

Applicant Information

Name _____

Former Names (if Applicable) _____

Mailing Address, City, State, Zip _____

Phone Numbers (including area code) _____ (home)
_____ (other - please specify) _____

E-mail Address _____ Social Security Number _____

Date of Birth _____ U of U Student Number _____

Citizenship: U.S. _____ Permanent Resident _____ Other _____
 Visa Type _____ Visa Number _____

State of Established Residency _____

Emergency contact _____

How did you **first learn** about the program in occupational therapy at the University of Utah? (check one)

- information provided by an academic advisor (Name/program: _____)
- attended an information session at the Division of Occupational Therapy
- attended an information session at another institution (Institution name: _____)
- Health Fair (Location/year: _____)
- student in the Occupational Therapy program
- someone who knew about the program
- Division of Occupational Therapy Website
- University of Utah catalog
- other (please explain: _____)

What other sources of information did you later use to gain additional information? (check any that apply)

- talked to an academic advisor (Name/program: _____ - _____)
- talked to an academic advisor at the Division of Occupational Therapy
- attended an information session at the Division of Occupational Therapy
- attended an information session at another institution (Institution name: _____)
- Health Fair (Location/year: _____)
- talked to a student in the Occupational Therapy program
- talked to someone who knew about the program
- visited Division of Occupational Therapy Website
- University of Utah catalog
- other (please explain: _____)

Academic History

Post Secondary Education (list in reverse chronological order) *

Name/ Location of Institution	Program	Hours or Degree Earned	Current Cumulative GPA	Dates Attended

* Attach additional pages if insufficient space

Other Relevant Courses/Training (list in reverse chronological order) *

Name/ Location of Institution	Course/Certificate Title	Dates

* Attach additional pages if insufficient space

Scholarships/Honors

Please list below any prizes, recognitions, or memberships in honorary societies.

Employment History

Paid Employment (List in reverse chronological order) *

Please list current and past employers, beginning with the most recent.

Employer/Location	Position Held	Dates	Hours/Week	Responsibilities

* Attach additional pages if insufficient space

List your experience with an Occupational Therapist

Students are required to have a minimum of 50 hours of observation (paid or unpaid) with an Occupational Therapist. The hours must be between 2 settings with a minimum of 8 hours in one setting.

Agency/Location	OT's Name	Start Date	End Date	Total Hours

OT Observation Credit for OCTH 3000-Introduction to Occupational Therapy

Students taking OCTH 3000 Introduction to Occupational Therapy (through the U of U Division of Occupational Therapy) with a B grade or better, are permitted to waive 25 of the 50 hours and will then be required to have contact with one setting other than the class. Please indicate below which term and year you took OCTH 3000 and the grade you received.

Term & Year _____ Grade _____

Students taking an introduction to Occupational Therapy at another institution and receive a B grade or better, are permitted to waive 15 of the 50 hours and will then be required to have contact with one setting other than the class. Please indicate below the institution, course number and title, term and year you took the course and the grade you received.

Institution	Course Number	Course Title	Term	Year	Grade

Academic Requirements

Please list below the courses you have taken to satisfy each of the listed academic requirements. You must also arrange for official academic transcripts to be forwarded from all the educational institutions you have attended to the Division of Occupational Therapy. Transcripts must be received by **January 15th**. In order to be eligible to enter the occupational therapy program next Fall Semester, all requirements must be completed by the end of Spring Semester. If you have indicated that you are retaking any of these prerequisite courses, they must also be completed by the end of the Spring Semester. You must have a grade in each of the prerequisites in the first table below for your application to be reviewed. Prerequisite courses requiring a grade must be completed with a grade of C or better.

The Academic Advisor will verify the information you provide on this form with your OFFICIAL (not student issued) transcript(s). Please indicate if your course work was completed in semester or quarter hours and the academic advisor will transfer those hours accordingly. Further, if you have retaken classes, you must list the most recent grade for those courses.

⇒ The following courses must have been completed for a grade by **January 15th**. Please list **all** grades associated with the class (i.e. if lab grade is separate)

Requirement	Course # and Name	Hours Qtr/Sem	Institution	Grade	Date Completed
Human Anatomy with Lab					
Human Physiology					
Human Growth & Development through the Lifespan or Developmental Psychology through the Lifespan					
Physics					

⇒ You need to have current advanced CPR certification. Please include a copy of your card with your application. This need not be taken for a grade.

