OTA APPLICATION CHECKLIST

Please Complete and Return the Following Form with Your Application

Applicant Name: ________________________________

I have completed the following steps:

☐ If you are a new student to Jefferson College: visit http://www.jeffco.edu/admissions/new-students to complete an application for Jefferson College

☐ Submit official high school and college transcripts for all colleges previously attended to:

   Office of Enrollment Services
   Jefferson College
   1000 Viking Drive
   Hillsboro, MO 63050

☐ Pay the $50.00 OTA application fee at the Cashier’s window located in the Student Center. Please include your full name and your student ID number in the memo line if you are paying by check.

☐ Complete the HESI A2 test by contacting the Testing Center at jchtc@jeffco.edu or 636-481-3147 to set up an appointment. There is a $61.00 fee to take the test. The fee can be paid at the Testing Center by cash with the exact amount. The Testing Center will be unable to give change if you are paying by cash. Applicants can also pay by cash, check, or credit card at the Cashier's window in the Student Center. Please bring your receipt to the Testing Center.

☐ Complete the following pre-requisite courses with a grade of C or better or be currently enrolled in:

   ☐ English Composition I (ENG 101)
   ☐ Anatomy and Physiology I (BIO 211) must be completed within the last 5 years
   ☐ Anatomy and Physiology II (BIO 212) must be completed within the last 5 years
   ☐ General Psychology (PSY 101)
   ☐ MTH002/MTH084 or higher or have a minimum placement score to place into a MOTR MATH course before admission into the OTA program. MOTR Math courses include: MTH 131, MTH 132, MTH 134, or MTH 141

☐ Verify a cumulative GPA of 2.50 or above (this includes all college-level course work)

*Note that a student may be enrolled in a Prerequisite class in the spring and apply to the OTA program by May 1. They may also be enrolled in a prerequisite course in the summer prior to the fall start with a provisional acceptance pending that they pass with a C or better in all prerequisite course work.

I have included the following with my application packet:

☐ OTA Application Checklist
☐ Application for Program Admission
☐ Performance Standards for Occupational Therapy Assistant Student Form with applicant signature
☐ Drug Screen Authorization Form with applicant signature
☐ Background Check Authorization Form with applicant signature
☐ Missouri Family Care Safety Registry Form with applicant signature
☐ Proof of Health Insurance
☐ OTA Application Essay Questions responses using double space and 12-point font formatting. Please note that spelling, grammar, and writing mechanics count; please proofread your responses and/or visit your home campus writing center for assistance if necessary.
☐ A copy of HESI A2 test scores

*Please note: an additional $100 will be collected after acceptance into the program for a criminal background check and drug test to be completed at a future date.

*All fees are non-refundable and non-transferable*
Please Complete and Return the Following Form with Your Application

Program Prerequisites Requirements:

<table>
<thead>
<tr>
<th>COURSE</th>
<th>SEMESTER/YEAR COMPLETED OR ENROLLED</th>
<th>NUMBER OF CREDIT HOURS</th>
<th>GRADE RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>English Composition I (ENG 101)</td>
<td></td>
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<td></td>
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<tr>
<td>Anatomy and Physiology I (BIO 211)</td>
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<tr>
<td>Anatomy and Physiology II (BIO 212)</td>
<td></td>
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</tr>
<tr>
<td>General Psychology (PSY 101)</td>
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<tr>
<td>Math Course Completed (Must be MTH 002/MTH 084 or Higher)</td>
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<td></td>
<td>Grade received for Math Course:</td>
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<tr>
<td>or</td>
<td></td>
<td></td>
<td>High School GPA or Placement Score for Math Course:</td>
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<tr>
<td>List your MATH placement score or High School GPA</td>
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</table>

Spring enrollment (list courses):

My Cumulative GPA:

I certify that I am physically and mentally able to perform the essential duties and functions (with reasonable accommodations if necessary) of an Occupational Therapy Assistant, and that all information is correct. I understand that if any of the above facts have been misrepresented, it will be sufficient cause for being declared ineligible or dismissed from the program.

______________________________  ____________________________
Signature of Applicant          Date
JEFFERSON COLLEGE OTA PROGRAM ACCREDITATION STATUS

The Jefferson College Occupational Therapy Assistant Program is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA), located at 6116 Executive Blvd, Suite 200, North Bethesda, MD 20852-4929. ACOTE’s telephone number c/o AOTA is (301) 652-6611 and its web address is www.acoteonline.org.

Graduates of the program will be eligible to sit for the national certification examination for the occupational therapy assistant administered by the National Board for Certification in Occupational Therapy (NBCOT). After successful completion of this exam, the individual will be a Certified Occupational Therapy Assistant (COTA).

In addition, most states require licensure in order to practice; however, state licenses are usually based on the results of the NBCOT Certification Examination.

