



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

\_\_\_\_\_ **(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**