



OCCUPATIONAL THERAPY ASSISTANT PROGRAM APPLICATION

One Stop Student Services - onestop@cw.edu - 208.562.3000
 P.O. Box 3010 - Nampa, ID 83653 - cw.edu/OTA

This application is used to apply for admission into College of Western Idaho's (CWI) [Occupational Therapy Assistant](#) program.

- **Fall 2024 Application Period: March 1 – April 30**
- **Priority Deadline: April 1**
- Review the [Occupational Therapy Assistant Application Steps](#) prior to completing this application.

PERSONAL INFORMATION

LAST NAME	FIRST NAME	M.I.	PREVIOUS NAME(S)	
ADDRESS		CITY	STATE	ZIP
			()	-
STUDENT ID	STUDENT EMAIL		PHONE	

PREREQUISITE & COREQUISITE CLASSES

Complete the information below for each prerequisite and corequisite class you have completed.

- For classes in progress, complete an [Occupational Therapy Assistant Course Credit Verification Form](#).
- For classes taken at another institution, complete a [Bachelor's Degree Transfer Credit Request Form](#).

Prerequisite Classes

COURSE #	COURSE NAME	SCHOOL	YEAR	CREDITS	GRADE
ENGL 101	Writing & Rhetoric I				
PSYC 101	Introduction to Psychology				
BIOL 226	Human Anatomy & Physiology I Plus				
BIOL 227P	Human Anatomy & Physiology I				
BIOL 227	Human Anatomy & Physiology I				
BIOL 227L	Human Anatomy & Physiology I Lab				

For any prerequisite classes you have not completed, please explain your plan for completion:

Corequisite Classes

COURSE #	COURSE NAME	SCHOOL	YEAR	CREDITS	GRADE
BIOL 228	Human Anatomy & Physiology II				
BIOL 228L	Human Anatomy & Physiology II Lab				
COMM 101	Fundamentals of Oral Communication				
GEM 3: MATH					



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MEDICAL TERMINOLOGY COMPETENCY

Which of the following have you completed to demonstrate your competency in Medical Terminology?

- HLTH 101 Medical Terminology
- non-credit medical terminology class
- online medical terminology class

PANEL INTERVIEW

I understand by submitting this application, I am required to participate in a [mandatory panel interview](#).

REQUIRED SUBMISSION MATERIALS

Please submit the following items with this application in a sealed envelope to [One Stop Student Services](#) by the deadline:

- [unofficial transcripts](#)
- [Occupational Therapy Assistant Course Credit Verification Form](#) (if applicable)
- [Bachelor's Degree Transfer Credit Request Form](#) (if applicable)
- [two \(2\) professional references](#)
- [cover letter](#)

APPLICANT ACKNOWLEDGEMENT

- I certify the information provided in this application is true and correct to the best of my knowledge. I understand falsification of information is cause for denial of admission and expulsion.
- I understand illegal use, possession, and/or misuse of drugs and/or a felony conviction may prevent me from obtaining employment as an Occupational Therapy Assistant.
- I am requesting provisional acceptance into the Occupational Therapy Assistant program. I understand should I be accepted, acceptance is granted upon the condition I fulfill all program requirements according to the timeline established with the acceptance committee and program leadership.

SIGNATURE

DATE