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**BSHS Pre-Occupational Therapy Accelerated Concentration Application**

**Application Due Date: Sept. 30, 2024**

**Starting OT Coursework: Fall 2025**

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The BSHS Pre-OT Accelerated Concentration is an opportunity offered by ISU that allows students to earn both a Bachelors and Masters degree in six years, instead of the traditional seven years. Students apply to join the concentration during Fall of their junior year, begin to take occupational therapy coursework during their senior year, are awarded a Bachelor of Science in Health Science following their first year of occupational therapy coursework, then complete the Master of Occupational Therapy during the next two years.



The BSHS Pre-OT Accelerated Concentration admits students on a competitive basis. Interested students are encouraged to meet with a member of the admissions committee to discuss their preparation for the program prior to applying. Appointments can be scheduled by emailing ot@isu.edu. Students are also encouraged to meet regularly with ISU’s Pre-Heath Advisor to ensure they are meeting general education, major core, and concentration requirements.

**Instructions**

Complete the following sections of the application and supplemental documentation:

* Form 1: Personal information
* Form 2: Educational history
* Form 3: Required coursework
* Form 4: Documentation of observation hours
* Form 5: Letters of Recommendation

Please submit the following supplemental documentation with your application:

* Unofficial copy of your transcripts from all colleges/universities attended
* Two letters of recommendation (in sealed envelopes as instructed in Form 5)
* Use your own words to create a two-page double spaced personal essay that answers this prompt:
	+ Why did you select occupational therapy as a career? How does occupational therapy relate to you immediate and long-term professional goals? Describe how your personal, educational, and professional background will help you to achieve your goals.
	+ Please provide your legal signature at the end of the essay to indicate authorship.

Submit the completed application and supplemental documentation to the Department of Occupational Therapy Admissions Committee by the close of business Monday, Sept. 30, 2024. Applications may be submitted via email to ot@isu.edu. They may also be mailed or submitted in person to:

Mail: In Person:

Master of Occupational Therapy Program Garrison Hall, 3rd floor

921 S. 8th Avenue, Stop 8045 1400 E. Terry, Pocatello, Idaho

Pocatello, ID 83209-0009 Room 308

***Note:*** Students who are accepted into the concentration will be required to apply and be accepted into the ISU Graduate School during their senior year/first year of occupational therapy coursework. This application will require submission of official transcripts for all colleges/universities attended, as well as the application fee (currently $120).

**Form 1: Personal Information**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

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

**Demographic 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not a US resident, do you have a US Visa: YES\_\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_\_

**Gender:**

\_\_\_\_\_ Male

\_\_\_\_\_ Female

\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Form 2: Educational history and test scores**

**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 unofficial transcripts from ALL colleges and universities you attended with your supplemental documentation.

**TEST SCORES (International Students ONLY)**

Please list your TOEFL Test scores below and attach an unofficial copy of the results to this application. Please note additional documentation may be required by the Graduate School or International Student office as part of the application process.

TOEFL Test date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Total Computer Based Score

\_\_\_\_\_ Total Paper Based Score

\_\_\_\_\_ Section I computer based scored

\_\_\_\_\_ Section I computer based scored

**Form 3: Required coursework**

**MOT PROGRAM PREREQUISITES**

Applicants must complete the following prerequisite courses in preparation for admission into the concentration as well as the MOT Program. These courses are part of the BSHS Major Core and the Pre-OT concentration requirements.

|  |  |
| --- | --- |
| **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)- Math (1 course) Statistics. | 1 Standard Statistics course from any department.  *Research Methods, Marketing Statistics or Tests & Measurements courses will not meet this requirement.* |
| 3)- Social Behavioral Sciences (3 courses) | 1 course in Human Development **AND** 1 course in Abnormal Psychology **AND** 1 course in either Sociology **OR** Cultural Anthropology  |
| 8)- 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.  |

***Please note: The BSHS Pre-OT Accelerated Concentration admits students on a competitive basis. Students who have completed the courses listed above with a 3.0 or higher will be more competitive applicants than students who have not yet completed courses or students who completed coursework with less than a 3.0.***

 Complete the tables on the next pages to indicate the courses you took to fulfill each requirement. Please fill in each row completely, including the semester and year you took the course, and the grade you received. If a course is in progress, list the current Sem/Year and leave the letter grade blank. If the course is planned, list the Sem/Year you plan to take the course. All students will be required to complete the MOT prerequisites, university general education, and major core and concentration requirements prior to beginning occupational therapy coursework in August if they are accepted into the BSHS Pre-OT Accelerated Concentration.

An example of a completed row of the form appears below:

**Example of form completion:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Pre-requisite** | **Course Title and Department** | **Course #** | **Institution**  | **Sem/Year** | **Letter** **Grade** | **Credits** | **(Off.** **use** **only)**  |
| **Statistics** | Statistical Reasoning, MATH | MATH 1153 | ISU | Spring 24 | A | 3 |  |

**Form 3: Required coursework (continued)**

 Use your transcripts to complete the tables below, indicating the courses you took to fulfill each requirement. Please fill in each row completely, including the semester and year you took the course, and the grade you received. If a course is in progress, list the current Sem/Year and leave the letter grade blank. If the course is planned, list the Sem/Year you plan to take the course. 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.

