



DARTON COLLEGE OF HEALTH PROFESSIONS  
HEALTH SCIENCES DIVISION

# **Occupational Therapy Assistant Application Packet**

**Dear Prospective Student:**

Thank you for your interest in the Occupational Therapy Assistant Program at Albany State University's Darton College of Health Professions.

Please note the OTA program has a competitive and selective admissions process in order to determine the top applicants. Due to this selection process, careful preparation of the application is highly recommended. It is also important to note that completion of the general education courses and meeting the minimum requirements does not guarantee acceptance into the OTA Program.

The OTA program admits one class of approximately 20 students per year that begins each Fall Semester (mid-August). The deadline to apply is **June 1<sup>st</sup>** of the year you wish to enter the program. The OTA Program is completed over 4 semesters (16 months) with the student graduating the following Fall Semester (Fall, Spring, Summer, Fall).

The deadline for applying (June 1st) occurs during the Summer Semester prior to the Fall Semester start date. To receive full consideration of an application, all general education courses must be completed prior to the June 1<sup>st</sup> deadline. Candidates that have remaining courses that will be completed in the Summer Semester prior to the start of the program will be rated lower than those that have completed all general education courses before the application deadline (June 1<sup>st</sup>).

Graduates of the program will be eligible to sit for the National Board for Certification in Occupational Therapy (NBCOT) examination. After successful completion of this examination, the individual will be a Certified Occupational Therapy Assistant (COTA). Most states require licensure in order to practice; however, state licenses are usually based on the results of the NBCOT Certification Examination.

**\*If you have a felony or have been convicted of legal and/or moral violations, NBCOT and the state licensure boards have the right to refuse to grant you certification and/or licensure.**

**ADMISSION CRITERIA**

To be considered for admission to the Occupational Therapy Assistant program, the applicant must:

1. **Apply and be fully admitted to Albany State University before May 1<sup>st</sup> of each year.**
  - a. You may apply on-line via [Albany State University's "How to Apply" webpage](#).
  - b. A \$20 application fee (subject to change) is required at the time you apply to the institution.
  - c. Do not send the ASU application fee to the OTA Program. The two application processes are separate and no additional fee is required when submitting the OTA Program application.
  - d. For transfer students: Official transcripts must be sent to the Albany State University Registrar's Office and must be received by the June 1 deadline.

**\*\*Please note that admission to the University does not guarantee admission into the OTA program\*\***

2. **Electronically submit your FASFA application for Financial Aid before May 1<sup>st</sup> of each year.**
  - a. For information on completing your FASFA application, please visit [Albany State University's Office of Financial Aid webpage](#).

3. Submit the completed OTA application by the June 1<sup>st</sup> deadline.

**The student must complete an Occupational Therapy Assistant (OTA) Program Application Packet. It is the responsibility of the applicant to ensure all application material has been completed as directed and submitted by the deadline.**

- a. **GRADE POINT AVERAGE:** Applicants must have a minimum cumulative grade point average of 2.5 or higher for all college or university level courses taken, **or** a 2.5 or higher grade point average for the last 40 credit hours completed to be considered for program admission. The general education GPA coursework must be completed with no grade below a “C”. Students that do not meet these GPA requirements will not be considered for program admission.
  - Please note that the last 40 hours earned option is a “forgiveness” GPA for those that may have performed poorly in his or her initial college coursework and has since significantly improved.
- b. **OBSERVATION HOURS:** Applicants must complete a minimum of 40 observation hours in two or more occupational therapy settings. It is the student’s responsibility to arrange these observation hours.
  - The hours must be documented and verified/signed by an occupational therapist or occupational therapy assistant.
  - You may submit any documentation form from the facility or utilize the **Observation Hours Form** located within the application packet on page 11.
  - **Please see page 8 for revised criteria regarding Observation Hours due to the COVID-19 Pandemic, page 14 for a revised Reference Form.**
- c. **RECOMMENDATION FORMS:** At least two recommendation forms must be completed by an OT or OTA. The required **Recommendation Form** is located within the application packet on pages 12-14 and may be photocopied for additional recommendations.
- d. **IMMUNIZATION FORM:** Must have immunizations completed with current PPD within 3 months of June 1 deadline. The required **Certificate of Immunization Form** is located within the application packet on page 15, and may be photocopied.
- e. **GENERAL EDUCATION COURSEWORK:** To receive full consideration of your completed application, 8 general education courses must be completed before the June 1<sup>st</sup> application deadline. Candidates that have remaining courses that will be completed in the Summer Semester prior to the start of the program will be rated lower than those that have completed all general education courses before the application deadline.
  - All required general education courses must be completed with a grade of “C” or higher.
- f. **UNOFFICIAL TRANSCRIPTS:** Copies of unofficial transcripts for all colleges or universities ever attended must be submitted with the OTA program application.
- g. **PROOF OF HEALTH INSURANCE:** Proof of health insurance must be provided prior to the start of the OTA program. Please do not submit proof with this application packet. If you are selected for the program, then additional information will be given to you at orientation for the submission of proof of health insurance. [For additional information regarding this University System of Georgia requirement, click here.](#)
- h. **HAND WRITTEN ESSAY:** Applicants must include a *hand written* essay explaining why you have chosen OTA as a career. (The required minimum length is 2 pages unless you are unable to complete volunteer hours. See page 8 for detailed information.)
- i. **TEAS TEST REQUIREMENT:** Submit a copy of the TEAS score report. Please refer to page 17 of this application packet for more information.

