

**Santa Ana College: Bachelor of Science in Occupational Studies
Fall 2024 Student Application Checklist**

PLEASE FILL OUT AND SUBMIT THIS CHECKLIST WITH YOUR COMPLETED APPLICATION

Last Name: _____ First Name: _____

The Occupational Studies program accepts applications on a rolling basis. To be considered for Fall 2024, applications must be received by June 30, 2024. Any applications received on or after July 1, 2024 will be considered for Fall 2025 admission.

1. _____ **APPLY TO SANTA ANA COLLEGE (EVEN IF YOU ARE CURRENTLY A SANTA ANA COLLEGE STUDENT) – Choose Occupational Studies |BS| SAC in the Intended Major area.**
2. _____ **MET WITH OS COUNSELOR MARCELLA HERNANDEZ ON _____ (date) FOR A TRANSCRIPT REVIEW**
3. _____ **PRINT AND COMPLETE THE OCCUPATIONAL STUDIES APPLICATION**
Your application should consist of two single-sided pages
4. _____ **PROVIDE OFFICIAL COLLEGE TRANSCRIPTS:** For classes taken from all colleges except SAC or SCC. Transcripts must be in sealed envelope from the institutions to be considered as official. Please email ota@sac.edu regarding electronic transcripts.
 - Transcripts Enclosed
 - Transcripts on file at SAC
5. _____ **PROVIDE A VALID COPY OF YOUR CPR CARD:** BLS for Healthcare Providers through American Heart Association
6. _____ **REVIEW APPLICATION FOR COMPLETENESS.** Incomplete application will not be reviewed and will be returned
7. _____ **MAIL THE APPLICATION MATERIALS IN A SEALED 9" X 12" MANILA ENVELOPE TO THE OCCUPATIONAL STUDIES PROGRAM BY JUNE 30, 2024.**

Mailing Address:
Santa Ana College
Attn: Dawn McKenna-Sallade, OS Program
1530 West 17th Street
Santa Ana, CA 92706

The OS Program Coordinator will be conducting sessions for the Writing Sample. You will be emailed instructions on how to join a writing sample session via Zoom video conferencing after all application materials have been received. Applicants requesting accommodation must contact the DSPS Office at 714-564-6295 or by email: dsp@sac.edu to schedule a DSPS Qualifying appointment. Applicants must provide the accommodation letter at least 1-2 weeks in advance of the writing sample.

NOTIFICATION: Applicant will be notified of acceptance status within 4 weeks of application submission and completion of the writing sample.

Student Signature: _____ Date: _____

**Santa Ana College: Bachelor of Science in Occupational Studies
Fall 2024 Student Application: Page 1**

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:	NBCOT Certification #:	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.

**Santa Ana College: Bachelor of Science in Occupational Studies
Fall 2024 Student Application: Page 2**

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SECTION IV: ANATOMY AND PHYSIOLOGY VERIFICATION						
Completion Method		Term/Year	College	Course Number & Name	Grade	Office Review
<input type="checkbox"/> Combined course						
<input type="checkbox"/> 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 _____