

Department of Occupational Therapy  
School of Health Science and Professional Programs



**YORK** College **CUNY** The City  
University  
of  
New York

## FALL 2018 ADMISSIONS APPLICATION



for the  
OCCUPATIONAL THERAPY BS/MS PROGRAM

FALL 2019

Dear Prospective Occupational Therapy Applicant:

Thank you for your interest in the Occupational Therapy Program at York College.

To apply to the Fall 2019 program, please send us:

1. A completed application (Incomplete applications will not be processed)
2. Occupational Therapy Prerequisite Summary Form
3. An up to date resume
4. Official transcripts from ALL colleges attended including CUNY colleges must be included in the packet. York College students must include an unofficial York College transcript, along with official transcripts from ALL previously attended colleges. Hand submission is strongly recommended, if mailing in your packet, please mail to:

York College  
Department of Occupational Therapy  
94-20 Guy R. Brewer Blvd., AC-1E12  
Jamaica, NY 11451

5. Evidence that you have applied as an undergraduate transfer student to York College if you are not already a York College student.
6. Verification of 50 volunteer hours with an occupational therapist. Please use enclosed form.

Applications are due by February 1, 2019. (After deadline, only postmarked packets marked before or by deadline date will be accepted).

Note: Completion of required courses does not guarantee acceptance into the program. Applicants are not considered accepted into the program until they receive a letter of acceptance from the Department of Occupational Therapy.

APPLICATION FOR THE BS/MS PROGRAM IN OCCUPATIONAL THERAPY FALL 2019

PRINT CLEARLY

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ CUNY ID: \_\_\_\_\_

Have you served in the United States military? Yes No  
(Proof of service must be submitted at time of package submission)

Did you begin and maintain your academic career at York College? Yes No

\*Up to two students with United States military service and up to 5 students who started and maintained their careers at York College, according to grade point ranking will receive priority seating.

All colleges attended and related information must be included in the table below. Use blank page on back of application.

Name of College(s) (City & State)	Major	Degree Earned	Date Degree Earned	Credits Earned

## REFERENCE CONTACT INFORMATION FALL 2019

Occupational Therapist	Employer or Professor
Name:	Name:
Title:	Title:
Address:	Address:
E-mail:	E-mail:

### Important Notes:

1. Please be aware that a felony conviction and/or the inability to pass a background check may preclude an individual from being placed at fieldwork sites, compromise ability to complete the program, take the National Certification Board of Occupational Therapy (NBCOT) examination and/or obtain a state license to practice.
2. This application is for the selection process into the BS/MS Occupational Therapy Program. It is not a substitute for an admission application into York College. If you are not a current student (registered) at York College, you must provide proof of re-admittance or that you have submitted an application for admittance (i.e. transfer application).
3. This application does not guarantee being accepted into the Occupational Therapy Program. Applicants must keep in mind the highly competitive nature of the admissions process.
4. It is the policy of the Occupational Therapy program not to discriminate against any applicant for admission because of age, race, religion, color, handicap, gender, physical condition, developmental disability, sexual orientation or national origin.

With my signature below, I affirm that I have read and understand this application, and I attest that the information I have provided is accurate. By signing this application, I also give permission to the Department of Occupational Therapy to contact my Reference Contacts in which I have listed above:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

VERIFICATION OF VOLUNTEER HOURS FALL 2019

I verify that on \_\_\_\_\_,  
(Date) (Volunteers name)

completed a minimum of 50 volunteer hours with a Licensed Occupational  
Therapist.

Supervisor's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Institution Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STAPLE YOUR (OT SUPERVISOR) BUSINESS CARD

HERE

Or

Place Your License Number

LIC#:

\_\_\_\_\_

## OCCUPATIONAL THERAPY PREREQUISITE SUMMARY FORM – 2019

Applicant's Name: \_\_\_\_\_

Date: \_\_\_\_\_

As part of your application, we review your overall academic performance. Please list all prerequisite courses for the Occupational Therapy Program you have completed and the grade received.

Equivalent Course(s) (Non-York College) Course # and Title	York College Required Prerequisite Course # and Title	Semester & Year Taken	Credits	Grade
	Biology 234 -Anatomy & Physiology 1 or Biology 201-Biological Principles 1			
	Biology 235- Anatomy & Physiology 2 or Biology 202 -Biological Principles 2			
	Chemistry 106 -Essentials of College Chemistry or Chemistry 108- Principles of Chemistry 1			
	Chemistry 107- Essentials of College Chemistry Lab or Chemistry 109 Principles of Chemistry 1 Lab			
	Math 111 -Introduction to Statistics and Probability			
	Physics 140- The Physical Universe			
	Psychology 102 - Introductory Psychology			

	Psychology 214- Lifespan Development for Health Professions or Psychology 215 -Human Development 1- Infancy & Psychology 216- Human Development 2- Adolescence/Maturity			
	Psychology 338- Abnormal Psychology			
	Sociology 101- Introductory Sociology			

RETURN TO:

Occupational Therapy Admissions Committee  
 York College of the City University of New York  
 Department of Occupational Therapy, Room 1E12  
 94-20 Guy R. Brewer Blvd.  
 Jamaica, NY 11451

**Hand submission is strongly recommended**

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