

## Occupational Therapy Assistant Program Application

**You must be enrolled at Brookline College before you may apply to the OTA Program.**

A complete application includes the following materials. A scoring rubric is included on page 2 of this application.

- ☐ Emergency Contact Information.
- ☐ Documentation of work, personal, or volunteer experience if applicable. (10 points)
- ☐ Watch the Occupational Therapy Video and Submit Questions. (20 points)
- ☐ Interview or shadow an OT or OTA. (5 points)
- ☐ Two letters of recommendation. (10 points)
- ☐ Personal statement. (10 points)
- ☐ Sign the Essential Functions form.
- ☐ Technology requirement acknowledgement form.
- ☐ Signed Consent to Release Background Information form.

After acceptance to the program, students must provide the following before beginning class:

- ☐ Background check completed in Complio.
- ☐ Drug screen completed in Complio.
- ☐ Evidence of up-to-date immunizations **including covid immunization**.
- ☐ Current healthcare provider BLS CPR certification.
- ☐ Arizona IVP Fingerprint Clearance card (if applying to an Arizona program)

Students who submit **completed applications** and meet all minimum entry requirements will be scheduled for an interview with the OTA Admissions Committee.

### Albuquerque Campus

The Occupational Therapy Assistant Program is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA), located at 7501 Wisconsin Avenue, Ste. 510E, Bethesda, M.D. 20814. ACOTE's telephone number, C/O AOTA, is 301-652-AOTA and its web address is [www.acoteonline.org](http://www.acoteonline.org)

Graduates of the program will be eligible to sit for the national certification examination for the occupational therapy assistant, administered by the National Board for Certification in Occupational Therapy (NBCOT®). After successful completion of this exam, the graduate will be a Certified Occupational Therapy Assistant (COTA). In addition, all states require licensure to practice; however, state licenses are usually based on the results of the NBCOT certification examination. A felony conviction may affect a graduate's ability to sit for the NBCOT certification examination or attain state licensure.

### Phoenix Campus

The Occupational Therapy Assistant Program is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA), located at 7501 Wisconsin Avenue, Ste. 510E, Bethesda, M.D. 20814. ACOTE's telephone number, C/O AOTA, is 301-652-AOTA and its web address is [www.acoteonline.org](http://www.acoteonline.org)

Graduates of the program will be eligible to sit for the national certification examination for the occupational therapy assistant, administered by the National Board for Certification in Occupational Therapy (NBCOT®). After successful completion of this exam, the graduate will be a Certified Occupational Therapy Assistant (COTA). In addition, all states require licensure to practice; however, state licenses are usually based on the results of the NBCOT certification examination. A felony conviction may affect a graduate's ability to sit for the NBCOT certification examination or attain state licensure.

### Tucson Campus

The associate-degree-level Occupational Therapy Assistant program has applied for accreditation and has been granted Preaccreditation Status by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA), located at 7501 Wisconsin Avenue, Suite 510E, Bethesda, MD 20814. ACOTE's telephone number c/o AOTA is 301-652-AOTA and its web address is [www.acoteonline.org](http://www.acoteonline.org).

The program must complete an on-site evaluation and be granted Accreditation Status before its graduates will be eligible to sit for the national certification examination for the occupational therapy assistant administered by the National Board for Certification in Occupational Therapy (NBCOT). After successful completion of this exam, the individual will be a Certified Occupational Therapy Assistant (COTA). In addition, all states require licensure to practice; however, state licenses are usually based on the results of the NBCOT Certification Examination. A felony conviction may affect a graduate's ability to sit for the NBCOT certification examination or attain state licensure.

## Evaluation and Selection of Applicants

Your OTA application and all related requirements and documentation will be reviewed and scored as detailed below.

## Evaluation and Selection of Applicants

The Occupational Therapy Assistant Program has a selective admissions policy due to lab space and the limited number of fieldwork sites available to the program. A maximum of twenty (20) applicants will be chosen each year. Final admission of all applicants will be awarded at the discretion of the OTA Admissions Committee.

## Selection Criteria

Using the following criteria, applicants will be evaluated for admittance into the OTA program.

