

OVERVIEW

Occupational Therapist Assistant

Occupational Therapy is a health discipline that provides services to people whose lives have been disrupted by physical injury, illness, and developmental, psychosocial or aging-related problems. For example, a person with a disability may need to relearn how to dress, how to safely take a bus or how to prepare a basic meal. Occupational Therapy Assistants work in collaboration with a Registered Occupational Therapist. Occupational Therapy practitioners work in schools, hospitals, outpatient clinics, skilled nursing facilities, return to work, adult day health, and mental health institutions with individuals from birth to 100 years old.

This document is available in alternative formats to individuals with disabilities by contacting Disability Support Services at 253-833-9111, ext. 2631; TTY 253-288-3359; or by email at dss@greenriver.edu. Green River College is an equal opportunity educator and employer. Learn more at www.greenriver.edu/accessibility

TRADITIONAL PROGRAM FULL- TIME- classes during the day Program begins every Fall	HYBRID PROGRAM PART-TIME- classes during the evening Next program begins Spring of 2021
Curriculum Design <ul style="list-style-type: none">• Designed for students who are free to attend full-time day classes Monday through Friday• For those who desire a structured program in a traditional classroom lecture/lab format. The student must be computer literate and have access to use online course delivery methods• Fieldwork hours are required involving day-time clinic observations and participation• Seven (7) quarters in length; quarters 6 and 7 consisting of full-time internship/fieldwork• Full-time employment is not recommended• The program is developmental in design where students must finish foundational classes in the program before entering application practice classes	Curriculum Design <ul style="list-style-type: none">• Designed for students who need more flexibility in their days• Courses are offered either Monday, Wednesday, Tuesday or Thursday evenings with occasional Saturday intensive labs• Courses offered online and in a face-to-face format• Students must be self-directed, computer literate, and have ready access to computer technology to use online course delivery methods• Fieldwork hours are required involving day-time clinic observations and participation• Nine (9) quarters in length; quarters 8 and 9 consisting of full-time day hour internship/fieldwork• Full-time employment is not recommended• The program is developmental in design where students must finish foundational classes in the program before entering application academic practice classes

Level II EXPERIENCE

The fieldwork experience of this educational program occurs during the final two quarters when the candidate provides occupational therapy care in clinic settings under the supervision of occupational therapy practitioners. The candidate completes eight to ten hour days and 40-hour weeks (with or without accommodations) in clinical education experiences for two ten-week periods. The clinical education experience provides for an integrative measure of the candidate's capabilities, requiring that the candidate consistently demonstrates the skills and proficiency of performing at the entry level of an occupational therapy assistant.

ESSENTIAL FUNCTIONS FOR THE STUDENT

Becoming an Occupational Therapy Assistant requires the completion of an education program that is both intellectually and physically demanding. The student will be expected to acquire knowledge, motor skills, and behavior and attitudes that are necessary to provide ethical, safe, effective, and compassionate patient care. The purpose of this document is to inform candidates about the Occupational Therapy Assistant (OTA) program demands that they can reasonably be expected to meet, with or without reasonable accommodation, while participating in the program.

Decisions made by the candidate to enter this program should be made after careful consideration of the following technical standards. These standards reflect reasonable expectations of the OTA student for the performance of common occupational therapy functions encountered in the program. They are also reasonable expectations of employers; however, employers may have different standards. The ability to meet these standards does not guarantee employment upon graduation.

Each candidate in this Associate in Applied Science degree program should *be able to show and/or demonstrate with or without accommodation the following abilities and skills:*

MOTOR

The candidate should *show and/or demonstrate with or without reasonable accommodations*, gross and fine motor capabilities to execute the movements and skills required to provide safe and effective occupational therapy treatment. This includes, but is not limited to:

1. Sufficiently *position self* to assist and guard (protect) patients who are walking, exercising or performing other activities.
2. Ability to *position self and transport equipment with or without assistance*.
3. Ability to *show and/or demonstrate safe and effective transfers (with or without help)* of adults and children, more than 100 pounds.
4. Ability to *position self to guide, resist, and assist patients*, as well as to *show and/or demonstrate emergency care with or without assistance*.
5. Ability to *show and/or demonstrate fabrication*; apply and monitor adaptive equipment; *show or perform and demonstrate functional activities*; administer *with or without assistance* components of sensory, motor and Activities of Daily Living Skills (ADL) assessments.
6. Possesses sufficient endurance to move about a classroom or clinical environment steadily throughout the day. This includes moving across distances, changing from one floor to another, and negotiation of small spaces.

