

GROSSMONT COLLEGE OTA PROGRAM APPLICATION CHECKLIST

(This form must accompany the application packet)

| NAME: | DATE: | |
|--|---|------------|
| included in a single email and submitted | needed to submit an application packet and to be placed on the waitlist. All item d to denise.gilbert@gcccd.edu , PDF format is preferred. Application requirement to apply to the OTA Program. Incomplete applications will not be accepted. | |
| Complete Application | | |
| Proof of High School graduation, GED | certificate or a higher degree: | |
| | na/transcripts or Associates, Bachelors or Master's degree or copy of diploma. e transcripts must be evaluated by an Evaluation Service from NACES.org. | |
| | quired science prerequisites. If the prerequisites were taken at GCCCD, the OTA Office is open again, you will be asked to hand deliver your official sealed transcrip | |
| outside of the San Diego area, course desc | ted on the Equivalency Grid (please refer to the <u>Nursing Program grid</u>). If prerequisite criptions from the college catalog must be included. Please do not copy and paste; co ectly from the school catalog and/or website indicating the name of the college <u>and</u> the | ourse |
| Complete Immunizations (all have spec | cific requirements; please use the <u>Immunization Requirements</u> for details): | |
| completed) or a positive Hep B blo | al) and a blood test for immunity (results can be negative or positive as long as series lood test indicating immunity (if proof of Hep B series cannot be provided). s without a series of 3 Hep B vaccinations will not meet the requirement. | s has been |
| ☐ Tdap (within the past 10 years | 3) | |
| MMR series (2 shots total) or | separate blood tests indicating immunity for Measles, Mumps and Rubella. | |
| ☐ Varicella series (2 shots total) | or a positive Varicella blood test indicating immunity | |
| | | |

QUESTIONS? Contact Denise Gilbert - Health Professions Specialist for the OTA Program.

Email: denise.gilbert@gcccd.edu



To be placed on the OTA Waitlist, a complete OTA application packet must be delivered in person if residing in San Diego County or via email if residing outside of the San Diego County area. The OTA Website application process tab has the specific requirements. Once a student accepts a seat in the OTA Program at Grossmont College, his/her name will be removed from all other Grossmont College Health Professions waitlists.

GROSSMONT COLLEGE APPLICATION TO THE ASSOCIATES DEGREE IN OCCUPATIONAL THERAPY PROGRAM

This application must be completed in full in order for your name to be placed on the program waitlist. Please review it carefully. Home Phone _____ Name Middle Important if your records reflect a name different from above. Previous Name Grossmont ID# (if applicable) Address (Confidential—for records only) Birth Date _____ (Confidential—for records only) State Citv Zip High School (City, State) E-mail (A copy of HS diploma, transcripts, GED or higher education is required to apply) **SCIENCE PREREQUISITES*** No. of Lab Year Name of College **Letter Grade Course Number** Units Course Y/N? Completed Received Anatomy & Physiology I or Anatomy Anatomy & Physiology II or Physiology *If science prerequisites were completed at a college outside of San Diego County, please provide course descriptions from the college catalog or from their website to be approved for equivalency. You must submit per website: 1. Application, 2. official transcripts of all science prerequisites, 3. Immunizations and titers, 4. HS diploma or higher degree. If your application is incomplete, it will be held for 1 week then shred. American Indian or Alaskan Native African-American Asian or Pacific Islander Hispanic Filipino White Other PLEASE COMPLETE FOR STATISTICAL PURPOSES ONLY: ___Male ___Female **Important: If you have a change in address, phone number or email while on the waitlist, you must contact the OTA Office in writing. Your status on the waitlist will be compromised if we are unable to reach you. You may email changes to christi.vicino@gcccd.edu. Application Date:

Office Use:

Completed Date:

| College and/or Post High School Education | Name of College / School | Years Attended | Degrees |
|--|--|--|----------------------------------|
| | | | |
| | | nd Records Office before starting the program. It is high or Requirements are fulfilled before entering the progr | |
| How did you hear about the field of Occupa Assistant?: | tional Therapy | | |
| How did you hear about our Occupational T | herapy | | |
| PLEASE COMPLETE FOR STATISTICA | AL PURPOSES ONLY: | | |
| Work experience in the healt | hcare field? Yes No | | |
| If yes, where and dates of em | ployment: | | |
| IMPORTANT | | | |
| , , | ed to complete the background check and urine equirements upon admission to the program. | drug screen. THIS IS A HOSPITAL/HEALTH AGEN | CY REQUIREMENT. Students will be |
| Please bring your completed applicatio application packet to the address below | | e in San Diego County. If you are outside of San I | Diego County, you may mail your |
| | | ts complete all GE and major requirements prior to field GCOMPLETION OF THE DIDACTIC PORTION OF TH | |
| | | ou are responsible to read all the information or understand you are to check this site for any upd | |
| GROSSMONT COLLEGE | | | |
| Occupational Therapy Assistant Program 8800 GROSSMONT COLLEGE DRIVE Bldg. 34, Room 256 | m | Date: | |
| FL CAION CA 92020-1799 | | Signature: | |

(619) 644-7304 Phone (619) 644-7910 Fax