

IDAHO STATE UNIVERSITY
OCCUPATIONAL THERAPY PROGRAM
Introduction to the Application Packet

Thank you for your interest in applying to the Occupational Therapy Program at Idaho State University. The enclosed packet contains all of the forms necessary to submit a complete application. Please read the instructions carefully prior to writing on the enclosed forms. If you have any questions about the process please contact the ISU Physical and Occupational Therapy Department at (208)282-4095 or 1-800-797-4781.

The application packet you received should contain the following:

1. Application Instructions
2. ISU Graduate Entry Program In Occupational Therapy Application - Form 1
3. ISU - School of Graduate Studies application
4. ISU Residency Application
Residency information:
 1. **You are considered a resident if you have lived in Idaho for more than a year.**
 2. **You are considered a resident if you have a parent that lives in Idaho.**
 3. **You are considered a resident if you are married to an Idaho resident.**
 4. **You are considered a resident if your spouse's parents live in Idaho.**
5. ISU Application for Nonresident Tuition Waiver
7. Pre-requisite Course sheet - Form 2a, and 2b
8. Classes In Progress Grade Report sheet - Form 3
9. Personal Essay Instruction Sheet - Form 4
10. Education/Experience Record, Academic Experience Record - Form 5
11. 2 Experience Documentation Forms - Form 6
12. 3 Requests for Letter of Recommendation - Form 8

Please check the application packet to make sure it includes all of the above forms. Contact the ISU Physical and Occupational Therapy Department if forms are missing.

Further information about the ISU OT Program can be found on the World Wide Web at the following address: <http://www.isu.edu/departments/dpot>

NOTE: Official Transcripts and Official GRE Scores must be sent directly to the Graduate School. The Occupational Therapy Program requires transcripts, and copies of GRE Scores to be included with the application.

IDAHO STATE UNIVERSITY
Occupational Program

Instructions for Re-applicants

If you have previously applied to the Occupational Therapy Program at Idaho State University within the last two years please read these instructions prior to filling out this application.

Applicants who applied to the ISU OT program but did not gain admission may apply again. Applicants may not need to resubmit all of the forms included in this application packet. Transcripts, GRE scores, Experience Documentation Forms, and Letters of Recommendation submitted the previous year may be moved to the applicants current file upon request. An applicant must fill out the following forms to submit a new application:

1. Application Instructions
2. ISU Graduate Entry Program In Occupational Therapy Application form 1
3. ISU - School of Graduate Studies application
4. ISU Residency Application

Residency information:

- 1. You are considered a resident if you have lived in Idaho for more than a year.**
- 2. You are considered a resident if you have a parent that lives in Idaho.**
- 3. You are considered a resident if you are married to an Idaho resident.**
- 4. You are considered a resident if your spouse's parents live in Idaho.**

5. ISU Application for Nonresident Tuition Waiver
6. Pre-requisite Course sheet - Form 2a, and bb
7. Personal Essay - Form 4

Follow the instructions for completing the above forms carefully. **An applicant must also submit a written request to use the transcripts and forms from the previous application.**

Re-applicants currently have no advantage or disadvantage over new applicants. Applications are compared with the current applicant pool which varies from year to year. Please contact the ISU OT Program if you have questions about re-applying.

**IDAHO STATE UNIVERSITY
PHYSICAL AND OCCUPATIONAL THERAPY DEPARTMENT
OCCUPATIONAL THERAPY PROGRAM**

Application Instructions

The following information will assist you in successfully completing the required forms to submit for application to the ISU OT Program. Please read these instructions completely prior to writing on the forms. Please follow the directions accurately. If you have any questions about the application process, contact the ISU OT Program at (208)282-4095 or 1-800-797-4781.