SENSORY

Candidate should *show and/or demonstrate with or without reasonable accommodations* sensory abilities to assess and monitor patients, observe physical movement, participate in physical measures, and be able to recognize and respond to patient needs and unsafe situations. Candidate should *show and/or demonstrate with or without reasonable accommodations* the ability to retain information in the classroom, laboratory or clinical settings through observation, auscultation, palpation, and other measures, and requires abilities including, but not limited to:

1. These additional measures require the ability to recognize and interpret facial expressions and body language, observe patient performance in therapy, *identify* or set parameters on occupational therapy equipment, and to interpret and assess the environment.

2. Recognize and respond to verbal directions and requests, be aware of safety mechanisms in the environment, and identify effective communication between patients/families/co-workers.
3. Ability to *detect* palpation of muscle contractions, discriminate hot and cold modalities, exert the necessary pressure to fabricate splints, and to identify joint articulations.

COMMUNICATION

Candidate will need to demonstrate the ability to communicate effectively and efficiently with peers, faculty, patients and their families, and other healthcare providers orally, in writing, and non-verbally. This includes, but is not limited to:

1. Ability to *assess* at a level that allows the essential functions of an assignment to be completed safely and effectively.
2. Ability to effectively *convey* and interpret information to patients, family members, other health care professionals and third party payers as appropriate.
3. Ability to recognize, interpret, and respond to the nonverbal behavior of self and others.

BEHAVIOR

Candidate should be able to demonstrate the ability to exercise good judgment, develop empathic and therapeutic relationships with patients and others, work in stressful situations, and tolerate close physical contact with co-workers and patients. This includes, but is not limited to:

1. Ability to work with multiple patients/families and colleagues at the same time.
2. Ability to work with lab partners, patients, families, and others under stressful conditions, including but not limited to *individuals with unstable medical and/or mental health diagnoses* situations requiring rapid adaptations, the provision of CPR, or other emergency interventions.
3. Ability to prioritize multiple tasks, integrate information and make decisions.
4. Ability to work with individuals of varying ages, socioeconomic status, ethnicities, and cultural backgrounds.
5. Ability to consistently provide a therapeutic presence.
6. Ability to work collaboratively with all (both male, female, and non-gender conforming) OTA students and program faculty in the classroom, lab, and clinical settings.
7. Ability to accept feedback and appropriately modify behavior in response to supervisory feedback.
8. Ability to demonstrate values, attitudes, and behaviors consistent with the OT Professional Code of Ethics.
9. Ability to display professional appearance (appropriate dress and personal grooming) while involved in all school, clinical, and professional activities.
10. Ability to handle personal and professional problems appropriately, so they do not interfere with classroom and clinical performance.

CRITICAL THINKING

Candidate should *be able to demonstrate with or without accommodation* abilities in the areas of critical problem solving, reasoning, and assessment to be able to comprehend and process information in a timely manner. Candidate will be asked to prioritize, organize and attend to tasks and responsibilities efficiently. This includes, but is not limited to:

1. Ability to collect and interpret data.
2. Ability to prioritize multiple tasks, integrate information and make decisions.

3. Ability to apply knowledge from fundamental and technical education to the provision of occupational therapy care which includes the ability to plan and implement treatment programs that are applicable and practical that provide creative treatment alternatives.
4. The ability to problem solve in order to act safely and ethically in the occupational therapy lab and clinic.

ESSENTIAL FUNCTIONS SIGNATURE FORM

Please sign and return this signed form with the application packet. Keep the Essential Functions for your records.

My signature acknowledges that I have been provided with the document "Essential Functions" for OTA students and *recognize* it in its' entirety. I understand and can meet the expectations of an occupational therapy assistant student. I know that I may request a reasonable accommodation if I believe I cannot meet the standards.

