



Occupational Therapy Assistant Application

2012-2013

Courses are offered during daytime hours and must be taken in an approved sequence. Students may complete other supporting required courses while also taking OTA subject classes. Level 2 full-time fieldwork must be completed within 18 months of program academic coursework. All fieldwork experiences will be completed during the normal daytime business hours of the clinic. Full time fieldwork is required in the final two quarters. The program begins every Fall Quarter. For additional information, email bford@greenriver.edu.

APPLICATION DEADLINE APRIL 17, 2012

Applications will be accepted from individuals who meet the following criteria:

- Applicant has completed required supporting courses (except AP 2 may be in progress)
- Completion of a minimum of 20 hours of job shadow/volunteer or work experience in Occupational Therapy.

❖ Required Supporting Courses:

Course Title	GRCC Course Number	Specific Information
Anatomy and Physiology 1	AP 103 <i>or</i> BIOL& 241	The two-quarter sequence of A&P should be taken at the same level (100 or 200) from the same college and should have been completed after 8/31/2007.
Anatomy and Physiology 2	AP 104 <i>or</i> BIOL& 242	The two-quarter sequence of A&P be taken at the same level (100 or 200) from the same college and should have been completed after 8/31/2007.
Communications, Psychology, or Sociology	CMST 100 <i>or</i> &210 <i>or</i> &220 <i>or</i> &230 <i>or</i> Psyc& 100 <i>or</i> Soc& 101	Psychology and Sociology course should have been completed after 8/31/2002. Please be advised that CMST 100 may not transfer to a university.
English Composition	ENGL 109 <i>or</i> ENGL& 101	Please be advised that Engl 109 may not transfer to a university. (5 quarter credits required.)

Each pre-requisite cannot be repeated more than once within the past 5 years.

❖ Application requirements:

Experience: A minimum of 20 hours of work, volunteer, or job shadow experience **in Occupational Therapy** must be documented in writing on the letterhead of the institution and submitted at the time of application. **IMPORTANT:** If shadowing was done after January 31, 2012 the applicant will have the institution complete the form found on page 12. All shadowing completed after January 31 that is not documented on this form and in a sealed envelope by the institution will not be considered.

In addition to the minimum 20 hours, the following will be considered (see grid below):

- Additional work, volunteer, or job shadow in Occupational Therapy

- Experience in more than one type of Occupational Therapy environment (outpatient, skilled nursing, hospital, rehab center, school, etc.)
- Employment in a closely related field (nursing, rehabilitation assistant, speech language pathology, healthcare professions, etc.)

We strongly encourage more than 20 hours of experience in more than one setting. Applicants will be evaluated based on extent and variety of experience in Occupational Therapy and related fields. Experience as a part of another degree or training program must be completed in an Occupational Therapy clinic and meets the minimum hours only.

Experience Evaluation (example only): points awarded for one category in each column.

Minimum requirement: 20 hours in OT	Additional points	Additional points
Volunteer/job shadow in Occupational Therapy (may be completed in more than one facility) <i>Employment in closely related field will not meet this requirement.</i>	Additional points will be awarded for experience in two different OT settings.	Employment in a closely related field (speech language pathologist, nursing assistant, rehabilitation assistant, etc.)

Grade point average: Applicants will be evaluated based on overall academic performance (GPA), and grades in prerequisite courses. A minimum cumulative GPA of 2.5 for all college level work taken within the last 5 years is required to apply to the program. Required supporting courses must be completed with a minimum grade of 2.0 (or a “C” if not a decimal grade).

Essay: Complete an essay, not to exceed one page (prefer word processed, standard font, 10 or 12 point), that explains your interest in becoming an OTA.

❖ Transfer Applicants:

Students transferring from other colleges must first complete a Green River Community College admissions application online at www.greenriver.edu or at the Zgolinski Welcome Center. If transfer credits are to be considered, official transcripts and a [Transcript Evaluation Request](#) Form must be submitted to Enrollment Services prior to applying. Unofficial Transcripts must also be submitted with the application.

❖ Additional Requirements:

Background Checks: Each student is also required to participate in a Washington State Patrol investigation for criminal history prior to entry into the program. The clearance must be free of any violations or convictions, including domestic violence. A criminal background limits or prevents clinical placement and/or employability.

If admitted into the program, students will also complete a national background (current processing fee of approximately \$60) to be in compliance with the Child/Adult Abuse Information Act (RCW 43.43.830-43.43.840). The form for the Certified Background check will be provided upon acceptance into the program.

Essential Functions: Applicants are expected to read the Essential Functions of the Occupational Therapy Assistant Program, and return the signature page along with the OTA application.

