



HEALTH AND HUMAN SCIENCES APPLICATION

Answer **ALL** questions. Please type or print. Mail to appropriate campus listed on bottom of second page with **all** required paperwork.

SPECIALTY FOR WHICH APPLICATION IS MADE:

-]-Associate Degree Nursing]-Fall Class]-Spring Class – Main Campus Weatherford
-]-Associate Degree Nursing]-Fall Class – Wise County Campus
-]-Diagnostic Medical Sonography – Main Campus Weatherford
 -]-Echocardiography Certificate – Main Campus Weatherford
 -]-Vascular Certificate – Main Campus Weatherford
-]-Human Service Provider] A.A.S. – Main Campus Weatherford] - Wise County Campus Bridgeport
-]-LVN-RN Transition–] - Main Campus Weatherford (summer class)
-]-LVN-RN Transition–] - Wise County Campus Bridgeport (spring class)
-]-Occupational Therapy Assistant – Mineral Wells Education Center
-]-Phlebotomy Technology]-Fall Class]-Spring Class]-Summer Class– Main Campus Weatherford
-]-Physical Therapist Assistant – Mineral Wells Education Center
-]-Radiology Technology– Main Campus Weatherford
 -]-CT Certificate – Main Campus Weatherford
 -]-Mammography Certificate – Main Campus Weatherford
-]-Respiratory Care– Main Campus Weatherford
-]-Substance Abuse Counseling] Certificate– Main Campus Weatherford] - Wise County Campus Bridgeport
-]-Vocational Nursing]-Fall Class - Main Campus Weatherford

Name: _____
First Middle Last Maiden Name

Mailing Address: _____
Number & Street City

Permanent Address (if different from above) _____

Texas County of Residence _____ Country of Citizenship _____

Social Security # _____ Country of Birth _____

Home Phone: () _____ Cell Phone: () _____

Weatherford College Student ID#: _____ E-mail address: _____
if applicable

In case of emergency notify: _____
Name Relationship

Address: _____ Phone: () _____
Number and Street City State Zip

Have you ever been arrested, convicted, or received deferred adjudication for a felony/misdemeanor? ___ Yes ___ No

NOTE: If you pled “nolo contendere, or no contest,” you must answer “yes.”

If you answered “yes” to the above question, you must report charges and disposition to certification or licensing agency in order to determine eligibility for taking certification or licensure examination.

PROFESSIONAL LICENSES OR CERTIFICATION

Type	Issued By	Number	Date
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION – List ALL Colleges and Universities Attended

NAME OF SCHOOL	LOCATION OF SCHOOL	DATES: FROM/TO	DIPLOMA/ DEGREE OR CERTIFICATE	MAJOR/MINOR
HIGH SCHOOL OR GED				
COLLEGE/UNIVERSITY				
COLLEGE/UNIVERSITY				
COLLEGE/UNIVERSITY				
TECHNICAL OR OTHER				

**** The Weatherford College Registrar's Office must receive official transcript(s) before this application can be processed.**

WORK EXPERIENCE

List current or most recent job:

- Name of Company _____
 Complete Address _____ Telephone No. () _____
 Supervisor's Name _____ Title _____
 Dates Employed: From _____ to _____ Nature of Job Duties _____
 Starting Salary _____ Final Salary _____ Reason for Leaving _____

FOLLOW UP INFORMATION

It is important that we do a follow-up study of our students. Please provide the following information about two (2) people who will always know where to locate you.

- | | Name | Complete Mailing Address | Telephone No. |
|----|---------------------|--------------------------|---------------|
| 1. | _____ | _____ | _____ |
| | Email Address _____ | | |
| 2. | _____ | _____ | _____ |
| | Email Address _____ | | |

PLEASE READ AND SIGN THE FOLLOWING

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information is cause for denial of admission or dismissal from the program.

Signature of Applicant

Date

"Weatherford College is an Equal Opportunity institution that provides educational and employment opportunities on the basis of merit and without discrimination because of race, color, religion, sex, age, national origin, veteran status, or disability."

Please include all required paperwork with your application. Incomplete applications will not be accepted.