<b>General Education Coursework: 26 credit hours to be completed prior to admission to the OTA program</b>		
<b>ENGL 1101</b>	English Composition I	3
<b>MATH 1111</b>	College Algebra <b>OR</b> a math higher than MATH 1111 may substitute	3
<b>BIOL 2411K</b>	Human Anatomy & Physiology I ( <i>BIOL 1100K is not acceptable for OTA admission</i> )	4
<b>BIOL 2412K</b>	Human Anatomy & Physiology II	4
<b>PSYC 1101</b>	General Psychology	3
<b>PSYC 2103</b>	Human Growth & Development (PSYC 1101 is required before taking PSYC 2103 at ASU)	3
<b>POLS 1101</b>	American Government	3
<b>Area C Elective</b>	You <b>must</b> choose a <i>Humanities &amp; Fine Arts</i> course from the following: ART 1100, MUSC 1100, THEA 1100, FIAR 2250, FREN 1002 or higher, JAPN 1002 or higher, PHIL 2205, or SPAN 1002 or higher. You may also choose to meet the requirement by taking a literature course (ENGL 2111, 2112, 2121, 2122, 2131, or 2132). ( <i>Please note that ENGL 1102 is required before taking a literature course at Albany State University.</i> )	3

## SELECTION PROCESS

The OTA Selection Committee reviews and scores each application based on the following criteria: grade point averages (Cumulative G.P.A. or for the last 40 credit hours and G.P.A. for all required general education courses), the total number of hours observed in two or more occupational therapy settings (or completion of alternative requirements due to COVID-19 pandemic), the quality of the hand written essay, TEAS score report results, the quality of the received recommendations, and the completion status of general education courses.

Applicants will be notified via email no later than June 20. Correspondence of acceptance or regret will be made through email and should be sent to OTA Selection Committee no later than July 1. The Albany State University OTA Program does not utilize a waiting list and those denied acceptance must reapply the following year. Application information such as volunteer hours and essays can be reused for reapplications.

## CURRICULUM OVERVIEW

After acceptance into the program, the student will complete the following coursework as noted below.

### Curriculum Pattern – Occupational Therapy Assistant Program

<b>Fall Semester (12 total credit hours)</b>	
<b>ALHE 1104:</b> Introduction to Disease Conditions	2 credit hours
<b>ALHE 1120:</b> Medical Terminology	2 credit hours
<b>OTAS 1100:</b> Introduction to Occupation Therapy	2 credit hours
<b>OTAS 1105:</b> Patient Care Skills for the OTA	2 credit hours
<b>OTAS 1111:</b> Functional Anatomy & Kinesiology	4 credit hours
<b>Spring Semester (12 total credit hours)</b>	
<b>OTAS 1121:</b> Therapeutic Media	2 credit hours
<b>OTAS 1131:</b> Physical Function in Occupation I	4 credit hours
<b>OTAS 1140:</b> Psychosocial Function in Occupation	3 credit hours
<b>OTAS 1145:</b> Developmental Function in Occupation	3 credit hours
<b>Summer Semester (11 total credit hours)</b>	
<b>OTAS 1132:</b> Physical Function in Occupation II	4 credit hours
<b>OTAS 2200:</b> Assistive Techniques and Technologies	3 credit hours
<b>OTAS 2260:</b> Treatment Methods & Management for the OTA	4 credit hours
<b>Fall Semester (12 total credit hours)</b>	
<b>OTAS 2412:</b> Occupational Therapy Seminar	2 credit hours
<b>OTAS 2410:</b> Fieldwork Experience Level II A	5 credit hours
<b>OTAS 2420:</b> Fieldwork Experience Level II B	5 credit hours
<b>Total Credit Hours Required for Program Completion</b>	<b>73 credit hours</b> (26 General Education Credits + 47 OTA Program Credits)

Fieldwork must be passed to graduate. In the event of unsatisfactory performance, a practicum may be repeated one time within 18 months of completion of didactic course work.

During the course of the program, some courses may change to an online format based upon program needs and/or availability of qualified instructors. Students will be notified in advance of any changes. Please refer to the following websites for technology compatibility, technical specifications and requirements necessary for these course:

- [GeorgiaVIEW System Requirements Checker](#)
- [GeorgiaVIEW Technical Support Center](#)

A mandatory NBCOT examination preparation course that is paid for by an assessed student fee will be held at the conclusion of this last semester of the OTA program.

## PROGRAM OVERVIEW

The Occupational Therapy Assistant Program at the Darton College of Health Professions strives to provide students with the knowledge and competencies needed to

- pass the National Board for Certification in Occupational Therapy (NBCOT) examination,
- practice as a generalist in both current practice settings and emerging practice settings as defined by the American Occupational Therapy Association (AOTA),
- adhere to the upmost levels of professionalism and ethical behaviors, and
- be actively involved in state and national occupational therapy associations and to become life-long learners

**Degree:** Upon successful completion of the program, students will earn an Associate of Science degree and will be academically eligible for licensure by examination.

**Accreditation:** The 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 Boulevard, Suite 200, North Bethesda, MD 20852-4929. ACOTE's telephone number, C/O AOTA, is (301) 652-AOTA and its web address is [www.acoteonline.org](http://www.acoteonline.org).

