

GROSSMONT COLLEGE OTA PROGRAM APPLICATION CHECKLIST

(This form must accompany the application packet)

NAME:	DATE:
The required following documents are needed to submit an application procluded in a single email and submitted to Grossmont.OTA@gcccd.edu be complete and all items must be included to apply to the OTA Program	PDF format is preferred. Application requirements must
Complete Application	
Proof of High School graduation, GED certificate or a higher degree:	
 copy of a U.S. High School diploma/transcripts or copy of a GED certificate or unofficial transcripts indicating an Associates, Bachelors or Master's of Important: Foreign High School or College transcripts must be evaluated by an action of the company of the company	· · · · · · · · · · · · · · · · · · ·
Unofficial college transcripts for the required science prerequisites. If the p transcript for you. Once the physical office is open again, you will be asked	•
Course Descriptions for courses <u>not</u> listed on the Equivalency Grid (please outside of the San Diego area, course descriptions from the college catalog m descriptions must show the entire page directly from the school catalog and/or course was completed.	ust be included. Please do not copy and paste; course
Complete Immunizations (all have specific requirements; please use the Im	nmunization Requirements for details):
Hep B Titer - Surface Antibody blood test indicating immunity to the series of Immunizations has been completed) Please note : No will not meet the requirement.	• • •
Hepatitis B series (3 shots total) <u>or</u> a positive Hep B titer (as m	nentioned above)
Tdap (within the past 10 years)	
MMR series (2 shots total) <u>or</u> separate blood tests indicating im	munity for Measles, Mumps and Rubella.
☐ Varicella series (2 shots total) <u>or</u> a positive Varicella blood test	indicating immunity
COVID-19 series 1 or 2 shot version and the booster	

Program. Email: <u>Grossmont.OTA@gcccd.edu</u>



To be placed on the OTA Waitlist, a complete OTA application packet must be delivered in person or via email. 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 First Middle Important if your records reflect a name different from above.

Alternate Phone No. (Cell) Previous Name ____ Address _____ Grossmont ID# (if applicable) (Confidential—for records only) Birth Date _____ (Confidential—for records only) State Zip City High School (City, State) E-mail (A copy of HS diploma, transcripts, GED or higher education degree is required to apply) SCIENCE PREREQUISITES* **Course Number** No. of Lab Year Name of College Letter Grade Units Course Y/N? Completed Received *Anatomy & Physiology I **or** Anatomy *Anatomy & Physiology II or Physiology Social & Behavioral Sciences CD, ETHN, FS, PSY, PSYC *If 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 by email. Your status on the waitlist will be compromised if we are unable to reach you. You may email changes to Grossmont.OTA@gcccd.edu.

Application Date

College and/or Post High School Education	Name of College / School	Years Attended	Degrees		
			·		
		ns and Records Office before starting the program. The Committing the application to verify all General Education and			
How did you hear about the field of Occupa	ational Therapy				
How did you hear about our Occupational Program?:	Therapy				
PLEASE COMPLETE FOR STATISTICA	AL PURPOSES ONLY:				
Work experience in the healt	thcare field? Yes No				
If yes, where and dates of en	nployment:				
<u>IMPORTANT</u>					
·	red to complete the background check and u requirements upon admission to the program	rine drug screen. THIS IS A HOSPITAL/HEALTH AGI <u>n</u> .	ENCY REQUIREMENT. Students will be		
Please bring your completed application application packet to the address belo		eside in San Diego County. If you are outside of Sa	n Diego County, you may mail your		
		dents complete all GE and major requirements prior to fie			
		ta You are responsible to read all the information and understand you are to check this site for any u			
GROSSMONT COLLEGE					
Occupational Therapy Assistant Progra 8800 GROSSMONT COLLEGE DRIVE	m	Date:			
Bldg. 34, Room 256 EL CAJON, CA 92020-1799		Signature:			
LL 5, 5014, 51 52020 1755		JiBriatare			

(619) 644-7304 Phone