

IDAHO STATE UNIVERSITY OCCUPATIONAL THERAPY PROGRAM

Introduction to the Application Packet

Thank you for your interest in applying to the Occupational Therapy Program at Idaho State University. Please read the instructions carefully prior to completing this application. If you have any questions about the process please contact the ISU Physical and Occupational Therapy Department at (208)282-4095 or 1-800-797-4781.

The ISU Occupational Therapy Program accepts applications on a rolling basis; however, completed applications received by January 15 (with ISU Graduate School application also completed by January 15) will receive preference for admissions. Further, receipt of a completed application by January 15 is required if an applicant wishes to be considered for a \$1,500 Academic Merit Scholarship.

The application materials will contain the following:

1. Application Instructions
2. ISU Graduate Entry Program In Occupational Therapy Application - Form 1
3. Pre-requisite Course sheet - Form 2a, and 2b
4. Classes In Progress Grade Report sheet - Form 3
5. Personal Essay Instruction Sheet - Form 4
6. Education/Experience Record, Academic Experience Record - Form 5
7. 2 Experience Documentation Forms - Form 6
8. 3 Requests for Letter of Recommendation - Form 8

PLEASE NOTE: APPLY TO THE IDAHO STATE UNIVERSITY GRADUATE SCHOOL BEFORE OR AT THE SAME TIME YOU APPLY TO THE O.T. PROGRAM.

Further information about the ISU OT Program can be found on the World Wide Web at the following address: <http://www.isu.edu/departments/dpot>

NOTE: Official Transcripts and Official GRE/MAT Scores must be sent directly to the Graduate School. The Occupational Therapy Program will accept copies of transcripts and GRE/MAT scores with the program application.

If you have previously applied to the Occupational Therapy Program at Idaho State University within the past two years, transcripts, GRE scores, Experience Documentation Forms (Form 6), and Letters of Recommendation (Form 7) submitted in the previous two years may be moved to a current file upon request. An applicant must submit a written request to use the transcripts and forms from the previous application. The applicant is responsible for assuring all required application forms have been received by the Occupational Therapy Program. The applicant must still apply to and be accepted by the ISU Graduate School. Re-applicants have no advantage or disadvantage over new applicants; re-applications are compared with the current applicant pool, which varies from year to year. Please contact the ISU OT program if you have questions about re-applying.

**IDAHO STATE UNIVERSITY
PHYSICAL AND OCCUPATIONAL THERAPY DEPARTMENT
OCCUPATIONAL THERAPY PROGRAM**

Application Instructions

The following information will assist you in successfully completing the required forms to submit an application to the ISU OT Program. Please read these instructions completely prior to writing on the forms. Please follow the directions accurately. If you have any questions about the application process, contact the ISU OT Program at (208) 282-4095 or 1-800-797-4781.

1. ISU Graduate Entry Program In Occupational Therapy Application - Form 1 (Return to the ISU Occupational Therapy Program)

This form serves two purposes:

- a) Application to the ISU OT Program—Fill in the information requested completely and legibly. This form will serve as the applicant identification sheet.
- b) Application Check List—A check list is provided distinguishing which forms/processes relate to the ISU Graduate School and which forms/processes relate to the ISU OT Program. Please send the correct materials to the correct location. The Occupational Therapy Program accepts applications on a rolling admissions basis with review beginning January 15th of each year. For the best chance of admission, complete ISU Graduate School application and the OT Program application by January 15th.

Application Fees must be included with application

\$55.00 application fee - send to the ISU Graduate School

\$45.00 application fee - send to the ISU OT Program

2. ISU School of Graduate Studies –Apply online, preferably prior to submitting the OT Program application

The code for OT is 1208 and it is in the Division of Health Sciences. An important notice follows:

**APPLY TO THE GRADUATE SCHOOL BEFORE or AT THE SAME TIME
YOU APPLY TO THE OT PROGRAM.**

3. Pre-requisite Courses Form – 2a & 2b (Return to ISU OT Program)

List the courses completed, in progress, or planned to meet the requirements. If you have multiple courses to meet a single pre-requisite, you may select which course you would like to use. Please include all information requested. This will enhance transcript review.

If any courses are in progress, or planned, you must indicate the estimated completion date on the form and the institution where the course will be taken as well as completing Form 3. **ALL** planned course work must be satisfactorily completed prior to August 15.

