



Occupational Therapy Assistant
Application

Please complete the following application and write an essay using the prompt below and submit the packet @ [Submit Your OTA Application](#)

Date Submitted: _____

Name of Applicant: _____

Mailing Address: _____

Phone number: _____

Personal Email: _____

I am a:

United States Veteran/Active-Duty Military/Dependent of United States Veteran

I have a bachelor's degree or higher, specify degree: _____

Where was degree earned: _____

Please read and check the bullet and INITIAL each statement to demonstrate your understanding and agreement to the following:

- I am applying for the Hybrid track-Spring 2023 (full time credit load, admitting odd years starts in spring, course are primarily two nights per week, occasionally start earlier in the day, some weekends and fieldwork during the day) Initial ____
- I understand that this is a full time program and although the courses occur two night per week, extra evenings and day attendance, on occasion weekends, may be required, for example, but not limited to lab practicals, volunteer commitments and fieldwork. Initial ____
- I understand that this program is 9 quarters in length. Initial ____

(This information is subject to change and students will be notified of any change

- I have applied to Green River College at <https://www.greenriver.edu/students/academics/getting-started>
- I have read the Essential functions and understand the requirements. Checking this box acknowledges that I have read the "Essential Functions" for the OTA students and understand what will be required of an Occupational Assistant student. I know that I can request reasonable accommodation if I believe I cannot meet the requirements. [Essential Functions](#) Initial ____
- I understand that I must have at least a 2.0 on each pre and co-requisite with a cumulative GPA of 2.5. Initial ____
- I understand that as an OTA student I will be required to meet mandatory requirements of the

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program and community partners in order to be placed in fieldwork which includes but not limited to vaccinations, covid, flu shots and drug testing. **Required Program and Fieldwork Immunizations and Vaccinations** can be found at [Required Program and Fieldwork Immunizations and Vaccinations](#)
Initial _____

- I have attended other colleges or universities and would like to have those official transcripts to be evaluated to determine if any of my previously earned credits might fulfill GRC OTA program requirements and co-requisites. I have submitted the required *Transcript Evaluation Request (TER)*, as specified by the Office of the Registrar, and have requested all official transcripts be sent (or electronically transmitted at [Transcript Evaluation Request](#) from my previous institutions to GRC. I understand it can take 6-8 weeks for the Records Department to review and evaluate all official transcripts. I understand that the results will be emailed to my GRC student email account.
Initial _____

 - I understand that after reviewing my application and if given a conditional acceptance, I will be required to complete a National Background check and Washington State Patrol. If one of the reports reveals a finding, this may limit your ability to participate in fieldwork, sit for the certification exam and or your application for your license to practice may be denied by the state of Washington. It will my (applicant's) responsibility to discuss with the program director and entities such as NBCOT and DOH.RCW 43.43.830 THROUGH 43.43.845 CHILD/ADULT ABUSE INFORMATION ACT- RCW 43.43.830 THROUGH 43.43.845; Initial _____
- <https://www.nbcot.org/>
- <https://www.doh.wa.gov/>
-
- **OTA Program required Pre-Requisites and Co-Requisites**

Pre-Requisites: Only one of these courses can be outstanding at the time of application. If you are currently taking the course, please indicate your grade. A plan must be provided if the pre-requisite is not completed at the time of turning in the application. Starting Spring 2023, all pre-requisites must be complete prior to submitting your application, and co-requisites completed by first day of beginning the program.

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If you have taken any possible prerequisites or co-requisites at any other college, please have your official transcripts sent as soon as possible to Green River College, if you haven't already sent them in. <https://www.greenriver.edu/students/academics/enrollment-services/transcripts/transcript-evaluation/>

For a course to satisfy a prerequisite or co-requisite for Green River College's OTA program, it must be equivalent, which will be determined during the transcript evaluation process. Please note: the transcript evaluation process may take up to 6-8 weeks.

If you haven't previously sent in your transcripts, please include an unofficial transcript from all previous colleges in the application.

Course Title	Green River Course	Prerequisite or Co-Requisite?
English Composition	ENGL& 101	Prerequisite
Intro to Psychology	PSYC& 100	Prerequisite
Anatomy & Physiology	BIOL& 175 + one other humanities, social science, or natural science course; AP 103 and 104; or BIOL& 241 and 242	Prerequisite
Pre-Algebra or higher	MATH 070 or higher	Co-requisite
Public Speaking or Small Group Communication	CMST& 220 or CMST& 230	Co-requisite
One social science course from our approved list	ANTH& 206, ANTH& 235, CMST 238, GEOG& 200, HUMAN 133, HUMAN 186, SOC& 101, SOC& 201, or SOC 205	Co-requisite

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Shadowing: Applicants are required to shadow two Occupational Therapist in **TWO different settings for a total of 20 hours. More points are given to those who have additional hours. In addition, if you work as a Rehab Aide or para educator with an OT 10 of the 20 hours can be credited.** (Note that this is informational) Below check the appropriate box and list each site.

- I have met the shadowing requirements.
- Due to Covid, I have not been able to complete my shadowing experiences.

