Dear Applicant,

Thank you for your interest in occupational therapy as a career and the Occupational Therapy Assistant Program at Navarro College. We appreciate your interest and look forward to serving your educational needs.

The material included in this packet will describe the admissions process to the Navarro College Occupational Therapy Assistant Program and contains all the forms needed for application to the program.

The 22-month program leads to an Associate in Applied Science Degree (A.A.S. O.T.A) and helps to prepare the graduate to take the National Board for Certification in Occupational Therapy (NBCOT) national examination to become a certified occupational therapy assistant (COTA). Graduates must meet additional requirements for state licensure.

Admission to the OTA Program is a separate procedure from admission to Navarro College. **Applicants must meet all admission criteria for Navarro College before submitting an application to the OTA Program.** Positions in this program are limited. Admission to the OTA Program will be made on the applicant’s ranking through a point system.

Applications will be accepted beginning November 3rd, 2014 and must be postmarked no later than April 1st, 2015.

If you have questions about the occupational therapy assistant program or the admissions process please contact the Health Professions Department at (903) 875-7581 or email jeanette.krajca@navarrocollege.edu. Thank you for your interest in occupational therapy as a career. We look forwarding to working with you.

Sincerely,

Occupational Therapy Assistant Program Faculty
NAVARRO COLLEGE
Occupational Therapy Assistant Program

General Information

ACCREDITATION
The curriculum is designed to meet the standards of the Accreditation Council for Occupational Therapy Education (ACOTE). The Corsicana campus of the Occupational Therapy Assistant Program has been granted Accreditation by the Accreditation Council for Occupational Therapy Education (ACOTE). The Midlothian campus of the Occupational Therapy Assistant Program has been granted Developing Status by ACOTE. ACOTE can be contacted at: Accreditation Council for Occupational Therapy Education, c/o Accreditation Department, American Occupational Therapy Association, 4720 Montgomery Lane, Suite 200, Bethesda, MD 20814-3449, Phone: (301) 652-2682 (AOTA). The website for ACOTE is www.acoteonline.org.

LOCATION
Occupational therapy courses are offered on the Corsicana and Midlothian campuses of Navarro College. Students are assigned to a home campus upon admission to the program. Some OTHA courses may be offered in hybrid format with a portion of the course completed via distance education. Many students commute significant distances to attend classes. Travel distances are considered by faculty members in the development of course schedules each semester, but students should consider individual travel time requirements prior to applying to the program.

ADMISSION
A new class is admitted into the Occupational Therapy Assistant Program each fall. The program typically accepts 36 students to begin the fall semester on both the Corsicana and Midlothian campuses (72 total). Current dates for admission can be found in this packet and on the OTA webpage of the Navarro College website. Late applications or inquiries will not be considered for admission.

PROGRAM COURSES
OTA courses are offered in a set sequence. Once admitted into the program, the student must progress through the curriculum as designed. This means a student may not “jump ahead” in the curriculum and take advanced occupational therapy courses. Academic courses not completed prior to acceptance into the OTA Program are the student’s responsibility to arrange around OTA courses.

GRADES
The OTA program will follow the Health Professions grading system listed below:

A = 100-90  B = 89-80  C = 79-75  D = 74-60  F = 59-0

Students must earn a “75” or above in all OTA coursework in order to progress in the program. A grade of “C” or better (70 or above) must be obtained in all other academic core courses in the OTA degree plan.

DRESS CODE
Student professional dress is expected for all classroom and clinical activities. Examples are as follows:

CLASSROOM: Students are to wear black scrubs with the OTA monogram, closed-toe shoes (no heels or boots), and Navarro College nametag. Students may also choose to wear the professional dress uniform (stated below).

PROFESSIONAL: Instructors may request that students dress professionally in class at times during the semester. Professional dress includes casual (Dockers-type) dress pants with the OTA collared shirt (tucked in), belt, closed-toe shoes (no heels or boots), and Navarro College nametag. No denim in any form is allowed.
CRIMINAL HISTORY BACKGROUND CHECK

The student will obtain a national background check prior to application to the OTA Program. Upon admission to the program, the student will be required to obtain a federal background check to meet fieldwork education requirements. Additional background checks may be required by fieldwork education sites. Costs associated with all required background checks are the responsibility of the student.

Students cannot participate in lab or fieldwork studies involving clients without a “clear” criminal history background check. Clinical training sites, in accordance with the regulations of the State of Texas and national accreditation agencies, require employees, students, and volunteers who work with children, the elderly, or the disabled to have a “clear” criminal history background check. Agencies vary as to what the definition of “clear” means. The facilities may choose to request additional nationwide and international criminal history background checks. The final decision regarding acceptance of a student for fieldwork training based on previous criminal history rests with each facility.

