Dear Student:

Thank you for your interest in the Occupational Therapy Assistant (OTA) Program in Trinity Washington University’s School of Nursing and Health Professions.

The OTA application includes completion of the following:

1. Fall admission: Schedule an appointment with your academic advisor or Lisa Pasteur Simmons, MS, OTR/L, to ensure all items required for admission into the OTA Program have been received and included. Complete Academic Advising Checklist (page 7 and 8 with your advisor).

2. Signed Trinity OTA Program Application (pages 2-5)

3. Transcripts received from all institutions where post-secondary courses have been taken

4. Signed Time Sheet for ten (10) total occupational therapy observation hours

5. OTA Reflection Essay: In a typed one to two page essay, respond to the following based on your clinical observations:

   - Type of facility visited
   - Type of interventions, activities and equipment observed
   - Based on your observation at the facility, write 1-2 sentence that states what occupational therapy is to you. What experiences during your observation influenced your definition of occupational therapy?
   - What experiences or ideas shaped your decision to pursue a career as an occupational therapy assistant?
   - How does your interest in becoming a COTA relate to your future goals?
Trinity Washington University
School of Nursing and Health Professions
Occupational Therapy Assistant Program Application
Student Information Form

Student Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
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Street Address

<table>
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<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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Telephone: (Home) ______________________ (Cell) _______________________

Personal E-mail address: ________________________________________________

Trinity ID (for current Trinity students at the time of application) ________________

Program Information

Expected Year of Entry into the OTA Program: __________________________

Have you previously applied to this OTA program?

____ Yes ____ No     If yes, when? __________________ (Semester/Year)

Have you previously attended another OTA program?

____ Yes ____ No     If yes, when? ________________ Location: __________________

OTA Applicant Signature ___________________________ Date ____________
Trinity Washington University
School of Nursing and Health Professions
Student Acknowledgement Form

1. I understand that once accepted into the Trinity Washington University Occupational Therapy Assistant Program, I **MUST**, by June 1st or within 60 days after acceptance into the OTA Program, have the following completed and provide proper documentation in my student records:

- A physical examination by a licensed health care professional, using the Trinity Washington University Health Screening Form. This form must be uploaded to Castlebranch. Click here to download the Trinity Health Form from the Trinity website. The physical exam must be completed annually while enrolled in the OTA program.
- Tuberculosis (TB) skin test (given within past 6 months) with follow up chest x-ray (if skin test is positive). Your chest x-ray must have been taken within two years in order to be current. NOTE: A new TB skin test must be completed annually and the chest x-ray (if required) must be repeated every two years while enrolled in the OTA program.
- Immunizations: Immunization records must be completed by a licensed health care professional, using the Trinity Washington University Health Screening Form. This form must be uploaded to Castlebranch.
  - Tetanus/Diphtheria (TD Booster) – within ten years
  - MMR – Two vaccines or a positive titer
  - Varicella (Chicken pox) – Two vaccines or a positive titer
  - Hepatitis B – Series of 3 vaccines given over a six-month period. All 3 vaccines must be completed before student participates in the clinical portion of the program.
  - Seasonal Influenza – Proof of updated annual vaccine
  - Polio-Serious 3 vaccines of OPV or IPV
- Proof of current major medical health insurance
- Current Cardiopulmonary Resuscitation (CPR) certification (American Heart Association - CPR for the Health Care Provider)

2. I understand that I will need to get an updated annual flu vaccine, an updated annual TB test (or chest x-ray every two years), an updated annual physical exam, and keep my CPR certification current.

3. I understand that I will be required to take a certified drug test through Castlebranch at my expense and that the results need to be in my student records by June 1st or within 60 days after acceptance into the OTA Program. I may be denied access to clinical placement sites by the agencies based on the results of my drug test.

