

**Undergraduate 4+1 Application Packet**

Please indicate the application deadline you are applying for:  September 1 (Spring Admission)  
 *\*applications must be postmarked or hand delivered*  January 31 (Fall Admission)

*by deadline indicated* Year:

**Return Application To:**

Western Michigan University

College of Health and Human Services

Advising Office- ATTN: Sarah Anderson

1903 West Michigan Avenue

Kalamazoo, MI 49008-5380

Date:       WIN # (For current WMU students):

Name:

Mailing Address, City, State, Zip:

Current Daytime Telephone:

WMU Email Address:

Checklist for Application Submission **(Incomplete applications will be returned.)**

I have applied to WMU for the term I am seeking admission to the OT program.

I have submitted ALL official transcripts to the WMU Admissions Office (Allow 30 days for WMU application to be processed).

I understand all of my prerequisites (or equivalents) with a grade of “C” or better must be completed before applying. The ONLY exception is OT 2020- you must be currently taking this course at the time of application if it is not already completed.

I understand my GPA must be a 3.0 minimum (All courses completed will be used to calculate GPA, including transfer coursework).

I have included in this packet, my OT experience documentation forms from each supervisor, in a sealed envelope with the supervisor’s signature over the seal. See page 4 for further details.

I am aware that I will receive notification via mail 6-8 weeks after the OT program application deadline.

I have NOT included any additional material not required for this application (i.e.: letters of recommendation and resumes will not be considered).

***If you require confirmation of receipt of your application, you must submit your application packet via registered mail.***

*It is the policy and commitment of Western Michigan University not to discriminate on the basis of race, sex, age, color, national origin, height, weight, marital status, familial status, sexual orientation, religion, disability or veteran status in its educational programs, student programs, admissions, or employment policies.*

**Have you previously applied to this program? No Yes**       ***(indicate when)***

**Signature:**  **Date:**

**Prerequisite Courses**

HSV 2250: Growth, Development, & Aging  
Course Taken:       Date Taken:       Where?       Grade:

PSY 1000: General Psychology  
Course Taken:       Date Taken:      Where?       Grade:

PSY 2500: Abnormal Psychology  
Course Taken:      Date Taken:       Where?      Grade:

BIOS 2110: Human Anatomy  
Course Taken:       Date Taken:      Where?     Grade:

BIOS 2400: Human Physiology  
Course Taken:       Date Taken:       Where?       Grade:

ENGL 1050: Thought and Writing  
Course Taken:       Date Taken:       Where?       Grade:

OT 2020: Orientation to Occupational Therapy  
Course Taken:      Date Taken:       Where?       Grade:

**Summary of Professional Experiences**

**I. Work/Volunteer** *Please list work/volunteer experiences involving helping others disabled/ culturally diverse/vulnerable populations:*

1. Agency/Organization:

Title/Role:

Length of Participation:

Hours Worked:

1. Agency/Organization:

Title/Role:

Length of Participation:

Hours Worked:

1. Agency/Organization:

Title/Role:

Length of Participation:

Hours Worked:

**II. Leadership/Teamwork***Please list your leadership/teamwork experiences, both paid and unpaid.*

1. **Event/Role:**       **Dates of Participation:**       **Total Hours:**
2. **Event/Role:**       **Dates of Participation:**       **Total Hours:**
3. **Event/Role:**       **Dates of Participation:**       **Total Hours:**

**III. Cultural Competency**

**Please list any courses taken that included substantial study of other cultures:**

Course:       Date Taken:       Where?

Course:       Date Taken:       Where?

Course:       Date Taken:       Where?

**Please list any college-level non-English language or sign language courses taken:**

Course:      Date Taken:       Where?

Course:      Date Taken:       Where?

Course:      Date Taken:       Where?

**Please discuss any sustained interactions and/or experiences involving diversity and inclusion and any cultures other than your own:**

**Documentation of OT Experience**

To ensure that all applicants are knowledgeable in the field of Occupational Therapy, a minimum of **20 contact hours** with a certified OT/COTA is required. We require a minimum of one OT experience and a maximum of three. Submit the completed “Documentation of OT Experience” form (see page 5) for each experience. Documentation forms must be completed by the OT/COTA who was shadowed by the applicant, and submitted in envelopes with the OT/COTA’s signature on the seal.

To Be Completed By Applicant

Select One

1. Agency/ Facility:       ***Documentation Form Included***

***Pull Previous Documentation Form\****

Address:

Population Served:

Start/End Date of Experience:       Total Hours Worked:

Supervisor Name/Title/Phone/Email:

Select One

2. Agency/ Facility:       ***Documentation Form Included*** ***Pull Previous Documentation Form\****

Address:

Population Served:

Start/End Date of Experience:       Total Hours Worked:

Supervisor Name/Title/Phone/Email:

Select One

3. Agency/ Facility:       ***Documentation Form Included*** ***Pull Previous Documentation Form\****

Address:

Population Served:

Start/End Date of Experience:       Total Hours Worked:

Supervisor Name/Title/Phone/Email:

***\*Please note: We will keep previous documentation forms on file for one year***

**Student Waiver:**

I waive my right to have access to this form completed about me, in accordance with the Federal Family Education Rights and Privacy Act of 1974 (FFERPA).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

**Documentation of OT Experience**

Clinical Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Name (Please Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To Be Completed By OT/COTA Supervisor

(Must Respond to **Each Category** for this Assessment to be Acceptable)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criteria** | **Excellent** | **Good** | **Average** | **Needs Improvement** |
| Dependability |  |  |  |  |
| Professionalism |  |  |  |  |
| Initiative |  |  |  |  |
| Empathy |  |  |  |  |
| Organization |  |  |  |  |
| Response to Feedback |  |  |  |  |
| Knowledge of OT |  |  |  |  |
| Verbal Communication |  |  |  |  |

**List of Duties Performed:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client Population:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Contact Hours:** \_\_\_\_\_\_\_\_\_\_\_\_

**Summary Rating for OT Program Readiness:**

**\_\_\_** Strong Recommendation

\_\_\_ Recommendation

\_\_\_ Limited Recommendation due to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Do Not Recommend due to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature/OT Credentials Date

* Please return completed form to the student, in sealed envelope with your signature over the seal.