A student who does not have a clear criminal history record is required to meet with the OTA Program Director prior to admission into the OTA Program to discuss the implication of the criminal record on his/her potential progression in and completion of all requirements of the curriculum. Counseling may include referral to the Texas Board of Occupational Therapy Examiners (TBOTE) and the National Board for Certification in Occupational Therapy (NBCOT). A felony conviction may affect a graduate’s ability to sit for the National Board for Certification in Occupational Therapy certification examination or attain state licensure.

IMMUNIZATIONS AND PHYSICAL HEALTH SCREEN

Upon acceptance to the program, the student is to submit required proof of current immunization status. It is recommended that the student have completed 2/3 of the Hepatitis B series prior to application to the program. Refer to page 11 of the Application Packet for a list of required immunizations.

Each student must undergo a physical health examination by a certified health professional once admitted into the program. Please note the health examination requires the student to read the “Performance Standards” beforehand, and both the student and the health professional must sign the form indicating the ability to perform as described and/or any limitations which may be present.

The responsibility for maintaining current health testing and immunizations, including costs, are the responsibility of the student.

DRUG SCREEN

Drug screens will occur randomly after acceptance into the program. The student will be responsible for any cost involved in a drug screen. Failure to comply with the drug screen or to pay for the drug screen will result in dismissal from the OTA Program.

PERSONAL HEALTH INSURANCE

Students are required to carry personal health insurance and show proof of insurance prior to enrollment in fieldwork education courses.
PROFESSIONAL LIABILITY INSURANCE

Students enrolled in the OTA Program are required to have professional liability insurance. Students pay a predetermined fee to the Cashier’s office at the start of each fall semester, and the College secures the limited liability insurance coverage. Students may wish to purchase additional liability insurance. **NOTE:** The liability insurance that each student will have does not pay for injuries to the student – only for injuries to the patient. The student is completely responsible for personal medical costs incurred while at fieldwork sites. If a patient is injured by the student, the limited liability insurance may or may not cover all legal costs.
Navarro College
Occupational Therapy Assistant Program

Curriculum Requirements

Associate in Applied Science
The Occupational Therapy Assistant program provides the basic knowledge and skills required of an entry-level occupational therapy assistant into the workforce. Upon satisfactory completion of this curriculum, the student will be awarded an Associate in Applied Science degree and will be eligible to sit for the national certification examination administered by the National Board for Certification in Occupational Therapy (NBCOT) to become a certified occupational therapy assistant (COTA).

Major course requirements (OTHA courses) must be taken in sequential order at the advisement of the program director or program faculty. This means a student may not “jump ahead” in the curriculum and take advanced occupational therapy courses. A grade of “C” or better is required for satisfactory completion of all courses, including academic core courses. Refer to the Navarro College Catalog for the OTA Degree Plan.

1. **Prerequisite Courses**
   - BIOL 2401 Human Anatomy & Physiology I 4 hours
   - BIOL 2402 Anatomy & Physiology II 4 hours
   - HPRS 1101 Introduction to Health Professions 1 hour

2. **Core Curriculum/Related Requirements**
   - HPRS 1206 Medical Terminology 2 hours
   - HPRS 2232 Health Care Communication 2 hours
   - PSYC 2314 Lifespan Growth & Development 3 hours
   - PHIL 1301 or 2306 3 hours
   - MATH 1342 Statistics 3 hours

3. **Major Course Requirements**
   - OTHA 1305 Principles of Occupational Therapy 3 hours
   - OTHA 1311 Occupational Performance Across the Lifespan 3 hours
   - OTHA 1309 Human Structure and Function 3 hours
   - OTHA 2201 Pathophysiology in OT 2 hours
   - OTHA 1241 Occupational Performance Birth-Adolescence 2 hours
   - OTHA 1315 Therapeutic Use of Occupations I 3 hours
   - OTHA 2211 Abnormal Psychology 2 hours
   - OTHA 2309 Mental Health in OT 3 hours
   - OTHA 1161 Clinical in OTA I 1 hour
   - OTHA 2331 Physical Function in OT 3 hours
   - OTHA 2402 Therapeutic Use of Occupations II 4 hours
   - OTHA 1162 Clinical in OTA II 1 hour
   - OTHA 2235 Health Care Management in OT 3 hours
   - OTHA 2366 Practicum in OTA I 3 hours
   - OTHA 2367 Practicum in OTA II 3 hours

**Total 60 Hours**

Note: Above courses are proposed and pending approvals.
Admission Process

Instructions for applying to the OTA Program

**Admission to Navarro College:**
The following documents need to be on file with Navarro College **PRIOR TO** application to the OTA Program:

1. College Application for Admission (online)
2. Official Transcripts
   - Beginning students: Official transcript of high school record
   - Transfer students: Official transcripts from other colleges and universities
3. Assessment Scores
   - Students must take a state-approved placement test and submit scores at the time of registration.

