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PANOLA COLLEGE

**OCCUPATIONAL THERAPY ASSISTANT PROGRAM**

**This application and all required documentation must be on file by 5:00 pm, Monday, June 3, 2019.**

**INSTRUCTIONS FOR COMPLETING THIS APPLICATION:** Please complete this application by typing in your responses. **Bring completed application and all official transcripts** to the OTA department located in office 1110 in the Health & Natural Science Building; or mail to 1109 W. Panola Street, Carthage, TX 75633. No faxed or email applications accepted. If you need further assistance, contact the Occupational Therapy Assistant Department at (903) 694-4000.

**If you have a change of name, address or phone after completing this application, it is your responsibility to notify the Occupational Therapy Assistant Department.**

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Panola College Student ID: \_\_\_\_\_(required)

Social Security Number: \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name in Full: \_\_\_\_\_

**Last**

**First**

**Middle**

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

Number and Street

City

State

Zip

County/Parish

Physical Address (if different from above): \_\_\_\_\_

Number and Street

State

Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Panola College Student Email (required) \_\_\_\_\_@student.panola.edu Personal Email: \_\_\_\_\_

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

Which other Health Science programs have you applied to or attended? \_\_\_\_\_

Name of school: \_\_\_\_\_

Name of program: \_\_\_\_\_

Dates Attended (if accepted): \_\_\_\_\_

If not completed, why? \_\_\_\_\_

**Letter of Good Standing from all previous allied health programs is required if program was not completed.**

**Applicants must be fully accepted to Panola College and ALL official transcripts MUST be submitted to the Admissions Department in order to submit an application to the OTA program.**

I have applied and have been accepted to Panola College: Yes      No

I have: met TSI requirements      not met TSI requirements

I have previously applied to the OTA program at Panola College: Yes      No      When: \_\_\_\_\_

**Provide information concerning high school graduation or G.E.D.:**

Name of School \_\_\_\_\_ City & State \_\_\_\_\_ Date of Graduation \_\_\_\_\_

GED Date \_\_\_\_\_

**Provide information concerning ALL college, university, vocational schools, and allied health schools attended and the number of credits earned, including Panola College (use other side if needed)**

Name of Institution	City & State	Credits Earned
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Provide information regarding scholastic honors, certificates or licenses:**

List any scholastic honors: \_\_\_\_\_

List any licenses or certificates held (do not include Driver's License): \_\_\_\_\_

**Provide information concerning last three (3) employers: (List most recent job first)**

Employer	Address: Street, City, State, Zip	Dates Employed	Position Held
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**How do you plan to meet the expenses of this program? (Check all that apply.)**

Grant	Part-time job - How many hours _____
Loan	Family Support    Parents    Other relative
Scholarship	Government Agency - V.A.    TRC    WIA    Other
Full-time job - How many hours	Other, please specify _____

If you checked number 1, 2 or 3 above (Grant, Loan, Scholarship), have you already applied for financial aid at Panola College? Yes    No

**How did you find out about the Panola College OTA program?**

High school counselor/instructor	Co-Workers
College Counselor/Instructor	Career Fair
Classmate/friend	Internet
Relative	Other, please specify _____

**Essay:**

Attach a 400 – 450 word, typed, double-spaced essay explaining why you want to become a COTA.

Sample Application

**Complete the remainder in writing (NO ELECTRONIC INITIALS OR SIGNATURES)**

- **I understand that if I have been charged or convicted of a felony offense that I might not be eligible for OTA licensure in Texas and/or certification by the National Board for Certification in Occupational Therapy.** I also understand that if I have a criminal history I'm not guaranteed a fieldwork placement. \_\_\_\_\_ (initials)
- I have read, signed, and **attached** the Panola College OTA Program Essential Functions or Requirements for Occupational Therapy Service Delivery to my application. \_\_\_\_\_ (initials)
- I have read the OTA section of the Panola College catalog and I understand the expenses required for successful completion of the OTA program. \_\_\_\_\_ (initials)
- The program for which you are applying may require extended travel for fieldwork assignments in the early morning, late evening and/or Saturdays. Are you prepared to meet this requirement? **Yes**      **No**
- I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information on this or any part of the application process is cause for denial of admission or expulsion from the Occupational Therapy Assistant Program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Any application not initialed, signed or does not have current official transcripts attached will be considered INCOMPLETE and will not be considered for the program.**

*Be sure the admissions office has official transcripts AND official transcripts are attached to this application.*

**ALL MATERIALS MUST BE RECEIVED BY THE APPLICATION DEADLINE OF 5:00 PM, JUNE 3, 2019**  
*Any applications received after the deadline will not be considered.*

If you are submitting your packet in person, please deliver directly to the OTA Department Secretary located on the 1<sup>st</sup> floor in office 1110 of the Health & Natural Sciences Building, located at 1109 W. Panola Street, Carthage, TX. Office hours are Monday – Thursday 7:30 a.m. – 4:30 p.m. and Friday 8:00 a.m. to 12:00 p.m.