Name: _____

Signature: _____ Date: _____

ELIGIBILITY TO APPLY

- Apply to Green River College: <https://www.greenriver.edu/students/academics/getting-started/>. After you apply you will receive your Green River Student ID through your Green River email
- Color copy of valid photo ID. Valid photo ID includes driver's license or any state-issued photo ID.
- Personal health insurance (Provide a copy of your medical insurance card.)
- OTA Essential Functions Signature Form Refer to page 4
- Job Shadowing and/or related work experience - Applicants are required to shadow an Occupational Therapist or Certified Occupational Therapy Assistant for a total of 20 hours at 2 different settings at least. Competitive applicants will complete 3 different settings. Please have the OT/OTA complete the Verification and Recommendation form for each setting. Refer to page 8-9
- Fill out background check form- DO NOT RUN BACKGROUND CHECK. Refer to pages 10-13
- Complete a timed written essay of intent *with or without accommodation* to be completed at the Assessment and Testing Center in <https://www.greenriver.edu/students/academics/assessment-testing-center/program-admissions/>
- Complete the required **prerequisite courses with a 2.0 GPA** or higher and 2.5 cumulative GPA. Please refer to the **Evaluation and Scoring** section to understand expirations dates.
 - Completed Co-requisites can be in progress, and highly recommended to be completed before the start of the program
- Submit official transcript(s) from every college or university (except Green River College), that you have taken any of the prerequisites at. Transcript evaluation can take up to 6-8 weeks to be reviewed and It **MUST** stay in the original sealed envelope unopened if mailed. If you have already had your transcript evaluated, then please ignore this information Refer to pages 5 and 14

Applications for strong consideration for the Fall Traditional Program must be received by May 13, 2019 and for the Spring Hybrid Program offered only in odd years must be received by January 31, 2019. Admitted students are required to attend a mandatory orientation session. Those who fail to attend forfeit their seat to the next applicant on the waitlist.

EVALUATION & SCORING

Prerequisite courses

Applicants must complete the following prerequisites before admission into the program. Most prerequisite courses must be taken within seven years of starting the Occupational Therapist Assistant. Applicants must have a minimum grade of a 2.0 in each prerequisite and a cumulative of 2.5 GPA to be eligible to apply.

Repeated course(s), withdrawals, pending prerequisite, and inconsistent academic performance may make your application less competitive, but you are still welcome to apply.

Course Title	Green River Course	Specific Information
English Composition	Engl &101	No Expiration date
General Psychology	PSYC& 100	No Expiration date
<u>Choose from the following sequences:</u>		
**The two-quarter sequence of AP 103 &104 OR BIOL 241& 242 but must be taken at the same level and from the same college		
A good prep course is AP 100 (Human AP Survey) but is not required		
Human Anatomy and Physiology 1 **	AP 103	Completed within 7 years from the date of application
Human Anatomy and Physiology 2 **	AP 104	Completed within 7 years from the date of application
Other schools may offer the BIOL 241 & 242 series, and this series is intended for students interested in pursuing an undergraduate or graduate degree		
Anatomy and Physiology 1**	BIOL& 241	Completed within 7 years from the date of application
Anatomy and Physiology 2**	BIOL& 242	Completed within 7 years from the date of application
<u>Co-requisite Requirements *</u>		
*Co-requisites are highly recommended to be completed before the start of the program		
Public Speaking or Small Group	<u>CMST 220&</u> or CMST 230&	No Expiration date
Pre- Algebra	Completion of Math 070 (Pre-Algebra) or higher	<u>No Expiration date</u>
ONE class from the following list: <i>Anth& 206 Cultural Anthropology; Anth& 235 Cross-Cultural Medicine; Cmst 238 Intercultural Communication; Geog& 200 Human Geography; Human 133 People, Language and Culture; Human 186 Peoples of the World; Soc& 101 Intro. to Sociology; Soc& 201 Social Problems, Soc 205 Sociology of Disability</i>		

Scoring

Applications will be evaluated for minimum eligibility and then ranked based on three categories listed below with an opportunity for an additional 5% bonus as described. Each category is carefully considered and valuable in the application process. **Final admission to the program depends on the results of the following:** pre-requisites, essay, job shadowing, and pending Washington State Patrol and Background check or candidate is waiting to hear about eligibility to sit for exam and license.

