



**Idaho State
University**

**Occupational
Therapy**

**MASTER OF OCCUPATIONAL THERAPY
PROGRAM APPLICATION**

2021-2022

Form 1 CONTACT INFORMATION-INSTRUCTIONS/DEADLINE

NAME: _____

ADDRESS: _____

CITY, STATE, and ZIP: _____

CONTACT TELEPHONE NUMBER (____) _____ EMAIL: _____

NOTE: It is your responsibility to notify the MOT Program of changes in contact information during the application process.

INSTRUCTIONS/DEADLINE

Completed applications received by the priority deadline of January 15th will receive preference for admissions and be eligible for a \$1,500 Academic Merit Scholarship. Applications will be accepted after that date on a space-available basis.

If your application is successful, you will be asked to provide your campus preference and assignments will be made based on your ranking in the application process and seat availability. You can increase your ranking by meeting and exceeding all of our entry requirements. We will offer 20 seats at each of our Pocatello and Meridian campuses each fall.

If you previously applied with a paper application (within the last two years) but were unsuccessful, you can submit a written request to have previous documentation moved to your current application. You must follow all other instructions to qualify for admission.

1. Complete an online application with the ISU Graduate School

As a part of this process, provide the Graduate School with unofficial or official transcripts for all colleges attended AND official GRE/MAT scores (code 4355). Your application will not be considered to be complete until all transcripts and score reports are received. An application fee (currently \$120) will be collected. Unofficial transcripts may be submitted via their application or mailed to:

Mail:

ISU Graduate School
921 S. 8th Avenue, Stop 8075
Pocatello, ID 83209-0009

2. Complete all forms in this package and submit with unofficial transcripts AND unofficial GRE/MAT scores:

Mail:

Master of Occupational Therapy Program
921 S. 8th Avenue, Stop 8045
Pocatello, ID 83209-0009

In Person:

Garrison Hall, 2nd floor
1400 E. Terry, Pocatello, Idaho
Room 216/202

All of the above must be received in our department office and/or the ISU Graduate School (as instructed) by January 15 in order to be considered as meeting the priority application deadline. I certify that the information contained in this application is true, complete, and correct. I understand that my admission to the Master of Occupational Therapy Program at Idaho State University is 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.

Applicant _____ Date _____



Form 1a DEMOGRAPHICS-BIOGRAPHIC INFORMATION (optional)

Race and Ethnicity:

Do you consider yourself to be of Hispanic/Latino origin: YES_____ NO_____

Race- Please select one or more of the following groups in which you identify yourself to be a member:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Other _____

Citizenship status:

US Citizen_____ Other citizen_____

If other, please list your country of citizenship: _____

If other, do you have dual citizenship: YES_____ NO_____

Residency:

Please list your current state of residence: _____

Please list your county of residence: _____

How long have you been a resident of your state: _____

How long have you lived in the US: _____

Visa Information: If not a US resident

Do you have a US Visa: YES_____ NO_____

Gender:

- Male
- Female
- Decline to answer

Date of Birth:

Please list your date of birth: _____



INSTRUCTIONS FOR FORMS 2A AND 2B

Applicants with pending or in-progress prerequisites are encouraged to submit their application (and transcripts) after grades are posted for the fall semester but before the priority deadline of January 15. Priority is given to applications with the fewest number of outstanding prerequisites. There is no advantage to an early application.

Category:	Course:
1)- Biology (2 courses)	1 course in Human Anatomy AND 1 course in Human Physiology (OR A&P I and A&P II) with labs. Must have been taken in the last 5 years. Courses MUST be listed in the Biology, Zoology, Anatomy or Physiology departments for fulfillment of this requirement.
2)- Chemistry (1 course)	1 College-level chemistry course. General Chemistry preferred.
3)- Math (1 course) Statistics.	1 Standard Statistics course from any department. <i>Research Methods, Marketing Statistics or Tests & Measurements courses will not meet this requirement.</i>
4)- Social Behavioral Sciences (4 courses)	1 course in Human Development AND 1 course in Sociology AND 1 course in Abnormal Psychology AND 1 course in Cultural Anthropology.
5)- English/Speech (2 courses)	1 course in Composition AND 1 course in Speech, Public Speaking OR Communication
6)- Liberal Arts (15 additional credits)	Five or more courses in a variety of the following areas: Fine Arts (music, art, theatre, dance), Philosophy, Literature, Political Science, Economics, Language, Humanities, Ethics or History. You can include up to 8 credits from any department. <i>We do not accept coursework in Education, Religion or Natural Sciences in this category.</i>
7)- Medical Terminology	May be an academic, for-credit course or a course taken through an extension service or on-line. If not an academic course (appearing on your transcript), the course must have included a post-test to show competency and a certificate of completion must be included with this application.
8)- Physics- OPTIONAL	Physics with Laboratory is not required, but highly recommended.
9)- Technical Writing- OPTIONAL	Technical Writing is not required, but highly recommended.