Anatomy & Physiology 2: Candidates who have not completed AP 2 at the time of application must complete it by July 1, 2012

Application Completeness: Applicants assume responsibility for knowing and meeting all requirements. They are expected to read and understand the college catalog and OTA Department website (www.instruction.greenriver.edu/OTA) for specific details regarding the Occupational Therapy Assistant program.

Other: Applications will not be accepted until after March 19th. No admissions decisions will be made until after April 17th.

❖ Application Process:

Applicants will be evaluated based on academic preparation (completion of prerequisites and academic performance), demonstrated familiarity with Occupational Therapy (experience in OT and closely related fields), the statement of interest (essay), and submission of a **complete** application packet per these directions. Incomplete applications will not be accepted.

When the class is filled, qualified applicants will be placed on the alternate list. If admission is offered to an applicant who has not completed AP 2, the admission will be provisional until the course is completed satisfactorily by the deadline.

Applications are accepted from **March 19, 2012** until **April 17, 2012:**

Enrollment Services
C/O Occupational Therapy Assistant Application
12401 SE 320th St
Auburn, WA 98092

Submitted applications become the property of Green River Community College and materials will not be returned to the applicant.

Checklist

Failure to follow directions can put your application at risk.

Before You Turn in the Application:

- Complete the required prerequisite courses with a 2.0 or higher (**complete chart below**):
- Have a minimum college-level GPA of 2.5 (on a 4.0 system)
- Submit all official transcripts for non-GRCC courses to Enrollment Services
- Submit [Transcript Evaluation Request](#) form to Enrollment Services if you submit official transcripts

What must be in Your Application Packet (in this order):

- OTA Program Application Form (Pg. 5)
- OTA Application Essential Functions Acknowledgment (Pg. 11) (Pg. 7-10: keep for your records)
- Signed Washington State Patrol clearance form (Pg. 12)
- Copy of valid photo ID
- All unofficial transcripts (GRCC included if attended) with pre-requisites highlighted**—*Even though you may have turned in official transcripts, you still need to turn the unofficals with the packet.*
- Essay (instructions on pg 2)
- Verification of all job shadow and/or related work experience (instructions on pg 1)

Please Do Not:

- Use **report covers** or **folders** – a staple will suffice
- Attempt to turn in documentation after submitting the application



OTA Program Application Form

2012-2013

Due April 17

NAME: _____ GRCC SID NO. _____

PHONE: (home) _____ (work) _____ (cell) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

(All communication with applicants will be done via email. It is the applicant's responsibility to ensure the email address is current and communication from @greenriver.edu is not blocked. We recommend using your Green River email.)

Have you previously been accepted to or been on the alternate list for the GRCC OTA Program?

Yes ____ Year _____

By signing below, I verify that this application packet for the Occupational Therapy Assistant Program is accurate and has been completed to the best of my knowledge. I hereby authorize GRCC to perform Washington State Patrol criminal background checks, maintain the record(s) until I graduate or withdraw from the program, and share the information as requested by clinical sites. In addition, my signature acknowledges that I have reviewed the document "Essential Functions for the Occupational Therapy Assistant Student" and am familiar with its content. I understand that I may request reasonable accommodation in order to meet the standards. Applications submitted become property of Green River Community College.

Print Name _____ (First) _____ (Last) _____

 SID Number _____
 (You **must** have a Student Identification Number in order to apply)

Signature _____

Date _____

This form along with required documentation must be submitted:
 Enrollment Services
 c/o Occupational Therapy Assistant Application
 12401 SE 320th St.
 Auburn, WA 98092

Before you turn your packet please review the Checklist on the Page 4 to ensure everything is complete.



ESSENTIAL FUNCTIONS

for the

Occupational Therapy Assistant Student

Becoming an occupational therapy assistant requires the completion of an education program that is both intellectually and physically challenging. The student will be expected to acquire knowledge, motor skills, and behavior and attitudes that are necessary to provide ethical, safe, effective, compassionate patient care. The purpose of this document is to inform candidates to the occupational therapy assistant (OTA) program of the demands that they can reasonably be expected to meet, with or without reasonable accommodation, while participating in the program.

Decisions made by the candidate to enter this program should be made after careful consideration of the following technical standards. These standards reflect reasonable expectations of the OTA student for the performance of common occupational therapy functions encountered in the program. They are also reasonable expectations of employers; however, employers may have different standards. The ability to meet these standards does not guarantee employment upon graduation.

