Santa Ana College: Bachelor of Science in Occupational Studies
Fall 2020 Student Application Checklist
PLEASE FILL OUT AND SUBMIT THIS CHECKLIST WITH YOUR COMPLETED APPLICATION

Last Name: _____   First Name: _____

The Occupational Studies program accepts application on a rolling basis. To be considered for Fall 2020, application must be received by August 1, 2020. Any application received after August 1, 2020 will be considered for Fall 2021 admission.

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**: For classes taken from all colleges except SAC OR SCC. Transcripts must be in 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.** Incomplete application will not be reviewed and will be returned

6. _____ **SUBMIT YOUR APPLICATION MATERIALS TO THE OCCUPATIONAL STUDIES PROGRAM BY AUGUST 1, 2020**

Santa Ana College
Attn: Dawn McKenna-Sallade
1530 W. 17th Street
Santa Ana, CA 92706

Applications may be sent by mail or email to ota@sac.edu. Electronic copy of official transcripts (institution-to-institution), with ota@sac.edu as recipient will be accepted.   Mailed applications must be postmarked no later than August 1, 2020.

NOTIFICATION: Applicants will be notified of their acceptance status within 4 weeks of application submission and completion of the in-class writing sample.

Student Signature: _____   Date: _____

PLEASE TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK
ALL SECTIONS MUST BE COMPLETED

SECTION I: CONTACT INFORMATION		
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

SECTION II: OTA EDUCATIONAL BACKGROUND		Office 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.

SECTION III: HIGHEST LEVEL OF MATH COMPLETED				Office Review
Term/Year	Course Name & Number:	Units	Grade	
College Name:				

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

PLEASE TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK
ALL SECTIONS MUST BE COMPLETED

SECTION IV: ANATOMY AND PHYSIOLOGY VERIFICATION						
Completion Method		Term/Year	College	Course Number & Name	Grade	Office Review
□ Combined course						
□ Courses were taken separately	**Anatomy**					
	Physiology					

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

SECTION V: CPR CERTIFICATION	Office Review
BASIC LIFE SUPPORT (BLS) For Healthcare Providers via the American Heart Association	
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 _____