



# San Juan College

## Occupational Therapy Assistant Program

### Application 2025

### Welcome

The San Juan College Occupational Therapy Assistant Program is a selective program and admission is limited. Students seeking to enter must complete the following application and all required steps prior to **Tuesday, May 13, 2025 at 5:00 pm**. We look forward to receiving your application!

If you have any questions regarding the application process, please do not hesitate to contact us:

Occupational Therapy Assistant

Program Phone: (505) 566-3849

Fax (505) 566-3647

[ota@sanjuancollege.edu](mailto:ota@sanjuancollege.edu)

## Instructions for Applying to the OTA Program

### OTA Program Requirements:

⇒ If you have not already, contact the San Juan College OTA Program at (505) 566-3849 or [ota@sanjuancollege.edu](mailto:ota@sanjuancollege.edu) to arrange an appointment to review unofficial transcripts from EACH college and university that you have attended for prerequisite information and to review other detailed program information including fieldwork requirements and eligibility for certification and/or licensure will also be reviewed.

Email the following OTA Program Application materials to [ota@sanjuancollege.edu](mailto:ota@sanjuancollege.edu) by 5pm on Tuesday, May 13, 2025:

- Completed OTA Program Application
- Completed "Reflection of Occupational Therapy Videos" Form
- Sign Acknowledgement Page, including reading the Essential Functions of an OTA
- \*\*Two (2) Completed "Recommendation Forms" should have been received via email by this date from References

Confirm that the OTA Program Application packet has been received by May 13, 2025.

⇒ Email the OTA Program at [ota@sanjuancollege.edu](mailto:ota@sanjuancollege.edu) to confirm that the OTA Program has received the application packet on time and the two recommendation forms from your references.

Deadlines:	Dates
OTA Program Application Deadline	May 13, 2025-5:00pm
Decision Date	May 16, 2025
Program Start Date	August 26, 2025
Mandatory New Student Orientation	May 21, 2025-8:30-3:00; 3:00-6:00(Mandatory CPR Training)

The SJC OTA Program will accept a maximum of 16 students. Applicants will be ranked based on the following criteria:

<b>Selection Criteria</b>		
CRITERIA	COMMENTS	POINTS
Prerequisite GPA	(Minimum of 2.75 out of 4.0)	70
Video Observation Reflection		20
Recommendation Forms (2 @ 5 each)		10
Bonus:		
New Mexico Residency		5
	Per SJC Admissions Policy If there is a tie to the hundredth percent then the Overall GPA for all course work will break the tie.	
Overall GPA for Tie Breakers		
	TOTAL Points Possible	105

#### FINANCIAL AID:

Financial Aid is available for students who qualify:

San Juan College  
Financial Aid  
4601 College Blvd.  
Farmington, NM 87402  
505-566-3323

#### LEGAL LIMITATIONS:

Enrollment into the Health Science Programs by students with felony or misdemeanor convictions could result in denial of certification or licensure or limited employment opportunities. These students need to contact the OTA Program Director as soon as possible at 505-566-3848 to complete a declaratory order process.

The National Board for Certification in Occupational Therapy, which can be reached at (301) 990-7979 or [info@nbcot.org](mailto:info@nbcot.org), completes a background check as part of its application process. The prospective OTA student with convictions must review the Character Review and Early Determination sections of the Student Exam Handbook at [https://www.nbcot.org/-/media/PDFs/Cert Exam Handbook.pdf](https://www.nbcot.org/-/media/PDFs/Cert_Exam_Handbook.pdf). Proof of eligibility from NBCOT documentation must be provided to the program director with the OTA application.

Additionally, any prospective OTA student with convictions must contact the New Mexico Board of Examiners at: Board of Examiners for Occupational Therapy, Toney Anaya Building, 2550 Cerrillos Road, Third Floor, Santa Fe, New Mexico 87505 or <https://www.rld.nm.gov/boards-and-commissions/individual-boards-and-commissions/occupational-therapy/>.

Information regarding existing legal issues and impact on licensure can be found at:  
<https://www.srca.nm.gov/parts/title16/16.015.0002.html>.

All students accepted into the SJC Occupational Therapy Assistant Program will be required to complete a criminal background check **at their own expense** and provide a copy to the OTA Program. Some fieldwork sites may require additional background checks at the student's expense.