1. Prerequisite / Competitive GPA (40% of application score): After grades for any in-progress courses are received, the GPA for prerequisite courses will be calculated

2. Job Shadowing (40% of application score): 20 hours of job shadow/volunteer or work experience with occupational therapy practitioners. It is recommended that applicants include 2 different areas of practice. Refer to page 8-9

3. Essay (10% of application score): Essay *with or without accommodation* needs to be completed at the Assessment and Testing Center in the Student Affairs and Success Center. Applicants will turn in their completed application at the same time. Students must receive an average of 7 out of 10 to meet the minimum qualifications.

4. Bonus Points, for the following:

- 5% will be added to the application score for any applicant meets one of the

- 3% Complete 30 hours of work, volunteer, or job shadow experience with 3 different populations
- 1% will be added for veteran status.
- 1% will be added for a bachelors degree

FUNDING OPTIONS

Workforce Education: <https://www.greenriver.edu/students/academics/workforce/>

Workforce Education programs provide financial support to help connect students with a path into a high-demand, high wage career. If eligible, Workforce Education Grants may provide funding for tuition, books, childcare, transportation, and specialized tools/equipment. Students must meet with a Workforce Education Coordinator to determine eligibility.

Grants and Scholarships: Please refer to the Green River College website for funding options.

FAFSA: <https://www.greenriver.edu/students/pay-for-college/financial-aid/>

Green River Foundation Scholarships: <https://www.greenrivercollegefoundation.org/applynow>

Washington State Scholarship: <https://www.greenrivercollegefoundation.org/scholarships/otherfunding>

COST: Approximate Cost- fees and tuition are subject to change

Green River Tuition per credit-in state	\$108 per credit
Green River Tuition per credit-out of state	\$122 per credit
Supplies, Books, and Misc.- Total for the whole program	\$2500.00 and up
License- Temporary and National State Exam (NBCOT)	\$ 750.00 and up
Approximate Total- Cost based on 87 program credits	In- State: \$12,646 Out- State: \$ 13,864

Please refer to the Green River College website for the current tuition rates and fees:

<https://www.greenriver.edu/students/academics/getting-started/tuition-fees/>

APPLY & NOTIFICATION

Students assume all responsibility for reviewing and following instructions. Applications for strong consideration for the **Fall Traditional Program** must be received by May 13, 2019. **Spring Hybrid Program**

will be offered odd years, i.e., 2019, 2021 Applications for the 2019 year must be received by January 14, 2019. Applicants for the Fall Traditional Program will be notified of acceptance into the program during the week of June 17, 2019, and for Spring Hybrid Program will be notified of acceptance into the program during the week of February 28, 2019.

The notification will be done through your Green River student email. Some may **only receive conditional acceptance** if any of the following apply: in the process of taking a prerequisites, pending Washington State Patrol and, and pending background check. **Admitted students are required to attend a mandatory orientation session.** Those who fail to attend forfeit their seat to the next applicant on the waitlist. Mail or hand deliver the application in a 9 x 12-inch envelope to:

**Green River College
Enrollment Services
c/o: Admission/OTA Application
12401 SE 320th St.
Auburn, WA. 98092-3622**

SIGNATURE

By indicating below, I verify that this application packet for the Occupational Therapy Assistant Program is accurate and has been completed to the best of my knowledge. I at this moment authorize Green River College to perform criminal background checks, maintain the record(s) until I graduate or withdraw from the program, and share the information as requested by clinical sites. **Any questionable things in my past can prevent me from completing clinical and therefore, without clinical I cannot complete this program.** I understand that I may request reasonable accommodation in order to meet the standards.

1. I activated my Green River student email and will be checking it regularly. _____ Initial
2. I checked my contact information to ensure it is correct and will keep it up to date. _____ Initial
3. I will need to take a drug screen/test and fingerprinting for fieldwork placement. _____ Initial

Application Submitted for (pick one):

- Spring Hybrid Program (9 quarters mostly evenings – see description on page one of this application)
 Fall Traditional Program (7 quarters mostly daytime hours – see description on page one of this application)

If space is not available in the program of your choice, would you consider placement to the other program?