1. ISU Graduate Entry Program In Occupational Therapy Application - Form 2 (Return to the ISU Occupational Therapy Program)
This form serves two purposes:
 - a. Application to the ISU OT Program
Fill in the information requested completely and legibly. This form will serve as the applicant identification sheet.
 - b. Application Check List
A check list is provided distinguishing which forms must be sent to the ISU Graduate School and which forms should be sent to the ISU OT Program. Please send the correct materials to the correct location. The Occupational Therapy Program accepts applications on a rolling admissions basis with review beginning January 15th of each year.
 - c. Application Fees
 1. \$55.00 application fee - send to the ISU Graduate School
 2. \$25.00 application fee - send to the ISU OT Program
2. ISU School of Graduate Studies Application (Return to the Graduate School)
Fill in the information requested completely and legibly. Please note that this form requires information to be completed on both sides. **The code for OT is 1208 and it is in the College of Health Professions.**
An important notice follows: APPLY TO THE GRADUATE SCHOOL BEFORE or AT THE SAME TIME YOU APPLY TO THE OT PROGRAM.
3. ISU Residency Application - (Return to the Graduate School)
Fill in the information requested completely and legibly. Please note that this form requires information to be completed on both sides.
Residency information:
 1. **You are considered a resident if you have lived in Idaho for more than a year.**
 2. **You are considered a resident if you have a parent that lives in Idaho.**
 3. **You are considered a resident if you are married to an Idaho resident.**
 4. **You are considered a resident if your spouse's parents live in Idaho.**
4. ISU Nonresident Tuition Waiver - (Return to the Graduate School)
Fill in the information requested completely and legibly. Please note that this form requires information to be completed on both sides.

5. Pre-requisite Courses Form - 2a & b (Return to the ISU OT Program.)
List the courses completed, in progress, or planned to meet the requirements. If you have multiple courses to meet a single pre-requisite, you may select which course you would like to use. Please include the course title, department that offered the course, the course number, institution where it was taken, when it was completed, letter grade and credits awarded in the spaces provided. This will enhance transcript review.

If any courses are in progress, or planned, you must indicate the estimated completion date on the form and the institution where the course will be taken. Applicants with more than four courses in progress or planned may not be considered. You are responsible for sending transcripts of your completed fall course work and grades to the Occupational Therapy Program by February 15, 2010. **ALL** planned course work must be satisfactorily completed prior to August 20, 2010.

Please refer to the back of the form for a complete list of the required courses.

6. Classes In Progress Grade Report - Form 3 (Return to the ISU OT Program. - **ONLY** if you have courses in progress. If you do not have pre-requisite courses in progress during the Fall session you do not need to return this form.) If you have pre-requisite courses in progress during the Fall session, please list the course title, course number, credits, and have the professor indicate the grade he/she thinks you are going to receive for the Fall session and then sign the form. Upon completion of Fall semester, send official transcripts of ALL completed Fall courses to the ISU OT Program by February 15, 2010.
7. Personal Essay - Form 4 (Return to the ISU OT Program.)
Compose a two page essay describing yourself and your knowledge and interest in the OT profession. **Provide a signature at the end of the essay to indicate authorship.**
8. Education/Experience Record, Academic Experience Record - Form 5. See instructions on form.
9. Experience Documentation Form- 6 (Return to the ISU OT Program.)
Two copies of the Experience Documentation Form have been included in the application packet. You may copy this form if you have volunteered/worked at more than two sites. A total of 40 hours of volunteer/paid experience is required and must be completed prior to the application deadline (must be supervised by an occupational therapist or health care provider). The Experience Documentation Form **MUST** be filled out by the occupational therapist/health care provider who supervised the volunteer/paid experience. A letter containing the facility name, address, phone number, dates/hours/experiences provided and signature of another OT/health care provider at the facility may be stapled to the form if the supervising OT/health care provider is no longer available. These forms must be included with the application.
10. Letters of Reference - Form 7 (Return to the ISU OT Program)

Letters of Reference

Each applicant is required to submit three letters of reference to complete their application. The letters of reference should come from the following individuals:

- Occupational Therapist - who directly supervised your volunteer or aide experience
- Academic Reference – professor or advisor who is familiar with your academic performance
- Individual with knowledge of your personal characteristics or attributes that would enhance your ability to be an occupational therapist.