## **ESSENTIAL PHYSICAL AND MENTAL ABILITIES REQUIRED OF THE OCCUPATIONAL THERAPY ASSISTANT:**

The following are technical standards and essential job functions for every Occupational Therapy Assistant, as compiled from observations of a wide variety of job experiences for the performance of common, safe therapeutic functions.

Students accepted into the Occupational Therapy Assistant Program at San Juan College should exhibit or demonstrate the following essential skills, with or without reasonable accommodations or aids, for completion of the program and success in the profession of Occupational Therapy. These technical standards must be met and maintained throughout the length of the Program.

Functional use of vision, hearing, and physical sensations required to:

- visually observe carefully and with enough acuity to participate actively in laboratory exercises and clinical experiences, including but limited to movement, posture, body mechanics
- read small printed materials, such as a medical record, calibrations or symbols on equipment, and computer screens
- hear sufficiently to perceive normal tone of voice to follow directions, participate in conversations, answer phones and intercoms
- hear sounds produced by the body via the use of a stethoscope
- assess and treat all clients assigned to student, including palpation of the client

Sufficient motor ability, agility, and strength required:

- to frequently execute safe and effective transfers of adults and children, in excess of 100 pounds
- to treat clients in daily meaningful activities, cardiopulmonary resuscitation, and emergencies, including but not limited to: balancing, stooping, kneeling, crouching, crawling, reaching or climbing
- to grasp and manipulate various sizes of equipment needed for therapeutic interventions, splinting, or data entry
- to administer a variety of massages and other manual therapies

Ability to communicate effectively in English:

- with enough volume to express one's thoughts verbally and distinctly, including medical terminology
- to perceive non-verbal communication, such as, changes in mood, activity, facial expression and postures
- using legible hand-writing and electronic formats
- present essential information in summary and in precise and specified formats

Intellectual ability to make sound and safe decisions relevant to the treatment and care of patient/clients through:

- reading, comprehension, and retention of textbooks, medical records, and professional literature
- reasoning and problem solving while participating with clients and selecting effective therapeutic activities
- data collection and interpretation of material from medical records

Possess professional behaviors of:

- emotional health and stability to complete complex patient care responsibilities within an allotted time
- tolerate taxing academic and clinic workloads
- flexibility to function and remain calm under stressful conditions, including emergency situations in the clinic
- perform independently and safely with minimal supervision
- compassion, integrity, and strong work ethic
- learn to function in the face of uncertainties inherent in clinical settings with patients
- track and complete multiple tasks meeting deadlines
- effectively interact with diverse populations and personalities individually and in group settings
- work in close physical contact with others

### Non-Discrimination Policy

San Juan College does not discriminate on the basis of actual or perceived race, color, national origin, ancestry, religion, sex, pregnancy or related conditions, sexual orientation, gender identity, disability, age, genetic information, spousal affiliation, veteran's status, or on the basis of any other category protected under federal, state and local laws, in any educational programs and activities, or its employment and admissions decisions.

Questions should be directed to the EEO officer at 505-566-3515.

### Program Cost

Based on a full-time student accepted in the OTA Program at San Juan College.

These **Estimated** costs are subject to change at any time.

Fall Semester 1		
Description	Resident	Non-Resident
Tuition*	\$955.00	\$2,696.50
Lab Fees	\$250.00	\$250.00
Books1	\$817.85	\$817.85
Est. Out of Pocket Misc.2	\$168.30	\$168.30
Professional3	\$210.00	\$210.00
<b>Total**</b>	<b>\$2401.15</b>	<b>\$4142.65</b>

Spring Semester 2		
Description	Resident	Non-Resident
Tuition*	\$955.00	\$2,696.50
Lab Fees	\$250.00	\$250.00
Books1	\$227.94	\$227.94
Est. Out of Pocket Misc.2	\$90.00	\$90.00
Professional3	\$58.00	\$58.00
<b>Total**</b>	<b>\$1580.94</b>	<b>\$3322.44</b>

Summer Semester 3		
Description	Resident	Non-Resident
Tuition*	\$580.00	\$1517.50
Lab Fees	\$210.00	\$210.00
Books1	\$175.98	\$175.98
Est. Out of Pocket Misc.2	\$50.00	\$50.00
Professional3	\$150.00	\$150.00
<b>Total**</b>	<b>\$1165.98</b>	<b>\$2103.48</b>

