



*School of Occupational Therapy
Application for Fall Entry 2010*

PACIFIC UNIVERSITY
SCHOOL OF OCCUPATIONAL THERAPY
FALL 2010
APPLICATION INSTRUCTIONS AND PROCEDURES

Preferred Application Deadline (Postmarked)	December 7, 2009
Final Application Deadline (Postmarked)	January 15, 2010
Notification of Admission Decisions	March 2010
Application Fee	\$25 (US) before December 7, 2009 \$55 (US) after December 7, 2009

The admissions process is on-going and applicants will be admitted on a rolling basis. Well-qualified applicants who apply early are more likely to gain admission to Pacific University School of Occupational Therapy. Our application fee is \$55 (US) however, to encourage submission of application by the preferred deadline, the fee for applications postmarked by December 7, 2009 is \$25 (US).

The accuracy, completeness, and neatness of your application are determining factors in our admission decision. Send all materials together in one packet. **The admission committee will not evaluate an incomplete application.**

- 1. Application Form** - Type or print clearly all information requested on the occupational therapy application forms. A separate application to the University is **not** required. Your signature is required to validate the information you provide.
- 2. Transcripts** - Submit one sealed, official transcript with all current grades from each college and graduate school you have attended. **Do not open transcript.** Place the sealed transcript in your application packet. A final transcript of any course(s) in progress will be required, including graduation verification if applicable, before an admitted student will be permitted to enroll in the School of Occupational Therapy.
- 3. Letters of Evaluation** - Secure completed evaluation forms from **two** individuals who know you well, and can comment objectively about your qualifications. **It is recommended that one be from a current practicing licensed Occupation Therapist with whom you have worked, volunteered or observed.** If possible, the other evaluation should be from a college faculty member, pre-professional committee, supervisor or employer. Distribute a copy of the enclosed evaluation form to each person recommending you. Provide a self-addressed, stamped envelope to each reference. Ask each reference to enclose the completed evaluation form (along with the optional typewritten letter, if obtained), in the envelope you provide, sign it across the seal, and return the envelope to you. *It is your responsibility to include the completed letters of evaluation in your application package.*
- 4. Essays** - Respond to essay questions as instructed.
- 5. Prerequisite Worksheet, Bachelor's Degree Option Section, and GPA Calculation form** - The prerequisite worksheet must be carefully, accurately and thoroughly completed or the file will not be processed. The Bachelor's Degree Option section is to be completed by students intending to obtain their first bachelor's degree from Pacific University. Calculate your CUM GPA and Last 45 Hours GPA on the form provided and submit this form with your application. **GRE test scores are "not" required for Pacific University OT program.**
- 6. Application Fee** - Submit a **non-refundable** application fee of \$55 (US) with the application materials. The application fee is \$25 (US) if postmarked by December 7, 2009. Make the check payable to Pacific University and attach it securely to your application. If someone other than you wrote the check, include your name on the check.
- 7. Re-applicants** - Submit a new application packet. Official transcripts for work completed since the last application was submitted are required. Submit **two new letters of evaluation as above.** Note additional essay for re-applicants.

SEND COMPLETED APPLICATION TO:
Office of Admissions
Pacific University
222 SE 8th Avenue, Ste. 212
Hillsboro, OR 97123

Please note: Individuals convicted of a felony may not be eligible for certification or licensing in Occupational Therapy. Students are urged to contact the appropriate certification or licenser agency for further information.

PACIFIC UNIVERSITY
SCHOOL OF OCCUPATIONAL THERAPY
FALL 2010
APPLICATION FOR ADMISSION

Type or print clearly.

Name _____
Last First Middle Preferred Name

Other names that may appear on transcripts (if different) _____

Current Address (Until date: _____) _____
Street Apartment Number

_____ City State Zip/Postal Code Country

() () ()
Home Phone Work Phone Cell Phone E-mail

Permanent Address _____
Street Apartment Number

_____ City State Zip/Postal Code Country

() () ()
Home Phone Work Phone Cell Phone E-mail

PERSONAL DATA

Social Security Number _____ Date of Birth _____
Month/Day/Year

Legal State of Residence _____ Place of Birth (Country) _____

Are you a citizen of the United States? Yes No If no*, of which country are you a citizen? _____

Have you attended Pacific before? No Yes When? _____

Have you applied to Pacific University School of Occupational Therapy before? No Yes When? _____

Have you ever been dismissed from any school or college? No Yes (If yes, explain on a separate sheet.)

How did you first hear of Pacific University? _____

Who or what influenced you to apply? _____

Have you applied to other Occupational Therapy programs? No Yes

If yes, list the programs to which you have applied or intend to apply:

***NON-CITIZENS**

What type of visa do you currently hold? _____

(Students holding an immigrant/resident visa should include a photocopy of their visa card with the application)

Test of English as a Foreign Language (TOEFL) Date _____ Score _____

(Official TOEFL scores required - minimum paper-based test score of 600, minimum computer-based test score of 250, or minimum internet-based test score of 100.)