Each candidate in this Associate in Applied Science degree program should possess the following abilities and skills:

- **Motor:** The candidate should have sufficient gross and fine motor capabilities to execute the movements and skills required to provide safe and effective occupational therapy treatment. This includes, but is not limited to:
 1. Sufficient coordination, speed, strength and agility to assist and guard (protect) patients who are walking, exercising or performing other activities.
 2. Ability to adjust, move and position patients and equipment which involves bending, twisting, pushing and pulling, and reaching in order to guide, transfer and lift equipment and individuals.

3. Ability to guide, resist, and assist patients, and to provide emergency care, which involves activities including standing, kneeling, sitting, walking and crawling.
 4. Ability and dexterity to fabricate, apply and monitor adaptive equipment, perform and demonstrate functional activities and administer components of sensory, motor and Activities of Daily Living Skills (ADL) assessments.
 5. Sufficient endurance to move about a classroom or clinical environment steadily throughout the day, including movement across distances, movement from one floor to another, and negotiation of small spaces.
- **Sensory:** Candidate should have sufficient sensory abilities to assess and monitor patients, observe physical movement, participate in physical measures, and recognize and respond to patient needs and unsafe situations. Candidate should have the ability to obtain information in classroom, laboratory or clinical settings through observation, auscultation, palpation and other measures, and requires abilities including, but not limited to:
1. Visual ability (corrected as necessary) to recognize and interpret facial expressions and body language, to observe patient performance in therapy, to read or set parameters on occupational therapy equipment, and to interpret and assess the environment.
 2. Auditory ability (corrected as necessary) to recognize and respond to verbal directions and requests, to be aware of safety mechanisms in the environment, and for effective communication between patients/families/co-workers.
 3. Tactile ability to palpate muscle contractions, to discriminate hot and cold modalities, to exert the necessary pressure to fabricate splints, and to identify joint articulations.
- **Communication:** Candidate will need to communicate effectively and efficiently with peers, faculty, patients and their families, and other health care providers orally, in writing, and non-verbally. This includes, but is not limited to:
1. Ability to read at a level that allows the essential functions of an assignment to be completed safely and effectively.
 2. Ability to effectively articulate and interpret information to patients, family members, other health care professionals and third party payers as appropriate.
 3. Ability to recognize, interpret, and respond to nonverbal behavior of self and others.

- **Behavior:** Candidate should be capable of exercising good judgment, developing empathic and therapeutic relationships with patients and others, working in stressful situations, and tolerating close physical contact with co-workers and patients. This includes, but is not limited to:
 1. Ability to work with multiple patients/families and colleagues at the same time.
 2. Ability to work with lab partners, patients, families and others under stressful conditions, including but not limited to medically or emotionally unstable individuals, situations requiring rapid adaptations, the provision of CPR, or other emergency interventions.
 3. Ability to prioritize multiple tasks, integrate information and make decisions.
 4. Ability to work with individuals of varying ages and socioeconomic, ethnic and cultural backgrounds.
 5. Ability to consistently provide a therapeutic presence.
 6. Ability to work collaboratively with all (both male and female) OTA students and with program faculty in classroom, lab and clinical settings.
 7. Ability to accept feedback and appropriately modify behavior in response to supervisory feedback.
 8. Ability to demonstrate values, attitudes, and behaviors consistent with the OT Professional Code of Ethics.
 9. Ability to display professional appearance (appropriate dress and personal grooming) while involved in all school, clinical, and professional activities.
 10. Ability to handle personal and professional problems appropriately so they do not interfere with classroom and clinical performance.

Critical Thinking: Candidate should possess sufficient abilities in the areas of critical problem solving, reasoning, and assessment to be able to comprehend and process information in a timely manner. Candidate will be asked to prioritize, organize and attend to tasks and responsibilities efficiently. This includes, but is not limited to:

1. Ability to collect and interpret data.
2. Ability to prioritize multiple tasks, integrate information and make decisions.
3. Ability to apply knowledge from basic and technical education to the provision of occupational therapy care which includes the ability to plan and implement treatment programs that are applicable and practical and provide creative treatment alternatives.
4. The ability to problem solve in order to act safely and ethically in the occupational therapy lab and clinic.

The **capstone experience** of this educational program occurs during the final two quarters, when the candidate provides occupational therapy care in clinic settings under the supervision of occupational therapy practitioners. The candidate should have the capacity to complete eight to ten hour days, and 40-hour weeks, in clinical education experiences for two ten week periods. The clinical education experience provides for an integrative measure of the candidate's capabilities, requiring that the candidate consistently demonstrate skill and proficiency of performance at the entry level of an occupational therapy assistant.