Shadow 1:

Site name: _____

Approximate Date: _____

Number of hours: _____

Person shadowed and discipline: _____

Shadow 2:

Site name: _____

Approximate Date: _____

Number of hours: _____

Person shadowed and discipline: _____

The shadowing form can be found at <https://www.greenriver.edu/media/content-assets/documents/academics/ota/verification-job-shadow-work.pdf>

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- Essay: attach essay on separate page. Construct an essay of 600-800 words that addresses the following: After reading the Green River College Mission, Vision and Values statement ([Mission, Vision, & Values - Green River College](#)) explain how the profession of OT can bring equity and inclusion to all populations. Explain your greatest accomplishment and its contribution to your personal and/or professional growth and why this aligns with the values of OT and being a COTA. Provide a specific example of how you dealt with adversity and how this experience has prepared you to successfully engage with a diverse population and your future role as a COTA. Provide examples of how your beliefs and values align with inclusion and equity of your community.
- Complete the following form:

APPENDIX C		Green River College Science Programs Conviction/Criminal History Disclosure Form			
This form must be completed to be considered for Health Sciences Programs admission and continuation					
<p>Health Sciences Programs review conviction/criminal history records when considering individual for admission and continuation. These reviews are carried out because they relate to the essential qualifications of potential and continuing students under the Program’s curriculum standards, as well as to the safety and security of patients and public. The Washington State Child and Adult Abuse Information Law RCW 43.43.830-842, requires 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 Sciences 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 Sciences Programs to assure that its students have been screened.</p> <p>Conviction information, including information regarding certain court and administrative determinations, must be disclosed and verified before an applicant or student can be considered for enrollment or continuation in the Program. A conviction/criminal history record does not necessarily disqualify an individual from admission or continuation. Conviction/criminal history records must be verified through a private national background check agency specified by the program. Admission and/or continued enrollment is subject to a satisfactory background check review. 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/Coordinator or Dean of Nursing, Health Sciences and Education.</p>					
First Name:		Last Name:		SID:	
I. CRIMES AGAINST PERSONS AND CRIME RELATING TO FINANCIAL EXPLOITATION					
Have you ever been convicted of any of the following crimes? If YES , please check all that apply and provide detailed information in section VI.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	Arson (1 st Degree)	<input type="checkbox"/>	Custodial Interference (1 st , 2 nd Degree)	<input type="checkbox"/>	Prostitution
<input type="checkbox"/>	Assault (Custodial)	<input type="checkbox"/>	Extortion (1 st , 2 nd , 3 rd Degree)	<input type="checkbox"/>	Promoting Prostitution (1 st Degree)
<input type="checkbox"/>	Assault (Simple or 4 th Degree)	<input type="checkbox"/>	Forgery	<input type="checkbox"/>	Rape (1 st , 2 nd , 3 rd Degree)
<input type="checkbox"/>	Assault (1 st , 2 nd , 3 rd Degree)	<input type="checkbox"/>	Incest	<input type="checkbox"/>	Rape of a Child (1 st , 2 nd , 3 rd Degree)
<input type="checkbox"/>	Assault of a child (1 st , 2 nd , 3 rd Degree)	<input type="checkbox"/>	Indecent Exposure (Felony)	<input type="checkbox"/>	Robbery (1 st , 2 nd Degree)
<input type="checkbox"/>	Burglary (1 st degree)	<input type="checkbox"/>	Indecent Liberties	<input type="checkbox"/>	Selling/Distributing Erotic Material to a Minor
<input type="checkbox"/>	Child Abandonment	<input type="checkbox"/>	Kidnapping (1 st , 2 nd Degree)	<input type="checkbox"/>	Sexual Exploitation of a Minor
<input type="checkbox"/>	Child Abuse or Neglect (RCW 26.44.020)	<input type="checkbox"/>	Malicious Harassment	<input type="checkbox"/>	Sexual Misconduct with a Minor
<input type="checkbox"/>	Child Buying or Selling	<input type="checkbox"/>	Manslaughter (1 st , 2 nd Degree)	<input type="checkbox"/>	Theft (1 st , 2 nd , 3 rd Degree)
<input type="checkbox"/>	Child Molestation (1 st , 2 nd , 3 rd Degree)	<input type="checkbox"/>	Murder (Aggravated)	<input type="checkbox"/>	Unlawful Imprisonment
<input type="checkbox"/>	Communication with a Minor	<input type="checkbox"/>	Murder (1 st , 2 nd Degree)	<input type="checkbox"/>	Vehicular Homicide
<input type="checkbox"/>	Criminal Abandonment	<input type="checkbox"/>	Patronizing a Juvenile Prostitute	<input type="checkbox"/>	Violation of Child Abuse Restraining Order
<input type="checkbox"/>	Criminal Mistreatment (1 st , 2 nd Degree)	<input type="checkbox"/>	Promoting Pornography	<input type="checkbox"/>	Or Any of These Crime That May Have Been Renamed
II. RELATED PROCEEDINGS					
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.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, please provide detailed information in Section VI.					
III. DRUG-RELATED CRIMES					