Please Note: Letters of reference will not be accepted from relatives of the applicant.

Letters of reference from doctors, nurses, physical therapists and other health care professionals will not be accepted in place of letters from an occupational therapist.

Letters of reference may not be read by the applicant and must be submitted with the application in a sealed envelope with a signature across the seal.

12. Transcripts, GRE's and MAT Scores:

Graduate School: - **Official Transcripts of all college credits earned, and Official GRE's or MAT Scores must be sent directly to the Graduate School. The ISU Graduate School code is 4355.** Occupational Therapy Program: - **A copy of each transcript of all college credits earned, and an unofficial copy of GRE or MAT scores must be included with the application packet to the Occupational Therapy Program.**

IDAHO STATE UNIVERSITY
GRADUATE ENTRY PROGRAM IN OCCUPATIONAL THERAPY
APPLICATION FORM

NAME: _____

ADDRESS: _____

CITY, STATE, and ZIP: _____

(You are responsible to notify OT Program of changes in address or phone number.)

CONTACT TELEPHONE NUMBER (____) _____ - _____ SOCIAL SECURITY #: _____

EMAIL: _____ Are you an Idaho resident? yes ____ no ____ How long? _____

Application Deadline: Applications are accepted on a rolling admissions basis, with review beginning on **January 15th.**

Check list of application materials:

I. Send to: Graduate School Office
Idaho State University
Campus Box 8075
Pocatello ID 83209-0009

- _____ ISU Graduate School Form
 _____ ISU Graduate Residency Form
 _____ ISU Nonresident Tuition Waiver
 _____ **One official transcript of all college credits earned following graduation from high school** (transcripts take 3-4 wks; please order immediately)
 _____ Official GRE or MAT scores (ISU's code is **4355**)
 _____ \$55.00 Graduate School application fee

II. Send to: Occupational Therapy Program

Idaho State University
Campus Box 8045
Pocatello ID 83209-0009

- _____ Graduate Entry Program in Occupational Therapy Application Form 1
 _____ **One transcript (unofficial copies accepted) of all college credits earned following graduation from high school** (transcripts take 3-4 wks; please order immediately)
 _____ Unofficial copy of GRE or MAT scores
 _____ Pre-requisite Courses Form 2
 _____ Classes In-Progress Grade Report Form 3
 _____ Personal Essay Form 4 - (**Did you sign your essay?**)
 _____ Education/Experience Record Form 5
 _____ Occupational Therapy Clinical Experience Documentation Form 6
 _____ 3 Letters of Recommendation Form 7 (**see instructions**)
 _____ \$25.00 application fee payable to ISU Occupational Therapy Program (**Application will not be processed if fee is not included.**)

I certify that the information contained in this application is true, complete, and correct. I understand that my admission to the Occupational Therapy Program at Idaho State University, are based on the validity of these statements. I agree to abide by and be subject to all rules, regulations, and policies of the Occupational Therapy Program at Idaho State University.

Date: _____

Applicant Signature _____

Form 2a

**IDAHO STATE UNIVERSITY
OCCUPATIONAL THERAPY PROGRAM**

Applicant Name: _____ Social Security #: _____

This form is used to identify completion of the pre-requisite courses required for the ISU OT Program. Each applicant may select the courses from the transcripts to fulfill the requirements. List only those courses meeting the requirements. Indicate if a course is planned, in progress, or when it was completed. Applicants with more than four or five courses in progress may not be considered. A list of the required pre-requisites is included.

Biology: Human Anatomy and Physiology with labs.

Pre-requisite	Course Title and Department	Course #	Institution	Sem/Year	Letter Grade	Credits	(Off. use only)
Human Anatomy with lab.							
Human Physiology with lab.							

Chemistry: General Chemistry with labs, (Biochemistry highly recommended, but not required)

Pre-requisite	Course Title and Department	Course #	Institution	Semester/Year	Letter Grade	Credits	(Off. use only)
General Chemistry (lab)							

Math: Statistics

Pre-requisite	Course Title and Department	Course #	Institution	Semester/Year	Letter Grade	Credits	(Off. use only)

Note: Lab courses in parentheses may or may not have been taken as separate courses depending on the school attended. Science courses must have had a laboratory either intrinsically or as a separately coordinated course.

