# Santa Ana College: Occupational Therapy Assistant Program Spring/Fall 2018 Student Application Checklist

### PLEASE SUBMIT THIS CHECKLIST WITH YOUR COMPLETED APPLICATION

Las	st Name _	Smith		First Name	John
1.	<b>✓</b> o	BTAIN A SAC STUDE	NT ID NUMBER: Potentia	al students must a	apply to the college.
2.	<u></u> D	OWNLOAD AND COM	MPLETE THE OTA APPLIC	CATION: Your app	lication should consist of two single
	sided pa	ges in which you hav	e selected only ONE ENF	ROLLMENT FORM	AT (Spring, Fall, or First Available).
3.	<u>N/A</u> P	ROVIDE OFFICIAL HIG	GH SCHOOL TRANSCRIPT	Γ <b>S</b> : Only if you DC	NOT hold an AA/AS or BA/BS
	degree f	rom an accredited Ui	nited States institution.		
4.	"C" OR I	BETTER.  □ Biology 149,	Studies 101/101H, 102,		EQUIVALENTS, WITH A GRADE OF
5.	<u> </u>	ROVIDE OFFICIAL CO	LLEGE TRANSCRIPTS: M	ust be in an offici	al sealed envelope.
6.	<u>N/A</u> <b>D</b>	EMONSTRATE COMF	PLETION OF THE MATH F	REQUIREMENT: C	Official transcripts with a BA/BS
	degree o	or an Intermediate Al	gebra course, or your sc	ore on the SAC M	ath Placement test must be
	provided	d.			
7.	R	EVIEW APPLICATION	FOR COMPLETENESS		
8.	<u> </u>	ELIVER YOUR APPLIC	CATION MATERIALS TO	THE OTA PROGRA	AM BY THE DEADLINE:
		Monday, Septer	mber 25, 2017 by 5 p.m.		
9.	S	TATUS EMAIL: By No	vember 17, 2017 studen	ts will be notified	d via email regarding the status of
	their ac	ceptance into the OT	A program.		

## Santa Ana College: Occupational Therapy Assistant Program Spring/Fall 2018 Student Application

### PLEASE TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK

SECTION I: CONTACT INFORMATION					
Preferred Format (select only one):  Please Keep this Applicat					
□ Spring 2018 (campus-morning) □ Fall 20	□ Spring 2018 (campus-morning) □ Fall 2018 (campus-afternoon/evening) ✔ First Available ✔ Yes □ N				
Last Name:	First Name:		Middle:		
Smith	John		J.		
Santa Ana College Student ID Number:		Email Address (required):			
123	34567	johnjsmith@sample.com			
Cell Phone:		Alternate Phone:			
714)555-0123		714)555-1234			
Mailing Address:	City	State	Zip Code		
1530 West 17th Street	Santa A	na CA	92706		
	EDUCATIONAL	. BACKGROUND		Office	
				Review	
High School Completion					
College/University Name: □ AA/AS Degree Awarded or   BA/BS Degree Awarded Year					
Sample University 2015					

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: PREREQUISITE VERIFICATION						
PREQUISITE COURSE or EQUIVALENT	Term/Year	Taken At (College)	Course Number & Name	Units	Grade	Office Review
<b>Biology 149</b> , Human Anatomy and Physiology	Fall 16	SAC	Human Anatomy Biol 239	4.0	А	
	Spring 16		Human Physiology Biol 249	4.0	В	
Communication Studies 101/101H, Intro to Interpersonal Communication or 102, Public Speaking, or 140 Argumentation and Debate, or 145 Group Dynamics, or 152 Oral Interpretation			OBTAINED WITH BACHELOR'S			
English 101, Freshman Composition			OBTAINED WITH BACHELOR'S			
Psychology 100, Introduction to Psychology	Spring 12	Sample University	Intro to Psyc. Pysc 100	3.0	В	

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

#### Santa Ana College: Occupational Therapy Assistant

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### PLEASE TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK

SECTION III: MATHEMATICS REQUIREMENT				Office	
				Review	
BA/BS Degree (or Higher) Obtained Yes. If yes, please go to Section IV					
Santa Ana College Level III Math Placement Score: Test Date:					
OR Completion of An Intermediate Algebra Course or Higher				////////	
Course Number & Name: Units Grade					
Taken At (College):					
Note: Official transcripts pertinent to your math course or your score on the SAC Math Placement test must be included with this application if you do not hold a BA/BS degree or higher.					
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.					

#### SECTION IV: 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 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.

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.

Student Signature	John Smith	Date _	08/30/2018
		_	

For Office 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		
Missing/Incomplete Items	□ Yes		
	To Be Returned to Student On: / /		
	□ No		
Application Review Complete	□ Yes-Date: / /		
Name of Individual Completing Review			