# OCCUPATIONAL THERAPY ASSISTANT PROGRAM APPLICATION – Fall 2022

**Application Deadline is March 1, 2022**

If you are interested in pursuing a degree in the Occupational Therapy Assistant (OTA) program at Pueblo Community College, this application packet must be complete and submitted by the deadline stated above. The OTA Program is five semesters in length starting each fall semester. This application is valid only for Fall 2022 admissions with anticipated graduation in May 2024.

The required documents and process to apply for admission into the OTA program is listed in this packet. Additional information, which describes the program, additional expenses, and other information to assist you in planning your degree, is also provided.

Application packets must be received or postmarked by **5:00 PM, March 1, 2022** and must be current and complete with all required materials attached.

* It is the student's responsibility to see that all the application materials have been received or postmarked by the deadline.
* Incomplete or late applications will NOT be accepted.
* Applicants may contact the OTA department chair, Tricia Vigil, at tricia.vigil@pueblocc.edu for advisement and/or assistance prior to or during the application period. You may also contact Bonnie Housh at 549-3198 or Marcella Noriega at 549-3280 for information.

COVID-19 Notice: Starting in Spring 2022, all students who are going to be on-campus must provide proof of the COVID-19 vaccine or must be tested and report results weekly prior to your class time in order to attend courses in person. Many fieldwork sites are requiring the vaccine in order to be placed at that facility. If you decline the COVID-19 vaccine, we will attempt to find a fieldwork placement. However, the Academic Fieldwork Coordinator, OTA Program, and PCC are not held responsible for requirements put forth by community partners. OTA students are highly encouraged to be vaccinated for COVID-19. Choosing to decline the vaccine may effect completion of fieldwork, which is required for graduation.

## OTA Career and General Information

The Associate of Applied Science (AAS) degree in the Occupational Therapy Assistant program at Pueblo Community College offers students the exciting opportunity to work with children, adolescents, adults, and older adults in a variety of settings such as schools, hospitals, mental health settings, nursing homes, and community settings.

Occupational therapy assistants work with individuals to help them achieve independence in their lives. It is a very rewarding career in that independence is very important to everyone in our society.

For a moment, put yourself in a patient’s place and see how you might appreciate an occupational therapy practitioner who helps you be successful in school despite your development or learning disability, who helps you return to your job or favorite leisure activity after an accident, or who helps you learn new living skills so you can return to your home and live independently rather than stay in a nursing home. Graduates of the OTA program are employed throughout Colorado and the rest of the United States with some going on for their masters or doctoral degree as an occupational therapist.

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 4720 Montgomery Lane, Suite 200, Bethesda, MD 20814-3449. ACOTE’s telephone number c/o AOTA is (301) 652-AOTA.

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 of Occupational Therapy (NBCOT)\*. After successful completion of this exam, 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. Note that a felony conviction may affect a graduate’s ability to sit for the NBCOT certification examination or attain a state licensure.

## What do I need to do to apply?

1. Apply for Admissions to Pueblo Community College meeting all college admission requirements.
	1. Admission forms may be completed [online](http://www.pueblocc.edu/Admission-Forms/) or at the Admissions office located in the GoZone. For assistance with admission application, go to the GoZone on the second floor of the Student Center or call 719-549-3010.
2. A minimum cumulative college GPA of 2.50 for all course work completed is required for admission. If an applicant has not attended college, a copy of their high school transcript or GED scores is required**.**
3. Provide PCC Basic Skills Assessment Test results **only if you do NOT have** proof of 12th grade reading level OR prior college-level English and math. ACT and SAT scores may be substituted for the PCC Assessment Test. (See college catalog for policy.) For further information about the Basic Skills Assessment test and a schedule, call 719-549-3393.)
4. Provide copies of **ALL college transcripts that have coursework relevant to the OTA program from EACH institution attended,** including PCC.
	1. Copies of unofficial transcripts are preferred for review with the OTA application. Official transcripts will need to be sent to Records if you are accepted into the OTA program.
	2. Please highlight all completed general education courses on your transcripts.
	3. If all transcripts are **NOT** included in the application from a school that is listed on another transcript, the committee will not continue the application process.
5. Complete the Occupational Therapy Assistant Program Application (page 6)
6. Complete OTA Essential Functions Formand Application (pages 7-8).
7. Submit two (2) forms of recommendation. The required forms are located on pages 9-12. Recommendation forms need to be completed by **non-relative** acquaintances and must be included with the application and in sealed envelopes with the signature of the reference source across flap of the envelope.
8. New: In lieu of observation hours, please watch video and complete Occupational Therapy questions for 6 points (pages 13-14) **or** Work History Form for 3-2 points (page 15).
	1. The Work History Form is not needed if you watch video and completed questions on pages 13 and 14.
9. Complete and sign the Application Checklist to acknowledge that you understand that a background and drug screen will be required if conditionally accepted (page 16)