Fall Semester 4		
Description	Resident	Non-Resident
Tuition*	\$955.00	\$2696.50
Lab Fees	\$405.00	\$405.00
Books <sup>1</sup>	\$244.88	\$244.88
Est. Out of Pocket Misc. <sup>2</sup>	\$508.30	\$508.30
Professional <sup>3</sup>	\$310.00	\$310.00
<b>Total**</b>	<b>\$2423.18</b>	<b>\$4155.68</b>

Spring Semester 5		
Description	Resident	Non-Resident
Tuition*	\$955.00	\$2696.50
Lab Fees	\$300.00	\$300.00
Books <sup>1</sup>	\$0	\$0
Est. Out of Pocket Misc. <sup>2</sup>	\$311.00	\$311.00
Professional <sup>3</sup>	\$555.00	\$555.00
<b>Total**</b>	<b>\$2121.00</b>	<b>\$3862.50</b>

Estimated Total for Entire Program		
Description	Resident	Non-Resident
Est. Pre- Requisites	\$2113.00	\$4571.00
1 <sup>st</sup> Semester	\$2401.15	\$4142.65
2 <sup>nd</sup> Semester	\$1580.94	\$3322.44
3 <sup>rd</sup> Semester	\$1165.98	\$2103.48
4 <sup>th</sup> Semester	\$2423.18	\$4155.68
5 <sup>th</sup> Semester	\$2121.00	\$3862.50
<b>Estimated Total Cost for all Semesters</b>	<b>\$11,805.25</b>	<b>\$22,157.75</b>

\*All Tuition and Fees are subject to change. Please refer to the semester schedule in reference for current rates. Fees may include but are not limited to: Technology Fee, Student Activities Fee, and Lab Fee.

Books<sup>1</sup> These expenses are estimated and may be paid to outside vendors. Book costs are estimated based on new textbook costs at the time of printing. Various books will be used for multiple courses throughout the program.

Misc.<sup>2</sup> This includes mandatory expenses of Criminal Background Check, immunizations (varies, may be over \$1000.00), CPR Certification, physical examination, 10-Panel Drug Screen, graduation cap and gown. Other expenses may include: uniforms, shoes, equipment, etc. which are paid to outside vendors of the student's choice.

Professional<sup>3</sup> These expenses are related to professional organization membership, certification practice exams, certification exams, licensure, etc.

\*\*Total is an estimate of all costs related to the program whether required paid to the college or to an outside vendor at the student's discretion.

**Additionally, students are responsible for travel and/or housing costs for all fieldwork rotations; one of the two Level II Fieldwork (2- month) rotations will be outside of the Four Corners Region.**

#### INSTRUCTIONS FOR RECOMMENDATION FORMS:

Choose ONLY TWO people who will be completing the recommendation forms on your behalf, which are provided in the application packet. Make sure your name is on the form. The recommenders are being asked to evaluate the applicant's personal and professional behaviors. One recommendation must be from someone who has supervised you in a work or volunteer experience. The other recommendation may be from an instructor/professor, counselor/advisor, health care professional, previous/current employer, or community leader/representative. **Recommendations from family or personal friends are UNACCEPTABLE.**

**Please type your name in the "Student Applicant Name" space, and sign and date the form prior to emailing it to your recommender(s). Instruct your recommender(s) to email your completed form(s) to the OTA Program at: [OTA@sanjuancollege.edu](mailto:OTA@sanjuancollege.edu). Once received by the OTA Program, your completed Recommendation Forms will be added to your file.**

#### INSTRUCTIONS FOR REFLECTIONS OF OCCUPATIONAL THERAPY VIDEOS:

All applicants must complete "Reflection of Occupational Therapy Videos" to gain an increased understanding of the profession of occupational therapy and the clients worked with.

Follow the instructions at the top of the Reflection of Occupational Therapy Videos form.



