

**Santa Ana College: Bachelor of Science in Occupational Studies**  
**Fall 2019 Student Application Checklist**

PLEASE FILL OUT AND SUBMIT THIS CHECKLIST WITH YOUR COMPLETED APPLICATION

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

1. \_\_\_\_\_ **APPLY TO SANTA ANA COLLEGE (EVEN IF YOU ARE A SANTA COLLEGE STUDENT) – CHOOSE SAC.OS.ND**
2. \_\_\_\_\_ **DOWNLOAD AND COMPLETE THE OCCUPATIONAL STUDIES APPLICATION FROM SAC.EDU/OS:**  
  
Your application should consist of two single sided pages
3. \_\_\_\_\_ **PROVIDE OFFICIAL COLLEGE TRANSCRIPTS:** In an official sealed envelope.
4. \_\_\_\_\_ **PROVIDE A VALID COPY OF YOUR CPR CARD:** BLS for Healthcare Providers through the American Heart Association
5. \_\_\_\_\_ **REVIEW APPLICATION FOR COMPLETENESS**
6. \_\_\_\_\_ **SUBMIT YOUR APPLICATION MATERIALS TO THE OCCUPATIONAL STUDIES PROGRAM BY May 10, 2019**

Santa Ana College  
Attn: Michelle Parolise  
1530 W. 17<sup>th</sup> Street  
Building T, Room 209  
Santa Ana, CA 92706

Applications may be hand delivered to T-209 or sent by mail. Office hours are Monday – Thursday 8:30-5 and Friday 10-3.  
Hand delivered applications must be received by 5 pm on Monday, May 10, 2019 and Mailed applications must be postmarked no later than May 10, 2019. No late applications will be accepted.

**NOTIFICATION:** By May 17, 2019 students will be emailed the status of their acceptance into the Occupational Studies Program.

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

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**Fall 2019 Student Application: Page 1**

PLEASE TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK

| <b>SECTION I: CONTACT INFORMATION</b> |                  |                 |
|---------------------------------------|------------------|-----------------|
| Santa Ana College Student ID Number:  | Date:            |                 |
| Last Name:                            | First Name:      | Middle Initial: |
| Email Address (required):             |                  |                 |
| Cell Phone:                           | Alternate Phone: |                 |
| Mailing Address:                      |                  |                 |
| City:                                 | State:           | Zip Code        |

| <b>SECTION II: OTA EDUCATIONAL BACKGROUND</b> |                            | Office<br>Review |
|---|----------------------------|------------------|
| College Name:                                 |                            |                  |
| Degree:                                       | Year Graduated:            |                  |
| Date passed NBCOT exam:                       | California License Number: |                  |
| Other degree(s) earned:                       | College Name & 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.

| <b>SECTION III: HIGHEST LEVEL OF MATH COMPLETED</b> |       |       | Office<br>Review |
|---|-------|-------|------------------|
| Course Name & Number:                               | Units | Grade |                  |
| College Name:                                       |       |       |                  |

**NOTE:** Official transcripts pertinent to your Math course must be included with this application.

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| <b>SECTION IV: ANATOMY AND PHYSIOLOGY VERIFICATION</b> |                   |           |         |                      |       |               |
|--|-------------------|-----------|---------|----------------------|-------|---------------|
| Completion Method                                      |                   | Term/Year | College | Course Number & Name | Grade | Office Review |
| <input type="checkbox"/> Combined course               |                   |           |         |                      |       |               |
| <input type="checkbox"/> Courses were taken separately | <b>Anatomy</b>    |           |         |                      |       |               |
|  | <b>Physiology</b> |           |         |                      |       |               |

**NOTE:** Official transcripts pertinent to your Anatomy and Physiology course must be included with this application.

| <b>SECTION V: CPR CERTIFICATION</b>   |                  | Office Review |
|---|------------------|---------------|
| <b>BASIC LIFE SUPPORT (BLS) For Healthcare Providers via the American Heart Association</b> |                  |               |
| Issue Date:   | Expiration Date: |               |

**NOTE:** A signed front and back copy of your CPR card must be submitted with this application.

**SECTION VI: 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 OCCUPATIONAL STUDIES 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 OCCUPATIONAL STUDIES PROGRAM WILL NOT MAKE MULTIPLE ATTEMPTS TO REACH STUDENTS DUE TO INACCURATE CONTACT INFORMATION BEING ON FILE.

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