All requirements listed above received or postmarked by 5 PM, **March 1, 2022** to be considered for acceptance to the program. Evaluation of applicants will take place after the deadline.

**MAIL OR SUBMIT APPLICATIONS TO:**

Pueblo Community College

Occupational Therapy Assistant Program

900 W. Orman Ave., MT-176

Pueblo, Colorado 81004

Only complete applications will be reviewed. Applicants **will not** be notified of missing application information and your application will not be processed.

## Evaluation and Selection of Applicants

Your OTA application and all related requirements and documentation will be reviewed and scored as detailed below.

The Occupational Therapy Assistant Program has a selective admissions policy due to lab space and the limited number of fieldwork sites available to the program. A maximum of twenty (20) applicants will be chosen for the 2022 fall semester. A list of alternates will be maintained and will be notified of any vacancy up through the first week of fall semester classes.

Final admission of all applicants will be awarded at the discretion of the OTA Admissions Committee.

## Selection Criteria

Using the following criteria, applicants will be evaluated for admittance into the OTA program.

1. Education
2. Combined average of college GPA from all college transcripts (8 points maximum):
	1. 3.60-4.00 = 8 points, 3.10-3.59 = 6 points, 2.60-3.09 = 4 points, 2.5 – 2.59 = 2 points
3. Completion of the following general education courses, with a grade of C or better, by application deadline will receive points, but are not required to be completed to be considered for selection to be interviewed (13 points maximum):
	1. 3 points - BIO 106
	2. 2 points per course - HPR 178, ENG 121, PSY 101, MAT 107, one HUM
4. Work Experience
	1. Applicant will be given points for meeting **only one** of the following criteria (6 points maximum):
5. 6 points – watching video and answering questions completely. (pages 13-14)
6. 3 points – Complete work history form, (healthcare, school, or related area, such as CNA, rehab tech, paraprofessional) (page 15)
7. 2 points – Complete work history form (unrelated healthcare work experience). (page 15)
8. Recommendations from 2 non-relative acquaintances (10 points maximum).
	1. Only two forms of recommendation are required. Please use the forms included in this application packet (pages 9-12).
9. Reapplication (3 points maximum)
	1. If an applicant is not conditionally accepted, they will be placed on an alternate list and candidates will be notified as vacancies occur. Those placed on the alternate list, who do not fill a vacancy, **must complete the full application for consideration during the next application cycle.** If an alternate met all the requirements of the application and would like to receive points for re-application the next year, they must request this in writing and send to PCC OTA program, 900 W. Orman Ave., Pueblo, CO 81004 **on or before August 1**. Please note that no materials, such as transcripts or other application documents, are kept on file to be used again for re-application. These materials are treated as confidential documents and are shredded.
10. Personal Interview Score Average (60 points maximum)
	1. The interview will assess the applicant's desire and motivation to pursue the field of occupational therapy, communication skills, commitment to learning, and interpersonal skills needed for success in the program and the field of occupational therapy.

The total possible points is 100.

## After I apply, what should I expect?

If the application packet is complete, the applicant’s information will be reviewed by the program’s Admission Committee. Applicants will be notified by email if they are selected for an interview. Interviews will be scheduled for April 8and 11, 2022.

All interviews must be conducted in-person, unless otherwise communicated to applicant

After interviews have taken place applicants will be notified of their **conditional acceptance\*** with a definitive deadline to complete all other requirements needed. Applicants must return the conditional acceptance form by the date indicated in the letter to reserve their place for the 2022 fall semester.

\*Conditional acceptance means that the applicant must successfully complete the background check and drug screen requirements. More information will be sent in the conditional acceptance letter along with any other conditions the committee may require. Due to its time-sensitive nature, please **do not** complete the background check or drug screen before being notified of conditional acceptance status.