COLLEGE/UNIVERSITY INFORMATION

List all colleges/universities attended (even if for only one course) during and after high school. **Submit official transcripts for each college or university attended. Include official AP and CLEP scores, if appropriate.**

From Mo/Yr	To Mo/Yr	Name of College or University (complete name--no abbreviations)	City, State	Degree Earned	Date Transcript Requested

Do you have a bachelor's degree?

- Yes Date received/Institution: _____
 (Check one) _____ BA _____ BS _____ Other
 Major _____
- No Date completion expected/Institution: _____
 (Check one) _____ BA _____ BS _____ Other
 Major _____

CUM GPA (from GPA calculation form) _____ Last 45 Hours GPA (from GPA calculation form) _____

REFERENCES

List the name and address of each individual from whom you have requested a letter of evaluation.

Name	Complete Address	Occupation

EXPERIENCE IN OCCUPATIONAL THERAPY

A minimum of twenty (20) hours must be listed in two or more practice settings. Example: 12 hours adult orthopedic setting and 8 hours adolescent mental health.

From Mo/Yr	To Mo/Yr	Name and Address of Facility	Practice Setting (rehabilitation, mental health, pediatrics, skilled nursing, etc)	OT or person with whom you worked and his/her credentials (OTR or COTA)	Total hours of observation
Total hours					

OTHER WORK AND VOLUNTEER HISTORY

From Mo/Yr	To Mo/Yr	Name and Address of Facility	Type of Facility	Person with whom you worked most closely and their professional credentials (PT, MSW, SLP or other)	Total hours
Total hours					

ESSAY QUESTIONS

1. Write a two-page essay describing the process that has resulted in your application to apply to the School of Occupational Therapy. **Include decision making criteria and values and beliefs that influence those decisions.**
2. Optional - State any additional pertinent information you think we should know before evaluating your application.

Re-applicants Only - (In addition to the above questions) Please note: a previously submitted essay will not be accepted.

3. In what ways have you grown, either personally or professionally, that make you a more qualified applicant?

I affirm that all the information contained in this application is true and correct to the best of my knowledge. I understand that the falsification of any part of this application is grounds for my disqualification for admission or dismissal from the program. In addition, I understand that this application becomes the property of Pacific University and is not returnable. I further understand that the application is accessible to faculty, staff, and members of the Admissions Committee.

Signature _____

Date _____

Office of Admissions
Pacific University
222 SE 8th Avenue, Ste. 212
Hillsboro, OR 97123

PACIFIC UNIVERSITY
SCHOOL OF OCCUPATIONAL THERAPY
FALL 2010
GPA CALCULATION FORM

Name _____

READ THE DIRECTIONS CAREFULLY

- **Miscalculation or misrepresentation of your GPA will result in the disqualification of your application.**
- Complete transcripts from each college and university attended must be used in calculating GPA.
- Convert all quarter hours to semester hours. **Use chart below to make conversion.**

Hour Conversion Table

Quarter Hours	Semester Hour
1	x 0.667= 0.667
2	x 0.667= 1.33
3	x 0.667= 2.00
4	x 0.667= 2.67
5	x 0.667= 3.33

Calculate your GPA's in the space provided below.

CUM GPA				LAST 45 HOURS GPA			
GRADE	HOURS	X	= POINTS	GRADE	HOURS	X	= POINTS
A		x 4.0		A		x 4.0	
A-		x 3.7		A-		x 3.7	
B+		x 3.3		B+		x 3.3	
B		x 3.0		B		x 3.0	
B-		x 2.7		B-		x 2.7	
C+		x 2.3		C+		x 2.3	
C		x 2.0		C		x 2.0	
C-		x 1.7		C-		x 1.7	
D+		x 1.3		D+		x 1.3	
D		x 1.0		D		x 1.0	
D-		x 0.7		D-		x 0.7	
F		x 0		F		x 0	
Total Hours=		Total Points=		Total Hours=		Total Points=	
Total Points ÷ Total Hours =				Total Points ÷ Total Hours =			
GPA				GPA			

Transfer GPAs to the application form and submit this completed form with the application.

SOCIAL SCIENCES: 12 semester hours. Must include general, abnormal, and development psychology (preferably across the lifespan); and a social science elective outside of psychology.

Dept & No.	Course Title	Sem Hrs	Grade	R	Date Completed	Date to be Completed	Institution

WRITING: 3 semester hours. Must include a course in expository writing **beyond the introductory level** offered in either an English or Writing department.

Dept & No.	Course Title	Sem Hrs	Grade	R	Date Completed	Date to be Completed	Institution

RESEARCH METHODS: 2 semester hours. It is recommended that this be taken in a department of psychology, sociology, or anthropology and include a qualitative research component. [**Statistics is preferred.**]

Dept & No.	Course Title	Sem Hrs	Grade	R	Date Completed	Date to be Completed	Institution

MEDICAL TERMINOLOGY: A complete sequence or course. May be taken "credit/no credit."