## ADDITIONAL REQUIREMENTS

In addition to specific academic requirements, candidates for admission to the OTA program must have aptitude, abilities, and skills in the following five areas in order to meet the full requirements of the program:

- Sufficient **intellectual capacity** to fulfill the curricular requirements of the program.
- Ability to effectively **communicate** with patients, colleagues, instructors and other members of the health care community.
- **Physical ability** to learn and implement the various technical skills required to prepare for the independent practice of physical therapy.
- Sufficient **emotional stability** to withstand the stress, uncertainties, and changing circumstances that characterize health care practice.
- **Social attributes and behaviors** required for full use of intellectual abilities and the development of mature, sensitive, and effective therapeutic relationships with patients and clients.

## LEGAL LIMITATIONS

Individuals who have been convicted of a felony or misdemeanor may not be eligible for licensure. If convicted of a felony or misdemeanor, it is recommended that you contact the Occupational Therapy Board in the state where you plan to seek licensure to verify your eligibility for licensure. All students will be required to complete a national criminal background check prior to placement in clinical externships. Some clinical facilities may also require a drug screen prior to placement (students may be responsible for payment). The clinical affiliate determines whether a student can participate in the clinical rotation based upon the results of the background

check and drug screen. Should the student be denied clinical placement, he or she cannot progress through the program and will be dismissed. Careful consideration of any questionable record should be carefully scrutinized prior to application. The National Board for Certification in Occupational Therapy (NBCOT) also performs background checks to determine the eligibility of graduates to take the certification exam. You can request an Early Determination Review prior to applying for the OTA Program by contacting NBCOT.

[Click here to access the GEORGIA STATE BOARD OF OCCUPATIONAL THERAPY website.](#)

[Click here to access the NATIONAL BOARD FOR CERTIFICATION IN OCCUPATIONAL THERAPY.](#)

## FINANCIAL AID

Financial Aid is available for students who qualify.

**Albany State University**  
**Financial Aid Department**  
**Ram Central (Building C)**  
**2400 Gillionville Road**  
**Albany, GA 31707**  
**Phone (229) 500-4358**

[Click here to learn more about Financial Aid at ASU.](#)

[Click here to contact a Financial Aid Counselor via email.](#)

## NON-DISCRIMINATION POLICY

Albany State University is committed to equal opportunity, a culture of inclusion, and an environment free from discrimination and harassment in its educational programs, activities, and employment. Albany State University prohibits discrimination, including discriminatory harassment, on the basis of race, color, national origin, sex, disability, religion, age, veteran status, gender, or sexual orientation in its programs and activities, including admissions and employment, as required by Title IX of the Education Amendments of 1972, the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, Titles VI and VII of the Civil Rights Act of 1964, the Age Discrimination Act of 1975, and their implementing regulations.

The faculty of the Occupational Therapy Assistant program acknowledges Section 504 of the Rehabilitation Act of 1973 and PL 103-336, The **Americans with Disabilities Act** and will consider for admission, progression, and graduation candidates who demonstrate the ability to perform the essential abilities. These standards are admission guidelines and are subject to continuing revision and improvement.

## FREQUENTLY ASKED QUESTIONS (FAQ)

### “How do I go about getting the required observation hours?”

All applicants must complete a minimum of 40 hours of clinical observation by JUNE 1<sup>st</sup> in any two different occupational therapy settings such as a hospital, skilled nursing facilities, out-patient facilities, etc. This requirement is designed to give the applicant a better understanding of the role of the occupational therapy assistant. Applicants who currently work in an occupational therapy setting may complete all hours at that facility, however, they must be directly under the OT or OTA observing patient care and not part of the secretarial staff.

This is not a service performed by the college; the applicant must *independently seek out an occupational therapy setting* and speak with the appropriate staff/personnel regarding observational hours. There are many occupational therapy providers to choose from, check out your local yellow pages. Call clinical sites in your area; explain that you are applying to an OTA Program and that you would like to observe either an OT or an OTA at their facility. *Please see page 8 and 14 if you unable to complete volunteer hours due to the COVID-19 Pandemic.*

### “Can I work and still go thru the program?”

It is possible for a student to work part-time while in the program, however it is not advised due to the intense nature of the program. Each semester, the student will carry a full load and a grade of 75 or higher must be achieved in order to pass



each class. This along with the clinical work that is off-campus (possibly out of town) will not be changed to accommodate a work schedule. Depending on the instructor – you may have to meet in the evenings rather than earlier in the day.

**“What are the typical hours while in the program?”**

The OTA program classes are full-time and vary on days and times each semester. During the first 3 semesters of the didactic portions of the program, expect to be in class Monday thru Thursday (some Fridays) 8+ hours per day. Typical hours during the first 3 semesters vary and may start as early as 8:00am and end as early as 5:00pm or as late as 9:00pm. Level I fieldwork clinical rotations are embedded in multiple OTA courses during the didactic portions of the program and will require a 40 hour per week Monday thru Friday commitment. In the last semester of the program, the student must attend off-campus Level II clinical fieldwork rotations that require a Monday thru Friday, 40 hour per week schedule. This requirement is for the entirety of the two 8 week rotations, for the 16 weeks of the semester. (Program hours are subject to change)

**“Can I be guaranteed that all of my clinical rotation sites will be in my hometown?”**

Unfortunately, the answer is no. Each student will have two Level II clinical fieldwork rotations and multiple Level I clinical fieldwork rotations. The two Level II rotations are 8-weeks in length and are completed in the Fall Semester prior to graduation. Because of the limited availability of sites that are in town, we cannot guarantee a given fieldwork clinical rotation location. Students need to realize that travel will be a requirement of completing any or all of the clinical requirements.