If you have any questions please e-mail [mcash@panola.edu](mailto:mcash@panola.edu) or call 903-694-4000.

*Panola College is an Equal Opportunity Institution that provides educational and employment opportunities on the basis of merit and without discrimination because of race, color, sex, age, national origin, veteran status, or disability, or genetic information.*

Panola College OTA Program  
Essential Functions/Requirements for OT Service Delivery

The following are essential job functions required by Occupational Therapy Assistant Students and by Occupational Therapy Assistants in the workforce. Each student must be able to perform all of the following skills and possess the following abilities.

Qualified persons with a disability who can perform all of the listed essential functions with reasonable accommodations will not be denied admission into the OTA program. However, a college advisor must be contacted in order to best determine the reasonable accommodations necessary for successful completion of the OTA program. Fieldwork placements are not guaranteed and may require extra time for completion.

**Communication Skills:**

The OTA student should possess communication skills sufficient for effective interaction with clients, caregivers and other professionals in verbal and written form. Specifically, the student must be able to effectively report and document clinical observations, provide client and caregiver instruction, gather data through interviewing, participate in team meetings and provide in-service presentations.

**Interpersonal skills:**

The OTA student should possess interpersonal and self-management skills sufficient to interact with individuals, families and groups from a variety of social, emotional, cultural and intellectual backgrounds. For example, the student must be able to establish therapeutic relationships with patients, families and significant others. The student must be able to effectively participate as a member of a team.

**Mental Functions:**

The OTA student must possess critical thinking skills sufficient for clinical judgment. Specifically, the student must be able to use the PEO model as a basis for solving client problems. This involves identifying cause and effect relationships in clinical situations, developing appropriate interventions, and safely and effectively providing treatment. The student must be able to use sound judgment and apply safety measures in a variety of clinical situations. The student must be able to analyze and interpret intervention goals and other resources for use in clinical decision making. The student must be able to organize and effectively manage time to meet deadlines and perform neat and accurate work.

**Mobility:**

The OTA student should possess physical skills sufficient to maneuver throughout classrooms, labs and fieldwork facilities and within small spaces to provide effective intervention. Specifically, the student must be able to move around in patient rooms, bathrooms, classrooms, clinics and home environments (including steps) to provide effective treatment implementation. The student must be able to travel to fieldwork sites as assigned.

**Motor Skills:**

The OTA student should possess gross and fine motor skills sufficient to function as an OTA. Specifically, the student must be able to use equipment, fabricate and use adapted devices, fabricate splints and utilize fine motor activities in client treatment as required in classroom, lab and fieldwork activities. The student must also be able to position, transfer and transport clients, provide physical assistance to patients as needed and demonstrate physical endurance adequate for general OT service delivery.

**Hearing:** The OTA student should possess auditory skills sufficient to monitor and assess client needs. Specifically, the student must be able to gather data via interview, hear monitor alarms, emergency signals, auscultatory sounds (breath and heart sounds) and cries for assistance.

**Visual:** The OTA student should possess visual skills sufficient for observation, assessment and interventions required for OT service delivery. Specifically, the student must be able to recognize a change in the patient’s physical condition, read assessment instruments and develop, implement and monitor the patient’s response to a variety of OT interventions.

**Tactile:** The OTA student should possess tactile skills to effectively deliver OT services. Specifically, the student must be able to palpate muscle contractions, effectively provide varying amounts of physical resistance for muscle group testing, and/or functions related to therapeutic intervention.

*I verify that I have read and fully understand the Essential Functions/Requirements for OT Service Delivery. I also understand that if I have a disability requiring accommodation in any of the above skill areas, that it is my responsibility to contact a college advisor before beginning the program, to determine whether a suitable accommodation can be made that would enable me to effectively provide OT services.*

**NAME (Print)** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

Sample Application

**Check List – Be sure all items have been attached or completed before turning in application.**

Applied and accepted to Panola College

OTA Application typed and completely filled out, initialed, and signed.

Essential Functions/Requirements for OT Service Delivery signed and attached.

**Official transcripts on file in Panola College Admissions Department - required**

**Official transcripts attached to application - required**

400 – 450 word, typed, double-spaced essay attached to application

Sample Application