If you have a course in progress or have courses that you still need to take, make sure you indicate it in the course area. If you leave any of the areas blank your application will be considered incomplete.

e.g.:

Pre-requisite	Course Title and Department	Course #	Institution	Semester/Year	Letter Grade	Credits	(Office use only)
Medical Terminology	HCCA Terminology II	131	On-line	Summer 2009			

Social Behavioral Science: Human Development (focus over life span), sociology, abnormal psych, cultural anthropology

Pre-requisite	Course Title and Department	Course #	Institution	Sem/Year	Letter Grade	Credits	(Off. use only)
Human Development							
Sociology							
Abnormal Psychology							
Cultural Anthro							

English/Communication: composition, speech communication, and 1 other (technical writing recommended, but not required)

Pre-requisite	Course Title and Department	Course #	Institution	Sem/Year	Letter Grade	Credits	(Off. use only)
Composition							
Speech							
Other							

Please list 5 courses in this area to total at least 15 credits. Courses that are highly recommended: 1 course in fine arts (see prerequisite course work sheet), 1 course in ethics, 1 course in philosophy, 1 course in education, and 1 course in the humanities, literature, economics, foreign language, and history.

Pre-requisite	Course Title and Department	Course #	Institution	Sem/Year	Letter Grade	Credits	(Off. use only)
Fine Arts (see pre-requisite Course Work)							
Ethics							
Philosophy							
Education							
Literature							
Humanities							
Economics							
Foreign Language							
History							

Prerequisite Course Work

The prerequisite courses are listed below. A GPA of 3.0 in each category is required. Prerequisite course work in anatomy and physiology must be completed in the past 7 years, and other prerequisite course work which is 10 years or older may not be acceptable for admission. Please contact the department for clarification. Applicants with more than 5 prerequisite courses in progress or planned for spring and summer semesters may not be considered for admission.

A total of 13 required prerequisites along with 7 courses which are highly recommended. The courses are divided into 7 categories. You must have one course to meet each prerequisite. One course may not be used to meet the requirements for two areas.

Category 1-Biology (2 courses) 1 course in Human Anatomy and 1 course in Human Physiology
2 semesters or 2 or 3 quarters.

NOTE: Anatomy and physiology courses **MUST** be listed in the Biology or Zoology Departments for fulfillment of this requirement.

Category 2- Chemistry (1 course) General Chemistry with labs- Biochemistry recommended, but not required. General chemistry for science majors with a laboratory. One semester or 1-2 quarters.

Category 3- Math (1 course) Statistics. Lower, upper division or more recent graduate course.

NOTE: Research methods, marketing statistics or tests & measurements courses will not meet this requirement.

Category 4- Social Behavioral Sciences. (4 courses) Human Development (focus over life span), Sociology, Abnormal Psychology, Cultural Anthropology.

Category 5- English/Communication (2 courses) Composition, Speech Communication. Technical Writing recommended but not required.

Category 6- Total of 15 credits - (courses from the following areas are recommended): 1 course in Fine Arts** (see note below), 1 course in Ethics, 1 course in Philosophy, 1 course in Education, 1 course in Literature, 1 course in Humanities, 1 course in Economics, 1 course in Foreign Language, and 1 course in History.

****Note: Fine Arts (suggested courses - studio/performing arts: visual arts, theater, music, or dance.)**

If you have a course in progress or have courses that you still need to take, make sure you indicate it in the course area. If you leave any of the areas blank your application will be considered incomplete.

e.g.:

Pre-requisite	Course Title and Department	Course #	Institution	Semester/ Year	Letter Grade	Credits	(Office use only)
Medical Terminology	HCCA Terminology II	131	On-line	Summer 2009			

**IDAHO STATE UNIVERSITY
OCCUPATIONAL THERAPY PROGRAM
Box 8045
Pocatello, ID 83209
Classes In Progress - Grade Report**

Transcripts for Fall Session (of the year you are applying) will not be available before the application deadline. If you have pre-requisite courses in progress during the Fall session use this form to provide an estimate of the grade you will receive. Send this form to the ISU OT Program by February 15, of the year you are applying. Official transcripts for the Fall session MUST be sent to the ISU OT Program by February 15, of the year you are applying.