All Colorado Community College health students (including OTA students) must complete a background check, pass a drug screening, and sign online payment agreement before they can register in classes for the health program.

1. The information and procedure to complete these requirements will be sent to you once you have been conditionally accepted into the program (after the interview process).
2. The current cost the background check and drug screen is $71.20 and is the responsibility of the student.
3. Upon acceptance into the program the student will also need to provide proof of immunizations, liability insurance, and a current CPR card. Costs of updating immunizations, liability insurance, and CPR card are the responsibility of the student.

# OTA Program Curriculum and Course Schedule

| **Semester/Total Credits** | **Course** | **Course Titles** | **Credits** |
| --- | --- | --- | --- |
| First Fall – 18 | BIO 106 **OR** BIO 201 **OR**  BIO 202 | Basic Anatomy and Physiology **OR** Anatomy & Physiology I **OR** Anatomy & Physiology II | 4 |
| First Fall – 18 | PSY 101 **OR** PSY 102 **OR** PSY 235 | General Psychology I **OR** General Psychology **OR** Human Growth & Development | 3 |
| First Fall – 18 | HPR 178 | Medical Terminology | 1 |
| First Fall – 18 | OTA 100  | Introduction to Occupational Therapy | 3 |
| First Fall – 18 | OTA 105  | Occupational Disruption and Activity Analysis | 3 |
| First Fall – 18 | OTA 106  | Basic Occupational Therapy Frames of Reference & Documentation | 2 |
| First Spring – 16  | MAT 107  | Career Math | 3 |
| First Spring – 16 | OTA 121  | Assessing Movement through Occupation | 4 |
| First Spring – 16 | OTA 122  | Origins of Occupation and Performance from the Neonate to Adulthood | 2 |
| First Spring – 16 | OTA 125  | Basic Occupational Therapy Application to Mental Health | 4 |
| First Spring – 16 | OTA 131  | Geriatric Concerns, Diseases, and Treatment Techniques | 3 |
| First Summer – 6  | ENG 121  | English Composition I | 3 |
| First Summer – 6 | OTA 181  | Geriatric Level I Fieldwork Experience | 1 |
| First Summer – 6 | OTA 271  | Occupational Therapy Rehabilitation Techniques | 2 |
| Second Fall – 16  | OTA 216  | Physical Disabilities Neuro-Retraining | 3 |
| Second Fall – 16 | OTA 218  | Occupational Therapy Application to Adult Physical Disabilities | 3 |
| Second Fall – 16 | OTA 182  | Physical Disabilities Level I Fieldwork Experience | 1 |
| Second Fall – 16 | OTA 221  | Pediatric Concerns, Disabilities, and Treatment | 3 |
| Second Fall – 16 | OTA 183  | Pediatric Level I Fieldwork Experience | 1 |
| Second Fall – 16 | OTA 235  | Professional Management for the OTA | 2 |
| Second Fall – 16 | ART 110, **OR** MUS 120, **OR** SOC 101, **OR** PSY 235 1 | Art Appreciation **OR,** Music Appreciation **OR,** Introduction to Sociology **OR** Human Growth and Development 1 | 3 |
| Second Spring – 15 | OTA 280 | Fieldwork in Occupational Therapy I | 7 |
| Second Spring – 15 | OTA 281 | Fieldwork in Occupational Therapy II | 7 |
| Second Spring – 15 | OTA 278 | OTA Seminar | 1 |

**1** Other courses may fulfill this requirement, if approved by OTA admissions committee.

**NOTE: Colorado Community College System will be changing course numbering to 4 digits in the Summer of 2022. Course content will not change, only numbers.**

# Occupational Therapy Assistant Application

Date: S #:

First Name: M.I. Last Name:

Maiden Name (if applicable):

Permanent Address:

Street Address: City: State: Zip

Mailing address if different than above:

Street Address: City: State: Zip

Email Address: Phone #:

Are you a Colorado Resident? [ ]  Yes [ ]  No

## Cost Estimation

The following cost information is based upon the most recent information available at this printing. The costs estimates are based on those incurred by a full time student in the Occupational Therapy Assistant Program not including general education classes, and are subject to change without notice.