- 1) In person professional interview (40 points maximum)
  - a) The 30-minute interview will assess the applicant's professionalism, desire and motivation to pursue the field of occupational therapy, communication skills, and ability to think creatively.
- 2) Professional recommendations (10 points maximum)
  - a) Professional recommendation letters will be used to understand your professionalism and traits that indicate you would be a good candidate for the OTA program. 5 points/received recommendation.
- 3) Related work, personal or volunteer experience (10 points maximum)
  - a) Over 1 year experience = 10 points, 6months-1year experience = 6 points, 1 month-6months experience = 4 points, 1 week-1 month experience = 2 points
- 4) Watch OT video and answer questions (20 points)
  - a) 2 points for each question answered correctly
- 5) Previous associate, bachelor, or master's degree (5 points)
- 6) Interview or observe an OT or OTA (5 points maximum)
- 7) Personal Statement (10 points maximum)
  - a) 5 points for each question. Must include proper spelling, grammar, and writing mechanics.
- 8) Reapplication (5 points maximum)
  - a) If an applicant is not accepted into the program, they will be placed on an alternate list and candidates will be notified as vacancies occur. Those placed on the alternate list, who do not fill a vacancy, **must complete the full application for consideration during the next application cycle.** If an alternate met all the requirements of the application and would like to receive points for re-application next year, they must request this in writing when reapplying. Please note that no materials, such as transcripts or other application documents, are kept on file to be used again for re-application. These materials are treated as confidential documents and are shredded.

## After I apply, what should I expect?

Once the complete application packet is submitted, the applicant's information will be reviewed by the OTA department. Applicants will then be selected for a professional interview with the OTA department. After interviews have taken place applicants will be notified in writing of their acceptance status.

## What if I have program-specific questions?

If you have a question, specific to the program, please contact the specific campus' admission department to be directed to the appropriate program director.

## Occupational Therapy Assistant Application

Date: \_\_\_\_\_ Program Location: \_\_\_\_\_

### Applicant Information

#### Applicant Name:

Last \_\_\_\_\_ First \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

(It is the applicant's responsibility to contact the Occupational Therapy Assistant (OTA) Program if your address changes prior to the date when decision letters are sent out.)

Have you ever been dismissed, disciplined or placed on probation from a college or university?

Yes ☐ No ☐ If yes, explain: \_\_\_\_\_

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### Emergency Contact Information

#### Person to notify in case of an emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

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### Educational Background (5 points)

#### Please any schools you have previously attended.

School Name: \_\_\_\_\_

City/State: \_\_\_\_\_

Did you graduate? Yes ☐ No ☐ Degree: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

School Name: \_\_\_\_\_

City/State: \_\_\_\_\_

Did you graduate? Yes ☐ No ☐ Degree: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

School Name: \_\_\_\_\_

City/State: \_\_\_\_\_

Did you graduate? Yes ☐ No ☐ Degree: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

**Work, Volunteer, Personal Experience Form (10 points)**

Please include any related work, volunteer, or personal experience you have had that relates to the profession of occupational therapy. If you don't have any, please leave this section blank. If it's a personal experience, please state relationship under employer name.

Employer Name: \_\_\_\_\_

City/State: \_\_\_\_\_

Phone number to confirm: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Describe your experience and how it relates to the profession of OT.

Employer Name: \_\_\_\_\_

City/State: \_\_\_\_\_

Phone number to confirm: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Describe your experience and how it relates to the profession of OT.

Employer Name: \_\_\_\_\_

City/State: \_\_\_\_\_

Phone number to confirm: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Describe your experience and how it relates to the profession of OT.

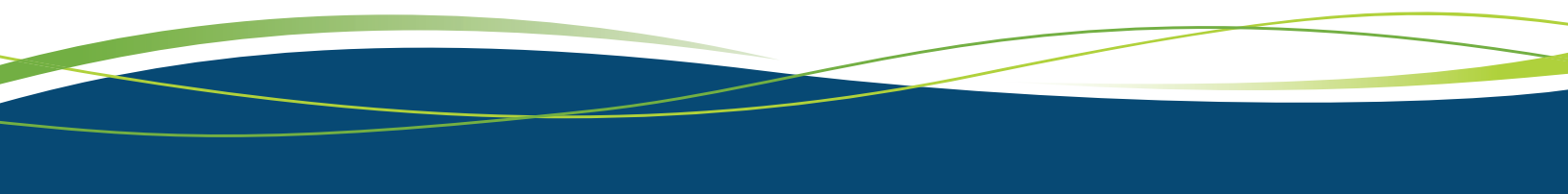




### **Occupational Therapy Video and Questions (20 points)**

Watch the video "What can Occupational Therapy do for you?" <https://www.youtube.com/watch?v=jwwOXILYQ4Q> (13:16) then answer the following questions. Some of the answers will come directly from the video, but others you will have to apply the information from the video to create your own answer.