List the course title, course number, credits, and have the professor indicate the grade he/she thinks you are going to receive for the Fall session and then sign this sheet.

Course Title	Course #	Credits	Estimated Grade	Professor's Signature

**IDAHO STATE UNIVERSITY
Occupational Therapy Program**

Personal Essay Instruction Sheet

Type a two page (**no more than two**), double spaced essay about:

1. Life experiences that will guide your practice of OT.
2. What you feel is essential to becoming an effective OT.
3. Awareness of the importance of activities in one=s own life.
4. Your perceptions about ability and disability.

Please compose this essay yourself. This essay will be evaluated for writing style, grammar, and punctuation. Applicants who are invited for an interview will be asked to write another essay during the interview process. The two essays will be compared for consistency in writing style, grammar, etc.

You must sign your legal signature at the end of the essay to indicate authorship. (Only signed essays will be accepted.)

IDAHO STATE UNIVERSITY
Occupational Therapy Program
 Education/Experience Record

I. Academic Experience: List all colleges and universities attended since high school in chronological order:

<u>SCHOOL</u>	<u>MAJOR</u>	<u>DEGREE</u>	<u>DATES</u>	<u>LOCATION</u>
---------------	--------------	---------------	--------------	-----------------

1. _____
2. _____
3. _____
4. _____
5. _____

II. Clinical Experience: Chronologically identify the sites in which you gained exposure to the profession of occupational therapy, under the supervision of practicing, licensed occupational therapist - who directly supervised your volunteer or aide experience

<u>#HOURS</u>	<u>A=Acute</u> <u>O=Other</u>	<u>REGISTERED</u> <u>OT SUPERVISOR</u>	<u>SITE</u>	<u>ADDRESS</u>	<u>DATES</u> <u>FROM/TO</u>
---------------	----------------------------------	---	-------------	----------------	--------------------------------

1. _____
2. _____
3. _____
4. _____

III. Letters of Recommendation - Please provide the following information about the three letters of reference for the application. The letters of reference should come from the following individuals:

- Occupational Therapist - who directly supervised your volunteer or aide experience
- Academic Reference – professor or advisor who is familiar with your academic performance
- Individual with knowledge of your personal characteristics or attributes that would enhance your ability to be an occupational therapist.

Please Note: Letters of reference will not be accepted from relatives of the applicant.

Letters of reference from doctors, nurses, physical therapists and other health care professionals will not be accepted in place of letters from an occupational therapist.

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>PROFESSIONAL TITLE</u>	<u>FACILITY</u>
-------------	----------------	--------------	---------------------------	-----------------

1. _____
2. _____
3. _____

IDAHO STATE UNIVERSITY
 OCCUPATIONAL THERAPY PROGRAM
 Box 8045
 Pocatello, ID 83209

Experience Documentation Form

This form may be used to record the volunteer/paid experience observing an occupational therapist/health care provider. **This form MUST be filled out by the OT/health care provider who supervised the applicant.** A minimum of 40 hours are required. The experience must also have occurred within the last five years.

Applicant: _____ Occupational Therapist: _____

Facility: _____ Address: _____

Phone Number: _____

Type of Facility: *Out Patient* _____ *Developmental Disabilities* _____
 (Check all that apply) *Skilled Nursing Facility* _____ *Rehab. Unit* _____ *Pediatrics* _____
 _____ *Mental Health Center* _____ *Psychiatric Hospital* _____ *School District* _____
Hospice _____ *Other (describe):* _____

Experiences Applicant Observed:
 (Check all that apply)