Yes No

Additional documentation will be required for OTA Program students to participate in clinical, which is required for completion of the OTA program. Documentation may include but is not limited to:

Tuberculosis screening & Verification of Immunizations
Background Check & Drug Screening
HIPAA Training (included in OTA coursework)
Current BLS card certified by American Heart Association (AHA BLS) Adult and Pediatrics

Name: _____ Green River Student ID: _____

Signature: _____ Date: _____

Green River Email: _____ Phone: _____

Current Email: _____

INCLUDE THE FOLLOWING PAGES IN YOUR APPLICATIONS: 4, 7, AND 9-14

Accommodations

Candidates for the Occupational Therapy Assistant Program are required to certify that these standards have been provided to them. Applicants who need accommodations to meet standards may request accommodations. Eligibility for accommodations are identified through the Disability Support Services office. Additional information about requesting accommodation is available at greenriver.edu/DSS.

BACKGROUND CHECKS: National and Washington State Patrol

Background check- All background checks must be completed and turned in with your application. **Do not pay to run the background check.** We will contact you when it is appropriate for us to run a background check. Fieldwork is integrated throughout the program and is required for all students. Placement can occur but is not limited to, the following settings: long-term care, rehabilitation care, outpatient clinics, school districts, pediatric clinics, hospitals, and home health. A criminal background limits or prevents fieldwork placement and/or employability. If you have cause for concern regarding criminal history outcome or any charges related to vulnerable populations (i.e., children, vulnerable adults), contact National Board for **Certification in Occupational Therapy (NBCOT)** <https://www.nbcot.org/> and the **Department of the Health (DOH)** <https://www.doh.wa.gov/> to discuss predetermination and eligibility process for the National Certification Board examination. Final admission to the program is dependent upon the results of this background check the. **See Washington State DSHS Secretary's List of Crimes, and Negative Actions forms** are on 7-8

VERIFICATION OF ALL JOB SHADOW AND/OR RELATED WORK EXPERIENCE AND RECOMMENDATION FORM IN OT

Applicants are required to shadow an Occupational Therapist or Certified Occupational Therapy Assistant for a **total of 20 hours at 2 different settings at least.** Occupational Therapy practitioners can be found in a school setting, outpatient clinics (adult, pediatrics, hands and return to work), hospital, skilled nursing centers, adult day health and psychiatric settings, etc. You can also access the Washington Occupational Therapy Association website for resources. If you are employed in a setting that allows you to work side by side with an Occupational Therapy practitioner, such as a Rehabilitation Therapy Aide, 10 hours can be counted towards your 20 hours. Please see the application for the form that must be completed by your Occupational Therapy Practitioner you shadow. **All job shadowing and experiences must be documented on this form (see page 9) and placed in a sealed envelope for each setting to be considered**

In addition to a minimum of 20 hours with OT practitioners, the following will be considered:

- Experience in more than one type of OT environment (school setting, outpatient clinics (adult, pediatrics, hands and return to work), hospital, skilled nursing centers, adult day health and psychiatric settings, etc.). Experience in more than one setting is strongly encouraged.
- Volunteer or employment in a closely related field (nursing, rehabilitation assistant, speech-language pathology, healthcare professions, etc.)

This Section to be completed by Applicant

Applicant's Name: _____

Applicant's Address: _____

Date Range of Employment or Shadowing/Volunteering: _____ to: _____

Number of Hours Completed: _____

Check One:

- I waive the right to view this recommendation/verification form in my file at Greer River College.
- I do not wish to waive this right; I wish to retain the right to view this letter in my file at Green River College.

