

FALL 2026 ADMISSIONS APPLICATION



for the OCCUPATIONAL THERAPY BS/MS PROGRAM



FALL 2026

Dear Prospective Occupational Therapy Applicant:

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

To apply to the Fall 2026 program, please send us:

- 1. A completed application (**Incomplete** applications will <u>**not**</u> 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 <u>Friday</u>, <u>April 3, 2026</u>

*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 2026

PRINT CLEARLY

Name:		CUNY Emplid:	
(Last)	(First)	•	
Personal e-mail:		York e-mail:	
Home Phone:		Cell Phone:	
Address:			
City	Street	Apt. # 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.



COLLEGE HISTORY FALL 2026

All colleges attended and related information must be included in the table below: *includes college credits

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



PREREQUISITE SUMMARY FORM FALL 2026

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 202 201 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 1Lab			
	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 & 216 Human Development 2- Adolescence/Maturity			
	Psychology 238 Abnormal Psychology			
	Sociology 101 Introductory Sociology			



VERIFICATION OF VOLUNTEER HOURS FALL 2026

I verify that on	(Date of completion)	(Volunteers name)
		with a Licensed Occupational Therapist.
Supervisor's Na	sor's Name:Work Phone:	
Гitle:		
Institution Nam	ne:	
Address:		
City/State/Zip:	·	
Supervisor's Sig	nature:	Today's Date:
	STAPLE YOUR (OT SUPERVIS	COR) RUSINESS CARD HERE
	O:	,
	Place Your Lic	ense Number
	IIC#.	
	LIC#:	



REFERENCE CONTACT INFORMATION FALL 2026

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:



RETURN TO:

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

All <u>official</u> transcripts must be emailed to us at <u>ot@york.cuny.edu</u>
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)