1. What is the goal of an occupational therapy practitioner according to Ryerson Stinson, OTR?
2. What is an important part of therapy according to Ryerson Stinson, OTR?
3. What does Jan Davis say about occupational therapy?
4. What is one of the child's occupations according to Melody Maney, MS, OTR?
5. What was the steering wheel used for in therapy for the individual with a traumatic brain injury?
6. What does the occupational therapist say to explaining how going to a coffee shop is part of therapy?
7. Name three (3) diagnosis in the video
8. What parts of a person do occupational therapy practitioners treat?
9. Locate 3 additional videos about Occupational Therapy and provide their URLs.
10. What makes occupational therapy unique from other professions?





### **Interview an OT or OTA (5 points)**

OT/ OTA's Name: \_\_\_\_\_

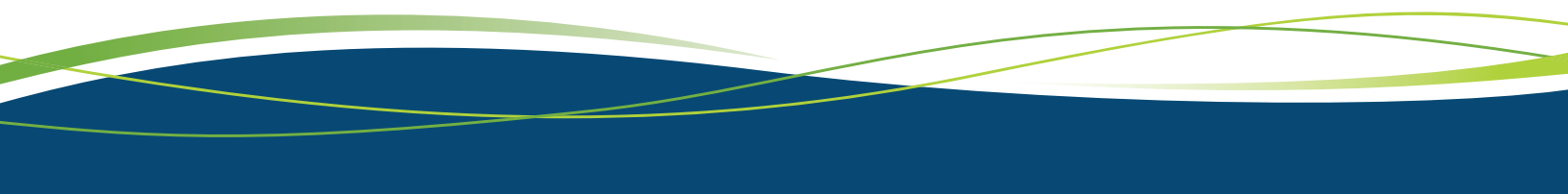
City/State: \_\_\_\_\_

Phone number to confirm: \_\_\_\_\_

Describe what you learned about the profession of OT.

### **OTA Recommendation Letters (10 points)**

Two professional letters of recommendation are required for consideration to this program. These recommendations must come from an instructor, guidance counselor, health care professional, job supervisor, or someone who knows your professional and/or academic abilities and habits.



Please answer the following questions using complete and thoughtful responses. Use proper English, grammar, spelling, and writing mechanics in your responses. Essays should be typed, double spaced, and use 12-point Arial font.

1. Describe why you are interested in pursuing a career as an occupational therapy assistant (OTA)?
2. Empathy is an important quality for OTAs. Describe a situation that demonstrates your ability to empathize with others.

## Essential Functions

Brookline College strives to make its programs accessible to all individuals, in compliance with Section 504 of the Rehabilitation Act of 1973 and Title III of the Americans with Disabilities Act of 1990. Its purpose to create and maintain an environment in which students may achieve their fullest potential, limited to the least extent possible by individual disabilities. Such disabilities include physical or mental impairment that substantially limit major life functions. All faculty, staff and students of the university are expected to adhere to this philosophy of equal access to educational opportunity and to assume broad responsibility for its implementation.

Disclosure of a disability is not required, but if disclosed, it is the responsibility of the individual to seek available assistance and make needs known. To request accommodations: All inquiries and requests for accommodation should be submitted to the ADA coordinator who serves as a resource for students with disabilities, verifies and maintains documentation, considers accommodation requests, and determines reasonable accommodations.

The essential functions stated below describe skills, abilities, and capacities that are required for completion of the Occupational Therapy Assistant Program and ultimately to work as an entry-level occupational therapy assistant (OTA). Essential functions are based on skills, abilities, and capacities required for students to safely participate in educational and training activities in a way that does not compromise the safety of themselves, peers, patients, or others. Throughout the OTA educational program, OTA students must be able to perform these essential functions with or without reasonable accommodations.