Additional information: In order to be eligible for placement at a clinical education site, students admitted to the program will need to:

1. Obtain certification (health professional level) in cardiopulmonary resuscitation through an approved course for health care providers.
2. Complete an approved 7-hour course for health care providers on blood borne pathogens.
3. Provide proof of health status including but not limited to proof of MMR and chicken pox vaccination, hepatitis B vaccination (or signed waiver), current tetanus immunization, and current TB test.
4. Complete a Washington State Patrol background check (Children and Vulnerable Adults Act)
5. Complete other pre-clinical screenings as needed such as drug testing and finger printing.

Candidates for the Occupational Therapy Assistant Program are required to certify that these standards have been provided to them. Applicants who believe they do not meet the standards may request accommodation. Accommodation is arranged through the Disability Support Services office. Additional information about requesting accommodation is available at

<http://www.greenriver.edu/DSS/>.

Signature Page for the Essential Functions of an Occupational Therapy Assistant

Please sign and return this signature page with the application packet, and keep the Essential Functions for your records.

My signature acknowledges that I have been provided with the document “Essential Functions” for OTA students and am familiar with its content. I understand that I may request reasonable accommodation if I believe I cannot meet the standards.

Name (please print): _____

Signature: _____ Date: _____

WASHINGTON STATE PATROL
REQUEST FOR CRIMINAL HISTORY INFORMATION
CHILD/ADULT ABUSE INFORMATION ACT
RCW 43.43.830 THROUGH 43.43.845

All students who will be placed in practicum education sites for Green River Community College's health occupation programs are requested to complete the below Washington State Patrol Abuse Clearance section. The purpose of this abuse clearance is to assure the safety and well-being of patients, clients and children who come into contact with students. Practicum education sites are expecting that GRCC students will not pose undue risks to the safety of patients/children.

The Washington State Patrol abuse clearance request is for the following:
 "Child/Adult Abuse Information: Response limited to convictions against children or other persons, dependency proceedings, abuse of vulnerable adults, and DOL disciplinary board final decisions and any subsequent criminal charges associated with the conduct that is the subject of the disciplinary board final decision". Please be aware that information on other felony and misdemeanor convictions may be reported from the state patrol office. This abuse clearance is used only for the purpose of practicum education placement determination and further dissemination or use of the record is prohibited.

As stated earlier, all students are **required** to complete this form. Any student choosing not to complete this process must be aware that the ability of faculty to arrange practicum education experiences will be severely restricted and in some instances impossible. A large number of facilities (all of them for nursing) require proof of this clearance before students are allowed to participate in any practicum activities.

I have read and understand this information about the Washington State Patrol Abuse Clearance.

Please attach a copy of your driver's license for identification verification.

Student's Signature and Date

PLEASE PRINT

Student's Name: _____

Last First Middle

Alias/Maiden Name: _____

Social Security Number: _____ Date of Birth: ____/____/19____

**Green River Community College Occupational Therapy Assistant Program
Verification and Recommendation Form for Job Shadow/Volunteer Experience in Occupational Therapy**

This Section to be Completed by Applicant

Applicants Name: _____

Applicant's Address: _____

Number of Hours Completed: _____

Check One: I waive the right to view this recommendation/verification form in my file at Greer River Community College.

I do not wish to waive this right; I wish to retain the right to view this letter in my file at Green River Community College.

The next section is to be completed by the occupational therapy practitioner who supervised the applicant's job shadow, volunteer or paid work experience. After completion, the form should be placed in a **sealed envelope** with the occupational therapy practitioner's **signature across seal**. The completed form should then be submitted with application packet.

Occupational Therapy Practitioner

I verify that the above applicant has completed _____ hours of job shadow/volunteer/paid work experience in the setting in which I work.

Please rate the applicant on a scale of **1 to 5** with 5 representing excellence and 1 representing unsatisfactory performance.

_____ Applicant arrives promptly and /or notifies supervisor if unable to attend experience at prearranged time.

_____ Applicant's appearance is neat, clean, and appropriate for clinical setting.

_____ Applicant demonstrates interest in occupational therapy profession.

_____ Applicant asks questions appropriately.

_____ Applicant communicates effectively with staff and patients.

_____ Applicant demonstrates initiative to increase learning.

Based on my supervision of this individual I:

_____ highly recommend this applicant for a career in occupational therapy

_____ recommend this applicant for a career in occupational therapy

_____ recommend this applicant for a career in occupational therapy with reservations

_____ do not recommend this applicant for a career in occupational therapy

Comments:

Signature of Occupational Therapy Practitioner: _____ Date: _____