| Semester | First Fall | First Spring | Summer | Second Fall | Second Spring |
| --- | --- | --- | --- | --- | --- |
| Resident Tuition | $1,659.20. | $2,696.20 | $622.20 | $3,111.00 | $3,111.00 |
| Non-resident tuition  | $5,466.40 | $8,882.90 | $2,049.90 | $10,249.50 | $10,249.50 |
| Books | $496.00 | $290.00 | $0.00 | $148.00 | $60.00 |
| Additional Costs | $60.00 | $70.00 | $0.00 | $30.00 | $0.00 |
| Total Costs Resident | $2,215.20 | $3,056.20 | $622.20 | $3,289.00 | $3,17100 |
| Total Cost Non-resident | $6,022.40 | $9,242.90 | $2,049.90 | $10,427.50 | $10,309.50 |

Other costs not included in this figure may include:

* Hepatitis B vaccination approximately $150.00
* MMR and TB skin test $50.00 to $75.00
* **Annual** Malpractice/Liability insurance premium $10.00
* Drug screening and criminal background check $71.20
* If a student is required to take their fieldwork placement in another city, these costs may increase for transportation and/or housing. Costs may change as the cost of tuition, books, alternative delivery courses, and the student’s personal expense increase.

**These costs are estimates and are subject to change without notice.**

I have read and understand the above **estimated** costs for the Occupational Therapy Assistant Program.

Signature: Date:

## Essential Functions Form

ESSENTIAL SKILLS OF AN OCCUPATIONAL THERAPY ASSISTANT

Students in the OTA Program at PCC must be capable of providing client-centered services in a safe manner under the supervision of the occupational therapist. As an incoming OTA student, it is essential that you have the following minimum skills and abilities for successful participation and progression in this program and to gain employment as an Occupational Therapy Assistant.

In accordance with Colorado Community College System Policy, PCC will provide, when requested, reasonable accommodations for students with disabilities. The College and the OTA program, however, are not required to substantially alter the requirements or nature of the OTA program due to a student’s disability or disabilities. Any student who wishes to request accommodations may do so by contacting the PCC Disability Resources Center in the Davis Academic Building in room 120 or call 719-549-3446.

All students, with or without accommodations, must be able to demonstrate the essential functions that are listed below.

| **Essential Function Criteria** | **Definition of Essential Function** |
| --- | --- |
| **Attention** | Ability to effectively attend to multiple features of a task, personal interaction, and/or group to include ability to selectively focus and attend to key features, use divided and alternating attention between two or more features, in a quick, safe manner.  |
| **Communication** | Ability to use English written and spoken language skills for effective communication with individuals in all health care professions, clients, family members and care providers. |
| **Coordination** | Ability to use fine skilled movements, such as finger dexterity and eye-hand coordination, for effective tool use, dressing, personal hygiene, grooming, cooking and written communication skills.  |
| **Emotional Coping** | Ability to adapt effectively to fluctuations in emotional and physical stress levels; including the ability to maintain composure in moderate to high levels of stress in emergency situations.  |
| **Information Literacy** | Ability to access, evaluate, and use a variety of information resources such as library services, electronic catalogs, databases, in an efficient, ethical and legal manner.  |
| **Learning** | Ability to effectively use a variety of teaching/learning methods and strategies in both individual and collaborative learning situations. |
| **Organization** | Ability to organize concepts, thoughts, schedule, materials, and work space.  |
| **Problem-solving** | Ability to engage in decision-making and problem-solving for use in clinical reasoning and safe practice. |
| **Sensory** | (a) Functional visual abilities (with correction, as needed) sufficient to closely observe one or more persons at a 10 foot distance, and closely monitor facial expressions, skin coloration, muscular tension, and detailed workmanship.(b) Functional auditory acuity (with correction, as needed) sufficient to comprehend one or more persons engaged in conversation, and to hear monitoring, communication and safety device signals.(c) Spatial reasoning abilities sufficient to plan and implement modifications of tools, materials and the environment, and to observe human movement. |
| **Strength** | Sufficient body strength to sustain work level on a full-time basis, while performing intermittent moderate to heavy work levels (lifting of 25 lbs. above shoulder level; lifting, pushing, pulling 50+ lbs), and the ability to assist a person to move to different positions and surfaces.  |
| **Technology** | Ability to use basic computer software, word processing, electronic communication and on-line course skills on a regular basis. |
| **Transportation** | Ability to access transportation to attend classes and Fieldwork sites in a timely manner. |
| **Work Ethic** | Ability to use effective work ethic skills to include attendance, punctuality, positive work attitude, respect, cooperation, teamwork, professional manners, productivity appropriate to course and job role requirements and to work with persons with diverse backgrounds. |

I have reviewed the essential functions for this program, and I certify that to the best of my knowledge I have the ability to perform these functions. I understand that a further evaluation of my ability may be required and conducted by the OTA faculty, if deemed necessary, to evaluate my ability for admission into, retention in, and progression through the program.