Essential Function(s)	Description	Examples of Activities
Critical Thinking and Memory	Skills and abilities sufficient to use logic and reasoning for judging clinical situations and solving problems.	<ul style="list-style-type: none"> <li>• Carry out safe and efficacious interventions.</li> <li>• Use clinical reasoning.</li> <li>• Determine when assistance from instructor or fieldwork educator is required.</li> </ul>
Communication	Skills and abilities sufficient to read, write, express, and understand information conveyed in English.	<ul style="list-style-type: none"> <li>• Explain treatment to patients, families, and team members.</li> <li>• Document treatments.</li> <li>• Report at meetings.</li> <li>• Educate patients.</li> <li>• Use professional terminology.</li> </ul>
Interpersonal interactions	Skills and abilities sufficient to collaborate and interact with patients, patients' family members, team members, and colleagues from a variety of social, cultural, and intellectual backgrounds.	<ul style="list-style-type: none"> <li>• Establish rapport and professional relationships with patients, patients' families, peers, instructors, and supervisors.</li> <li>• Conduct self in ethical manner.</li> <li>• Use verbal and nonverbal communication to interact with others appropriately.</li> </ul>



Essential Function(s)	Description	Examples of Activities
Self-management	Skills and abilities sufficient to complete tasks under stress.	<ul style="list-style-type: none"> <li>• Skills and abilities sufficient to complete tasks under stress.</li> </ul>
Mobility and Gross Motor Strength and Coordination	Skills and abilities sufficient to perform safely and with agility a variety of motor activities, including balancing, walking, bending, climbing, squatting, reaching, pushing, pulling, lifting, and carrying throughout the workday. Abilities may require lifting 40 lbs or more.	<ul style="list-style-type: none"> <li>• Engage patients in bathing, dressing, and grooming activities.</li> <li>• Assist patients in transferring from bathtub, bed, and toilet.</li> <li>• Carry and set up therapeutic equipment such as splints, splint pans, therapy balls, bolsters, mats, and swings.</li> <li>• Transport patients using wheelchairs and walkers.</li> <li>• Engage in play occupations with pediatric clients.</li> </ul>
Fine Motor Strength and Coordination	Skills and abilities sufficient to grasp and manipulate objects, team members, and colleagues from a variety of social, cultural, and intellectual backgrounds.	<ul style="list-style-type: none"> <li>• Complete written and electronic documentation.</li> <li>• Set up therapeutic activity.</li> <li>• Manipulate patient care and assessment devices including goniometers, scissors, adaptive equipment, and gait belts.</li> <li>• Make and adjust splints, serial casts, and adaptive equipment.</li> </ul>
Tactile Sensation	Tactile sensation of temperature, texture, vibration, and pressure sufficient for sensory stimulation assessments and interventions.	<ul style="list-style-type: none"> <li>• Perceive safe heat and cold levels on physical agent modalities, splints, and appliances.</li> <li>• Feel muscle tone and movement.</li> <li>• Palpate anatomical structures.</li> </ul>
Hearing	Ability sufficient to hear sounds. Auditory ability to monitor and assess health needs of patients.	<ul style="list-style-type: none"> <li>• Sufficient to comprehend person engaged in conversation.</li> <li>• Respond to patients' calls for help.</li> <li>• Respond to emergency alarms and safety devices.</li> </ul>

Essential Function(s)	Description	Examples of Activities
Vision	Ability sufficient to visually determine details at close and far range. Visual ability to monitor and assess safety and health needs of patients.	<ul style="list-style-type: none"> <li>• Read course materials.</li> <li>• Observe and supervise one or more persons in a therapy setting.</li> <li>• Read patient information and charts.</li> <li>• Respond to visual monitors and gauges.</li> <li>• Monitor facial expressions, skin coloration, and muscular tension.</li> </ul>
Endurance	Ability sufficient to tolerate extended periods of cognitive and physical activity.	<ul style="list-style-type: none"> <li>• Stand or sit for extended periods of time.</li> <li>• Participate and attend to class for up to 8 hours per day.</li> <li>• Complete multiple 40-hour weeks of clinical fieldwork.</li> </ul>
Transportation	Ability to access reliable transportation to attend class and fieldwork sites in a timely manner.	<ul style="list-style-type: none"> <li>• Attend class and labs.</li> <li>• Participate in fieldwork rotations.</li> </ul>
Technology	Ability to use basic computer software, word processing and electronic communication for on-line course skills and electronic documentation.	<ul style="list-style-type: none"> <li>• Participate and attend online classes.</li> <li>• Complete online assignments and discussion posts.</li> </ul>

I have reviewed the essential functions of the program, and I certify that to the best of my knowledge I can perform these functions.