Example of form completion:

Pre-requisite	Course Title and Department	Course #	Institution	Sem/Year	Letter Grade	Credits	(Off. use only)
Chemistry	General Chemistry, CHEM	1111	ISU	Spring 17	A	3	

Form 2a PRE-REQUISITES



This form is used to identify completion of the pre-requisite courses required for the ISU MOT Program. Select the courses meeting the requirements from your transcripts. Indicate if a course is planned, in progress, or completed. Do not leave any lines blank.

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	(lecture)						
	(lab)						
Human Physiology with lab	(lecture)						
	(lab)						

Note: Lab courses in parentheses may or may not have been taken as separate courses depending on the school attended.

Chemistry: College-level Chemistry (General Chemistry preferred)

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

Math: Statistics

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

Recommended Course: Physics

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

Medical Terminology—See instructions below

Course Title	Where taken (specify name of college, URL, sponsoring org., etc.)	Date completed	Academic		On-line		Other		(Off. use only)
			Yes	No	Yes	No	Yes	No	

NOTE: If the course does not appear on a transcript, a certificate of completion must be submitted with the application.



Form 2b PRE-REQUISITES

Social Behavioral Sciences:

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

English/Communication: Composition, speech communication (technical writing recommended, but not required)

Pre-requisite	Course Title and Department	Course #	Institution	Sem/Year	Letter Grade	Credits	(Off. use only)
Composition							
Communication							
Technical Writing (optional)							

Liberal Arts: Please list 5+ courses in this area to total at least 15 credits. Courses may include: fine arts, ethics, philosophy, humanities, literature, economics, foreign language, political science, and history.

Department	Course Title	Course #	Institution	Sem/Year	Letter Grade	Credits	(Off. use only)



Form 3 CLASSES IN PROGRESS-TEST SCORES

CLASSES IN PROGRESS- Applicants who have completed all or most of their prerequisites have an advantage in the application process. If you still have pre-requisite courses in progress during the Fall or Spring session, use this form to provide an estimate of the grade you will receive.

Course Title	Course #	Credits	Estimated Grade	Semester

GRE/MAT SCORES- Please list your GRE or MAT scores below and attach an unofficial copy of the results to this application. Official scores for qualifying tests must also be sent to and received by the ISU Graduate School by the priority deadline.

GRE Test date: _____

- _____ Verbal Score
- _____ Quantitative Score
- _____ Analytical Score

MAT Test date: _____

- _____ Total Score

TOEFL Test date: _____

- _____ Total Computer Based Score
- _____ Total Paper Based Score
- _____ Section I computer based scored
- _____ Section I computer based scored



Form 4 PERSONAL ESSAY INSTRUCTION SHEET

Use your own words to create a two-page double spaced personal essay that responds to the question below.

Why you selected OT as a career and how an Occupational Therapy degree relates to your immediate and long-term professional goals. Describe how your personal, educational, and professional background will help you to achieve your goals.

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

Please provide your legal signature at the end of the essay to indicate authorship.



Form 5 EDUCATION/OBSERVATION/RECOMMENDATION

I. EDUCATION List all colleges and universities attended after high school in chronological order:

SCHOOL	MAJOR	DEGREE (yes/no/type)	DATES
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

NOTE: Include a copy of ALL unofficial transcripts with this application. Unofficial transcripts must also be sent to and received by the ISU Graduate School by the priority deadline.

II. OBSERVATION EXPERIENCE: List the sites in which you observed the profession of occupational therapy under the direct supervision of a licensed occupational therapist OR occupational therapy assistant

# OF HOURS	TYPE OF SETTING <small>(outpatient/rehab/psych/peds/ school/skilled nursing/hospice/ mental health /dev disability)</small>	OT/OTA SUPERVISOR	FACILITY	CITY/STATE	FROM/TO
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					

III. LETTERS OF RECOMMENDATION - Please provide the following information about your letters of reference (FORM 6). The letters of reference should be sent directly to the department from the following individuals:

- An Occupational Therapist/Occupational Therapy Assistant 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 that would enhance your ability to be an occupational therapist

Note: Letters of reference will not be accepted from relatives of the applicant or from doctors, nurses, physical therapists and other health care professionals in lieu of the letter from an OT/OTA.

NAME/TITLE	ADDRESS	PHONE
1. _____		
2. _____		
3. _____		



Form 6 LETTERS OF RECOMMENDATION (three required)

You have been asked to write a Letter of Recommendation for an applicant to the ISU Occupational Therapy Program. You may provide your recommendation directly on this form **OR** submit a written recommendation on letterhead along with the top portion of this form. **Please place your recommendation (form or letter) in a sealed envelope, provide 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 MOT program at (208) 282-4095.

NAME/TITLE: _____

FACILITY/SCHOOL _____ **CITY/STATE:** _____

EMAIL: _____ **APPLICANT:** _____

Did you directly supervise this applicant in an Occupational Therapy setting? ___YES ___NO

Name and location of clinical, school 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). Provide specific examples if possible.

SIGNATURE/TITLE: _____ **DATE:** _____