*Note that a felony conviction may affect a graduate’s ability to sit for the NBCOT certification Examination or attain state licensure.*
**APPLICATION FOR PROGRAM ADMISSION**

**Please Complete and Return the Following Form with Your Application**

### Personal Information

<table>
<thead>
<tr>
<th>Name</th>
<th>First</th>
<th>Initial</th>
<th>Last</th>
<th>Maiden Name</th>
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<tbody>
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Student V# ___________________________ Social Security No. ___________________________

<table>
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<tr>
<th>Address</th>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<table>
<thead>
<tr>
<th>Home Phone:</th>
<th>Cell Phone:</th>
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<table>
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<tr>
<th>Jeffco Email:</th>
<th>Home Email:</th>
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</table>

**Name and Contact Number of Person to Contact in Case of Illness or Injury:**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Contact Number:</th>
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<tbody>
<tr>
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</tbody>
</table>

### Education Background Information

**High School**

Name of School __________________________
City/State __________________________
Year Graduated or GED __________________________

List all colleges you have attended (attach a separate page if more space is needed to list additional colleges):

<table>
<thead>
<tr>
<th>Name of School</th>
<th>City/State</th>
<th>Dates Attended</th>
<th>Degree Received</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Request official transcripts be sent to: Jefferson College, 1000 Viking Drive, Hillsboro MO 63050.

Have you previously applied to our OTA Program? Yes [ ] No [ ]

Will your background screening include a felony conviction? Yes [ ] No [ ]

If yes, please indicate your felony class:

Note: Students with certain felony convictions will be ineligible for entrance into the OTA program. Some students with felony convictions may be eligible for program acceptance but may face implications relating to completion of fieldwork, eligibility to take the NBCOT certification examination and/or obtain a license to practice. Felony convictions must be disclosed at the time of application submission, and acceptance will be provisional pending results of the background check. Contact the Jefferson College OTA Program Office at (636) 481-3466 for more information.

A maximum of 24 student cohorts will be admitted annually into the OTA Program. Completed application materials and official transcripts must be received by **May 1** for classes beginning August. The information received will be evaluated by the OTA Admissions Committee, and applicants will be notified by email no later than **June 1**. Interviews may be necessary. Selection criteria, as established by the Program Director and Admissions Committee, will be applied to make selection decisions which are as objective as possible. A screening score will be determined and will be recorded. Alternates may be identified and admitted dependent on open slots.
Performance Standards for Successful Completion of the Occupational Therapy Assistant Program:
These Performance Standards should be used to assist each applicant and student to determine if they are otherwise qualified to be an Occupational Therapy Assistant (OTA). It is the policy of Jefferson College to provide reasonable accommodations for individuals with disabilities. If you need an accommodation due to a disability under the Americans with Disabilities Act, please contact the Jefferson College Disability Support Services at (636) 481-3162.

Upon completion of the Associate of Applied Science degree in Occupational Therapy Assistant, the graduate will be able to meet the standards outlined on the next page.

I acknowledge receiving, reading, and understanding the OTA Performance Standards and I realize that these Performance Standards must be met for successful completion of the Jefferson College OTA Program. I further understand that completion of the Jefferson College OTA Program does not guarantee that the National Board for Certification in Occupational Therapy (NBCOT) or the State of Missouri will issue a certificate of registration, authority, permit or license to me.

Student Name (printed): ____________________________________________________________

Student Signature: ___________________________________ Date: _______________________

324.086 The National Board for Certification in Occupational Therapy may refuse to issue or renew any certificate of registration or authority, permit or license required pursuant to sections 324.050 to 324.089 for one or any combination of causes stated in subsection 2 of this section, Chapter 324 for the State of Missouri.

Any applicant who is concerned about being eligible for certification or licensure may discuss this matter with the OTA Program Director by calling (636) 481-3427.
Upon completion of the OTA Program, the graduate will be able to complete the following standards:

