

OCCUPATIONAL THERAPIST (OT) PROGRAM SUPPLEMENTAL APPLICATION CHECKLIST
APPLICATION DEADLINE JANUARY 30

All applicants to the OT program *must* include the following supporting documentation to their college application. Completion of the prerequisites with the minimum requirements does not guarantee admission to the professional program. Incomplete applications will not be considered for admission.

Application Checklist:

The following must be submitted:

- Completed College Application http://assessment.cphs.wayne.edu/surveys/colladm2007_08.htm
- Non-WSU students complete the **undergraduate** application: www.admissions.wayne.edu
- Personal resume outlining your community or vocational activities, honors, employment, extracurricular and volunteer activities.
- Provide Plan of Work of prerequisite courses currently in progress or planned for Winter and Spring/Summer terms.
- Transcripts from all colleges/universities attended
- Two personal recommendations (print or copy forms and distribute as needed)
- Documentation of 20 contact hours under the supervision of a Registered Occupational Therapist (OTR) on the form provided (print or copy forms and distribute as needed)

Non-U.S. citizen only

Copy of Educational Credential Evaluation (ECE) or World Education Service (WES)
Copy of Test of English as a Foreign Language (TOEFL)

The College application and supporting documentation can be mailed or dropped off at:

Eugene Applebaum College of Pharmacy and Health Sciences
Office of Student and Alumni Affairs ♦ 259 Mack ♦ Suite 1600
Detroit, Michigan 48201

**College of Pharmacy and Health Sciences
RECOMMENDATION FORM FOR APPLICANTS**

For Applicant Use Only

Applicant's Waiver Certificate:

To the Applicant: You may voluntarily waive your right to have access to a specific recommendation/evaluation written about you in accordance with Federal Family Education Rights and Privacy Act of 1974, by signing and dating this certificate. I waive, relinquish, and disclaim all my rights to have access to the recommendation/evaluation described in this form.

Applicant's Signature _____ Date _____

FOR EVALUATOR USE ONLY

Please complete this application and place in a sealed envelope.

Your signature is required over the seal. The applicant will submit the sealed envelope with his/her application.

NAME OF APPLICANT _____

In what capacity do you know applicant? Employee _____ Student _____

Other (please specify) _____ How long have you known applicant? _____

EVALUATED BY: _____

Signature

Date

Please Print Name

Title

Address

Place of Employment

Phone Number

We encourage you to make further comments to express, clarify, and reinforce your opinions regarding this applicant's strengths and weaknesses.

1. Punctuality					
NA	1	2	3	4	5
	Habitually late		Usually on time		Always on time
2. Initiative in performing tasks					
NA	1	2	3	4	5
	Does things only when specifically assigned		Takes some initiative		Looks for things to do; does extra reading; tries to find solution to problems.
3. Communication both in writing and verbally					
NA	1	2	3	4	5
	Does not express self well		Communicates adequately		Easily expresses self
4. Responsibility (attention to rules and regulations)					
NA	1	2	3	4	5
	Unsatisfactory; takes no responsibility for work, equipment, rules or regulations		Takes some responsibility		Accepts responsibility; completes assigned tasks; takes care of equipment; obeys rules and regulations
5. Emotional Maturity (patience and tolerance)					
NA	1	2	3	4	5
	Does not know own limitations; unable to accept responsibility for own actions; does not demonstrate patience or tolerance		Does not always demonstrate patience, tolerance, or accept responsibility for own actions		Consistently accepts responsibility for own actions and is patient.
6. Ability to follow instruction (on the job or in completing assignments)					
NA	1	2	3	4	5
	Does the work first; reads the instructions later		Usually follows instructions		Consistently listens or reads carefully; good attention to detail.
7. Organization					
NA	1	2	3	4	5
	Slow to organize and start work		Adequately organizes to make the best use of time.		Very efficient and well organized.
8. Quality of Work					
NA	1	2	3	4	5
	Careless		Dependable; rarely find errors		Exceptional work; accurate and complete
9. Dependability					
NA	1	2	3	4	5
	Needs constant supervisions		Occasional supervision needed		Supervision required only in learning tasks
10. Cooperation and Attitude (attitudes toward work, other students, employers fellow workers; ability to work with others)					
NA	1	2	3	4	5
	Shows reluctance to cooperate; complains frequently; does not accept suggestions		Usually a good team worker; makes effort to cooperate; usually responds to suggestions.		Adapts to situation; cheerful; thoughtful of others; does not have to be asked



EUGENE APPLEBAUM
COLLEGE OF PHARMACY
AND HEALTH SCIENCES

College of Pharmacy and Health Sciences
Department of Occupational Therapy

COPY THIS FORM AS NEEDED

Name: _____

Student ID/Social Security Number: _____

Anticipated Date of Admission: _____

This portion of the application is designed to give us information regarding the student/applicant's experiences during contact with a Registered Occupational Therapist (OTR) in a clinical setting or in a classroom setting. Twenty (20) hours of contact are required for admission to the Occupational Therapy Professional Program. When completed, this form should be reviewed with the student, signed by the OTR and the student, and returned to the student for inclusion in the application. Thank you for your participation in our admission process.

To be completed by the student:

Check only one for each form:

_____ I spent _____ hours in this clinical setting in contact with an OTR.

_____ I took/am taking OT 3200 at Wayne State University. I would like to use this class to fulfill 10 or the required hours of contact with an OTR.

_____ I took/am taking an occupational therapy course at a community college, college, or university other than Wayne State University. The class was/is taught by a Registered Occupational Therapist. I would like to use this class to fulfill 10 or the required hours of contact with an OTR.

OTR's Name: _____ OTR's Title: _____

Facility: _____ Telephone: _____

Address: _____

Date(s) of Experience(s): _____

Complete the following questions:

What activities did you engage in during your experiences?

Describe any clients or patients you encountered?

To be completed by the Registered Occupational Therapist (OTR)

PLEASE RANK THE APPLICANT FOR EACH ITEM AS FOLLOWS:

- 4-Excellent**
- 3-Good/Above average**
- 2-Average/Satisfactory**
- 1-Poor/Unsatisfactory**
- NA-Not Applicable**

- _____ Ability to follow directions
- _____ Attendance and punctuality
- _____ Attitude
- _____ Communication skills
- _____ Cooperation
- _____ Dependability
- _____ Flexibility
- _____ Initiative
- _____ Interactions with clients
- _____ Interactions with staff
- _____ Interest in occupational therapy
- _____ Maturity
- _____ Motivation
- _____ Observation skills
- _____ Poise/Adjustment to a variety of situations
- _____ Problem solving skills
- _____ Responsibility

Comments: We encourage you to make further comments to express, clarify, and reinforce your opinions regarding this student/applicant. Applicants wishing to comment may attach an additional sheet.

Therapist Signature: _____ Date: _____

Student Signature: _____ Date: _____