Applicant's Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Technology Requirement Acknowledgement

I acknowledge that the Brookline College OTA program is a blended curriculum that requires me to participate in weekly zoom class instruction and that I must be present on campus 5-6 times/ semester as scheduled for labs and competency assessments. I understand that I am required to have the following technology to participate in the program: Students must have regular access to a desktop or laptop computer that meets the minimum requirements listed below. Many of the learning exercises in the classroom will not work on a hand-held device or tablet.

- Operating Systems for PC Users: Windows 7 – 32 or 64-bit; Windows 8 – 32 or 64-bit; Windows 10 – 32 or 64-bit
- Operating Systems for Mac Users: OSX10-version10.8 or newer • Processor: Intel i3 Processor or higher (3.4GHz – 4.2GHz)
- RAM: 4 GB or more
- Monitor Display: A minimum of 1024x768at16-bit color
- Internet: High-speed internet access (Cable, DSL, or equivalent); Hotspots are not recommended; while they do work in some instances, hotspots are not suitable for many curriculum items in the classroom.
- Web browser: A current version of Mozilla Firefox or Google Chrome.
- Web browser pop ups: Students will need to allow Popups from Brookline College Learning Management System; (LMS), Cengage Unlimited MindTap and McGraw Hill Connect to maximize learning capabilities.
- Sound: Sound card and computer speakers to listen to audio presentations
- Plug-Ins: Adobe Flash, version 17 or higher; Java, version 8 or greater; Apple QuickTime (Best practice is to allow application software to update as new versions are released.)
- Software: Adobe Reader, version DC; Microsoft Office 10 or Microsoft Office 365 (Access to MS OFFICE 365 provided as a courtesy by Brookline College; Students will be able to download and install Microsoft Office 365 and use the online cloud applications as well.)
- Webcam and Microphone: Built-in or external web camera and microphone.

Applicant's Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



### **Consent to Release Background Information**

I acknowledge that my acceptance into the Occupational Therapy Assistant program is dependent upon meeting all admission requirements. One of those requirements is to be free of a criminal history. I release Brookline College from any potential claim or liability related to the appropriate use of this information.

I have been advised about the background check and understand it is a requirement for admission into the Occupational Therapy Assistant program. If I have engaged in past criminal activities or criminal activities while in the program, I may be subject to termination from the OTA program.

I understand that the National Board for Certification in Occupational Therapy (NBCOT) may reject an application to sit for the national certification exam based on a criminal record thus preventing me from working in my field of study. I understand that individual states may also not allow a person with a criminal history to receive a license to practice. I further understand that some fieldwork sites may not accept the placement of a student with a negative background check, which may delay or prevent me from graduating from the program.

If I have a question about my ability to sit for the NBCOT examination, I can contact NBCOT directly and request an early determination of my eligibility to sit for certification. <https://www.nbcot.org/en/Students/Services#EarlyDetermination>  
This consent and release are effective as of the date signed and it will remain effective until further notice. Brookline College is not required to notify me when the request will be submitted to any law enforcement unit and is not limited to the number of such requests.

By my signature below, I acknowledge and agree that I consent to the access and release of any records maintained by any local county, state or national law enforcement unit.

Applicant's Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Other Name/s Used, If Any \_\_\_\_\_

Parent or Guardian, If a Minor \_\_\_\_\_ Date \_\_\_\_\_



**Immunization Record - will be needed after acceptance into the program**

To be completed and signed by your health care provider.

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

Date of Birth: \_\_\_\_\_

Vaccination	Date(s) Administered	Or Positive Titer Antibody Test Date
Tetanus-Diphtheria (must be in the past 10 years)		
Measles, Mumps, Rubella (2 doses requires)		
Varicella		
Hepatitis B (3 doses required)		
TB test (required annually)		
Influenza test (required annually)		
Covid (2 doses required)		

Health Care Provider (Please sign and **stamp** with provider's address and phone number)

Physicians Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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