**Application to the OTA program:**
The applicant will complete and submit an application portfolio no later than April 1, 2015 for acceptance into classes beginning in the summer II semester. The application portfolio **MUST** contain the following completed items:

1. Evidence of admission to Navarro College
2. OTA Application for Admission
3. Core Curriculum/Related Requirements Course Table
   - Attach copies of transcripts from other colleges/universities previously or currently enrolled - official copy NOT required
4. Copy of national background check
   - Go to www.directscreening.com
   - Order National Background Check – National Search ($16.95)

**Ranking points will be awarded for courses taken and completed by the end of the first 8 weeks of the spring 2015 semester. No ranking points will be awarded for courses taken after this time.**

Bring all documentation to the Health Professions Department located in the Bain Center on the Corsicana campus of Navarro College OR mail to the address listed on the application (Attn: OTA Program – Jeanette Krajca).

During the months of April and May, all complete portfolios will be reviewed. Points will be totaled for each applicant based on the *Applicant Entrance Criteria Worksheet*, which can be found in this packet. The highest total point applicant sets the mark for ranking. Applicants will be numbered in descending order based on point total. If two or more applicants tie for total points, core GPA will be used as a tiebreaker with the higher GPA ranked higher.

Students will be notified in May 2015 as to their status in the OTA Program. **A correct and current email is very important in the notification process.** The applicant must reply within the specified time to assure their position in the program. Students selected for admission into the OTA program will be required to attend a mandatory orientation in June 2015, and classes will begin July 2015.
APPLICATION FOR ADMISSION
Navarro College
Occupational Therapy Assistant Program
3200 West 7th Avenue
Corsicana, TX 75110
(903) 875-7581

APPLICATION DEADLINE: APRIL 1, 2015

Please print legibly in blue or black ink.

Name __________________________________________
(Last Name) ____________________________ (First Name) ____________________________ (Middle Initial)

Student ID Number *: _________________________

Present Address: __________________________________________________________
Number and Street __________________________________ County _____________
City ______________ State ______________ Zip Code ______________

Current Phone Number: ( ) __________-_________

Email Address *: ___________________________________________________________

* MANDATORY - Notifications will be made via email. Please ensure address is correct and legible.

Status of application (Check one field)
Entry (first application) Re-entry (previously in the program) Transfer from another program

Note: If transfer is checked above, identify source of transfer credit:
________________________________________________________

Have you previously attended an allied health program?
Yes _____ No
If yes, what program: __________________________ Name of school: __________________________
Dates attended: __________________________
Degree earned or reason for withdrawing: __________________________

Are you a high school graduate? Yes _____ No GED Year __________
Name and address of High School: __________________________________________

List all colleges, including Navarro College you have attended. You are required to send one (1) official transcript from each institution listed below to the Navarro College Registrar’s office.

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>City &amp; State</th>
<th>Number of credits/degree earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>____________________</td>
<td>______________</td>
<td>_______________________________</td>
</tr>
<tr>
<td>____________________</td>
<td>______________</td>
<td>_______________________________</td>
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<td>____________________</td>
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<td>_______________________________</td>
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<tr>
<td>____________________</td>
<td>______________</td>
<td>_______________________________</td>
</tr>
</tbody>
</table>
List any professional licenses or certificates you may have (not including Driver’s License):

______________________________________________________________________________________

Have you been employed in the healthcare field: Yes _____  No _____
If yes, when:_______________________________________________________________________
Where (Location):___________________________________________________________________
Job Description:_____________________________________________________________________

Emergency Contact Information (Include full name, address, home/work phone)
______________________________________________________________________________________

Below, please write a brief summary explaining why you want to become an OTA.
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

OTA Application for Admission 9
Please read carefully before initialing:

I understand that the presence of an offense on my criminal background record may interfere or negate progression in the OTA program, and that I may not be eligible for OTA licensure in the state of Texas and/or certification by the National Board for Certification in Occupational Therapy.

_________ (initials)

The program for which you are applying may require extended travel for clinical assignments in the early morning, late evening, and/or Saturdays. Are you prepared to meet this requirement?