 **Math: Statistics (Preference will be given to applicants who have completed this course prior to admission.)**

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

 **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 this course was taken from an online provider and does not appear on a transcript, a certificate of completion must be submitted with the application.

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

**Social Behavioral Sciences:**

**Form 3: Required coursework (continued)**

[**ISU GENERAL EDUCATION REQUIREMENTS**](https://coursecat.isu.edu/undergraduate/college-of-health/school-of-rehabilitation-and-communication-sciences/physical-and-occupational-therapy/bs-health-science-pre-ot-accelerated-conc/)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Objective** | **Course Title**  | **Course #** | **Sem/Year** | **Letter****Grade** | **Credits** | **(Off.****use****only)** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |
| **7 OR 8** |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |

[**BSHS CORE COMPETENCY REQUIREMENTS**](https://coursecat.isu.edu/undergraduate/college-of-health/school-of-rehabilitation-and-communication-sciences/physical-and-occupational-therapy/bs-health-science-pre-ot-accelerated-conc/) **(Classes already used to fulfil prerequisites are excluded from this list).**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Course Title** | **Course #** | **Sem/Year** | **Letter****Grade** | **Credits** | **(Off.****use****only)** |
| **RESEARCH IN HEALTH SCIENCES** |  |  |  |  |  |  |
| **WELLNESS** |  |  |  |  |  |  |
| **PROFESSIONAL COMPETENCY**  |  |  |  |  |  |  |
| **HEALTHCARE COMPETENCY** |  |  |  |  |  |  |
| **COMMUNICATION COMPETENCY**  |  |  |  |  |  |  |
| **DIVERSITY COMPETENCY** |  |  |  |  |  |  |

NOTE: Courses in the Core Competency and Pre-OT Accelerated Concentration Requirements sections cannot be double-counted to fulfill multiple requirements. However, courses may fulfill both a General Education Requirement AND a Core Competency or Pre-OT Accelerated Concentration Requirement.

**Form 3: Required coursework (continued)**

[**BSHS PRE-OT ACCLERATED CONCENTRATION REQUIREMENTS**](https://coursecat.isu.edu/undergraduate/college-of-health/school-of-rehabilitation-and-communication-sciences/physical-and-occupational-therapy/bs-health-science-pre-ot-accelerated-conc/) **(Classes already used to fulfil prerequisites are excluded from this list).**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Course Title** | **Course #** | **Sem/Year** | **Letter****Grade** | **Credits** | **(Off.****use****only)** |
| **ANTHROPOLOGY OR SOCIOLOGY (course not used to fulfill social science prerequisite above)** |  |  |  |  |  |  |
| **CHEMISTRY** |  |  |  |  |  |  |
| **ENGLISH**  |  |  |  |  |  |  |
| **LIBERAL ARTS COURSES (5 courses, maximum 9 credits from each area of study)** |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

NOTE: Courses in the Core Competency and Pre-OT Accelerated Concentration Requirements sections cannot be double-counted to fulfill multiple requirements. However, courses may fulfill both a General Education Requirement AND a Core Competency or Pre-OT Accelerated Concentration Requirement.

**Form 4: Documentation of observation hours**

**OBSERVATION EXPERIENCE:** As a requirement to apply to the program, students must show they have participated in an activity to learn about the profession of occupational therapy. Students may observe an occupational therapy practitioner for a minimum 10 hours or take an Intro to OT course (such as OT 2209). If you completed observation hours, please 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. If you took an Intro to OT class, please detail the course information below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **# OF HOURS** | **TYPE OF SETTING** (outpatient/rehab/psych/peds/school/skilled nursing/hospice/mental health /dev disability) | **OT/OTA SUPERVISOR** | **FACILITY** | **CITY/STATE** | **Dates FROM/TO** |

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Intro to OT Course**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course Subject** | **Course Title and Department** | **Course #** | **Institution** | **Sem/Year** | **Letter****Grade** | **Credits** | **(Off.****use****only)** |
| **Intro to OT** |  |  |  |  |  |  |  |

**Form 5: Letters of Recommendation**

Please submit two total letters of recommendation. Letters should speak to your potential for success within the BSHS Pre-Occupational Therapy concentration as well as the Master of Occupational Therapy Program. Examples of people who could write a letter of recommendation include the occupational therapy practitioner who supervised your observation hours, a professor or academic advisor who can attest to your academic abilities, an employer, or a coach. Letters will not be accepted from relatives of the applicant.

Please provide the following information about the individuals writing your letters of recommendation.

 **NAME/TITLE ADDRESS PHONE**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please share the form on the following page with each of the individuals identified above. After they complete their recommendation, they must seal it in an envelope and provide their signature across the seal. You must return all envelopes to the department as part of your application packet. Envelopes that have been opened will not be accepted by the committee.

**Letter of Recommendation**

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 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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please place your recommendation (form or letter) in a sealed envelope, provide your signature across the seal, and then return it to the applicant.