

**Santa Ana College: Occupational Therapy Assistant to Occupational Studies Program  
Fall 2023 Student Application Checklist**

PLEASE SUBMIT THIS CHECKLIST WITH YOUR COMPLETED APPLICATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

1. \_\_\_\_\_ **OBTAIN A SAC STUDENT ID NUMBER:** Potential students must apply to the college.
2. \_\_\_\_\_ **DOWNLOAD AND COMPLETE THE OTA to OS APPLICATION:** Your application should consist of two single sided pages.
3. \_\_\_\_\_ **PROVIDE OFFICIAL HIGH SCHOOL TRANSCRIPTS:** For applicants without an AA/AS degree awarded from an accredited United States institution.
4. \_\_\_\_\_ **SATISFACTORY COMPLETION OF ALL PREREQUISITES, OR THEIR EQUIVALENTS, WITH A GRADE OF "C" OR BETTER.** Applicants with AP Exam taken in lieu of a prerequisite course must have a score of 3, 4 or 5 on the AP Test. Submit an official AP Score Report (in an official sealed envelope from the College Board with your application).
  - ☐ Biology 149
  - ☐ Communication Studies 101/101H, 102, 103, 140, or 145
  - ☐ English 101/101H
  - ☐ Psychology 100
5. \_\_\_\_\_ **PROVIDE OFFICIAL COLLEGE TRANSCRIPTS FROM EVERY COLLEGE ATTENDED:** Must be in an official sealed envelope.
  - ☐ Transcripts Enclosed
  - ☐ Transcripts are on file at SAC (can be from a previous application period)
6. \_\_\_\_\_ **REVIEW APPLICATION FOR COMPLETENESS.** Incomplete applications will not be reviewed. Do not write "See Transcript" for Section II & Section III.
7. \_\_\_\_\_ **MAIL YOUR APPLICATION MATERIALS in a sealed manila envelope (9" x 12") TO THE OTA PROGRAM BY JUNE 30, 2023. PACKET MUST BE POSTMARKED BY 6/30/2023.**

Mailing Address:  
Santa Ana College  
Attention: Dawn McKenna-Sallade/OTA Program  
1530 W. 17th Street  
Santa Ana, CA 92706-3398

**STATUS EMAIL:** By July 14, 2023, applicants will be notified via email regarding the status of their application for Fall 2023 semester. The top scoring applicants, based on the criteria selection process, will be invited to complete an in-person writing sample.

**Santa Ana College: Occupational Therapy Assistant to Occupational Studies Program**  
**Fall 2023 Student Application**

PLEASE TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK

SECTION I: CONTACT INFORMATION			
<p style="background-color: yellow;">Use this application to apply for Fall 2023, OTA to OS (Bachelor's degree for Occupational Studies). Students will earn an Associate of Science in OTA and a Bachelor's of Science in OS. The selection process for this program will be criterion base.</p> <p style="background-color: yellow;">The Fall program is intended for applicants without a BA/BS awarded from another college/university. Applicants with a BA/BS Degree awarded from another university are not eligible to apply for the Fall program format.</p>			
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 Review
High School Name: Completion <input type="checkbox"/> Diploma or <input type="checkbox"/> GED Year			
College/University Name: <input type="checkbox"/> AA/AS Degree Awarded 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: PREREQUISITES VERIFICATION						
PREREQUISITE COURSE or EQUIVALENT	Term/Year	Taken At (College)	Course Number & Name	Units	Grade	Office Review
<b>Biology 149</b> , Human Anatomy and Physiology (4 units with Lab)						
<b>Communication Studies 101/101H</b> , Intro to Interpersonal Communication or <b>102</b> , Public Speaking, or <b>103</b> , Intro to Intercultural Communication, or <b>140</b> Argumentation and Debate, or <b>145</b> Group Dynamics						
<b>English 101</b> , Freshman Composition						
<b>Psychology 100</b> , Introduction to Psychology						

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

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PLEASE TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK

SECTION III: ADDITIONAL LOWER DIVISION GENERAL EDUCATION COURSES (UP TO 5 COURSES)							
LOWER DIVISION GENERAL EDUCATION COURSE	Term/Year	Taken At (College)	Course Number & Name	Units	Grade	Office Review	
						Plan A	Plan B
1							
2							
3							
4							
5							

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

I understand that I am responsible for completing the general education requirements for the A.S. degree prior to the start of the third semester in the OTA program. A list of general education requirements can be found in the college catalog; however, it is recommended that you make an appointment with the Counseling Center to review that you have met these requirements. \_\_\_\_\_  
**Initial**

### SECTION IV: PLEASE READ AND SIGN/INITIAL 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 leads to enrollment, I understand that false, misleading, or inaccurate information may result in denial of admission and/or dismissal from the Occupational Therapy Assistant Program. \_\_\_\_\_  
**Initial**

**PLEASE NOTE: THE OTA PROGRAM'S PRIMARY METHOD OF CONTACT IS VIA EMAIL.** THE STUDENT ACKNOWLEDGES THAT IT IS THEIR RESPONSIBILITY TO KEEP THEIR EMAIL ADDRESS, AND ALL OTHER CONTACT INFORMATION, CURRENT AS TO ENSURE THAT ALL PROGRAM CORRESPONDENCE IS RECEIVED. THE OTA PROGRAM WILL NOT MAKE MULTIPLE ATTEMPTS TO REACH STUDENTS DUE TO INACCURATE CONTACT INFORMATION BEING ON FILE. \_\_\_\_\_  
**Initial**

I UNDERSTAND THAT I AM APPLYING FOR THE FALL SEMESTER FORMAT OF THE OTA TO OS PROGRAM. UPON COMPLETION OF THE OTA PROGRAM, I WILL BE ENROLLED IN THE OS (BACHELOR'S DEGREE) PROGRAM. I UNDERSTAND THIS IS A 4-YEAR COMMITMENT TO THE OTA/OS PROGRAM. \_\_\_\_\_  
**Initial**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only	
Educational Background Verified	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prerequisites Complete	<input type="checkbox"/> Yes <input type="checkbox"/> No
Official Transcripts Verified	<input type="checkbox"/> Yes <input type="checkbox"/> No
Missing/Incomplete Items	<input type="checkbox"/> Yes To Be Returned to Student On:    /    / <input type="checkbox"/> No
Application Review Complete	<input type="checkbox"/> Yes-Date:    /    /
Name of Individual Completing Review	