## Section A-Personal Information

<b>1) Name of Applicant Preferred Name</b>	LAST (MAIDEN)	M.I.	FIRST
<b>2.) San Juan College ID</b>			
<b>3) Physical Address</b>	STREET NAME & NUMBER/ APT. #	CITY	STATE/ ZIP CODE
<b>4) Mailing Address</b>	STREET NAME & NUMBER/ APT. #	CITY	STATE/ZIP CODE
<b>5) E-Mail Addresses</b>	A. Personal/Work/School (Circle One)		
	B. Personal/Work/School (Circle One)		
<b>6) Home Phone Number</b>	(     )		
<b>7) Work Phone Number</b>	(     )		
<b>8) Cell Phone Number</b>	(     )		
<b>9) Preferred Method of Contact</b>			
<b>10) Emergency Contact Information #1</b>	NAME	RELATIONSHIP	STATE
	DAYTIME PHONE	EVENING PHONE	CELL PHONE
<b>11) Emergency Contact Information #2</b>	NAME	RELATIONSHIP	STATE
	DAYTIME PHONE	EVENING PHONE	CELL PHONE

**Are you a New Mexico Resident?**

Yes No

**Are you a resident of any one of the following Colorado counties?**

Yes No

(Montezuma, Archuleta, Dolores or San Juan)

Students meeting the residency and/or special residency status as defined in the San Juan College Academic Catalog will be given a 5% Residency Preference on their application.

## Section A-Personal Information, continued

### Personal Information Questions, continued:

<b>Have you ever been convicted of a felony?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Have you ever been convicted of a misdemeanor?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, have you contacted the Occupational Therapy Licensing Board in your state?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

### TELL US WHY YOU WANT TO GET INTO SJC OTA PROGRAM:

In the space below, reflect on why you would like to be accepted into the SJC Occupational Therapy Assistant Program and why you are seeking occupational therapy as your career choice.

### COMPUTER SKILLS REQUIRED FOR THE OTA PROGRAM:

Students in the OTA Program must be able to use a computer. Computer skills required include email, accessing and using the SJC Canvas course delivery system, creating documents and presentations, uploading and downloading information to and from the internet. All students **MUST** have a personal computer in class daily to complete exams and assignments. Minimum personal computer requirements are: 1 GHz processor, 2 GB RAM, 3 GB hard drive, screen resolution minimum of 1280x800, built-in camera or separate webcam, and works best on latest operating system. Regular access to high-speed internet is required, either home-based or available at any of the SJC campuses.

## Section C – Educational Institutions

Please list all Educational Institutions, High School and above, and Health Related Programs you have attended in the order you attended them.

1.

<b>Name of High School:</b>			
<b>City:</b>		<b>State:</b>	
<b>Graduation Date:</b>		<b>GED Score:</b>	

2.

<b>Name of Institution:</b>			
<b>City:</b>		<b>State:</b>	
<b>Dates Attended:</b>		<b>Health Related Program:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Degree(s) and Major and/or Certificate(s) Accomplished:</b>			

3.

<b>Name of Institution:</b>			
<b>City:</b>		<b>State:</b>	
<b>Dates Attended:</b>		<b>Health Related Program:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Degree(s) and Major and/or Certificate(s) Accomplished:</b>			

4.

<b>Name of Institution:</b>			
<b>City:</b>		<b>State:</b>	
<b>Dates Attended:</b>		<b>Health Related Program:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Degree(s) and Major and/or Certificate(s) Accomplished:</b>			

## Section D – Educational Courses

Please fill out the Prerequisite Courses you have completed, in the chart below.

<b>PREREQUISITE COURSES</b>	<b>COURSE ID (e.g. BIOL 1130)</b>	<b>COURSE TITLE</b>	<b>FINAL GRADE</b>	<b>YEAR &amp; SEMESTER COMPLETED</b>	<b>INSTITUTION WHERE COURSE WAS TAKEN</b>	<b>Course Equivalent (for office use only)</b>
Freshman Composition ENGL 1110 OR Technical Composition ENGL 1210						
MATH 1155 or higher						
Public Speaking COMM 1130 OR Interpersonal Comm. COMM 2120						
Introduction to Psychology PSYC 1110						
Human Body Structures & Functions BIOL 1130*						

\*Anatomy and Physiology A and P (BIOL 2210 and BIOL 2225) may be accepted in place of BIOL 1130 only with the OTA program director's permission. BIOL 1130 is non-transferable.