**“Are the costs incurred during clinical rotations covered in our tuition?”**

Each student is obligated to cover the expenses out of pocket. However, the Academic Fieldwork Coordinator will attempt to work with each student on an individual basis to try to place the student in an area that will require the least expense. (This may be in a town where the individual has relatives or friends and the cost would be minimal to the student)

**“How long is the program?”**

The degree is designed to be completed in 2 years. If the student has already completed the pre-requisite coursework while at Albany State University or another institution, the professional phase of the OTA coursework can be completed in 16 months; however, this varies based on the individual student due to the length of time to complete all necessary coursework prior to applying. Once accepted into the OTA program, 4 semesters (16 months) of the professional phase beginning Fall of every year and ending the following Fall Semester for graduation in December must be taken in sequence.

**“I already have a degree; do I have to complete all of the general education courses?”**

Yes, all of the general education courses must be completed. Chances are, you have already completed most of the general education courses, and those classes may be transferred into Albany State University to count toward the degree. You may transfer credits from other institutions, but suitability for transfer will only be decided by the Registrar of Albany State University. In order to determine if your previous college coursework is eligible for transfer, you must complete an application to become a student at Albany State University and have all of your previous coursework in the form of a transcript sent from the other institution to the Albany State University Registrar. She will evaluate your transcripts and send you a letter indicating what is eligible and what is not.

**“Do I have to take Anatomy & Physiology I & II or may I substitute those 2 courses with the one course offered from Albany State University (Anatomy & Physiology for the Healthcare Professional)?”**

The OTA program requirement beginning for students applying for the June 1<sup>st</sup> 2016 application deadline is the BIOL 2111K and BIOL 2112K Anatomy course sequence. The one part BIOL 1100K course **will not** meet this program requirement.

**“I want to eventually become an OT, but am I right in using the OTA program as a stepping-stone to achieving this goal.”**

The OTA program is not designed as a stepping-stone to a Master’s level Occupational Therapist program. Students wishing to become an Occupational Therapist must meet the significant and program specific curriculum requirements of the given OT program. Many of these programs require a bachelor’s degree as a minimum requirement.

**“I have observed under a Special Education teacher or other health professional. Can I include these hours and have them count toward the OTA observation hours?”**

No, these hours are specifically designed to give the applicant a better understanding of the role of OTs and OTAs in patient care. Although the hours may assist the student in determining whether OT is for them versus other health care fields, no hours outside of occupational therapy will count.

**“When is the deadline for application?”**

The completed OTA application must be received by June 1<sup>st</sup> of each year with a new class beginning each Fall Semester.

**“Where can I learn more about occupational therapy?”**

[Click here to learn more about The American Occupational Therapy Association.](#)

## COVID-19 APPLICATION ADDENDUM

The current COVID-19 Pandemic has affected our program's admission process and standards. **OTA Program applications** are still due by **June 1st**. Use the application packets that are currently on the website, but omit any paperwork that is not needed per the following updates to our policies and procedures:

For students that *have already completed* the application packet requirements, there are no changes or additional requirements to meet. Simply use the information at the bottom of this notice to submit your completed application.

For students that *have not completed* the observation hours and/or TEAS exam, the following criteria will apply to this year's applicants:

- The **Observation Hours** component of the application process will be waived for this year's applications that were unable to complete hours due to the COVID-19 health crisis.
- **Three Recommendation Forms** are required with application submission. However, they do not have to be completed by an Occupational Therapy Practitioner. The forms can be completed by professional or educational references such as immediate supervisors at a place of employment or previous employment, previous or current faculty instructors or high school instructor, etc. The recommendation forms cannot be completed by a family member or friend.
- The **Essay** requirement will be modified, and take the place of the Observation Hours requirement as well as meet the essay requirement. Applicants must include a *typed* essay using APA formatting to explain why you have chosen OTA as a career, and explain the practice setting in which you wish to work in the future. Setting information should include information about the types of patients seen, treatment interventions used, treatment team members, supervision guidelines, and any other pertinent info you find. Required minimum length of the paper is 3 pages with double spacing and 12-point font. Applicants will be graded on content, grammar, spelling, correct formatting, and correct use of citations.
- The **TEAS Exam** is still required, but with an extended due date. In consideration of testing site closures in response to COVID-19 precautions, the Occupational Therapy Assistant Program has elected to temporarily accept applications without TEAS scores by June 1. However, for applicants missing **ONLY** their TEAS results, the most we will potentially be able to provide is **provisional acceptance** into our program. Provisional acceptance does not guarantee full acceptance or eligibility for continuation within the program, and failure to meet this admission criteria prior to the established deadline will result in the revocation of acceptance status and prevent further progression through the program. For applicants who receive provisional acceptance based upon missing TEAS scores, please be aware of the following deadlines for TEAS score submissions:
  - Applicants must complete the TEAS exam, and submit score report to the OTA Program Director no later than **June 25**.
  - *Please note that the OTA Program does **not** coordinate testing dates and times or make decisions about cancellations at a testing site. The applicant is responsible for contacting and coordinating with testing sites.*
  - *Modifications to TEAS test deadline may be made at a later date based upon updated information.*

**Please be sure to submit completed application packet by either mail or e-mail to:**

Albany State University  
Health Sciences Division – OTA Program  
2400 Gillionville Road  
Albany, GA 31707

**OR**

Scan and e-mail to:  
[tonya.curles@asurams.edu](mailto:tonya.curles@asurams.edu)





# DARTON COLLEGE OF HEALTH PROFESSIONS

## Occupational Therapy Assistant Program

### Program Application

\*Photocopying is permitted.

