



YORK College **CUNY** The City
University
of
New York
Department of Occupational Therapy
School of Health Science and Professional Programs

FALL 2020 ADMISSIONS APPLICATION



for the
**OCCUPATIONAL THERAPY
BS/MS PROGRAM**



FALL 2020

Dear Prospective Occupational Therapy Applicant:

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

To apply to the Fall 2020 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
Room: AC-1E12
94-20 Guy R. Brewer Blvd.
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.
7. Proof of military service for active or retired military.

Applications are due Friday, February 7, 2020 by 5pm. (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.



**OCCUPATIONAL THERAPY BS/MS PROGRAM
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FALL 2020**

PRINT CLEARLY

Name: _____ CUNY Empl ID: _____
(Last) (First)

Personal e-mail: _____ York e-mail: _____

Home Phone: _____ Cell Phone: _____

Address: _____
Street Apt. #

_____ City State Zip

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 five students, who started and maintained their careers at York College, will receive priority seating. The selection of these two groups will be according to overall GPA ranking.



**PREREQUISITE SUMMARY FORM
 FALL 2020**

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 <i>Anatomy & Physiology 1</i> or Biology 201 <i>Biological Principles 1</i>			
	Biology 235 <i>Anatomy & Physiology 2</i> or Biology 202 <i>Biological Principles 2</i>			
	Chemistry 106 <i>Essentials of College Chemistry</i> or Chemistry 108 <i>Principles of Chemistry 1</i>			
	Chemistry 107 <i>Essentials of College Chemistry Lab</i> or Chemistry 109 <i>Principles of Chemistry 1 Lab</i>			
	Math 111 <i>Introduction to Statistics and Probability</i>			
	Physics 140 <i>The Physical Universe</i>			
	Psychology 102 <i>Introductory Psychology</i>			
	Psychology 214 <i>Lifespan Development for Health Professions</i> or Psychology 215 <i>Human Development 1- Infancy & 216 Human Development 2- Adolescence/Maturity</i>			
	Psychology 238 <i>Abnormal Psychology</i> Or Psychology 338 <i>Abnormal Psychology</i>			
	Sociology 101 <i>Introductory Sociology</i>			



**VERIFICATION OF VOLUNTEER HOURS
FALL 2020**

I verify that on _____,
(Date of completion) (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: _____ Today's Date: _____

STAPLE YOUR (OT SUPERVISOR) BUSINESS CARD HERE

Or

Place Your License Number

LIC#: _____



**REFERENCE CONTACT INFORMATION
 FALL 2020**

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:

Applicant **signature**

Date



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RETURN TO:

Occupational Therapy Admissions Committee
York College of the City University of New York
Department of Occupational Therapy, Room AC-1E12
94-20 Guy R. Brewer Blvd.
Jamaica, New York 11451
Phone (718) 262-2720

HAND SUBMISSION IS STRONGLY RECOMMENDED