*BIOL course must be no older than 5 years. \**

## Section E – Previous Work/Volunteer Experience

*(Copy and include attachments as necessary)*

Job Title	Organization's Name	Dates	Hrs./week worked
	Name of Organization	Month/Year to Month/Year	
	Indicate Type of Experience Work / Volunteer		

**List Work or Volunteer Responsibilities/Skills**

Job Title	Organization's Name	Dates	Hrs./week worked
	Name of Organization	Month/Year to Month/Year	
	Indicate Type of Experience Work / Volunteer		

**List Work or Volunteer Responsibilities/Skills**

Job Title	Organization's Name	Dates	Hrs./week worked
	Name of Organization	Month/Year to Month/Year	
	Indicate Type of Experience Work / Volunteer		

**List Work or Volunteer Responsibilities/Skills**

**Student Applicant Name** (*Please type your name here*): \_\_\_\_\_

## **Section F – Recommendation Form #1**

**Note to the Applicant:**

**Complete the top section with your name and sign the waiver below before forwarding it to your recommender.**

**I hereby waive my right to access this letter of recommendation** to encourage the reference to provide a candid assessment. As well, this letter will *remain confidential*. **I understand that a letter of recommendation from a personal friend or family member is UNACCEPTABLE.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Recommender Name** (*Please type Recommender's name here*): \_\_\_\_\_

\_\_\_\_\_  
Recommender's Signature

\_\_\_\_\_  
Date

**Note to the Recommender:**

Thank you for assisting the above-named person in applying to the San Juan College Occupational Therapy Assistant Program. Applicants of the San Juan College Occupational Therapy Assistant Program are required to select TWO references to complete this form. The form is intended to provide insight into the personal and professional behaviors of the applicant. The SJC OTA admission committee requests that you complete this form with all honesty to ensure that the most appropriate students are selected for our program. Upon completion of the evaluation, please email to the SJC OTA Program at [ota@sanjuancollege.edu](mailto:ota@sanjuancollege.edu).

I have known the applicant for: \_\_\_\_\_ months or \_\_\_\_\_ years

1. Relationship to applicant: \_\_\_\_\_
2. I feel that I know the applicant:    very well            well            not very well
3. Please rate the applicant by checking the number that best reflects your judgment about the applicant:

<b>Attributes</b>	<b>Very Well 5</b>	<b>Often 4</b>	<b>Poorly 3</b>	<b>Seldo m 2</b>	<b>Never 1</b>	<b>N/A 0</b>
Writes and speaks with organization and clarity						
Relates effectively to persons in authority						
Responds maturely verbally and non-verbally to others						
Constructively works with others						
Uses time responsibly and is prompt						
Follows directions well and asks for clarification						
Demonstrates self-confidence						
Utilizes effective processes to solve problems						
Accepts responsibility for his/her behavior and is ethical						
Is flexible/adaptable						
Works independently						
Demonstrates initiative						
Grasps new concepts quickly						
Dresses appropriate to situation						
Demonstrates safety awareness						

**The SJC OTA Selection Committee thanks you for your willingness to assist in this selection process.**

**Student Applicant Name** (Please type your name here): \_\_\_\_\_

## Section F –Recommendation Form #2

### Note to the Applicant:

**Complete the top section with your name and sign the waiver below before forwarding it to your recommender.**

I hereby waive my right to access this letter of recommendation to encourage the reference to provide a candid assessment. As well, this letter will *remain confidential*. I understand that a letter of recommendation from **a personal friend or family member is UNACCEPTABLE.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Recommender Name** (Please type name here) \_\_\_\_\_

\_\_\_\_\_  
Recommender's Signature

\_\_\_\_\_  
Date

### Note to the Recommender:

Thank you for assisting the above-named person in applying to the San Juan College Occupational Therapy Assistant Program. Applicants of the San Juan College Occupational Therapy Assistant Program are required to select TWO references to complete this form. The form is intended to provide insight into the personal and professional behaviors of the applicant. The SJC OTA admission committee requests that you complete this form with all honesty to ensure that the most appropriate students are selected for our program. Upon completion of the evaluation, please email to the SJC OTA Program at [ota@sanjuancollege.edu](mailto:ota@sanjuancollege.edu).