**CONTACT INFORMATION** **(PRINT LEGIBLY)**

Last Name	First Name	Middle Initial	Preferred Name (if different)	Date of Birth
Current Street Address, Apartment Number, or P.O. Box			City, State	Zip Code
Permanent Street Address, Apartment Number, or P.O. Box			City, State	Zip Code
E-mail (please provide the one most frequently checked)			Cell Phone Number	ASU Ram ID # <b>900</b> _____

**EDUCATIONAL BACKGROUND**

High School Name	City, State	Date of Graduation or GED
(1) College/University Name	City, State	Degree Received? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Dates Attended	Degree and Major (if applicable)	
(2) College/University Name	City, State	Degree Received? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Dates Attended	Degree and Major (if applicable)	
(3) College/University Name	City, State	Degree Received? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Dates Attended	Degree and Major (if applicable)	

**OBSERVATIONAL HOURS**

Name of Facility	Type of Setting(s) <small>(e.g., acute care, outpatient, rehab unit, nursing home, pediatrics, aquatic, home health, wound care, etc.)</small>	Number of Hours in <u>EACH</u> Setting <small>(be specific)</small>
<b>TOTAL OBSERVATIONAL HOURS</b>		

**ESSAY** *(No specific length is required, but the content provided should sufficiently answer the question)*

Please include a **hand-written** essay explaining why you have chosen OTA as a career path, and why you feel you deserve a seat in the class.

**RECOMMENDATION** *(May be mailed separately)*

Please include at least two completed recommendation forms from an OT or OTA. (The **Letter of Recommendation Form** is required.)

## SIGNATURE

Have you previously applied to this program?  Yes  No If yes, when? \_\_\_\_\_

I hereby apply for admission to the OTA Program for the Fall Semester and certify this application is correct and complete. I have read the application packet, including the essential abilities required and I understand the application and selection processes. I am aware of the fees and student financial and fieldwork obligations that are part of program participation and further understand that any failure on my part to comply with these processes will result in the cancellation of my application. I am also aware of the competitive nature of the application process for the OTA program and therefore understand that taking general education courses, as well as meeting all of the minimum requirements does not guarantee acceptance into the program.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## FINAL CONSIDERATIONS

Please mail the completed application along with the following documents to the address below.

**Albany State University  
Darton College of Health Professions  
c/o OTA Program  
2400 Gillionville Road  
Albany, GA 31707-3098**

- (1) If you wish to know if your application has been received, please send the application as certified mail. The OTA Selection Committee *will not open* any mail *until after* the *deadline* or answer calls/emails; therefore, calling to inquire about the status of the application will be useless.
- (2) Again, the OTA Selection Committee will not open any mail until after the deadline or answer calls/emails regarding application status; therefore, if you wish to know if your application is complete, please read all directions and utilize the checklist below.

**Admission to the Darton College of Health Professions**

- Admission to the school is separate from admission to the OTA Program.

**Observation Hours Form**

- Other form of documentation of hours is acceptable.

**Recommendation Forms**

- The Recommendation Forms within this packet are required.
- May be mailed separately from the application packet by the OT or OTA.

**Hand Written Essay**

- No specific length is required but at least two pages is suggested unless observation hours cannot be completed.

**Application completed and mailed before June 1**

- Sent certified and checklist completed.

**Unofficial Transcripts**

- Sent to the OTA program with the application packet.

**Completed Certificate of Immunization Form**

- Completed and signed by health care official.

**TEAS Score Report: Please refer to Page 15 of this application packet**

- Include an unofficial copy of your TEAS Score Report

**Please Note:** No application fee is required for the OTA program. The application and admission process for Albany State University's Darton College of Health Professions is separate from the OTA program application.





# DARTON COLLEGE OF HEALTH PROFESSIONS

## Occupational Therapy Assistant Program

### Recommendation Form

\*Photocopying is permitted.

**NAME OF APPLICANT:**  
PRINT LEGIBLY

**PART I: TO THE APPLICANT**

Under the Federal law entitled the Family Educational Rights and Privacy Act (FERPA) of 1974, students are guaranteed the right to inspect their records, including letters of recommendation. While we shall consider all letters of recommendation carefully, we believe that in many instances letters written in confidence, in the long-run, are of greater use in the assessment of a student's qualifications, abilities, and promise.

Applicant's waiver of right of access to confidential statement:

- I waive my right to review the content of this recommendation form.
- I do not waive my right to review the content of this recommendation form.

By signing below, I acknowledge the above statement and have indicated my preference regarding waiving my right to review the content of this form. Further, I understand that a personal letter of recommendation from a friend or family member is unacceptable.

\_\_\_\_\_  
Applicant's Signature \_\_\_\_\_ Date

**PART II: TO THE RECOMMENDER**

Please indicate in what capacity you know the applicant by checking the appropriate box below.

- I do not know the applicant outside of the observational experience.
- I know the applicant outside of the observational experience. If selected, please indicate how long you have known the applicant and in what capacity: \_\_\_\_\_

Please rate the applicant in relation to the observational volunteer or work experience.

	Outstanding	Excellent	Good	Average	Poor	N/A
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effective Use of Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on the characteristics that will make the applicant a competitive candidate for the OTA Program.

