



**Healthcare Profession Division Application**

**Please check program you are applying for:**

- Occupational Therapy Assistant       Nursing
- Surgical Technology Certificate/A.A.S.       Central Sterile Processing Certificate

**Please Print Clearly**

NSCC Student ID (A#) \_\_\_\_\_ (REQUIRED)

Full Legal Name: \_\_\_\_\_  
(First) (Middle) (Last)

Home Address: \_\_\_\_\_  
(Street/Apt #)

\_\_\_\_\_

(City) (State) (Zip)

Phone Number (s) : \_\_\_\_\_  
Preferred Contact # Alternate Contact #

Email Address: \_\_\_\_\_

Date of Birth \_\_\_\_\_ (optional)  
(mm/dd/yyyy)

**Please Note: All ESL coursework, as recommended by the Michigan Test, and Learning Support Coursework must be completed before acceptance into any Healthcare Professions Program.**

If you are an ESOL (English as a Second Language) student, have you completed all ESOL coursework recommended via your Michigan Test Score? \_\_\_\_\_ Yes \_\_\_\_\_ No

If required, have you completed all Learning Support Coursework? \_\_\_\_\_ Yes \_\_\_\_\_ No



Occupational Therapy  
Assistant Program



## Program Application

Full Legal Name \_\_\_\_\_  
(Last) (First) (Middle)

NSSC A# \_\_\_\_\_

TN Resident: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Educational Experience:**

*High School Attended/GED:* \_\_\_\_\_ *Date Completed:* \_\_\_\_\_

High School GPA if less than 30 college hours completed \_\_\_\_\_

*College/Graduate School (attach additional schools on separate page if needed)*

School Name: \_\_\_\_\_ Degree: \_\_\_\_\_ Years Attended: \_\_\_\_\_ GPA \_\_\_\_\_

School Name: \_\_\_\_\_ Degree: \_\_\_\_\_ Years Attended: \_\_\_\_\_ GPA \_\_\_\_\_

School Name: \_\_\_\_\_ Degree: \_\_\_\_\_ Years Attended: \_\_\_\_\_ GPA \_\_\_\_\_

| NSCC COURSE NAME   | I HAVE COMPLETED THIS COURSE WITH A GRADE OF "C" OR BETTER<br><u>Identify college where completed and name of course</u> | I AM CURRENTLY ENROLLED IN THIS COURSE<br><u>Identify college enrolled (proof of enrollment via Degree Works required)</u> | I HAVE NOT YET TAKEN THIS COURSE<br><u>State when you plan to take this course</u> |
|--|--|--|--|
| BIOL 2010: Anatomy and Physiology I (since Fall 2015) 4 Credits w/Lab  |  |  |  |
| ENGL 1010: Composition I<br>3 Credits  |  |  |  |
| COMM 2025 Fundamentals of Communication <b>OR</b> COMM 2045 Public Speaking 3 Credits<br><b>OR</b> PSYC 2130 Lifespan Development Psychology 3 Credits                                     |  |  |  |
| PSYC 1030: General Psychology<br>3 Credits   |  |  |  |
| Humanities Elective<br><i>See NSCC Catalog for Gen. Ed requirement options</i>   |  |  |  |
| Med Term is a required course in the OTA curriculum, but may be taken early. A 3 credit Med Term course taken elsewhere can substitute for the OTA course. List here if you have completed |  |  |  |

The National Board for Certification in Occupational Therapy asks "Questions of Moral Character". Students must pass the NBCOT exam in order to qualify for licensure in the state of TN. If you answer yes to any of the below questions, you will be asked to provide further information to NBCOT when you apply to take the exam. A felony conviction may affect a graduate's ability to sit for the NBCOT certification examination or attain state licensure. NBCOT will determine if you meet their requirements to take the National OTA Board Exam.

Questions of Moral Character (response not required)

- Have you ever been charged with or convicted of a felony?
- Have you ever had any professional license, registration, or certification revoked, suspended or subject to probationary conditions by a regulatory authority or certification board?
- Have you ever been found by any court, administrative, or disciplinary proceeding to have committed negligence, malpractice, recklessness, or willful or intentional misconduct, which resulted in harm to another?

*If you have questions or concerns regarding your eligibility for the NBCOT exam, contact NBCOT at:*

National Board for Certification in Occupational Therapy, Inc.  
12 South Summit Avenue, Suite 100  
Gaithersburg, MD 20877-4150  
(301) 990-7979 Fax (301) 869-8492 [www.nbcot.org](http://www.nbcot.org)

*In addition to the above questions, the State of Tennessee, Department of Health Related Boards, Committee on Occupational Therapy asks questions regarding chemical substance use and abuse, current medical condition, pedophilia, exhibitionism, voyeurism and current mental/cognitive status when a graduate applies for State Licensure. A Criminal Background check is required. A current, valid license to practice as an Occupational Therapy Assistant, issued by the state of Tennessee is required of any person wishing to be employed as a Certified Occupational Therapy Assistant in Tennessee. A felony conviction may affect a graduate's ability to sit for the NBCOT certification examination or attain state licensure if you have questions or concerns regarding your eligibility for Licensure, contact:*

