

Santa Ana College: Occupational Therapy Assistant to Occupational Studies Program

Fall 2026 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 three (3) one-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, 102/102H or COMM C1000/C1000H, 103/103H, 140, or 145
 - ☐ English 101/101H or C1000/C1000H
 - ☐ Psychology 100/100H or C1000/C1000H

For OTA to OS Program only: Applicants with course in progress of prerequisite courses – Please contact ota@sac.edu for instructions.

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 DURING THE APPLICATION PERIOD (2/23/2026 – 4/3/2026). PACKET MUST BE POSTMARKED BY 4/3/2026.**

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

Application may be delivered in person to OTA Office (HS-107) during the application period.

8. **STATUS EMAIL:** By April 13, 2026, OTA to OS applicants will be notified by email regarding the status of their application for Fall 2026 semester. The top scoring applicants, based on the criteria selection process, will be invited to complete an in-person writing sample on April 28, 2026 or April 30, 2026 at 8:00 am (allow for 30 minutes for the process). OTA applicants will be notified by email in mid-May, upon completion of the enrollment selections for the OTA to OS Program.

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PLEASE TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK

Use this application to apply for Fall 2026, OTA to OS (Bachelor's degree for Occupational Studies). Students will earn an Associate of Science in OTA and a Bachelor of Science in OS. The selection process for this program will be criterion base. 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 of OTA to OS program.

Applicants interested in the OTA program only are welcome to apply. However, please note that priority will be given to applicants applying to the OTA to OS program. If there are seats available after the OTA to OS selections, it will be filled by randomization process for applicants interested in OTA program.

I am applying for the following program. Please select one option only:

☐ OTA to OS program. *Students will earn an Associate of Science in OTA and a Bachelor of Science in OS. This is a 4-year commitment to the program.*

☐ OTA Program

SECTION I: CONTACT INFORMATION

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 ☐ Diploma or ☐ GED

Year

College/University Name:

☐ 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.

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PLEASE TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK

SECTION II: PREREQUISITES VERIFICATION

PREREQUISITE COURSE or EQUIVALENT	Term/Year	Taken At (College)	Course Number & Name	Units	Grade	Office Review
Biology 149, Human Anatomy and Physiology (4 units with Lab, must be completed within the past 10 years)						
Communication Studies 101/101H, Intro to Interpersonal Communication or 102 or COMM C1000, Public Speaking, or 130, Intro to Intercultural Communication, or 140 Argumentation and Debate, or 145 Group Dynamics						
English 101 or C1000, Freshman Composition						
Psychology 100 or C1000, 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.

SECTION III: ADDITIONAL LOWER DIVISION GENERAL EDUCATION COURSES (UP TO 5 COURSES)

Complete this section for OTA to OS Program format

LOWER DIVISION GENERAL EDUCATION COURSE	Term/Year	Taken At (College)	Course Number & Name	Units	Grade	Office Review	
						Plan A or 1	Plan B or 2
1							
2							
3							
4							
5							

NOTE: Official transcripts pertinent to the additional lower division general education courses must be included with this application unless they are completed at SAC or Santiago Canyon College.

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PLEASE TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK

SECTION IV: PLEASE READ AND SIGN/INITIAL WHERE APPROPRIATE

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

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. _____ (if applicable)

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	_____ _____ To Be Returned to Student On: / /
Application Review Complete	Date: / /
Name of Individual Completing Review	