Santa Ana College: Occupational Therapy Assistant Program Spring 2025 Student Application Checklist

PLEASE SUBMIT THIS CHECKLIST WITH THE COMPLETED APPLICATION

Las	t Name First Name				
1.	X OBTAIN A SAC STUDENT ID NUMBER: Potential students must apply to the college.				
2.	X DOWNLOAD AND COMPLETE THE OTA APPLICATION: Application should consist of two single sided pages				
3.	X_ PROVIDE OFFICIAL HIGH SCHOOL TRANSCRIPTS: For applicants without an AA/AS or BA/BS degree awarded				
	from an accredited United States institution.				
4.	X 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				
	☑ English 101/101H				
	✓ Psychology 100				
5.	PROVIDE OFFICIAL COLLEGE TRANSCRIPTS FROM EVERY COLLEGE ATTENDED: Must be in an official sealed				
	envelope from the college.				
	☐ Transcripts Enclosed				
	Transcripts on file at SAC (can be from a previous application period)				
6.	REVIEW APPLICATION FOR COMPLETENESS. Incomplete applications will not be review. Do not write "See				
	Transcript" for Section II.				
7.	MAIL YOUR APPLICATION MATERIALS IN A SEALED MANILA ENVELOPE (9" X 12") TO THE OTA PROGRAM				
	DURING THE APPLICATION PERIOD (8/19/2024 – 9/30/2024). PACKET MUST BE POSTMARKED BY 9/30/2024.				
	Mailing address:				

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

Application may be delivered in person to OTA Office (HS-107) on Monday & Thursday (8:30 am - 1:30 pm) during the application period (8/19/2024-9/30/2024).

STATUS EMAIL: By October 24, 2024 students will be notified via email regarding the status of their acceptance into the Spring 2025 OTA program

Santa Ana College: Occupational Therapy Assistant Program Spring 2025 Student Application

PLEASE TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK

SECTION I: CONTACT INFORMATION				
Use this application to apply for Spring 2025. The selection for this semester will be a randomization selection process (lottery).				
Last Name:	First Name:	Mid	ldle:	
Jahnson	Mary			
Santa Ana College Student ID Number:		Email Address (required):	-,	
1234567		Manjohnson 123@	gm_1.com)
Cell Phone:		Alternate Phone:	,	
(714) 555 - 1234				
Mailing Address:	City	State	Zip Cod	
1530 W. 17th Street	Santa	a Ana CA	92700	6
	EDUCATIONAL	BACKGROUND		Office
				Review
	Completion XD	iploma or □ GED	Year	
Century High School			6/2018	
College/University Name:	AA/AS Degree A	warded or \square BA/BS Degree Awarded	Year	
Santa Ana College		91	2018 to Cun	rent

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						
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 to taken within the last 10 years	Spring 2021	SCC	BIOL 149 Human Anatomy and Physiology	4	В	
Communication Studies 101/101H, Intro to Interpersonal Communication or 102, Public Speaking, or 103, Intro to Intercultural Communication, or 140 Argumentation and Debate, or 145 Group Dynamics	Fall 2019	SAC	CMST 102 Public Speaking	3	В	
English 101 Freshman Composition	Fall 2018	SAC	ENGLIOI Freshman composition	4	А	
Psychology 100 Introduction to Psychology	Spring 2021	SAC	Psyc 100 Introduction to Psychology	3	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 Program Spring 2025 Student Application: Page 2

PLEASE TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK

SECTION III: PLEASE READ AND INITIAL/SIGN WHERE APPROPRIATE

Section and District Military of the Military
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.
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 dismissation the Occupational Therapy Assistant Program. Initials
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 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. **TO INACCURATE CONTACT INFORMATION BEING ON FILE.** Initials
Student Signature

For Office Use Only				
Educational Background Verified	□ Yes □ No			
Official Transcripts Verified	□ Yes □ No			
Prerequisites Completed	□ Yes □ No			
Missing/Incomplete Items	To Be Returned to Applicant On: / /			
Application Review Complete	Date: / /			
Name of Individual Completing Review				