_________ (initials)

I have read and understand the conditions for admission to the Occupational Therapy Assistant Program at Navarro College. I understand that failure to complete all steps of the application process will cause me to be ineligible for admission into the OTA Program.

_________ (initials)

I understand I must first be accepted into Navarro College prior to submitting an application to the OTA program. I understand positions in the OTA program are limited and acceptance into Navarro College does not guarantee acceptance into the OTA program.

_________ (initials)

I acknowledge ranking points will be awarded for courses taken and completed by the first 8 weeks of the Spring 2015 semester. No ranking points will be awarded for courses taken after this time.

_________ (initials)

I understand that if accepted for admission to the program, I will be required to attend a mandatory orientation prior to the start of the summer II semester. Should I fail to attend the orientation session, I acknowledge that I will not be eligible to enroll in program courses and will forfeit my position in the program.

_________ (initials)

I understand that it will be necessary to provide evidence of current medical health insurance while enrolled as a student in the OTA Program.

_________ (initials)

I certify that the statements made by me on this application are true, complete, and correct. I also understand that I am responsible for submitting all requested transcripts and/or other documents for the completion of the application process.

_________ (initials)

Please indicate the campus you would prefer to attend:

_____ Corsicana campus

_____ Midlothian campus

________________________________________________          ______________________________
Signature of Applicant                             Date

Navarro College shall not discriminate against any person on account of race, color, religion, creed, gender, age, national origin, ancestry, disability, marital status or Veterans status. Navarro College adheres to the policies and procedures as prescribed under ADA-504

Revised 5/14/14
Navarro College
Occupational Therapy Assistant Program

Prerequisite Requirements Table

<table>
<thead>
<tr>
<th>Course name and number</th>
<th>College Name</th>
<th>Semester &amp; Year</th>
<th>Final Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIOL 2401</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anatomy &amp; Physiology I</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIOL 2402</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anatomy &amp; Physiology II</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPRS 1101</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Introduction to Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professions</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Complete the table above.

Please highlight all courses on transcripts where the courses were completed. Attach copies of transcripts to this form.
IMMUNIZATIONS
Navarro College Occupational Therapy Assistant Program

Due to the nature of the learning experience and assignments, all OTA students must provide documentation of current immunization status for vaccine-preventable diseases & other testing. Immunizations and testing requirements are based upon recommendations and/or requirements from the following agencies and organizations: (1) fieldwork education sites; (2) Texas Department of Health; (3) Centers for Disease Control; (4) Texas Administrative Code Title 25, Part 1, Chapter 97, Subchapter B, Rule 97.64. The Texas Administrative Code mandates certain immunizations prior to patient contact. Students who fail to provide appropriate documentation will not be permitted to register for clinical/practicum fieldwork education and must withdraw from the program.

Document must include signature of health care provider and date(s).
Appropriate documentation includes one of the following methods in most cases:
- Copy of official Immunization Record or health care provider immunization forms
- Copy of laboratory (serological) evidence of immunity (titers)

Note: Some clinical agencies may require further documentation/testing or have additional requirements.

<table>
<thead>
<tr>
<th>Required immunizations</th>
<th>Required Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Measles (Rubeola)</td>
<td>1. Tuberculosis (TB) Skin testing – Required annually. If a chest x-ray is necessary, the student must document a negative chest x-ray within the past three (3) years.</td>
</tr>
<tr>
<td>2. Mumps</td>
<td></td>
</tr>
<tr>
<td>3. Rubella</td>
<td></td>
</tr>
<tr>
<td>(MMR See below)</td>
<td></td>
</tr>
<tr>
<td>4. Tetanus/Diptheria – Td (See below)</td>
<td></td>
</tr>
<tr>
<td>5. Hepatitis B series (total of 3)</td>
<td></td>
</tr>
<tr>
<td>Other recommended vaccines</td>
<td></td>
</tr>
<tr>
<td>1. Varicella</td>
<td></td>
</tr>
<tr>
<td>2. Meningococcal</td>
<td></td>
</tr>
</tbody>
</table>

**MMR** – If you were born on or after January 1, 1957, follow A, B, & C

A. Measles
All students born on or after January 1, 1957 must show, prior to patient contact, acceptable evidence of two doses of measles vaccine administered since January 1, 1968 or serological evidence of immunity. There must be 30 days or more between the two doses.

B. Mumps
All students born on or after January 1, 1957 must show, prior to patient contact, acceptable evidence of one dose of mumps vaccine or serological evidence of immunity. (Two doses for health care workers as of 2007).