Dept & No.	Course Title	Sem Hrs	Grade	R	Date Completed	Date to be Completed	Institution

PACIFIC UNIVERSITY
SCHOOL OF OCCUPATIONAL THERAPY
FALL 2010
EVALUATION OF OCCUPATIONAL THERAPY APPLICANT

Name of Applicant _____
Last First Middle

To the evaluator: The person named above is applying to the School of Occupational Therapy at Pacific University and has requested that your evaluation be included as part of the information on which we will base our admission decision. Please assist us in our evaluation of this applicant by responding frankly to the questions on this form. If you do not know the applicant well, please return the form to the applicant so that it may be given to another evaluator. An additional typewritten letter of evaluation is optional but not required for completion of this application.

The admission procedure of the School of Occupational Therapy requires the applicant to gather the letters of evaluation (and other documents) and submit a complete set of documents with the application. The advantage of this system is that the applicant knows the application is complete when it is submitted. After completing this form, place it in the envelope provided, seal the envelope, and sign it across the seal. Return it to the applicant who will forward it, unopened, to the Office of Admissions. Thank you for your assistance.

The U.S. Family Education Rights and Privacy Act of 1974 (FERPA) requires that permanent files be open to successful applicants who then enroll in a college or university. To comply with FERPA and to ensure a candid response from evaluators, the Office of Admissions will remove from the applicant's file the completed letters of evaluation of all successful applicants prior to the student entering Pacific University. Thus, your comments will not reach the applicant.

Respond candidly to the following questions.

1. Briefly describe your relationship to this candidate including length of acquaintance.

2. What strengths does this candidate possess (including personal and interpersonal attributes) which encourage your recommendation toward a career in occupational therapy?

3. Does the applicant exhibit any behaviors, attitudes, or personality traits which would be of concern to you should he/she become an Occupational Therapist? Please describe.

~~OVER~~

4. Rate the following characteristics of the applicant, in relation to the applicant's peers. Check one.	Exceptional Top 10%	Above Average Top 25%	Average Top 50%	Below Average Lower 50%	N/A
Interest and concern for others (openness, cooperation, ability to empathize versus sympathize). Comments:					
Written communication skills (effective, concise, well-structured with correct use of grammar, punctuation, and spelling). Comments:					
Oral communication skills (follows a logical thought process, effective in asking appropriate questions and presenting detailed information). Comments:					
Ability to work with others (cooperative, eager to learn, effective at listening, reacts appropriately to criticism). Comments:					
Ability to use common sense, be self-motivated, and work independently. Comments:					
Maturity and emotional stability. Comments:					
Work habits – commitment, punctuality and attendance. Comments:					

5. How would you rate the applicant's prospects for success in the occupational therapy program?

- Excellent
 Above Average
 Average
 Below Average

6. In a group of 100 qualified applicants, where would you rank this individual?

- Top 1%
 Top 10%
 Top 25%
 Top 50%
 25-50%
 0-25%

7. Would you employ the applicant? Yes No

Comments:

Signature of Evaluator _____ Date _____

Print name _____ Occupation _____

Employer _____

Complete Address _____ Phone _____

_____ E-mail _____

If the admissions committee has further questions regarding the applicant, may we phone or e-mail you? Yes No

Office of Admissions
Pacific University
 222 SE 8th Avenue, Ste. 212 Hillsboro, OR 97123
 (503) 352-2900 or 1-800-933-9308

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SCHOOL OF OCCUPATIONAL THERAPY
FALL 2010
EVALUATION OF OCCUPATIONAL THERAPY APPLICANT

Name of Applicant _____
Last First Middle

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Oral communication skills (follows a logical thought process, effective in asking appropriate questions and presenting detailed information). Comments:					
Ability to work with others (cooperative, eager to learn, effective at listening, reacts appropriately to criticism). Comments:					
Ability to use common sense, be self-motivated, and work independently. Comments:					
Maturity and emotional stability. Comments:					
Work habits – commitment, punctuality and attendance. Comments:					

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 Above Average
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 Below Average

6. In a group of 100 qualified applicants, where would you rank this individual?

- Top 1%
 Top 10%
 Top 25%
 Top 50%
 25-50%
 0-25%

7. Would you employ the applicant? Yes No

Comments:

Signature of Evaluator _____ Date _____

Print name _____ Occupation _____

Employer _____

Complete Address _____ Phone _____

_____ E-mail _____

If the admissions committee has further questions regarding the applicant, may we phone or e-mail you? Yes No

PACIFIC UNIVERSITY
SCHOOL OF OCCUPATIONAL THERAPY
FALL 2010
OPTIONAL INFORMATION

**Items below do not have any bearing on the admission decision and
are used for statistical purposes only.**

Name _____

GENDER Male Female

MARITAL/RELATIONSHIP STATUS Single Married/Partnered Other

ETHNICITY

Are you Hispanic/Latino? Yes No

Check all below that characterize your race. (Note: please mark one or more races to indicate what you consider yourself to be.)

- White (non-Hispanic)
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Other _____