⇒ The following courses must be completed for a grade by the end of the Spring Semester. Please list all grades associated with the class (i.e. if lab grade is separate).

Requirement	Course # and Name	Hours Qtr/Sem	Institution	Grade	Date Completed
Technical Writing					
Abnormal Psychology					
Statistics					
Anthropology					
Sociology, Health Education, Special Education or Gerontology					
Medical Terminology					

⇒ The following course does not have to be taken for a grade, but must be completed by the end of the spring semester. If the course does not appear on an academic transcript, official documentation must be provided confirming that the course has been successfully completed.

Requirement	Course # and Name	Hours Qtr/Sem	Institution	Grade	Date Completed
Studio Arts Class					

Can you effectively use the Internet for research? Yes No

Can you effectively use word processing software? Yes No

Courses Still to Be Completed

All prerequisite course work (as listed in brochure) must be completed by the end of Spring Semester. OFFICIAL TRANSCRIPTS, received directly from College or University Registrars, are necessary to confirm successful completion.

Institution	Course Title and Number	Semester Credit Hours	Expected Completion

If you are applying without a bachelor’s degree, please be aware that you will also have to complete, before the end of Spring Semester, the University of Utah academic graduation requirements and have a total of AT LEAST 92 semester hours of which AT LEAST 10 semester hours are upper division. If you are still working on these requirements please list the courses and the institution in the table above. Contact University College (801-581-8146) for written verification that classes you are transferring will satisfy University of Utah requirements. Please attach a copy of the degree audit report (DARS) and the transfer summary.

Other Admission Requirements

GRE Scores (**official scores must be received by the Division by January 15th**). If you took the GRE prior to Oct. 1, 2002, without also taking the writing assessment, you will need to retake the test.

	Verbal	Quantitative	Analytical Writing	Analytical (prior to 10/02)	Writing (prior to 10/02)
Score	_____	_____	_____	_____	_____
Percentage	_____	_____	_____	_____	_____

Date GRE was taken _____

Have scores forwarded to the University of Utah, Division of Occupational Therapy. (Institution Code: 4853; Department Code: 0618)

TOEFL (if English is not your first language) **official scores must be received by the Division by January 15th**.

Additional Information

If there are additional factors or issues concerning your application that you would like the admissions committee to be aware of, please list those on a separate sheet.

Criminal Background Information

In order to protect its population and property, the University of Utah, Division of Occupational Therapy, requires all applicants to answer the following:

Have you ever been convicted of an offense other than a minor traffic violation? Yes No

If yes, what? _____

Date _____ Location _____

Explain: _____

Final Disposition _____

Please Note: A felony conviction may affect a graduate's ability to sit for the NBCOT certification examination or attain state licensure. If you have questions, please contact us or NBCOT.

Release of Information/Waiver: I hereby authorize the University of Utah to perform a criminal history background check, at time of acceptance and as needed throughout the course of my education, to ascertain any and all information that may be pertinent to my qualification as a student in the occupational therapy program. The information obtained will be available to persons involved in making clinical placement or other academic decisions or for the purpose of assisting in making promotion decisions about me.

I understand that I have the right to review and respond to any information obtained by the University of Utah pursuant to this release. I understand that I must make a written request to review and/or respond to this information. I hereby release the University of Utah and all persons, organizations, or government agencies, from any damages of, or resulting from furnishing the information described above. I verify that the information I have provided is complete and true. I understand that any omission or misstatement, may result in the termination of my occupational therapy education.

Most convictions will not automatically disqualify candidates. The seriousness of an offense, how it relates to the program, and date of conviction are considered.

* * * * *

As an applicant for the professional program in Occupational Therapy offered at the University of Utah, I do hereby verify that all of the above listed information is true. I further understand that any omission or misrepresentation of any part of the application information is grounds for immediate dismissal if I am accepted into the program. I acknowledge and accept the fact that my failure to submit a transcript by JUNE 1, of the year I am applying, showing completion of courses listed as "to be completed" at the time of application, will result in my being dismissed from the program.

THE UNIVERSITY OF UTAH DIVISION OF OCCUPATIONAL THERAPY SEEKS TO PROVIDE EQUAL ACCESS TO ITS PROGRAMS, SERVICES AND ACTIVITIES FOR PEOPLE WITH DISABILITIES. REASONABLE PRIOR NOTICE IS NEEDED TO ARRANGE ACCOMMODATIONS.

Signature _____

Date _____