I understand that if my health changes during the OTA program so that I am no longer able to meet, with or without accommodations, the essential functions of the program, I may be withdrawn from the program.

Print Name:

Signature: Date:

## Recommendation Letter 1

Applicant must fill out wavier of confidentiality, sign, date, and print out this form for recommender to fill out.

**Waiver of Confidentiality**

I, request that you complete this form of recommendation of me and put it in a sealed envelope with your signature over the seal and return to me to submit with my application. I understand that your candid evaluation of me is being sought and the form will remain confidential.

I hereby waive my right of access to your confidential recommendation and understand the recommendation will be held in confidence.

Applicant Signature: Date:

**Recommender’s Evaluation**

1. How long and in what capacity have you known the applicant?
2. Considering the following qualities, please rate this individual using the scale below that best reflects your judgement about the applicant. When rating, consider this applicant in comparison to similar individuals you have known/observed in the past.

1 (Poor/Never)

2 (Below Average/Seldom)

3 (Fair/Occasionally)

4 (Well/Often)

5 (Exceptional/Always)

N/A (Not applicable/Not able to judge)

Mark the appropriate score in the following table:

| Criteria | 1 | 2 | 3 | 4 | 5 | N/A |
| --- | --- | --- | --- | --- | --- | --- |
| Writes & speaks with organization & clarity |  |  |  |  |  |  |
| Responds to feelings of other appropriately |  |  |  |  |  |  |
| Works constructively with others  |  |  |  |  |  |  |
| Uses time responsibly |  |  |  |  |  |  |
| Carries out responsibility |  |  |  |  |  |  |
| Demonstrates self-confidence |  |  |  |  |  |  |
| Problem-solves |  |  |  |  |  |  |
| Accepts responsibility for own behavior |  |  |  |  |  |  |
| Is resourceful |  |  |  |  |  |  |
| Is flexible/adaptable |  |  |  |  |  |  |
| Demonstrates initiative |  |  |  |  |  |  |
| Is prompt |  |  |  |  |  |  |
| Is ethical |  |  |  |  |  |  |
| Works independently |  |  |  |  |  |  |
| Grasps new concepts quickly |  |  |  |  |  |  |

**Enter addition comments about applicant in the following space:**

Recommender’s Signature: Date:

Name Printed and Title:

Email:

Phone number:

**Return to applicant in a sealed envelope. PLEASE SIGN YOUR NAME ACROSS THE SEALED FLAP ON THE BACK OF THE ENVELOPE IN ORDER TO MAINTAIN CONFIDENTIALITY.**

## Recommendation Letter 2

Applicant must fill out wavier of confidentiality, sign, date, and print out this form for recommender to fill out.

**Waiver of Confidentiality**

I, request that you complete this form of recommendation of me and put it in a sealed envelope with your signature over the seal and return to me to submit with my application. I understand that your candid evaluation of me is being sought and the form will remain confidential.

I hereby waive my right of access to your confidential recommendation and understand the recommendation will be held in confidence.

Applicant Signature: Date:

**Recommender’s Evaluation**

1. How long and in what capacity have you known the applicant?
2. Considering the following qualities, please rate this individual using the scale below that best reflects your judgement about the applicant. When rating, consider this applicant in comparison to similar individuals you have known/observed in the past.