To be completed by the Occupational Therapy Practitioner

This section is to be completed by the occupational therapy practitioner who supervised the applicant's job shadow, volunteer or paid work experience. After completion, **the form should be placed in a sealed envelope with the occupational therapy practitioner's signature across the seal.** The completed form should then be submitted with **the application packet.**

This form is for applicant name and his/her phone number is

Name: _____ Discipline: OTR OTA Other: _____

Facility: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

1. I verify that this applicant has completed _____ hours of job shadow/volunteer/paid work experience in the setting in which I work.
2. Please rate the applicant on a scale of 1 to 5 with 5 representing excellence and 1 representing unsatisfactory performance:

<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A	Demonstrates interest in occupational therapy
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A	Has a neat and clean appearance that is appropriate for the clinical
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A	Asks questions appropriately
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A	Communicates effectively with staff and patients
<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A	Demonstrates initiative to increase learning
3. Please select only one of the following recommendations:
 - I highly recommend this applicant for a career in OT
 - I recommend this applicant for a career in OT
 - I recommend this applicant for a career in OT with reservations
 - I do not recommend this applicant for a career in OT

4. Comments: _____

Signature: _____ Date: _____

CHILD/ADULT ABUSE INFORMATION ACT

RCW 43.43.830 THROUGH 43.43.845

CHILD/ADULT ABUSE INFORMATION ACT- RCW 43.43.830 THROUGH 43.43.845

All students who will be placed in practicum education sites for Green River College’s health occupation programs are requested to complete the below Washington State Patrol Abuse Clearance section. The purpose of this abuse clearance is to assure the safety and well-being of patients, clients and children who come into contact with students. Practicum education sites are expecting that Green River students will not pose undue risks to the safety of patients/children.

The Washington State Patrol, abuse clearance request, is for the following:

“Child/Adult Abuse Information: Response limited to convictions against children or other persons, dependency proceedings, abuse of vulnerable adults, and DOL disciplinary board final decisions and any subsequent criminal charges associated with the conduct that is the subject of the disciplinary board final decision.” Please be aware that information on other felony and misdemeanor convictions may be reported from the state patrol office. This abuse clearance is used only for practicum education placement, determination and further dissemination or use of the record is prohibited.

As stated earlier, all students are **required** to complete this form. Any student choosing not to complete this process must be aware that the ability of faculty to arrange practicum education experiences will be severely restricted and in some instances impossible. A large number of facilities require proof of this clearance before students are allowed to participate in any practicum activities.

SIGNATURE

- I have reviewed and understand this information about the Washington State Patrol Abuse Clearance.

Signature: _____ Date: _____

Please print

Last name: _____

First name: _____

Middle name: _____

Alias/maiden name: _____

Date of birth ____/____/____

CONVICTION/CRIMINAL HISTORY DISCLOSURE FORM

This form must be completed to be considered for Health Science Programs admission and continuation. Upon provisional acceptance, you will be required to complete this form and return it to the Green River College OTA Program within 7 days of provisional offer for admission.

Health Science Programs review conviction/criminal history records when considering an individual for admission and continuation. The Washington State Child and Adult Abuse Information Law RCW 43.43.830-842 require that anyone with unsupervised access to certain vulnerable populations be screened for specific information about any convictions for crimes against persons and crimes relating to financial exploitations, and for findings in related actions and proceedings. Health Science Programs involve unsupervised access to populations defined by this law. In addition, certain criminal convictions and certain court administrative determinations may preclude completion of the clinical portion of the curriculum. Clinical training sites are precluded by law from allowing persons with certain convictions histories to have unsupervised access to these vulnerable populations. Contracts with clinical training sites require Health Science Programs to assure that its students have been screened.

Individuals who do not sign this Conviction/Criminal History Disclosure Form **will not be considered** for admission or continuation. Questions about the use of conviction/criminal history information may be referred to the Program Director of Occupational Therapy.

I. CRIMES AGAINST PERSONS AND CRIME RELATING TO FINANCIAL EXPLOITATION

Yes No Have you ever been convicted of or have current outstanding investigations of any of the following crimes?

If YES, please check all that apply and provide detailed information in section VI.

