



GROSSMONT COLLEGE

APPLICATION TO THE ASSOCIATES DEGREE IN OCCUPATIONAL THERAPY ASSISTANT PROGRAM

This application must be completed in full in order for your name to be placed on the program waitlist. Please review it carefully.

All requirements and documentation must be completed and submitted to the OTA Office to be placed on the OTA Program wait list. Applicants are notified by email upon receipt of official transcripts and completed application.

Name _____ Home Phone _____
Last First Middle

Previous Name _____ Alternate Phone No. (Cell) _____
Important if your records reflect a name different from above.

Address** _____ SSN or ID# _____
Street (Confidential—for records only)

_____ Birth Date _____
City State Zip (Confidential—for records only)

E-mail Address** _____ High School (City, State) _____
(A copy of HS diploma, transcripts, GED or higher education is required to apply)

SCIENCE PREREQUISITES*	Course Number	No. of Units	Lab Course Y/N?	Year Completed	Name of College	Letter Grade Received
Anatomy & Physiology I or Anatomy						
Anatomy & Physiology II or Physiology						

Please submit this application only after you have completed and received a grade for the 3 science prerequisites. Applicants will be placed on the waiting list only after completing the required coursework and official transcripts from all of the prerequisites are on file in the Occupational Therapy Assistant Office.

*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. **Submit official transcripts of all science prerequisites with this application. Your application is incomplete and you will not be placed on the program waitlist until prerequisite transcripts are in the OTA Office.**

PLEASE COMPLETE FOR STATISTICAL PURPOSES ONLY: American Indian or Alaskan Native African-American Asian or Pacific Islander Hispanic Filipino White Other
 Male Female

****Important: If you have a change in address, phone number or email while on the wait list, you must contact the OTA Office in writing. Your status on the wait list will be compromised if we are unable to reach you. You may email changes to carolina.curz@gcccd.edu**

Office Use: Application Date: _____
 Completed Application Date: _____

College and/or
Post High School Education

Name of College

Years Attended

Degrees

_____	_____	_____
_____	_____	_____

*Note official college transcripts from all colleges attended must be on file in the Admissions and Records office before starting the program. It is highly suggested that you make an appointment with a college counselor after submitting the application to verify all General Education and Major Requirements are fulfilled before entering the program.

How did you hear about the field of Occupational Therapy Assistant?: _____
How did you hear about our OTA Program?: _____

PLEASE COMPLETE FOR STATISTICAL PURPOSES ONLY:

Work experience in the health care field? ___ Yes ___ No

If yes, where and dates of employment. _____

IMPORTANT

Students in **ALL** programs will be required to complete the background check and urine drug screen. **THIS IS A HOSPITAL/HEALTH AGENCY REQUIREMENT.** Students will be given the information to obtain these requirements upon admission to the program.

Please send or email this application and official transcripts to the Grossmont College Occupational Therapy Program at the address below or return it in person to the OTA Office.

GROSSMONT COLLEGE
Occupational Therapy Assistant Program
8800 GROSSMONT COLLEGE DRIVE
EL CAJON, CA 92020-1799
(619) 644-7403
carolina.cruz@gcccd.edu
www.grossmont.edu/healthprofessions

Date: _____

Signature: _____