\_\_\_\_\_

\_\_\_\_\_

Overall, I rate this applicant:

- Outstanding (Top 1%)
- Excellent (Next 5%)
- Good (Next 10%)
- Average (Next 25%)
- Poor (Remaining %)

**The form must be received no later than June 1**  
**Please mail form to:** Albany State University  
 Darton College of Health Professions  
 c/o OTA Program  
 2400 Gillionville Road  
 Albany, GA 31707-3098

\_\_\_\_\_  
Signature Please check one:  OT  OTA      How many years have you practiced? \_\_\_\_\_

\_\_\_\_\_  
Printed Name \_\_\_\_\_ Date      \_\_\_\_\_ Organization/Clinic

*For any questions, comments, or concerns, please call the OTA Program Director, Tonya Curles at 229-500-2234.*



# DARTON COLLEGE OF HEALTH PROFESSIONS

## Occupational Therapy Assistant Program

### Recommendation Form

\*Photocopying is permitted.

**NAME OF APPLICANT:**  
PRINT LEGIBLY

**PART I: TO THE APPLICANT**

Under the Federal law entitled the Family Educational Rights and Privacy Act (FERPA) of 1974, students are guaranteed the right to inspect their records, including letters of recommendation. While we shall consider all letters of recommendation carefully, we believe that in many instances letters written in confidence, in the long-run, are of greater use in the assessment of a student's qualifications, abilities, and promise.

Applicant's waiver of right of access to confidential statement:

- I waive my right to review the content of this recommendation form.
- I do not waive my right to review the content of this recommendation form.

By signing below, I acknowledge the above statement and have indicated my preference regarding waiving my right to review the content of this form. Further, I understand that a personal letter of recommendation from a friend or family member is unacceptable.

\_\_\_\_\_  
Applicant's Signature \_\_\_\_\_ Date

**PART II: TO THE RECOMMENDER**

Please indicate in what capacity you know the applicant by checking the appropriate box below.

- I do not know the applicant outside of the observational experience.
- I know the applicant outside of the observational experience. If selected, please indicate how long you have known the applicant and in what capacity: \_\_\_\_\_

Please rate the applicant in relation to the observational volunteer or work experience.

	Outstanding	Excellent	Good	Average	Poor	N/A
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effective Use of Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on the characteristics that will make the applicant a competitive candidate for the OTA Program.

\_\_\_\_\_

Overall, I rate this applicant:

- Outstanding (Top 1%)
- Excellent (Next 5%)
- Good (Next 10%)
- Average (Next 25%)
- Poor (Remaining %)

**The form must be received no later than June 1**  
**Please mail form to:** Albany State University  
 Darton College of Health Professions  
 c/o OTA Program  
 2400 Gillionville Road  
 Albany, GA 31707-3098

\_\_\_\_\_  
Signature Please check one:  OT  OTA How many years have you practiced? \_\_\_\_\_

\_\_\_\_\_  
Printed Name Date Organization/Clinic

For any questions, comments, or concerns, please call the OTA Program Director, Tonya Curles at 229-500-2234.



**DARTON COLLEGE OF HEALTH PROFESSIONS**  
**Occupational Therapy Assistant Program**  
**Reference Form (No Volunteer Hours Completed)**

\*Photocopying is permitted.

**NAME OF APPLICANT:**  
 PRINT LEGIBLY

**PART I: TO THE APPLICANT**

Under the Federal law entitled the Family Educational Rights and Privacy Act (FERPA) of 1974, students are guaranteed the right to inspect their records, including letters of recommendation. While we shall consider all letters of recommendation carefully, we believe that in many instances letters written in confidence, in the long-run, are of greater use in the assessment of a student's qualifications, abilities, and promise.

Applicant's waiver of right of access to confidential statement:

- I waive my right to review the content of this recommendation form.
- I do not waive my right to review the content of this recommendation form.

By signing below, I acknowledge the above statement and have indicated my preference regarding waiving my right to review the content of this form. This form **can be completed** by professional or educational references such as immediate supervisors at a place of employment or previous employment, previous or current faculty instructors or high school instructor, etc. The recommendation form **cannot be completed** by a family member or friend. I understand that a personal letter of recommendation from a friend or family member is unacceptable.

\_\_\_\_\_  
 Applicant's Signature \_\_\_\_\_  
 Date

**PART II: TO THE RECOMMENDER**

Please indicate in what capacity you know the applicant by completing the information below.

1. I know the applicant based upon the following experience: \_\_\_\_\_
2. I have known the applicant for:  0-1 years  1-3 years  3-5 years  5+ years

Please rate the applicant in relation to the experience for which you know the applicant:

	Outstanding	Excellent	Good	Average	Poor	N/A
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effective Use of Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on the characteristics that will make the applicant a competitive candidate for the OTA Program.

\_\_\_\_\_  
 \_\_\_\_\_

Overall, I rate this applicant:

- Outstanding (Top 1%)
- Excellent (Next 5%)
- Good (Next 10%)
- Average (Next 25%)
- Poor (Remaining %)

**The form must be received no later than June 1**  
**Please mail form to:** Albany State University  
 Darton College of Health Professions  
 c/o OTA Program  
 2400 Gillionville Road  
 Albany, GA 31707-3098

\_\_\_\_\_  
 Signature \_\_\_\_\_  
 Job Title

\_\_\_\_\_  
 Printed Name Date Place of Employment

*For any questions, comments, or concerns, please call the OTA Program Director, Tonya Curles at 229-500-2234.*





# Immunization Form

Office of Admissions and Recruitment

LOCATION • ADDRESS 504 College Drive • Albany, GA 31705

PHONE 229.500.4358 • FAX 229.500.4946 • WEB [www.asurams.edu/student-affairs/health-services](http://www.asurams.edu/student-affairs/health-services)

**ALL FORMS MUST BE COMPLETED IN ENGLISH**

DATE
____/____/____
ACCEPTED TERM/YEAR
____/____

Questions can be emailed to [admissions@asurams.edu](mailto:admissions@asurams.edu) or you may call us at 229.500.4358.