4. Classes In Progress Grade Report - Form 3 (Return to the ISU OT Program. - **ONLY** if you have courses in progress. If you do not have pre-requisite courses in progress during the Fall session you do not need to return this form.)

Please list the course title, course number, credits, and have the professor indicate the grade he/she thinks you are going to receive for the Fall session and then sign the form. Send official transcripts of ALL completed Fall courses to the ISU OT Program by January 15.

5. Personal Essay - Form 4 (Return to the ISU OT Program.)

Compose a two-page essay concerning why you selected OT as a career and how an Occupational Therapy degree relates to your immediate and long term professional goals. **Provide a signature at the end of the essay to indicate authorship.**

6. Education/Experience Record, Academic Experience Record - Form 5
See instructions on form.

7. Experience Documentation Form- 6 (Return to the ISU OT Program.)

Two copies of the Experience Documentation Form are included. You may copy this form if you have volunteered/worked at more than two sites. A minimum total of 40 hours of volunteer/paid experience, divided between at least two different sites, is required and must be completed prior to the application deadline (must be supervised by an occupational therapist or an occupational therapy assistant). The Experience Documentation Form **MUST** be filled out by the occupational therapist who supervised the volunteer/paid experience. A letter containing the facility name, address, phone number, dates/hours/experiences provided and signature of another OT/health care provider at the facility may be stapled to the form if the supervising OT is no longer available. These forms must be included with the application.

8. Letters of Reference - Form 7 (Return to the ISU OT Program)

Each applicant is required to submit three letters of reference. The letters of reference should come from the following individuals:

- One letter from an Occupational Therapist or OTA - who directly supervised your volunteer or aide experience
- One letter from an Academic Reference – professor or advisor who is familiar with your academic performance
- One letter from a Personal Reference - an individual with knowledge of your personal characteristics or attributes that would enhance your ability to be an occupational therapist.

Please Note: Letters of reference will not be accepted from relatives of the applicant. Letters of reference from doctors, nurses, physical therapists and other health care professionals will not be accepted in place of letters from an occupational therapist.

Letters of reference may not be read by the applicant and must be submitted with the application in a sealed envelope with a signature across the seal.

9. Transcripts, GRE's and MAT Scores:

Graduate School: - **Official Transcripts of all college credits earned, and Official GRE's or MAT Scores must be sent directly to the Graduate School. The ISU Graduate School code is 4355.**

Occupational Therapy Program: - **A copy of each transcript of all college credits earned, and an unofficial copy of GRE or MAT scores must be included with the application packet to the Occupational Therapy Program.**

Form 1

**IDAHO STATE UNIVERSITY
GRADUATE ENTRY PROGRAM IN OCCUPATIONAL THERAPY
APPLICATION FORM**

NAME: _____

ADDRESS: _____

CITY, STATE, and ZIP: _____
(It is your responsibility to notify OT Program of changes in address or phone number.)

CONTACT TELEPHONE NUMBER (____) _____ SOCIAL SECURITY #: _____

EMAIL: _____ Are you an Idaho resident? **Yes No** How long? _____

Application Deadlines: **1) ISU Graduate School: January 15** **2) OT Program: January 15**

Applications will be accepted (on a space-available basis) after these deadlines; however, applications meeting the deadlines have the best chance for acceptance and are the only applications that will be considered for a \$1,500 Academic Merit Scholarship.

Check list of application materials:

I. Complete online application with the ISU Graduate School (<http://www.isu.edu/graduate/index.shtml>)

The online application process will likely include the following: ISU Graduate Residency Form; ISU Nonresident Tuition Waiver; One official transcript of all college credits earned following graduation from high school (transcripts take 3-4 wks; please order immediately); Official GRE or MAT scores (ISU's code is 4355); \$55.00 Graduate School application fee.