- | | |
|--|--|
| <input type="checkbox"/> Arson (1st Degree) | <input type="checkbox"/> Malicious Harassment |
| <input type="checkbox"/> Assault (Custodial) | <input type="checkbox"/> Manslaughter (1st, 2nd Degree) |
| <input type="checkbox"/> Assault (Simple or 4th Degree) | <input type="checkbox"/> Murder (Aggravated) |
| <input type="checkbox"/> Assault (1st, 2nd, 3rd Degree) | <input type="checkbox"/> Murder (1st, 2nd Degree) |
| <input type="checkbox"/> Assault of a child (1st, 2nd, 3rd Degree) | <input type="checkbox"/> Patronizing a Juvenile Prostitute |
| <input type="checkbox"/> Burglary (1st degree) | <input type="checkbox"/> Promoting Pornography |
| <input type="checkbox"/> Child Abandonment | <input type="checkbox"/> Prostitution |
| <input type="checkbox"/> Child Abuse or Neglect (RCW 26.44.020) | <input type="checkbox"/> Promoting Prostitution (1st Degree) |
| <input type="checkbox"/> Child Buying or Selling | <input type="checkbox"/> Rape (1st, 2nd 3rd Degree) |
| <input type="checkbox"/> Child Molestation (1st, 2nd, 3rd Degree) | <input type="checkbox"/> Rape of a Child (1st, 2nd, 3rd Degree) |
| <input type="checkbox"/> Communication with a Minor | <input type="checkbox"/> Robbery (1st, 2nd Degree) |
| <input type="checkbox"/> Criminal Abandonment | <input type="checkbox"/> Selling/Distributing Erotic Material to a Minor |
| <input type="checkbox"/> Criminal Mistreatment (1st, 2nd Degree) | <input type="checkbox"/> Sexual Exploitation of a Minor |
| <input type="checkbox"/> Custodial Interference (1st, 2nd Degree) | <input type="checkbox"/> Sexual Misconduct with a Minor |
| <input type="checkbox"/> Extortion (1st, 2nd, 3rd Degree) | <input type="checkbox"/> Theft (1st, 2nd, 3rd Degree) |
| <input type="checkbox"/> Forgery | <input type="checkbox"/> Unlawful Imprisonment |
| <input type="checkbox"/> Incest | <input type="checkbox"/> Vehicular Homicide |
| <input type="checkbox"/> Indecent Exposure (Felony) | <input type="checkbox"/> Violation of Child Abuse Restraining Order |
| <input type="checkbox"/> Indecent Liberties | <input type="checkbox"/> Or any of these that may have been renamed |
| <input type="checkbox"/> Kidnapping (1st, 2nd Degree) | |

II. RELATED PROCEEDINGS

Yes No

Have you ever been found in a dependency action, domestic relations proceeding, disciplinary board hearing, or protection proceeding to have: sexually assaulted or exploited, sexually or physically abused a minor or developmentally disabled person OR to have financially exploited or abused a vulnerable adult? If YES, please provide detailed information in Section VI.

III. DRUG-RELATED CRIMES

Yes No

Have you ever been convicted of a crime related to the manufacture of, delivery, or possession with intent to manufacture or deliver a controlled substance? If YES, please provide detailed information in Section VI.

IV. MEDICARE FRAUD-RELATED CRIMES

Yes No

Have you been debarred, excluded or otherwise ineligible for participation in federal health care programs? If YES, please provide detailed information in Section VI.

V. HEALTH CARE LICENSURE

Yes No

Have you ever had your license as a health care practitioner revoked? If YES, please provide detailed information in Section VI.

VI. FOR ALL ITEMS CHECKED IN SECTIONS I – V, PLEASE SPECIFY:

1. The specific details including the court or agency involved
2. Conviction or action date(s)
3. Sentence(s) or penalty(ies) imposed
4. Prison release date(s)
5. Current standing (e.g. parole, work release, suspended license, etc.)
6. Pending court/agency investigation

I. GENERAL CONVICTION INFORMATION

Yes No Aside from those crimes listed above, within the past 10 years, have you ever been convicted of or released from prison for any crimes, excluding parking tickets/traffic citations? If YES, please indicate all conviction dates, prison release date(s) and the nature of the offense(s).

Under penalty of perjury, I certify that the above information is true, correct and complete. I understand that I am obligated to notify the program within 30 days, in writing, if I am convicted of any crime or if any of the specified court or administrative determinations are made against me during the application period and/or while enrolled as a student. I understand that any misrepresentation or omission in the above-stated information may lead to denial of admission or dismissal. I understand and agree that the Green River College Health Sciences may verify this information through a private national background records verification agency. I also understand and agree that admission and continuation is conditioned on the program's receipt of a satisfactory background check report from the agency.