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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?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide detailed information in Section VI.
IV. MEDICARE FRAUD-RELATED CRIMES	
Have you been debarred, excluded or otherwise ineligible for participation in federal health care programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide detailed information in Section VI.
V. HEALTH CARE LICENSURE	

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Have you ever had your license as a health care practitioner revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No 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.) Please use other side of page if necessary			
VII. GENERAL CONVICTION INFORMATION			
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). Please use other side of page if necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>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, of 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 Community 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.</p> <p>Authorization for Repeat Background Checks and Dissemination of Results: I agree to initiate, pay for and provide the Green River Community 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.</p>			
Signature		Date	

AUTHORIZATION FOR REPEAT BACKGROUND CHECKS AND DISSEMINATION OF RESULTS

I agree to initiate, pay for and provide 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: _____

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.

Name: _____ Green River Student ID: _____

Signature: _____ Date _____

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APPENDIX C

Green River College Science Programs
Conviction/Criminal History Disclosure Form

This form must be completed to be considered for Health Sciences Programs admission and continuation

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Health Sciences Programs review conviction/criminal history records when considering individual for admission and continuation. These reviews are carried out because they relate to the essential qualifications of potential and continuing students under the Program's curriculum standards, as well as to the safety and security of patients and public. The Washington State Child and Adult Abuse Information Law RCW 43.43.830-842, requires 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 Sciences 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 Sciences Programs to assure that its students have been screened.

Conviction information, including information regarding certain court and administrative determinations, must be disclosed and verified before an applicant or student can be considered for enrollment or continuation in the Program. A conviction/criminal history record does not necessarily disqualify an individual from admission or continuation. Conviction/criminal history records must be verified through a private national background check agency specified by the program. Admission and/or continued enrollment is subject to a satisfactory background check review. 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/Coordinator or Dean of Nursing, Health Sciences and Education.

First Name:		Last Name:		SID:	
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I. CRIMES AGAINST PERSONS AND CRIME RELATING TO FINANCIAL EXPLOITATION

Have you ever been convicted of any of the following crimes? If **YES**, please check all that apply and provide detailed information in section VI. Yes No

Arson (1 st Degree)	Custodial Interference (1 st , 2 nd Degree)	Prostitution
Assault (Custodial)	Extortion (1 st , 2 nd , 3 rd Degree)	Promoting Prostitution (1 st Degree)
Assault (Simple or 4 th Degree)	Forgery	Rape (1 st , 2 nd , 3 rd Degree)
Assault (1 st , 2 nd , 3 rd Degree)	Incest	Rape of a Child (1 st , 2 nd , 3 rd Degree)
Assault of a child (1 st , 2 nd , 3 rd Degree)	Indecent Exposure (Felony)	Robbery (1 st , 2 nd Degree)
Burglary (1 st degree)	Indecent Liberties	Selling/Distributing Erotic Material to a Minor
Child Abandonment	Kidnapping (1 st , 2 nd Degree)	Sexual Exploitation of a Minor
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Child Buying or Selling	Manslaughter (1 st , 2 nd Degree)	Theft (1 st , 2 nd , 3 rd Degree)
Child Molestation (1 st , 2 nd , 3 rd Degree)	Murder (Aggravated)	Unlawful Imprisonment
Communication with a Minor	Murder (1 st , 2 nd Degree)	Vehicular Homicide
Criminal Abandonment	Patronizing a Juvenile Prostitute	Violation of Child Abuse Restraining Order
Criminal Mistreatment (1 st , 2 nd Degree)	Promoting Pornography	Or Any of These Crime That May Have Been Renamed

II. RELATED PROCEEDINGS

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. Yes No
If YES, please provide detailed information in Section VI.

III. DRUG-RELATED CRIMES

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? Yes No
If YES, please provide detailed information in Section VI.

IV. MEDICARE FRAUD-RELATED CRIMES

Have you been debarred, excluded or otherwise ineligible for participation in federal health care programs? Yes No
If YES, please provide detailed information in Section VI.

V. HEALTH CARE LICENSURE

Have you ever had your license as a health care practitioner revoked? Yes No
If YES, please provide detailed information in Section VI.

VII. 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.)

Please use other side of page if necessary

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VII. GENERAL CONVICTION INFORMATION

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). Please use other side of page if necessary.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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, of 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 Community 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 Community 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	
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AUTHORIZATION FOR REPEAT BACKGROUND CHECKS AND DISSEMINATION OF RESULTS

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Signature: _____

Date: _____

Please email the full application in PDF to RegistrarsOffice@greenriver.edu

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.

Name: _____ Green River Student ID: _____

Signature: _____ Date _____

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.

Green River College has made reasonable efforts to provide information that is accurate at the time of publication. However, the college reserves the right to make appropriate changes in procedures, policies, calendars, requirements, program, courses and fees. When feasible, changes will be announced prior to their effective dates, but the college assumes no responsibility for giving any particular notice of such changes. Nothing herein shall be construed to create any offer to contract or contractual rights.

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