4. I understand that once accepted into the OTA Program, I will be required to utilize Castlebranch to submit to a Nationwide Federal Background Check with FBI fingerprinting, criminal search, sex offender index, and a resident history search, at my expense. The results need to be in my records by June 1st or within 60 days after acceptance into the OTA Program. I understand that I may be
denied access to clinical placement sites by the agencies based on the results of my background check.

5. I understand that, once accepted into the OTA program, I must go to Castlebranch to set up an account for my background check. I also will need to upload medical documentation in the Medical Document Manager CRR at the same website. Then, after submitting my health documents to the Trinity Wellness Office these documents will be filed in my health records folder and also maintained in the Medical Document Manager CRR for safe-keeping. The base cost is approximately $146.

6. I understand that I will be required to purchase a name badge and an OTA uniform. This uniform will be required for my informal & formal fieldwork during my 4 semesters in the OTA program. Approximate cost for the uniform, information about fittings will be provided at OTA Student Orientation.

7. I understand that during each semester, I will be required to purchase books & OT supplies for my OTA laboratory skills labs. Cost per semester will vary.

8. I understand that I will be unable to register for OTA core courses with a fieldwork component until all of the above required documents are submitted to and I have received correspondence of completion from the Academic Fieldwork Coordinator.

9. I understand that I must have a cumulative GPA of at least 2.5 to be accepted into and to graduate from the OTA Program.

10. I understand that I must earn a C or better in all OTA prerequisite courses in order to be admitted into the OTA program. If I earn less than a C in a prerequisite OTA course, I cannot begin taking courses in the OTA program and will need to repeat the course, earn a C or better, and reapply to the OTA program.

Note: The OTA program is a hybrid program with online and face-to-face course content. It also includes two types of clinical experiences: Level I and Level II Fieldwork.

- OTA Level I is scheduled approximately 3-10 times each semester and requires the student to be present at varied facilities. The amount of hours per day will vary based on the facility and the clinical instructor’s availability.
- OTA Level II fieldwork begins in the fourth semester after OTA core coursework has been completed and requires the student to be present at the fieldwork site fulltime (eg. 8 am-5pm Monday to Friday) lasting a minimum of eight weeks.* Students must complete two eight (8) week Level II rotations for a total of 16 weeks.

* Note facility hours may vary.
I have read and understand the admission criteria for the OTA Program at Trinity Washington University. I understand that it is my responsibility to meet all program and application requirements. I verify that all statements on this application are complete and true. I understand that falsification of any information may lead to dismissal from the program.

______________________________
OTA Applicant Signature         Date
Name of Student ____________________________ Name of Advisor ____________________________

Student Email ____________________________ Student Phone ____________________________

CAS Student __________ SPS Student __________ NHP/OTA Candidate __________

Please complete the advising checklist below and include it in the student’s application packet.

Place a check in the box to the left of each course when completed by the student, and please include the course ID#, school where taken (if not Trinity), and grade achieved or the letters IP if the course is currently “In Progress.”

Trinity GPA: _________ Other Institution GPAs: _________
Pre-Req GPA: _________ Overall GPA: ________________

☐ All pre-requisite course credits are on the Trinity transcript, which is included in the admission packet.
☐ Minimum of C in all pre-requisite courses was achieved
☐ Cumulative undergraduate GPA minimum of 2.5 is evident
☐ OTA Reflection Essay
☐ Signed Time Sheet for ten (10) total occupational therapy observation hours

Date Completed by Advisor _____________ Date Submitted to the OTA Program _______________
Date received by OTA Office: _____________ Entered by: _________________________________

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Course #</th>
<th>School (If not Trinity)</th>
<th>Grade</th>
<th>In Progress</th>
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<tbody>
<tr>
<td>BIOL 121 Anatomy &amp; Physio I</td>
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<tr>
<td>BIOL 122 Anatomy &amp; Physio II</td>
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<td>English 107 College Composition</td>
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<td>HPNU 120 Medical Terminology</td>
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<td>Math 108 Finite Math</td>
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<td>PSYC 101 Intro to Psych</td>
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<tr>
<td>PSYC 231 Child Psychology</td>
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<tr>
<td>SOCY 100 intro to Sociology</td>
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Comments: ____________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Signature of Academic Advisor: __________________________________________________________
The following Q & A may be used as a guide to help you through the OTA application process.