AUTHORIZATION FOR REPEAT BACKGROUND CHECKS AND DISSEMINATION OF RESULTS

I agree to initiate, pay for and provide the Green River College with repeat background check every year from the date of my admission to the program. I authorize dissemination of my self-disclosure information, background check results, and conviction records to clinical training sites as deemed necessary by the program during the completion of my academic program. I understand that the program will provide the records listed above only with the condition that the receiving party or parties will be notified by the program that they may not disclose the information to other parties, in a personally-identifiable form, without my further consent, unless the other parties are otherwise eligible under federal or state law to receive the records. I further understand that any statements that I have placed in my records commenting on consented information contained in the records listed above will be released along with the records to which they relate.

Signature: _____ Date: _____

PROCESS FOR BACKGROUND CHECK REVIEW

1. All applicants/students submit a signed Conviction/Criminal History Disclosure Form
2. Every applicant must verify conviction/criminal history through the private national background check agency specified by the program, by the stated deadline. Failure to comply by the deadline may disqualify the applicant from admission.
3. All continuing students must complete a repeat check every year.
4. If the check is negative, the applicant may be admitted to, and the continuing student may continue in the program.
5. If the check is positive, the applicant/student will be asked to explain any discrepancies. This information will be reviewed by the Program Director and faculty for Occupational Therapy. If the review indicates that the information and explanation are satisfactory, the applicant may be admitted to and the continuing student may continue in the program. If the report shows that information and explanation are not satisfactory, the offer of admission may be withdrawn, and the continuing student may be suspended or dismissed from the program.
6. The Program Director will meet with the applicant/student and inform the applicant/student of the decision regarding the background check review verbally and in writing.

Signature: _____ Date: _____

Transcript form EVALUATION REQUEST- LPN/OTA/PTA

INSTRUCTIONS- If you did not complete all of the prerequisites here at Green River College or have not had your transcript official evaluated already, then please fill out the information below. Green River College does NOT evaluate faxed or previously opened transcripts. As we wait for your official, please attach your unofficial.

Request transcript by mail

- Request your official transcript to be sent by mail, then please place your "Official Transcript" (sealed in the original envelope) in this application from all institutions or sent it to **Enrollment Services**

Request transcript electronically

- Send your official transcript electronically, request it to be sent to **Enrollment Services**

Enrollment Services Address: Green River College Enrollment Services c/o: Admission/OTA Application
12401 SE 320th St. Auburn, WA. 98092-3622

List ALL institutions to be evaluated:

Name	How was it Sent (email or electronically)	What date did you do request the form (mm/date)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

DOUBLE CHECK- Make sure you have the below information in your package

Selection and submission Selection is based on the following system (not in order of priorities):

- Color copy of valid photo ID. Valid photo ID includes driver's license or any state-issued photo ID.
- Personal health insurance (Provide a copy of your medical insurance card.)
- OTA Essential Functions Signature Form Refer to page 4
- Job Shadowing and/or related work experience - Applicants are required to shadow an Occupational Therapist or Certified Occupational Therapy Assistant for a total of 20 hours at 2 different settings at least. Competitive applicants will complete 3 different settings. Please have the OT/OTA complete the Verification and Recommendation form for each setting. Refer to page 8-9
- Fill out background check form- DO NOT RUN BACKGROUND CHECK Refer to 10-13
- Complete a timed written essay of intent *with or without accommodation* to be completed at the Assessment and Testing Center in <https://www.greenriver.edu/students/academics/assessment-testing-center/program-admissions/>
- Complete the required **prerequisite courses with a 2.0 GPA** or higher and 2.5 cumulative GPA. Please refer to the **Evaluation and Scoring** section to understand expirations dates.
 - o Completed Co-requisites can be in progress, and highly recommended to be completed before the start of the program
- Submit official transcript(s) from every college or university (except Green River College), that you have taken any of the prerequisites at. Transcript evaluation can take up to 6-8 weeks to be reviewed and It **MUST** stay in the original sealed envelope unopened if mailed. If you have already had your transcript evaluated, then please ignore this information Refer to pages 5 and 14