIMARY METHOD OF CONT	FACTICAMA FRANK THE CO	LIDENT ACKNO	NAU EDOES TILA	TITIC				
PLEASE NOTE: THE OTA PROGRAM'S PRIMARY METHOD OF CONT		-		_				
THEIR RESPONSIBILITY TO KEEP THEIR EMAIL ADDRESS, AND ALL OTHER CONTACT INFORMATION, CURRENT AS TO ENSURE THE ALL PROGRAM CORRESPONDENCE IS RECEIVED. THE OTA PROGRAM WILL NOT MAKE MULTIPLE ATTEMPTS TO REACH STUDEN								
DUE TO INACCURATE CONTACT INFORMATION BEING ON FILE.	IVI WILL NOT WAKE WILL	PLE ATTEIVIPTS	TO REACH 310	DENIS				
DOL TO INACCONATE CONTACT INFORMATION BEING ON FILE.								
Student Signature	Dat	e						
	Use Only							
Educational Background Verified	□ Yes □ No							
Prerequisites Complete	□ Yes □ No							
Math Requirement Satisfied □ Yes-Degree or Math Course or SAC Placement Test □ No								
Official Transcripts Verified	□ Yes □ No							
Valid CPR Card Verified	□ Yes □ No							
Missing/Incomplete Items	□ Yes							
J	To Be Returned to Stude	nt On: /	/					
	□ No	,						
Application Review Complete	□ Yes-Date: / /	1						

Name of Individual Completing Review