



School of Nursing and Health Professions

Occupational Therapy Assistant Program

Application Packet

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 appointment with your *academic advisor* or [Dr. Maisano](#) 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 3-6)
3. Transcripts received from all institutions where post-secondary courses have been taken
4. OTA Essay: In a typed document, answer the following prompts:
What is occupational therapy? Why you are interested in studying occupational therapy at Trinity Washington University? What steps need to be taken to become a certified occupational therapy assistant (COTA)? How does your interest in becoming a COTA relate to your future goals? What experiences or ideas shaped your decision to pursue a career as an occupational therapy assistant?
5. Signed [Form A](#): Time Sheet for OTA observation hours (16)

6. Completed [Form B](#): Journal Reflections

Typed journal reflections should include:

1. Type of facility visited
2. Location (gym, bedside, clinic) of OT intervention (treatment)
3. Type of intervention (evaluation, intervention, re-evaluation, d/c visit)
4. Observation of client/ patient & intervention (in your own words, OT jargon is not required)
5. Informal statement reflecting your thoughts about your observation time at this facility.
How are your perceptions of OT the same or different from what you observed?



Trinity

Trinity Washington University
School of Nursing and Health Professions
Occupational Therapy Assistant Program Application

Student Information

Last Name	First Name	Middle Initial
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Street Address

City	State	Zip Code
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Telephone: (Home) _____ (Cell) _____

Personal E-mail address: _____

Program Information

Expected Semester/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: _____



Trinity

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**, within **60** days, have the following and provide proper documentation in my student records:
 - A. A physical examination by a licensed health care professional, using the Trinity Washington University [Health Screening Form](#). This form must be uploaded to [Certified Background](#). [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.
 - B. 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.
 - C. 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 [Certified Background](#).
 - i. Tetanus/Diphtheria (TD Booster) – within ten years
 - ii. MMR – Two vaccines or a positive titer
 - iii. Varicella (Chicken pox) – Two vaccines or a positive titer
 - iv. 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.
 - v. Seasonal Influenza – Proof of updated annual vaccine
 - vi. Polio-Series of 3 vaccines of OPV or IPV
 - D. Proof of current major medical health insurance
 - E. 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 www.certifiedbackground.com at my expense and that the results need to be in my student records by 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 www.certifiedbackground.com 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 within **60 days** of acceptance into the nursing 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 www.certifiedbackground.com 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 OTA Program 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 the OTA student orientation.
7. I understand that during each semester, I will be required to purchase books & OT supplies in the University bookstore for my OTA laboratory skills labs. Cost per semester will vary.
8. I understand that I will be **unable to register** for an OTA core course 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 remain as a student in the OTA Program. If my GPA drops below a 2.5, I cannot register for courses to begin the OTA program and will need to reapply to the program after raising my GPA.
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 an online and day program with two types of fieldwork experiences: Level I and II. OTA Level I is scheduled 8-10 times each semester and requires the student to be present at varied facilities, 2-3 hours in the morning on designated days. OTA Level II fieldwork begins fourth semester after all OTA core course work has been completed and requires the student to be present at the fieldwork site full-time (from 8 am until 5pm) lasting a minimum of eight weeks.* Students must complete two Level II rotations (16 weeks total).

* Note facility hours may vary for formal fieldwork.

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 criteria. I verify that all statements on this application are complete and true. I understand that falsification of any information may lead to disqualification or dismissal from the program.

OTA Applicant Signature

Date

**Academic Advising Checklist
for
Students Applying to the OTA Program**

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. *For all completed transfer courses that have not yet posted to the Trinity transcript please include a copy of the transfer credit evaluation (as submitted to Enrollment Services) in the admission packet.*
- ☐ All transcripts from other schools are 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 Essay
- ☐ OTA Journal Reflection
- ☐ Signed Time Sheet documenting 16 hours of observation in an OT facility

Date Completed by Advisor _____ Date Submitted to the OTA Program _____

Date received by OTA Office: _____ Entered by: _____

Requirement	Course #	School (If not Trinity)	Grade	In Progress
<input type="checkbox"/> BIOL 121 Anatomy & Physio I				
<input type="checkbox"/> BIOL 122 Anatomy & Physio II				
<input type="checkbox"/> English 107 College Composition				
<input type="checkbox"/> HPNU 120 Medical Terminology				
<input type="checkbox"/> Math 108 Finite Math				
<input type="checkbox"/> PSYC 101 Intro to Psych				
<input type="checkbox"/> PSYC 231 Child Psychology				
<input type="checkbox"/> SOCY 100 Intro to Sociology				

Comments: _____

Signature of Academic Advisor: _____

Frequently asked Questions & Answers

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. (1) Student Information Form
(2) Signed Student Acknowledgement Form
(3) OTA Essay
(4) Signed Form A: Time Sheet (16 observation hours)
(5) Form B: Journal Reflections

Q. What is an OTA Essay?

A. The OTA Essay is a one page, double-spaced document designed to “**let us know more about you!**” Please respond to **all** of the following questions citing references using APA style:

What is occupational therapy? Why you are interested in studying occupational therapy at Trinity Washington University? What steps need to be taken to become a certified occupational therapy assistant (COTA)? How does your interest in becoming a COTA relate to your future goals? What experiences or ideas shaped your decision to pursue a career as an occupational therapy assistant?

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 aide.**

Area hospitals include:

- Washington Hospital Center
- Sibley Hospital
- Howard University Hospital
- Providence Hospital
- Georgetown Hospital
- George Washington Hospital
- The Nation's Children's Hospital

Area Rehabilitation Centers include:

- National Rehabilitation Hospital
- Hospital for Sick Children

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.