II. Complete all forms in this package and send to:

**Occupational Therapy Program
Idaho State University
Campus Box 8045
Pocatello ID 83209-0009**

- ___ Graduate Entry Program in Occupational Therapy Application Form 1
- ___ **One** transcript (unofficial copies accepted) of all college credits earned following graduation from high school (transcripts take 3-4 wks; please order immediately)
- ___ Unofficial copy of GRE or MAT scores
- ___ Pre-requisite Courses Forms 2a and 2b
- ___ Classes In-Progress Grade Report Form 3 (if applicable)
- ___ Personal Essay Form 4 - (**Did you sign your essay?**)
- ___ Education/Experience Record Form 5
- ___ 2 Occupational Therapy Clinical Experience Documentation Form 6
- ___ 3 Letters of Recommendation Form 7 (**see instructions**)
- ___ \$45.00 application fee payable to ISU Occupational Therapy Program (**Application will not be processed if fee is not included.**)

I certify that the information contained in this application is true, complete, and correct. I understand that my admission to the Occupational Therapy Program at Idaho State University, is based on the validity of these statements. I agree to abide by and be subject to all rules, regulations, and policies of the Occupational Therapy Program at Idaho State University.

Applicant

Date

Form 2a

**IDAHO STATE UNIVERSITY
OCCUPATIONAL THERAPY PROGRAM**

Applicant Name: _____ Social Security #: _____

This form is used to identify completion of the pre-requisite courses required for the ISU OT Program. Each applicant may select the courses from the transcripts to fulfill the requirements. List only those courses meeting the requirements. Indicate if a course is planned, in progress, or when it was completed. Applicants with more than four courses in progress may not be considered. A list of the required pre-requisites and standards is included (see *Instructions for Forms 2a and 2b*, below).

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.							
Human Physiology with lab.							

Chemistry: General Chemistry with lab (Biochemistry highly recommended but not required)

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

Note: Lab courses in parentheses may or may not have been taken as separate courses depending on the school attended. Science courses must have had a laboratory either intrinsically or as a separately coordinated course.

Math: Statistics

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

Recommended Course

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

If you have a course in progress or have courses that you still need to take, make sure you indicate it in the course area. If you leave any of the required areas blank, your application will be considered incomplete.

Form 2b

Social Behavioral Sciences: Human Development (focus over life span), sociology, abnormal psychology, cultural anthropology

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

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

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

Liberal Arts: Please list 5 courses in this area to total at least 15 credits. Courses that are highly recommended include: fine arts, ethics, philosophy, education humanities, literature, economics, foreign language, and history.

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

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	

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

Instructions for Forms 2a and 2b

Prerequisite Course Work

The prerequisite courses are listed below. A GPA of 3.0 in each category is required. Prerequisite course work in anatomy and physiology must be completed in the past 5 years, and other prerequisite course work which is 10 years or older may not be acceptable for admission. Please contact the department for clarification. Applicants with more than 4 prerequisite courses in progress or planned for spring and summer semesters may not be considered for admission.

Prerequisite coursework must meet the standards indicated below. The academic courses are divided into 7 categories. You must have one course to meet each prerequisite. One course may not be used to meet the requirements for two areas.

Category 1-Biology (2 courses) 1 course in Human Anatomy and 1 course in Human Physiology

2 semesters or 2 or 3 quarters.

NOTE: Anatomy and physiology courses **MUST** be listed in the Biology or Zoology Departments for fulfillment of this requirement.

Category 2- Chemistry (1 course) General Chemistry with lab- Biochemistry recommended, but not required. Must be the general chemistry course taken by science majors and include a laboratory component/class. One semester or 1-2 quarters.

Category 3- Math (1 course) Statistics. Lower, upper division or more recent graduate course.

NOTE: Research methods, marketing statistics or tests & measurements courses will not meet this requirement.

Category 4-Physics (optional). Any introductory physics course.

Category 5- Social Behavioral Sciences. (4 courses) Human Development (focus over life span), Sociology, Abnormal Psychology, Cultural Anthropology.

Category 6- English/Communication (2 courses) Composition, Speech Communication. Technical Writing recommended but not required.

Category 7- Liberal Arts. (5 or more courses totaling at least 15 credits) - A variety of courses from the following areas are recommended: Fine Arts**, Ethics, Philosophy, Education, Literature, Humanities, Economics, Foreign Language, and History.

**Note: Fine Arts (suggested courses - studio/performing arts: visual arts, theater, music, or dance).

Additional prerequisite requirement—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 the application.

If you have a course in progress or have courses that you still need to take, make sure you indicate that in the course area. If you leave any of the required areas blank, your application will be considered incomplete.