<table>
<thead>
<tr>
<th>Ability</th>
<th>Standard</th>
<th>Some Examples of Necessary Activities</th>
</tr>
</thead>
</table>
| Mobility         | Ability sufficient to assist clients to move from room to room, move over varied terrain, and provide safe and effective client care in a timely fashion. | • Assist adults and children with transfers to/from a variety of surfaces and provide proper positioning for the clients independently and safely.  
• Transport adults and children in wheelchairs.  
• Transport and set up intervention and therapeutic equipment such as swings, balls, splint pans, prostheses, tub seats, portable commodes, etc.  
• Physically support clients engaging in treatment safely during treatment sessions. |
| Fine Motor Skills| Fine motor abilities sufficient to provide safe and effective patient care in a timely fashion. | • Use instruments such as goniometers and strength gauges, safety devices, adaptive equipment in the care/treatment of clients.  
• Construction of splints, adaptive equipment, as needed. |
| Hearing          | Auditory ability sufficient to monitor and assess health needs of clients for safe client care. | • Detect and respond independently to monitoring alarms, signs of client’s distress such as a change in a client’s pulse, blood pressure, and/or a client’s communication of distress. |
| Visual           | Sufficient observation skills necessary for safe client care.             | • Detect and respond independently to warning signals from team members and/or clients of impending danger or emergency, i.e. a change in an individual’s physical communication of distress. |
| Critical Thinking| Critical thinking sufficient for clinical judgment.                       | • Interpret and carry out written and verbal communication often in stressful situations.  
• Identify cause-effect relationship to develop appropriate and safe intervention strategies following OTR’s plan of care.  
• Determine when assistance from an OTR is needed. |
| Interpersonal Skill| Interpersonal abilities sufficient to interact with clients, families, groups, and team members from a variety of social, emotional, cultural, and intellectual backgrounds. | • Establish rapport and maintain professional boundaries in relationships with clients/families and colleagues.  
• Motivate and engage clients in treatment.  
• Ability to resolve conflict and to respond to feedback in a professional manner.  
• Respond appropriately and effectively with psychotic behavior and/or threatening inappropriate or aggressive behavior that may be exhibited by clients. |
| Communication    | Communication abilities for interaction with others orally and in writing. | • Accurately present therapy findings, results, plans to clients, families, and in team meetings.  
• Instruct client/family in OT treatment procedures.  
• Accurately document clients’ progress notes and reports according to facility guidelines and standards. |
Jefferson College
Occupational Therapy Assistant Program
Drug Screen Authorization Form

Please Complete and Return the Following Form with Your Application

I, ____________________________, understand the necessity, purpose, and procedures involved in the drug test, and freely give my consent to the admission drug test and any further randomized drug testing deemed necessary while enrolled in the Occupational Therapy Assistant (OTA) Program. In addition, I also understand that the results of this test will be forwarded to the Jefferson College OTA Program Director and become part of my record.

I understand that if this test is positive, I will be given the opportunity to explain the results. I further understand that the proper authorities will be contacted and my personal information will be exchanged, if necessary.

I hereby authorize these test results to be released to Jefferson College, and, subsequently, to healthcare facilities in order to complete the clinical component of the Occupational Therapy Assistant Program Curriculum.

______________________________
Print Full Name

__________________________________________  ______________________________
Signature Date
Jefferson College
Occupational Therapy Assistant Program
Background Check Authorization Form

Please Complete and Return the Following Form with Your Application

I, ___________________________, attest that, as a part of the Occupational Therapy Assistant Program admission process, I am requesting this background check on myself and have not falsified my identity to obtain a background check on anyone other than myself. The information provided is true to the best of my knowledge.

I understand that I must be registered with the Missouri Family Care and Safety Registry. I further acknowledge that this will mean I must pay an additional fee of $15.25 if I am not yet registered.

I understand that if the results of my background check do not match the information I provided on the Occupational Therapy Assistant Program Application, my integrity would be in question, and I could be dismissed from the Program.

I understand that the College requiring this check will automatically have access to my report once it is available. I also understand that the College may authorize designated affiliate hospitals, clinical sites and/or schools to view my report if such information is required prior to gaining entrance into such facilities.

Print Full Name

______________________________

Signature

______________________________

Date
Missouri Family Care Safety Registry

Please Complete and Return the Following Form with Your Application

As part of the background check used for OTA Applicants, please verify your previous registration with the Missouri Family Care Safety Registry or complete your initial registration by following the steps below:

1. Copy and paste this link into your browser: http://health.mo.gov/safety/fcsr/
2. Click the “Register Online NEW” link.
3. Click the “Registration Tab” and then click the “Register Online” from the dropdown box.
4. Click on the tab “Is A Person Registered”.
5. Enter and confirm your social security number as well as the security code and hit search.
6. **If you are listed as registered:**
   It will state that your Social Security Number was found and you are registered. If you are registered- you are finished and do not need to complete any further steps.
7. **If you are not found within the registry:**
   Select “Continue” next to “To Proceed with Registration” and complete the steps as listed in the registration process. If you are asked to indicate the reason for the registration, you can enter that this is for school. There is a $15.25 fee for completing the registration process. You can use a debit card or credit card to pay for this. Registering with the Missouri Family Care Safety Registry ahead of time will help with completing a larger background check that will be conducted upon acceptance to the OTA Program.

☐ I have verified that I was already registered with the Missouri Family Care Safety Registry prior to applying to the Jefferson College OTA Program

☐ I was **not** previously registered but I have completed the registration process for the Missouri Family Care Safety Registry

Print Full Name: ________________________________

Signature ________________________________ Date ______________________________
Please mail your completed OTA Application Packet to:

Jennifer DeBourge
OTA Program
Director Jefferson
College 1000 Viking
Drive Hillsboro, MO
63050

Applications must be received by the deadline of May 1st