Weatherford College (main campus)
 Health & Human Sciences Division
 225 College Park Drive
 Weatherford, TX 76086
 (817) 594-5471 or (800) 287-5471
 Fax: (817) 598-6455

Weatherford College Mineral Wells Education Center
 Health & Human Sciences Division
 704 Hood Road
 Mineral Wells, TX 76067
 (940) 325-2591 or (800) 300-2591
 Fax: (940) 328-1800

OCCUPATIONAL THERAPY ASSISTANT PROGRAM

The Weatherford College Occupational Therapy Assistant (OTA) Program is a two-year curriculum (approximately 20 months after pre-requisites are complete) comprised of classroom, laboratory, and clinical learning experiences. It is located on the Mineral Wells Campus of Weatherford College. The course of study is designed to prepare the graduate to work under the supervision of a registered occupational therapist and provide occupational therapy services to people with physical, mental, emotional or development disabilities.

Mission Statement

The Occupational Therapy Assistant Program offers a specialized health care curriculum designed to meet the needs of the people within its service area. It is our desire to prepare competent students who will serve our community members with commitment and compassion. The goal of the program is to graduate professionals who are skilled at establishing therapeutic relationships and providing OT interventions that are occupation based, client centered, and evidence based.

Program Goals

- 1) Clinical Competency
- 2) Problem-Solving/Critical Thinking Skills
- 3) Effective Interpersonal and Communication Skills
- 4) Professionalism
- 5) Knowledge of OT Theories and Frames of Reference
- 6) Effective Therapeutic Relationships.

Application Requirements

The Occupational Therapy Assistant Program begins every year in the Fall and requires all day attendance Monday through Friday. All prospective students are required to meet the admission criteria. A felony conviction may affect one or more of the following: (1) a graduate's ability to sit for the NBCOT certification examination (2) a student's ability to complete curriculum requirements (3) a graduate's ability to attain state licensure. For more information about the application process, please call Rebecca Fryer at (817) 598-6348 or the OTA Program Director, Mike McGough, (817) 598-8801. Applications will be accepted beginning in January through the second Monday in June.

Application requirements include the following:

- ◆ Submit a Weatherford College application by going to www.wc.edu
Click on the following tabs: Admissions & Financial Aid → Admissions Checklist → New Student Checklist.
- ◆ Evidence of successful completion of the Texas Success Initiative or evidence of being exempt.
- ◆ Submit the Health & Human Sciences OTA application **with** official transcripts from all colleges attended to Karen Wells at the Administration Office, (817) 598-8850, located at the Weatherford College Mineral Wells Education Center at 704 Hood Road, Mineral Wells, TX 76067. If you attended Weatherford College, you will not need to request official copies of transcripts, we will be able to access those for you on request.
 - Completion of all prerequisite courses with a C or better prior to the first day of class.
 - **Prerequisite Science courses must have been taken within five years prior to admission.**

- ◆ Submit Proof of at least the first Hepatitis B Vaccine (three dose series), or a positive Hepatitis B titer, or Dept. of State Health Services waiver. The applicant must complete their Hepatitis B series and submit proof of the series to the OTA office, located at the Mineral Wells Education Center. This is a 4-6 month process, and must be completed prior to the first day of class. Please refer to Immunization and Criminal History Procedure at www.wc.edu → Prospective Students → Academic/Programs → Health Professions. Failure to meet the application requirements may result in denial of application.
- ◆ Submit Observation Documentation Forms (2) with at least 10 hours (5 hours each) from **two separate and different occupational therapy settings.**
- ◆ **Only completed Health & Human Sciences OTA applications with official transcripts, observation hours documented, and documentation of at least the first Hepatitis B shot will be accepted.**
- ◆ Applicants will be required to interview with the Program Director and a team of faculty prior to acceptance into the OTA Program.

Weatherford College is an affirmative action/equal opportunity employer. Applicants are considered on the basis of qualifications without regard to gender, age, race, color, creed, religion, national or ethnic origin, veteran status, or the presence of a non-job-related disability or any other legally protected status.

IF SELECTED FOR ADMISSION TO THE PROGRAM, THE STUDENT MUST COMPLETE THE FOLLOWING:

- ◆ Set up an account with Certified Background (cost of \$109.00 and this will include the cost of your drug screen, criminal background check, and used to upload all your required documents)
- ◆ Accept or Decline your position to the program
- ◆ Attend the mandatory program orientation
- ◆ Complete the remaining Hepatitis B Shots prior to beginning the first fieldwork experience
- ◆ Functional back screen
- ◆ 2 MMR shots
- ◆ 2 Varicella or proof of disease
- ◆ Current TD&P (Tetanus, Diphtheria, Pertussis)
- ◆ Proof of health insurance
- ◆ Attend training and acquire AHA Health Care Provider CPR card

Failure to meet any application requirements will result in denial of application. Failure to maintain shots as required will prevent the student from proceeding with clinical assignments and may result in dismissal from the program.