Example of form completion:

Pre-requisite	Course Title and Department	Course #	Institution	Sem/Year	Letter Grade	Credits	(Off. use only)
Chemistry	<i>General Chemistry, CHEM</i>	<i>111</i>	<i>ISU</i>	<i>Spring 11</i>	<i>A</i>	<i>4</i>	

Form 3

**IDAHO STATE UNIVERSITY
OCCUPATIONAL THERAPY PROGRAM
Box 8045
Pocatello, ID 83209**

Classes In Progress - Grade Report

Transcripts for Fall Session (preceding the academic year for which you intend to matriculate) may not be available before the application deadline. If you have pre-requisite courses in progress during the Fall session, use this form to provide an estimate of the grade you will receive. Send this form to the ISU OT Program with your application. Official transcripts for the Fall session **MUST** be sent to the ISU OT Program by January 15, of the year you are applying for.

List the course title, course number, credits, and have the professor indicate the grade he/she thinks you are going to receive for the Fall session and then sign this sheet.

Course Title	Course #	Credits	Estimated Grade	Professor's Signature

Form 4

**IDAHO STATE UNIVERSITY
Occupational Therapy Program**

Personal Essay Instruction Sheet

Type a two page (**no more than two**), double spaced essay. Use your own words to create a personal essay that responds to the question below.

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

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

You must sign your legal signature at the end of the essay to indicate authorship. (Only signed essays will be accepted.)

IDAHO STATE UNIVERSITY
Occupational Therapy Program

Education/Experience Record

I. Academic Experience: List all colleges and universities attended since high school in chronological order:

SCHOOL	MAJOR	DEGREE	DATES	LOCATION
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				

II. Clinical Experience: Chronologically identify the sites in which you gained exposure to the profession of occupational therapy, under the supervision of a practicing, licensed occupational therapist - who directly supervised your volunteer or aide experience.

# of Hours	Type of Setting (hospital, nursing home, out-pt. clinic, school, etc.)	Registered OT Supervisor	Name of Facility	Location of Facility (city and state)	Dates (from/to)
1. _____					
2. _____					
3. _____					
4. _____					

III. Letters of Recommendation - Please provide the following information about the three letters of reference for the application. The letters of reference should come from the following individuals:

- Occupational Therapist - who directly supervised your volunteer or aide experience
- Academic Reference – professor or advisor who is familiar with your academic performance
- Individual with knowledge of your personal characteristics or attributes that would enhance your ability to be an occupational therapist.

Please Note: Letters of reference will not be accepted from relatives of the applicant. Letters of reference from doctors, nurses, physical therapists and other health care professionals will not be accepted in place of the letter from an occupational therapist.

NAME & PROFESSIONAL TITLE	FACILITY	ADDRESS	PHONE
1. _____			
2. _____			
3. _____			

Form 6

IDAHO STATE UNIVERSITY
OCCUPATIONAL THERAPY PROGRAM
Box 8045
Pocatello, ID 83209

Experience Documentation Form

This form may be used to record the volunteer/paid experience observing an occupational therapist. **This form MUST be filled out by the OT/health care provider who supervised the applicant.** A minimum of 40 hours (preferably divided between two or more practice settings) is required. The experience must have occurred within the past five years.

Applicant: _____ Occupational Therapist: _____
Facility: _____ Address: _____
Phone Number: _____

Type of Facility: *(Check all that apply)*

- | | | |
|---|--|--|
| <input type="checkbox"/> <i>Outpatient Clinic</i> | <input type="checkbox"/> <i>Developmental Disabilities</i> | <input type="checkbox"/> <i>Skilled Nursing Facility</i> |
| <input type="checkbox"/> <i>Rehab. Unit</i> | <input type="checkbox"/> <i>Pediatrics</i> | <input type="checkbox"/> <i>Mental Health Center</i> |
| <input type="checkbox"/> <i>Psychiatric Hospital</i> | <input type="checkbox"/> <i>School District</i> | <input type="checkbox"/> <i>Hospice</i> |
| <input type="checkbox"/> <i>Other (describe):</i> _____ | | |

