



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

## FALL 2024 ADMISSIONS APPLICATION



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



## FALL 2024

Dear Prospective Occupational Therapy Applicant:

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

To apply to the Fall 2024 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. York College students must submit an unofficial York College transcript, along with official transcripts from ALL previously attended colleges
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 the enclosed form.  
**OR**
7. Completion of Occupational Therapy Online Shadowing Experience (*information can be found on our website*) at <https://www.york.cuny.edu/academics/departments/occupational-therapy/admissions>
8. Proof of military service for active or retired military.

Applications are due **Monday, February 2, 2024** (*only application received by the deadline will be reviewed*)

**\*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  
ADMISSIONS APPLICATION  
FALL 2024**

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 2024**

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 &amp; Physiology 1</i> or Biology 201 <i>Biological Principles 1</i>			
	Biology 235 <i>Anatomy &amp; 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 &amp; 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 2024**

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 2024**

Occupational Therapist	Employer or Professor
<b>Name:</b>	<b>Name:</b>
<b>Title:</b>	<b>Title:</b>
<b>Address:</b>	<b>Address:</b>
<b>E-mail:</b>	<b>E-mail:</b>

**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:**

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Applicant signature

Date



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## **RETURN TO:**

Please submit your completed application, supporting documents, along with your unofficial transcripts on our website using the **Document Upload** button at <https://www.york.cuny.edu/occupational-therapy/admissions>.

All official transcripts must be emailed to us at [ot@york.cuny.edu](mailto:ot@york.cuny.edu)

Or mailed to:

Department of Occupational  
94-20 Guy R. Brewer Blvd, room 1E12  
Jamaica, NY 11451

**\*Please note: all applications and supporting documents must be submitted in a PDF format.  
(No pictures allowed)**