Information and specifics on obtaining the above criteria will be available to the student upon acceptance to the program. **Start-up costs for immunizations, titers, urine drug screen, CPR, back/spine screen, and health insurance varies but could run as much as \$400.**

Program Restrictions

Please refer to the Occupational Therapy Assistant program student handbook. The DFW hospital council has also published certain restrictions applying to students in clinical sites.

English Proficiency Requirements

Before being accepted into the Occupational Therapy Assistant Program, an applicant who's native language* is not English must submit an acceptable score on the TOELF iBT. Additional information may be obtained from the OTA Department. *A native language is a language that is acquired naturally during childhood & is usually spoken at home, as opposed to a language that is learned later in life, for example, as a part of a person's formal education.

Selection into the program is based on the following scoring methods:

Selection of students will involve review of all completed application files. Interviews will be scheduled with the top-ranked candidates. Following the interviews, approximately 23 applicants will be selected to begin the OTA program.

Pre-requisite Courses

English Composition I, College Math, Anatomy and Physiology I, Humanities/Visual and Performing Arts Elective, and Human Growth and Development (points awarded for each course completed)

Prerequisite Science courses must be taken within the last five years.

A = 4 points

B = 3 points

C = 2 points

*Up to 20 points for grades.

Previous educational degree/field experience:

Bachelors or higher - 5 points

Associates - 4 points

Certificate - 2 points

Previous work experience: 2 points

For those that qualify in the ranking for an interview, they will be interviewed by a panel of faculty. Applicants can receive up to 24 points per interviewer in the process. The total of all of these scores are then used to rank the applicants again to determine who will be accepted for the 23 slots available each year.

OCCUPATIONAL THERAPY ASSISTANT PROGRAM CURRICULUM

Prerequisites

ENGL 1301 English Composition

MATH 13XX College Math

BIOL 2401 Human Anatomy and Physiology I

HUMA X3XX Humanities/Visual and Performing Arts

PSYC 2314 Human Growth and Development

Fall Semester

OTHA 1305 Principles of Occupational Therapy

OTHA 1409 Human Structure & Function in Occupational Therapy

OTHA 2301 Pathophysiology in OT

OTHA 2309 Mental Health in Occupational Therapy

Spring Semester

OTHA 1166 Clinical-Occupational Therapist Assistant-Level I

OTHA 1319 Therapeutic Interventions I

OTHA 1315 Therapeutic Use of Occupations or Activities I

OTHA 2204 Neurology in Occupational Therapy

Summer Semester

OTHA 1167 Practicum-Occupational Therapist Assistant-Level I

OTHA 2331 Physical Function in Occupational Therapy

OTHA 1353 Occupational Performance for Elders

Fall Semester II

OTHA 2305 Therapeutic Interventions II

OTHA 2266 Practicum/Field Experience Level II

OTHA 1341 Occupational Performance Birth to Adolescence

Spring Semester II

OTHA 2330 Workplace Skills for the OTA

OTHA 2235 Healthcare Management in OT

OTHA 2267 Practicum/Field Experience Level II

**The occupational therapy assistant program was approved for accreditation December 2013 by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA), located at 4720 Montgomery Lane, Bethesda, MD 20824. ACOTE's telephone number c/o AOTA is (301) 652-AOTA. The Occupational Therapy Assistant Programs graduates will be eligible to sit for the national certification examination for the occupational therapy assistant administered by the National Board for Certification in Occupational Therapy (NBCOT). After successful completion of this exam, the individual will be a Certified Occupational Therapy Assistant (COTA). In addition, most states require licensure in order to practice; however, state licenses are usually based on the results of the NBCOT Certification Examination. Note that a felony conviction may affect a graduate's ability to sit for the NBCOT certification examination or attain state licensure.

Applicant: Read this packet and follow the instructions precisely.