1 (Poor/Never)

2 (Below Average/Seldom)

3 (Fair/Occasionally)

4 (Well/Often)

5 (Exceptional/Always)

N/A (Not applicable/Not able to judge)

Mark the appropriate score in the following table:

| Criteria | 1 | 2 | 3 | 4 | 5 | N/A |
| --- | --- | --- | --- | --- | --- | --- |
| Writes & speaks with organization & clarity |  |  |  |  |  |  |
| Responds to feelings of other appropriately |  |  |  |  |  |  |
| Works constructively with others  |  |  |  |  |  |  |
| Uses time responsibly |  |  |  |  |  |  |
| Carries out responsibility |  |  |  |  |  |  |
| Demonstrates self-confidence |  |  |  |  |  |  |
| Problem-solves |  |  |  |  |  |  |
| Accepts responsibility for own behavior |  |  |  |  |  |  |
| Is resourceful |  |  |  |  |  |  |
| Is flexible/adaptable |  |  |  |  |  |  |
| Demonstrates initiative |  |  |  |  |  |  |
| Is prompt |  |  |  |  |  |  |
| Is ethical |  |  |  |  |  |  |
| Works independently |  |  |  |  |  |  |
| Grasps new concepts quickly |  |  |  |  |  |  |

**Enter addition comments about applicant in the following space:**

Recommender’s Signature: Date:

Name Printed and Title:

Email:

Phone number:

**Return to applicant in a sealed envelope. PLEASE SIGN YOUR NAME ACROSS THE SEALED FLAP ON THE BACK OF THE ENVELOPE IN ORDER TO MAINTAIN CONFIDENTIALITY.**

## Occupational Therapy Video and Questions

Applicant First Name: Last Name: S #:

Due to the limitations placed on all of us during the COVID 19 pandemic, we have created this activity as an alternative to the observation hours required in normal times.

Please watch the video “[*What can Occupational Therapy do for you*?”](https://www.youtube.com/watch?v=jwwOXlLYQ4Q)

<https://www.youtube.com/watch?v=jwwOXlLYQ4Q> and answer the following questions:

* + 1. What is one of a child’s occupations according to Melody Maney, MS, OTR/L?

Click or tap here to enter text.

* + 1. What does the Occupational therapist say to explain how going to a coffee shop is a part of therapy?

Click or tap here to enter text.

* + 1. What parts of a patient do occupation Therapy practitioners look for?

Click or tap here to enter text.

* + 1. What is the goal of an Occupational Therapy practitioner?

Click or tap here to enter text.

* + 1. What was the steering wheel used in therapy for the individual with a traumatic brain injury?

Click or tap here to enter text.

* + 1. Name three (3) diagnoses in the video?

Click or tap here to enter text.

Now find three (3) more videos about Occupational Therapy and record the URLs here:

1.

2.

3.

As shown in “*What can Occupational Therapy do for you?”* occupational therapy servee a wide range of patents, in a variety of settings. Children can be seen in schools, outpatient clinics, or a home. Elders can receive in home services, assisted living services, or in a day program also the population with physical disabilities can receive services in hospital, as well as in an outpatient clinic.

With this in mind find three (3) occupational therapy

Name of facility or practitioner

1.

2.

3.

Address

1.

2.

3.

Phone Number:

1.

2.

3.

Website (if available)

1.

2.

3.

What population of patients/clients are served?

1.

2.

3.

## Work History Form

Applicants should submit a work history form **only** if they were unable to complete the video and questions. . Under type of work, make sure to add any health, educational, and/or occupational therapy-related work or volunteer opportunities to assure appropriate point values, three points vs two points.

First Name: Last Name: S #:

Employer (Company/Business Name): Type of work:

Street Address: City: State: Zip

Dates of Employment: FROM TO

Employer (Company/Business Name): Type of work:

Street Address: City: State: Zip

Dates of Employment: FROM TO

Employer (Company/Business Name): Type of work:

Street Address: City: State: Zip

Dates of Employment: FROM TO

Employer (Company/Business Name): Type of work:

Street Address: City: State: Zip

Dates of Employment: FROM TO

Employer (Company/Business Name): Type of work:

Street Address: City: State: Zip

Dates of Employment: FROM TO

Student Signature: Date:

## Applicant Check List

Please check the following boxes to indicate that you have reviewed and included documentation required as part of the OTA application packet:

[ ]  Application for Admission to Pueblo Community College, Admissions Office, 900 W. Orman Ave., Pueblo, CO 81004. Do not submit your OTA application to the Admissions Office. (Please note: Application for admission to PCC can be completed before or after acceptance to the OTA Program)

[ ]  Unofficial transcripts from PCC and all previously attended colleges. If you have not attended college, a copy of your high school transcript or GED scores are required**.**

[ ]  If you do not have college transcripts.