NAME \_\_\_\_\_ ASU STUDENT ID NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ PHONE \_\_\_\_\_

## CERTIFICATE OF IMMUNIZATIONS (REQUIRED)

REQUIRED IMMUNIZATIONS	REQUIREMENT	REQUIRED FOR
<b>MMR (Measles, Mumps, Rubella) Combined Shot</b>	• 2 Doses #1 ____/____/____ #2 ____/____/____	<b>Students born in 1957 or later and all foreign born students, regardless of year born</b>
<b>OR</b>	<b>OR</b>	<b>OR</b>
• Measles (Rubeola)	• 2 Doses #1 ____/____/____ #2 ____/____/____	<b>Students born in 1957 or later</b> <i>Attach titer results with lab values. If antibody titer does not indicate immunity, injection series required</i>
<b>AND</b>	<b>AND</b>	<b>AND</b>
• Mumps	• <u>or</u> Titer ____/____/____	<b>Students born in 1957 or later</b> <i>Attach titer results with lab values. If antibody titer does not indicate immunity, injection series required.</i>
<b>AND</b>	<b>AND</b>	<b>AND</b>
• Rubella (German Measles)	• 2 Doses #1 ____/____/____ #2 ____/____/____	<b>Students born in 1957 or later</b> <i>Attach titer results with lab values. If antibody titer does not indicate immunity, injection series required.</i>
	• <u>or</u> Titer ____/____/____	<b>Students born in 1957 or later</b> <i>Attach titer results with lab values. If antibody titer does not indicate immunity, injection series required.</i>
<b>Varicella (Chicken Pox)</b>	• 2 Doses #1 ____/____/____ #2 ____/____/____	<b>All U.S. born students born in 1980 or later and all foreign born students, regardless of year born</b> <i>Attach titer results with lab values. If antibody titer does not indicate immunity, injection series required</i>
	• <u>or</u> History of chicken pox or shingles (verified by MD)	
	• <u>or</u> Titer ____/____/____	
<b>Tetanus-Diphtheria-Pertussis (Whooping Cough) or Td Booster</b>	• Tdap (required) ____/____/____	<b>All students must have one dose of Tdap and One Td booster if it has been ≥10 years after receiving Tdap (A single dose of Tdap is recommended to replace a single dose of Td.)</b>
	• Td Booster ____/____/____	
<b>Hepatitis B</b>	• 3-Dose Series #1 ____/____/____ #2 ____/____/____ #3 ____/____/____	<b>All students 18 years of age and under at matriculation</b> <i>Attach titer results with lab values. If antibody titer does not indicate immunity, injection series required.</i>
	• <u>or</u> Titer ____/____/____	
<b>Tuberculosis Screening</b>	• <b>All students</b> must complete TB screening questionnaire	<b>If the answer to any of the TB screening questions is "YES," must complete TB Risk Assessment, Part II – to be completed by a physician.</b>

## RECOMMENDED IMMUNIZATIONS

Hepatitis A	2 Doses	#1 ____/____/____	#2 ____/____/____	#3 ____/____/____
Human Papillomavirus (HPV-Gardasil)	3 Doses	#1 ____/____/____	#2 ____/____/____	#3 ____/____/____
Meningitis (A, C, Y, W)		#1 ____/____/____	#2 ____/____/____	#3 ____/____/____
Meningitis B	2 or 3 Doses	#1 ____/____/____	#2 ____/____/____	#3 ____/____/____
Other Vaccines		#1 ____/____/____	#2 ____/____/____	#3 ____/____/____

## REQUEST FOR EXEMPTION

Permanent or Temporary Immunization Exemption (check appropriate area)

This student is exempt from above immunizations on the ground of permanent medical contraindication.

This student is temporarily exempt from the above immunization until \_\_\_\_/\_\_\_\_/\_\_\_\_.

**Exemptions and Waivers** — In the event of an outbreak, exempted persons may be subject to exclusion from school and to quarantine, until proof of vaccination(s) is provided. If you begin taking courses "on campus," you will no longer be "exempt" and will be required to submit your immunization form.

If religious exemption is required, please sign here: \_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_

If you declare that you are enrolling in **ONLY** courses offered by distance learning, please sign here: \_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_

If you are living on campus, declining to be immunized against Meningococcal disease, and requesting a wavier for not obtaining the Meningitis vaccine, please sign here — \_\_\_\_\_ and complete the Meningococcal Vaccine Declination Form.

STUDENT SIGNATURE \_\_\_\_\_

## REQUIRED SIGNATURE OF PHYSICIAN OR HEALTH FACILITY

NAME \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

SIGNATURE (PHYSICIAN OR HEALTHCARE FACILITY, PLEASE PRINT & SIGN BEFORE SUBMITTING) \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**PHYSICIAN OR HEALTH FACILITY SIGNATURE IS REQUIRED ON THIS FORM.**



# DARTON COLLEGE OF HEALTH PROFESSIONS

## Occupational Therapy Assistant Program

### Fees and Costs

All fees are payable at the beginning of each semester unless otherwise stated and registration is not complete until these fees have been paid. Payment must be made by cash, check, money order or credit card (cash advance to which bank will add interest and service charge). For a complete listing of fees and costs, see the Tuition and Fees Information on the Albany State University website or contact the Business Office. All fees are subject to change.