Dear OT Practitioner:

This letter is to request your assistance with the selection of students for the Occupational Therapy Assistant program. As part of the application process, prospective students are required to obtain a **minimum of 10 hours of observation consisting of at least five hours of observation in a minimum of two different settings** (examples of different settings: nursing homes, school system, rehab center, hospital, home health, etc.) under the supervision of a registered occupational therapist or certified occupational therapy assistant, to whom he or she is **not** related. **The applicant must be observed and rated by two different OT practitioners for a minimum of 10 hours.** The applicant must have the attached recommendation form completed by **an OTR or COTA** with whom the applicant observed. We prefer that the observation experiences offer opportunities for the applicant to interact with patients.

Attached you will find the form with which to rate the applicant's performance. Along with this packet, **the applicant is to supply you with a stamped envelope addressed as follows:**

OTA Program
Weatherford College
Education Center at Mineral Wells
704 Hood Road
Mineral Wells, TX 76067

You (the OTR or COTA) may complete the form with the applicant on site, place it in an envelope, seal it, sign across the seal and give it back to the applicant to mail. Or, if time or situation does not allow for immediate completion, the practitioner may complete the form later and mail it to the OTA program in the envelope provided.

The faculty and I thank you for your willingness to assist in the process of selecting occupational therapy assistant students who will be an asset to the profession.

Sincerely,

Mike McGough

Mike McGough, MBA, MOT, OTR
OTA Program Director

**Weatherford College
Occupational Therapy Assistant Program
OTA Applicant Recommendation Form**

Applicant _____
Last Name
First Name

OTR OR COTA COMPLETING THIS RECOMMENDATION:

Name _____ Title _____

Facility _____

Describe your facility (*circle as many as apply*)

Setting: long term care / school system / rehab / outpatient / home health
 other _____

Ages: infants / children / adolescents / adults / elders

Focus: mental health / developmental dis./ physical dysfunction / wellness
 other _____

Observation Hours

Date	# of Hours	OTR/COTA Initials

Total contact hours completed under your supervision: _____

Rating Scale: Circle the number closest to your impression of the applicant

SA=Strongly Agree (5) A=Agree (4) NO=No Opinion (3) D=Disagree (2) SD=Strongly Disagree (1)

Comments are encouraged as you see fit, and are requested if you circle 1 or 2.

	SA	A	NO	D	SD
1. Demonstrates good listening skills. Comments:	5	4	3	2	1
2. Communicates effectively with clients and staff. Comments:	5	4	3	2	1
3. Exhibits adaptability and flexibility. Exhibits common sense. Comments:	5	4	3	2	1
4. Demonstrates appropriate affect, interest and attentiveness. Appears engaged. Comments:	5	4	3	2	1
5. Demonstrates effective interpersonal skills. Relates appropriately to clients and staff. Comments:	5	4	3	2	1
6. Shows dependability/reliability/promptness. Comments:	5	4	3	2	1
7. Relates well to person in authority. Comments:	5	4	3	2	1
8. Follows directions well. Asks questions for clarification. Comments:	5	4	3	2	1
9. Appearance is appropriate to the setting. Comments:	5	4	3	2	1
10. Would you be willing to have this applicant return for Level II fieldwork? Comments:	5	4	3	2	1

Any comments or information you would like us to know about the applicant:

Signature

Date

Credentials:
License # _____ State: _____

Address _____

Daytime Phone: _____

THANK YOU!

WEATHERFORD COLLEGE

2019-2020 ACADEMIC YEAR TUITION AND FEES

Semester	In-District	Out-of-District Wise Co	Out of District ECG	Out-of-District	Out-of- State
Hours	(\$89)	(\$110)	(\$132)	(\$143)	(\$202)
1	89	110	132	143	202
2	178	220	264	286	404
3	267	330	396	429	606
4	356	440	528	572	808
5	445	550	660	715	1010
6	534	660	792	858	1212
7	623	770	924	1001	1414
8	712	880	1056	1144	1616
9	801	990	1188	1287	1818
10	890	1100	1320	1430	2020
11	979	1210	1452	1573	2222
12	1068	1320	1584	1716	2424
13	1157	1430	1716	1859	2626
14	1246	1540	1848	2002	2828
15	1335	1650	1980	2145	3030
16	1424	1760	2112	2288	3232
17	1513	1870	2244	2431	3434
18	1602	1980	2376	2574	3636
19	1691	2090	2508	2717	3838
20	1780	2200	2640	2860	4040
21	1869	2310	2772	3003	4242
22	1958	2420	2904	3146	4444
23	2047	2530	3036	3289	4646
24	2136	2640	3168	3432	4848