STATE OF TENNESSEE DEPARTMENT OF HEALTH: HEALTH RELATED BOARDS  
Board of Occupational Therapy (615) 741-3807  
665 Mainstream Drive, 2nd Floor  
Nashville, TN 37243  
<http://tn.gov/health/topic/OT-board>

**Statement of Validity**

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I hereby acknowledge that the above information is true and correct to the best of my knowledge and I acknowledge that falsifying or withholding information will lead to the invalidation of my application and/or dismissal from the occupational therapy assistant program. I also understand it is my responsibility to read the information provided on the OTA website at <https://www.nsc.edu/academics/degrees-certificates/occupational-therapy-assistant-a-a-s> I understand that the NSCC OTA Program screens all applicants carefully. HOWEVER, it is the student's responsibility to ensure that any/all Learning Support requirements are completed and to ensure that all courses, including those transferred into NSCC, meet the General Education course requirements as defined by NSCC. I understand all application materials must be received by the program by March 1<sup>st</sup>. I understand that I will be not be considered for admission into the program until the admission is considered complete and accurate.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A COPY OF DEGREE WORKS(with pre requisite courses highlighted), RESUME and LETTER(S)  
OF RECOMMENDATION(optional) MUST ACCOMPANY THIS APPLICATION**

The completed application can be delivered to drop box outside office W 71 or mailed to :  
Nashville State Community College  
Attention: Occupational Therapy Assistant Program Suite W 35  
120 White Bridge Road  
Nashville, TN 37209

# Occupational Therapy Assistant Program



## Optional Form: Recommendation for Admission

*This form is not required for admission. However, any additional information we receive regarding student character is appreciated and will be reviewed during the admissions process. Please note that recommendations are more highly considered when they are from a person who is not related to the applicant. Recommendations are more highly considered when they are from a person who can speak to the applicants educational and/or work accomplishments, and/or from a person in the health care field and familiar with the rigors of a health care educational program.*

***This form must be submitted in a sealed envelope.***

Name of Applicant: \_\_\_\_\_

**Notice to Applicant:** Please fill in your name and carefully read the paragraph below. Then give this form to an individual with knowledge of your academic and professional potential.

**Confidentiality:** The Family Education Rights and Privacy Act of 1974 (FERPA), as amended, permits enrolled students access to letters of recommendation retained in their files. The applicant may waive this right of access, in which instance retained letters will be considered confidential and will not typically be available to students. If you wish to waive your right of access to this letter, please indicate by signing on the line below.

***By signing below, you agree to waive all right to review the content of this letter of recommendation.***

Name of person completing this form: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity do you know the applicant?

Student     Employee     Volunteer     Other \_\_\_\_\_

**Why do you think this person will succeed as an Occupational Therapy Assistant?**

Please describe any qualifications, traits or accomplishments you feel are significant in demonstrating the applicants' ability to complete the Occupational Therapy Assistant Program.

**What might be barriers to success for this applicant?**

Would you be comfortable with the applicant working with your friend or your family member? Why or Why not?

Please assess the applicants' qualities below:

|                         | Excellent | Good | Average | Poor | Unable to Rate |
|-------------------------|-----------|------|---------|------|----------------|
| Intellectual Competence |           |      |         |      |                |
| Emotional Stability     |           |      |         |      |                |
| Leadership Ability      |           |      |         |      |                |
| Dependability           |           |      |         |      |                |
| Interpersonal Skills    |           |      |         |      |                |
| Oral Communications     |           |      |         |      |                |
| Written Communication   |           |      |         |      |                |
| Moral Character         |           |      |         |      |                |
| Self-Motivation         |           |      |         |      |                |

Please identify your level of confidence in this person's ability to complete OTA Program:

- Highly Recommend                       Recommend  
 Recommend with Reservations       Do Not Recommend

Signature of Person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Email: \_\_\_\_\_

If we have questions or need clarification, may we contact you?  Yes  No

Additional Comments:

We suggest that you provide this form, in a sealed envelope with your signature over the seal, back to the applicant. The applicant will then include their letter with their completed application.

# Occupational Therapy Assistant Program

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## Student Resume

The resume is a required part of your OTA Program application.

On a separate piece of paper please provide the following information.

- **Education:** Please identify schools attended, years of attendance and degrees awarded.
- **Work Experience:** Please list your places of employment in chronological order starting with the most recent job and going back. Identify your job title, your job duties and how long you worked there.
- **Volunteer Experience:** Please identify any volunteer work completed, especially any experiences in which you worked with or observed an Occupational Therapist or Occupational Therapy Assistant. Please provide the name of the organization you worked with, where they are located, a contact person's name, and approximately how many hours of volunteer work you completed with that organization (NOTE: Volunteer hours are NOT required for program application)