Acute Ortho. _____ *Out Patient Ortho.* _____ *Wound Care* _____
ICU/CCU _____ *Mental Health* _____ *Developmental Disabilities* _____
Acute Neuro. _____ *Out Patient Neuro.* _____ *Substance Abuse* _____
Home Health _____ *Industrial Medicine* _____ *Geriatrics* _____
Pediatrics _____ *Wellness* _____ *Other:* _____

Duration of Observation: From: _____ To: _____
 Month/Year Month/Year

Total Hours of Observation: _____

Estimate of Acute Care/Rehabilitation Hours: _____

Occupational Therapist's Signature: _____ DATE: _____

IDAHO STATE UNIVERSITY
OCCUPATIONAL THERAPY PROGRAM
Box 8045
Pocatello, ID 83209

Experience Documentation Form

This form may be used to record the volunteer/paid experience observing an occupational therapist/health care provider. **This form MUST be filled out by the OT/health care provider who supervised the applicant.** A minimum of 40 hours are required. The experience must also have occurred within the last five years.

Applicant: _____ Occupational Therapist: _____

Facility: _____ Address: _____

Phone Number: _____

Type of Facility: *Out Patient* _____ *Developmental Disabilities* _____
(Check all that apply)
Skilled Nursing Facility _____ *Rehab. Unit* _____ *Pediatrics* _____

Mental Health Center _____ *Psychiatric Hospital* _____ *School District* _____
Hospice _____ *Other (describe):* _____

Experiences Applicant Observed:
(Check all that apply)

Acute Ortho. _____ *Out Patient Ortho.* _____ *Wound Care* _____
ICU/CCU _____ *Mental Health* _____ *Developmental Disabilities* _____
Acute Neuro. _____ *Out Patient Neuro.* _____ *Substance Abuse* _____
Home Health _____ *Industrial Medicine* _____ *Geriatrics* _____
Pediatrics _____ *Wellness* _____ *Other:* _____

Duration of Observation: From: _____ To: _____
Month/Year Month/Year

Total Hours of Observation: _____

Estimate of Acute Care/Rehabilitation Hours: _____

Occupational Therapist's Signature: _____ DATE: _____

LETTER OF RECOMMENDATION
Idaho State University
Occupational Therapy Program
Box 8045
Pocatello, ID 83209

You have been selected to write a Letter of Recommendation for an applicant of the ISU Occupational Therapy Program. Thank you for taking the time to provide the necessary information contained on this form. You may write your recommendation directly on this form. If you prefer to submit your recommendation on letterhead, please complete the following information and staple this form to that letter. Place your recommendation in a sealed envelope, place your signature across the seal, and then return it to the applicant. The applicant will submit your recommendation with the rest of the application. If you have any questions contact the ISU OT Department at (208)282-4095.

(Please print the following information:)

Name of Applicant:

Name of Recommender: _____

Title/Profession

Did you directly supervise this applicant in a Occupational Therapy Department? YES _____ NO

Name and location of clinical or other setting in which you have known applicant: _____

Length of time you have known applicant:

Please provide a brief summary of your impression of the applicant's academic ability, personality characteristics (e.g. integrity, dependability, ability to get along with others), and potential for success in the profession of occupational therapy (if known). Illustrate with specific examples whenever possible.

Signature and title _____ Date _____

LETTER OF RECOMMENDATION
Idaho State University
Occupational Therapy Program
Box 8045
Pocatello, ID 83209

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(Please print the following information:)

Name of Applicant:

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Signature and title _____ Date _____

LETTER OF RECOMMENDATION
Idaho State University
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Box 8045
Pocatello, ID 83209

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(Please print the following information:)

Name of Applicant:

Name of Recommender: _____

Title/Profession

Did you directly supervise this applicant in a Occupational Therapy Department? YES _____ NO

Name and location of clinical or other setting in which you have known applicant: _____

Length of time you have known applicant:

Please provide a brief summary of your impression of the applicant's academic ability, personality characteristics (e.g. integrity, dependability, ability to get along with others), and potential for success in the profession of occupational therapy (if known). Illustrate with specific examples whenever possible.

Signature and title _____ Date _____