#### UNIVERSITY TUITION AND FEES

[Click here to learn more information about the University's tuition and fees.](#)

#### CORE CURRICULUM COSTS (PER CREDIT HOUR)

Hours	Resident Tuition/Fees	Non-Resident Tuition/Fees	Online Tuition/Fees	Program Fee	Textbooks
1	\$1,030.00	\$1,294.67	<b>Resident Online</b> Tuition and Fees \$95.00 per credit hour + \$225.00 Instructional fee + \$65.00 Technology fee	N/A	\$ variable
2	\$1,125.00	\$1,654.34		N/A	\$ variable
3	\$1,220.00	\$2,014.01		N/A	\$ variable
4	\$1,315.00	\$2,373.68		N/A	\$ variable
5	\$1,410.00	\$2,733.35		N/A	\$ variable
6	\$1,505.00	\$3,093.02		N/A	\$ variable
7	\$1,600.00	\$3,452.69		N/A	\$ variable
8	\$1,695.00	\$3,812.36		N/A	\$ variable
9	\$1,790.00	\$4,172.03		N/A	\$ variable
10	\$1,885.00	\$4,531.70	<b>Non-Resident Online</b> Tuition and Fees \$95.00 per credit hour + \$225.00 Instructional fee + \$65.00 Technology fee	N/A	\$ variable
11	\$1,980.00	\$4,891.37		N/A	\$ variable
12	\$2,075.00	\$5,251.04		N/A	\$ variable
13	\$2,170.00	\$5,610.71		N/A	\$ variable
14	\$2,265.00	\$5,970.38		N/A	\$ variable
15	\$2,360.00	\$6,330.00		N/A	\$ variable

#### OCCUPATIONAL THERAPY ASSISTANT PROGRAM COSTS (COSTS LISTED ARE APPROXIMATE)

Semester	Resident Tuition/Fees	Non-Resident Tuition	Online Tuition/Fees	Program Fees	Textbooks (prices may vary)
Fall Semester	\$2,075.00	\$5,251.04	N/A	\$215	~\$560
Spring Semester	\$2,075.00	\$5,251.04	N/A	\$210	~\$450
Summer Semester	\$1,980.00	\$4,891.37	N/A	\$345	~\$250
Fall Semester	\$2,075.00	\$5,251.04	N/A	\$165	~\$0
<b>Total</b>	<b>\$8,205.00</b>	<b>\$20,644.49</b>	<b>N/A</b>	<b>\$935</b>	<b>~\$1,260</b>

Students are responsible for immunizations, goniometer (~\$40), gait belt (~\$30), blood pressure cuff & stethoscope (~\$30), transportation & lodging on clinical rotations (if necessary), appropriate clinical attire, drug screen, background check, student clinical rotation ID badge (\$15), graduation fee (\$75), health insurance (variable).

#### LICENSURE EXPENSES (SUBJECT TO CHANGE)

Upon graduation, the student will have the following expenses, or similar, related to licensure. Licensing fees vary depending on the State in which the individual intends to work. Prices are subject to change and are not part of Albany State University. All fees related to licensure are the student's responsibility.

Expense Name	Cost (Approximate)
Georgia Application for Licensing Fee (fees vary by state)	~\$55
National Occupational Therapist Assistant Licensing Exam (not required for all States)	~\$555
OT Seminar Course Exam Prep Module	~\$120
<b>Total</b>	<b>~\$730</b>



## **DARTON COLLEGE OF HEALTH PROFESSIONS**

### **Occupational Therapy Assistant Program**

### **TEAS Information**

The Test of Essential Academic Skills (TEAS), formerly HOBET V, from ATI is a multiple-choice assessment measuring basic academic preparedness in reading, math, science, English and language usage. The objectives assessed in the test are those that allied health educators deem most relevant for measuring entry level skills and abilities of program applicants. **PLEASE NOTE: The Test of Essential Academic Skills (TEAS) is used as part of the admissions process by Nursing and Allied Health schools nationwide.** The TEAS exam is an important factor in the competitive selection process for Occupational Therapy Assistant program applicants. There is no minimum set score that is acceptable before submitting an application for the selection process, but it is encouraged that you score 60 or higher. The cost of the exam is approximately \$100.00. Check the ATI TEAS website for verification of the cost.

Go to [ATI's website](#) in order to create an account and register for the exam.

#### **TEAS FAQ**

**“Can I take the TEAS more than once?”**

YES. Twice. You may take the TEAS no more than two times for the OTA program. However, there must be a minimum of 6 weeks between attempts. We will use the score that yields you the highest rating.

**“When is the TEAS offered?”**

Multiple TEAS dates are offered January, February, March, April, and May. Details regarding location, dates/time, etc. may be found on the ATI website.

**“Do I have to take the TEAS at Albany State University?”**

NO. If the TEAS was not taken at ASU, applicants must arrange to have official TEAS scores sent by atitesting.com to ASU as well as include an unofficial copy with the application.

**“What is the deadline for the TEAS results?”**

The TEAS results must be included in the application packet which is due by June 1.