



Occupational Therapy Assistant Program
Program Application

(Please Print)

Date Submitted: _____ **MERCY ID NUMBER:** _____

Name: _____
(last) (first) (middle/maiden)

Last 4 digits of Social Security No.: _____ **Birthdate:** _____

Present Address: (PLEASE INCLUDE APARTMENT NUMBER IF APPLICABLE)

_____ Apartment: _____
_____ Apartment: _____
(city) (state) (zip)

Home Phone: _____ **Cell Phone:** _____

E-Mail Address: _____

Current Employer: _____ **Work Phone:** _____

Notify in an Emergency: _____

Relationship: _____ **Phone:** _____

Previous Education: (High School and/or College)			
School	City/State	Diploma or Degree	Date of Degree (if applicable)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE NOTE:

Acceptance will be based on a scoring and ranking of your grade point average, recommendation forms, the interview and an on-site essay.

- ___ I am applying as a candidate to the Occupational Therapy Assistant Program.
- ___ I have already met with an admissions counselor for evaluation of my transfer credits and have filed an undergraduate application for admission to Mercy College.
- ___ I understand that all prerequisite courses must be completed prior to starting the 1 year intensive OTA program.
- ___ I understand that a minimum grade point average of 2.75 is required in order for my application to be considered.

Signature

Date