C. Rubella
All students born on or after January 1, 1957 must show, prior to patient contact, one dose of rubella vaccine or serological evidence of immunity.

D. Hepatitis B
All students shall receive a complete series of Hepatitis B vaccine prior to the start of direct patient care or show serologic confirmation of immunity to Hepatitis B virus.

E. Measles
All students born prior to January 1, 1957 must show, prior to patient contact, acceptable evidence of one dose of measles vaccine or serological evidence of immunity.

F. Mumps
All students born prior to January 1, 1957 must show, prior to patient contact, acceptable evidence of one dose of mumps vaccine or serological evidence of immunity.

G. Rubella
All students born prior to January 1, 1957 must show, prior to patient contact, acceptable evidence of one dose of rubella vaccine or serological evidence of immunity.

H. Hepatitis B
All students shall receive a complete series of Hepatitis B vaccine prior to the start of direct patient care or show serologic confirmation of immunity to Hepatitis B virus.

Varicella – Students shall receive two doses of varicella vaccine unless the first dose was received prior to age thirteen. A parent of physician validated history of varicella disease (chicken pox) or varicella immunity is acceptable in lieu of vaccine. A statement from a physician, the student’s parent or guardian, or school nurse must support varicella history.

**Tetanus Diphtheria** – Students must document dose of Td vaccine current (within 10 years) through anticipated completion of fieldwork.

EXCLUSIONS FROM COMPLIANCE are allowable on an individual basis for medical contraindications, reasons of conscience, including a religious belief, and active duty with the armed forces of the United States (Texas Administrative Code). Requests for exclusion will be handled on an individual basis and must be presented in a written request prior to the due date for Personal Student Portfolio.

Student Signature _____________________________ Date ____________

___

OTA Application for Admission 12
NAVARRO COLLEGE OCCUPATIONAL THERAPY ASSISTANT PROGRAM
Applicant Criteria Worksheet

APPLICATION WORKSHEET FOR STUDENT: ___________________________________________________________

ADDRESS: _______________________________________________________________________________________________

EMAIL: __________________________________________________ DOB: _____________________________

PHONE: _________________________________________________

<table>
<thead>
<tr>
<th>TSI Complete or Exempt</th>
<th>Yes = 1</th>
<th>No = 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiply x .10 = ________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Healthcare Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes = 1</td>
</tr>
<tr>
<td>No = 0</td>
</tr>
<tr>
<td>Multiply x .10 = ________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completion of Prior College Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Master’s = 3</td>
</tr>
<tr>
<td>Bachelor’s = 2</td>
</tr>
<tr>
<td>Associate’s = 1</td>
</tr>
<tr>
<td>No prior degree = 0</td>
</tr>
<tr>
<td>Multiply x .10 = ________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completion HPRS 1101</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade of “A” = 5</td>
</tr>
<tr>
<td>Grade of “B” = 2</td>
</tr>
<tr>
<td>Grade of “C” = 1</td>
</tr>
<tr>
<td>Grade &lt;70 = 0</td>
</tr>
<tr>
<td>Multiply x .20 = ________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completion of BIOL 2401</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade of “A” = 5</td>
</tr>
<tr>
<td>Grade of “B” = 3</td>
</tr>
<tr>
<td>Grade of “C” = 1</td>
</tr>
<tr>
<td>Multiply x .20 = ________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completion of BIOL 2402</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade of “A” = 5</td>
</tr>
<tr>
<td>Grade of “B” = 3</td>
</tr>
<tr>
<td>Grade of “C” = 1</td>
</tr>
<tr>
<td>Multiply x .20 = ________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completion of Prerequisite Courses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course</td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td>HPRS 1101</td>
</tr>
<tr>
<td>BIOL 2401</td>
</tr>
<tr>
<td>BIOL 2402</td>
</tr>
<tr>
<td>Total Points</td>
</tr>
</tbody>
</table>

PreReq Courses Multiply x .10 = ___________    PreReq GPA = ________________

<table>
<thead>
<tr>
<th>Prerequisite GPA</th>
</tr>
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<tbody>
<tr>
<td>GPA 4.0 = 5</td>
</tr>
<tr>
<td>GPA 3.5 - 3.9 = 4</td>
</tr>
<tr>
<td>GPA 3.0 - 3.4 = 2</td>
</tr>
<tr>
<td>GPA 2.0 - 2.9 = 1</td>
</tr>
<tr>
<td>GPA &lt;2.0 = 0</td>
</tr>
</tbody>
</table>

Multiply x .20 = _____

<table>
<thead>
<tr>
<th>Receipt of National Background Check</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>