Q. How do I schedule an appointment with an Academic Advisor?
A. Students should call or email their CAS, SPS, or NHP academic advisor to make an appointment.

Q. Where do I send my transcripts from previously attended institutions?
A. Transcripts are sent to Trinity’s Admissions Office.

Q. What other information is attached to the OTA application?
A.
- Student Information Form
- Signed Student Acknowledgement Form
- All Post-secondary transcripts
- Signed Time Sheet (10 observation hours)
- OTA Reflection Essay

Q. What is an OTA Reflection Essay?
A. This is a formal essay designed to allow you to explain your reason for choosing OTA as a career and to describe your clinical observation. The essay will also allow the application review team to assess your writing skills.

Q. Where should I obtain OT observation hours?
A. You may observe an OT or an OTA in any type of facility in the Washington Metro Area to include private or public schools, nursing homes, rehabilitation centers, acute care hospitals, private practice. Below are a few suggestions for facilities in Washington, DC, but you may choose other facilities for observation in your surrounding community.

*Please remember your observation must be with a licensed Occupational Therapist or Certified Occupational Therapy Assistant; not an occupational therapy aide or rehabilitation tech/aide.

Area hospitals include:

- Washington Hospital Center
- Sibley Hospital
- Howard University Hospital
- Providence Hospital
- Georgetown Hospital
Trinity
- George Washington Hospital
- Children’s National Medical Center

Area Rehabilitation Centers include:
- National Rehabilitation Hospital
- HSC Pediatric Center

Area Sub-Acute Facilities include:
- The Washington Home

Area Skilled Nursing Facilities include:
- Hadley Hospital Skilled Nursing
- Rock Creek Manor
- Stoddard Baptist Nursing Home

Area Nursing Homes include:
- Knoll wood Nursing Home
- Lisner-Louise- Dickson-Hurt Home
- Capitol Hill Nursing Center
- Carroll Manor Nursing and Rehabilitation
- Health and Rehabilitation Center at Thomas Circle
- Ingleside at Rock Creek
- Methodist Home
- Specialty Hospital of Washington- Hadley Skilled Nursing Facility
- United Medical Nursing Home

Q. **What is the purpose of the OTA clinical observations?**
A. Observations will introduce you to OT practitioners as well as help you understand the profession of occupational therapy.
1. Complete the attached table for each facility visited to accumulate a total of 10 or more hours of direct observation of occupational therapy services. All hours must be completed with an Occupational Therapist or Certified Occupational Therapy Assistant.

2. Obtain the signature of the supervising OTR/COTA at the end of each observation day.

3. Complete the Journal Reflection Essay after you have completed all 10 hours of observation. Include the following information in your one to two page essay.
   - Type of facility visited
   - Type of interventions, activities and equipment observed
   - Based on your observation at the facility, write a 1-2 sentence that states what occupational therapy is to you. What experiences during your observation influenced your definition of occupational therapy?
   - What experiences or ideas shaped your decision to pursue a career as an occupational therapy assistant?
   - How does your interest in becoming a COTA relate to your future goals?

4. Professional protocol encourages you to send a formal thank you letter to the OTR or COTA that you observed after completion of your hours.
<table>
<thead>
<tr>
<th>Name of Facility:</th>
<th>Date of Visit:</th>
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<tbody>
<tr>
<td>Address and phone number of facility:</td>
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<tr>
<td>Type of setting:</td>
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<tr>
<td>Total hours completed:</td>
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<tr>
<td>Printed Name of OTR/COTA:</td>
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<tr>
<td>Signature of OTR/COTA Observed:</td>
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