* PCC Basic Skills Assessment Test results
* ACT and SAT scores.

[ ]  Complete the Occupational Therapy Assistant Program Application (page 6)

[ ]  OTA Essential Functions Formand Application (pages 7-8)

[ ]  Two (2) forms of recommendation (pages 9-12) in sealed envelopes with the signature of the reference source across flap of the envelope.

[ ]  Complete the Occupational Therapy video and questions (page 13-14) **or** Work History Form (page 15).

* The Work History Form is not needed if you completed the video and questions.

I, understand:

[ ]  There is a background check and drug screen process with a $71.20 fee, which is required for final admissions into the OTA program. More information will come from the program after conditional acceptance.

[ ]  It is the applicant’s responsibility to see that **ALL** the application materials have been received by the deadline. Incomplete or late applications will **NOT** be reviewed for consideration. This includes missing unofficial transcript and letters of recommendation.

[ ]  Official transcripts will need to be received by the PCC Records Office via mail or email upon acceptance into the OTA Program.

I hereby certify that to the best of my knowledge the information furnished is true and complete - without evasion or misrepresentation. I understand that, if it is found to be otherwise, it is sufficient cause for rejection or dismissal. Further, I have read the requirements for program admission and, if selected, I accept full academic and financial responsibility for enrollment within the program.

Signature: Date:

## Notice of Non-Discrimination Statement

Pueblo Community College prohibits all forms of discrimination and harassment including those that violate federal and state law or the State Board for Community Colleges and Occupational Education Board Policies 3-120 and 4-120. The College does not discriminate on the basis of sex/gender, race, color, age, creed, national or ethnic origin, physical or mental disability, veteran status, pregnancy status, religion, genetic information, gender identity, or sexual orientation in its employment practices or educational programs and activities.  Pueblo Community College will take appropriate steps to ensure that the lack of English language skills will not be a barrier to admission and participation in vocational education programs.

The College has designated the Director of Human Resources as its AA/EEO and Title IX Coordinator, and the Senior HR Specialist as Deputy Title IX Coordinator, with the responsibility to coordinate the college’s civil rights compliance activities and grievance procedures. If you have any questions, please contact the Director of Human Resources or Deputy Title IX Coordinator, 900 W. Orman Avenue, Central Administration Building, Room 111, telephone 719.549.3220, email HR.PCC@Pueblocc.edu. You may also contact the Office for Civil Rights, U.S. Department of Education, Region VIII, Federal Office Building, 1244 North Speer Blvd., Suite 310, Denver, CO 80204; phone: 303.844.3417.

## Aviso de no discriminación

Pueblo Community College (PCC) prohíbe todas formas de discriminación y acoso, inclusive violación de leyes federales y estatales o las políticas educativas 3-120 y 120 4 del Consejo Estatal de Colegios Comunitarios y Laborales. El Colegio no discrimina en base al sexo/género, raza, color, edad, credo, origen nacional o étnico, incapacidad física o mental, estado de veterano, estado de embarazo, religión, información genética, identidad de género o orientación sexual en sus prácticas de empleo, programas educativos, o actividades que ofrece el Colegio. PCC tomará medidas apropiadas para asegurar que la falta de conocimientos del idioma inglés no será un impedimento para la inscripción y participación en programas de educación vocacional.

El Colegio ha designado el Director de Recursos Humanos (RH) el oficial de Acción Afirmativa (AA), Igualdad de Oportunidades de Empleo (EEO), y Coordinador de la ley-Título IX. El Especialista Mayor de Recursos Humanos en PCC es designado como Diputado Coordinador de la ley Título IX con la responsabilidad de coordinar las actividades de cumplimiento de derechos civiles y procedimientos de quejas. Si usted tiene alguna pregunta, póngase en contacto con el Director de Recursos Humanos o el Diputado Coordinador de Título IX, 900 W. Orman Avenue, ubicados en el edificio de Administración Central, sala 111, teléfono 719.549.3220, o correo electrónico HR.PCC@Pueblocc.edu. También puede comunicarse con la oficina de derechos civiles con el Departamento de Educación, Región VIII, Edificio de Oficinas Federales, 1244 North Speer Blvd., Suite 310, Denver, CO 80204; teléfono: 303.844.3417.