Experiences Applicant Observed: *(Check all that apply)*

- | | | |
|--|---|--|
| <input type="checkbox"/> <i>Acute Ortho.</i> | <input type="checkbox"/> <i>Outpatient Ortho.</i> | <input type="checkbox"/> <i>Wound Care</i> |
| <input type="checkbox"/> <i>ICU/CCU</i> | <input type="checkbox"/> <i>Mental Health</i> | <input type="checkbox"/> <i>Developmental Disabilities</i> |
| <input type="checkbox"/> <i>Acute Neuro.</i> | <input type="checkbox"/> <i>Out patient Neuro.</i> | <input type="checkbox"/> <i>Substance Abuse</i> |
| <input type="checkbox"/> <i>Home Health</i> | <input type="checkbox"/> <i>Industrial Medicine</i> | <input type="checkbox"/> <i>Geriatrics</i> |
| <input type="checkbox"/> <i>Pediatrics</i> | <input type="checkbox"/> <i>Wellness</i> | <input type="checkbox"/> <i>Other:</i> |

Duration of Observation: From: _____ To: _____
Month/Year Month/Year

Total Hours of Observation: _____

Occupational Therapist's Signature: _____ Date: _____

Form 6

IDAHO STATE UNIVERSITY
OCCUPATIONAL THERAPY PROGRAM
Box 8045
Pocatello, ID 83209

Experience Documentation Form

This form may be used to record the volunteer/paid experience observing an occupational therapist. **This form MUST be filled out by the OT/health care provider who supervised the applicant.** A minimum of 40 hours (preferably divided between two or more practice settings) is required. The experience must have occurred within the past five years.

Applicant: _____ Occupational Therapist: _____
Facility: _____ Address: _____
Phone Number: _____

Type of Facility: *(Check all that apply)*

Outpatient Clinic *Developmental Disabilities* *Skilled Nursing Facility*
 Rehab. Unit *Pediatrics* *Mental Health Center*
 Psychiatric Hospital *School District* *Hospice*
 Other (describe): _____

Experiences Applicant Observed: *(Check all that apply)*

Acute Ortho. *Outpatient Ortho.* *Wound Care*
 ICU/CCU *Mental Health* *Developmental Disabilities*
 Acute Neuro. *Out patient Neuro.* *Substance Abuse*
 Home Health *Industrial Medicine* *Geriatrics*
 Pediatrics *Wellness* *Other:*

Duration of Observation: From: _____ To: _____
Month/Year Month/Year

Total Hours of Observation: _____

Occupational Therapist's Signature: _____ Date: _____

Form 7

**Idaho State University
Occupational Therapy Program
Box 8045
Pocatello, ID 83209**

LETTER OF RECOMMENDATION

You have been selected to write a Letter of Recommendation for an applicant of the ISU Occupational Therapy Program. Thank you for taking the time to provide the necessary information contained on this form. You may write your recommendation directly on this form. If you prefer to submit your recommendation on letterhead, please complete the following information and staple this form to that letter. Place your recommendation in a sealed envelope, place 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 OT Department at (208) 282-4095.

(Please print the following information:)

Name of Applicant:

Name of Recommender:

Title/Profession

Did you directly supervise this applicant in a Occupational Therapy Department? ___ YES ___ NO

Name and location of clinical 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). Illustrate with specific examples whenever possible.

Signature and title: _____ Date: _____

Form 7

**Idaho State University
Occupational Therapy Program
Box 8045
Pocatello, ID 83209**

LETTER OF RECOMMENDATION

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(Please print the following information:)

Name of Applicant:

Name of Recommender:

Title/Profession

Did you directly supervise this applicant in a Occupational Therapy Department? ___YES ___NO

Name and location of clinical 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). Illustrate with specific examples whenever possible.

Signature and title: _____ Date: _____

Idaho State University
Occupational Therapy Program
Box 8045
Pocatello, ID 83209

LETTER OF RECOMMENDATION

You have been selected to write a Letter of Recommendation for an applicant of the ISU Occupational Therapy Program. Thank you for taking the time to provide the necessary information contained on this form. You may write your recommendation directly on this form. If you prefer to submit your recommendation on letterhead, please complete the following information and staple this form to that letter. Place your recommendation in a sealed envelope, place 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 OT Department at (208)282-4095.

(Please print the following information:)

Name of Applicant:

Name of Recommender:

Title/Profession

Did you directly supervise this applicant in a Occupational Therapy Department? ___YES ___NO

Name and location of clinical 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). Illustrate with specific examples whenever possible.

Signature and title: _____ Date: _____