

GROSSMONT COLLEGE OT PROGRAM APPLICATION CHECKLIST

(This form must accompany the application packet)

| NAME: | DATE: |
|--|---|
| The required following documents are needed to submit waitlist. All items must be included in a single email and format is preferred. Application requirements must be countries the Orthopedic Technology Program. Incomplete application | submitted to denise.gilbert@gcccd.edu , PDF mplete and all items must be included to apply to |
| Complete Application | |
| Proof of High School graduation, GED certificate or a hig | her degree: |
| copy of a U.S. High School diploma/transcripts or copy of a GED certificate or unofficial transcripts indicating an Associates, Bache | elors or Master's degree or copy of diploma. |
| Important: Foreign High School or College transcripts must be | be evaluated by an Evaluation Service from NACES.org. |
| Unofficial college transcripts for the required science predeCCCD, the OT Office will obtain the transcript for you. Once to hand deliver your official sealed transcripts to the official sealed transcripts the official sealed transcripts to the official sealed transcripts the official sealed transcripts to the official sealed transcripts the of | the physical office is open again, you will be asked |
| Course Descriptions for courses <u>not</u> listed on the OT Equ outside of the San Diego area, course descriptions from the cand paste; course descriptions must show the entire page direct the name of the college <u>and</u> the year the course was complet | college catalog must be included. Please do not copy ectly from the school catalog and/or website indicating |
| Complete Immunizations (all have specific requirements; | please use the <u>Immunization Requirements</u> for details): |
| series cannot be provided). | e Hep B blood test indicating immunity (if proof of Hep B of 3 Hep B vaccinations will not meet the requirement. |
| ☐ Tdap (within the past 10 years) | |
| MMR series (2 shots total) or separate blood tes | ts indicating immunity for Measles, Mumps and Rubella. |
| ☐ Varicella series (2 shots total) or a positive Vario | ella blood test indicating immunity |
| | |

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

Email: denise.gilbert@gcccd.edu