1. I have known the applicant for: \_\_\_\_\_ months or \_\_\_\_\_ years
2. Relationship to applicant: \_\_\_\_\_
3. I feel that I know the applicant:    very well            well            not very well
4. Please rate the applicant by checking the number that best reflects your judgment about the applicant:

Attributes	Very Well 5	Often 4	Poorly 3	Seldom 2	Never 1	N/A 0
Writes and speaks with organization and clarity						
Relates effectively to persons in authority						
Responds maturely verbally and non-verbally to others						
Constructively works with others						
Uses time responsibly and is prompt						
Follows directions well and asks for clarification						
Demonstrates self-confidence						
Utilizes effective processes to solve problems						
Accepts responsibility for his/her behavior and is ethical						
Is flexible/adaptable						
Works independently						
Demonstrates initiative						
Grasps new concepts quickly						
Dresses appropriate to situation						
Demonstrates safety awareness						

The SJC OTA Selection Committee thanks you for your willingness to assist in this selection process.

## Section G – Reflection of Occupational Therapy Videos

Please watch the 2 videos listed below and answer the reflection questions for each video.

<b>REFLECTION VIDEO # 1</b>	<a href="#">Click to watch the Reflection Video 1</a>
What are 5 take-aways about occupational therapy in this video?	
Which points discussed in the video made an impression with you personally?	
Describe the interaction/relationship between the client and the OTA discussed in the video.	
Why is the above interaction/relationship important to occupational therapy?	
<b>REFLECTION VIDEO # 2</b>	<a href="#">Click to watch the Reflection Video 2</a>
After watching the video, what do you feel the overall goal of occupational therapy is for the clients who receive it?	
Problem solving was mentioned a few times in the video. What does problem solving mean in relation to occupational therapy? Why is it important?	
Why is it important to use occupation in treatment/therapy?	
List 2 of the diverse clients/diagnoses represented in the video <b>and</b> what occupational therapy was working on with them.	
What are the 3 areas that collide to make up the unique field of occupational therapy?	

Student Applicant's Name: \_\_\_\_\_



## Section H – Acknowledgement

**Read and check each line**, then at the bottom, date, type and sign your name

- I have read and understand what is required for the SJC Occupational Therapy Assistant Program application process.
- I understand that I will be required to complete one of the Fieldwork Level II (2-month) rotations outside of the Four Corners Region, which the OTA Program is responsible for coordinating. I understand that travel and housing costs for all fieldwork rotations are my responsibility.
- I know to contact San Juan College Occupational Therapy Assistant Program, if I have any questions about applying.
- I understand the deadline for all application materials is **Tuesday, May 13, 2025 at 5:00 p.m.**
- I understand that if required information is not included with my application for the SJC Occupational Therapy Assistant Program that my application will not be considered.
- I understand that I am responsible to notify the program if any of the information contained herein is changed or needs updating before notification of the selectees.
- I understand that if accepted to the program, I am required to complete a Criminal Background Check, Immunizations, physical examination and/or other clinic related obligation at my own expense.
- I understand that taking prerequisite courses toward the OTA program does not guarantee acceptance into technical program courses or into the program.
- I must complete all of the prerequisite courses with a minimum “C” grade and have a minimum prerequisite GPA of 2.75 for my application to be considered by the OTA Program. I will also be required to maintain a “C” average of 70 percent while in the OTA Program.
- I understand that admission into the SJC Occupational Therapy Assistant Program is competitive and that applicants are assessed and ranked, with a maximum of 16 students being accepted for Fall 2025.
- I have read and understand the Essential Physical and Mental Abilities required of the SJC OTA Program.
- I acknowledge that I am responsible for having the computer skills required for the SJC OTA program. I acknowledge that I have a personal laptop computer which meets minimum requirements and have regular high-speed internet access, whether personal or public.
- I understand that if I am accepted into the OTA Program, I am required to attend a mandatory OTA Program New Student Orientation on **May 21, 2025 from 8:30-3:00** and CPR certification training from **3:00-6:00**.

I certify this application to be correct and complete. Any false statements knowingly submitted will result in expulsion from the program.

**I realize the decision about acceptance into the OTA program will be made by May 16, 2025.**

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Type Full Name

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Signature of Applicant

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Date