



**Sage Graduate Schools** EDUCATION  
HEALTH SCIENCES  
MANAGEMENT  
**THE PROFESSIONAL CONNECTION**

**School of Health Sciences  
Occupational Therapy Program  
Supplemental Forms**

## Occupational Therapy Program | Application Instructions

In addition to the information provided in the general application instructions, please note the following Occupational Therapy Program guidelines:

1. Application Deadlines:
  - » The Occupational Therapy application priority deadline is February 1.
  - » The Occupational Therapy articulation agreement applicant deadline is June 1.
2. Program Specific Instructions:

In addition to completing the General Application forms, the following programs have program-specific application requirements:

**Occupational Therapy applicants please submit these forms to:**

**The Sage Colleges, Office of Admission Processing, 140 New Scotland Avenue, Albany, NY 12208**

- » Occupational Therapy Academic Standards Statement
- » Clinical Observation Hours Form (Multiple copies of this form can be submitted)
- » Prerequisite Form

**Occupational Therapy applicants applying through one of the Sage Graduate School articulation agreements:**

- » Need only submit one (1) letter of recommendation

All other applicants for School of Health Science programs need only to complete and submit the SGS General Application Forms.

## Occupational Therapy Program | Academic Standards Statement

(Return this form to The Sage Colleges, Office of Admission Processing, 140 New Scotland Avenue, Albany, NY 12208)

Name: \_\_\_\_\_  
Last First M.I.

School Address: \_\_\_\_\_

School Tel #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Tel #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

### To: Program in Occupational Therapy

I wish to apply to the Occupational Therapy Program. I am aware of the criteria I must meet each year in order to maintain my status as an Occupational Therapy major and to be eligible for continuation in the professional program.

I understand I must achieve a grade of “C” or better in all professional courses (OTH), and an overall 3.0 grade point average. Should I achieve a grade of “C” in multiple professional courses, I understand I may be required to repeat courses or complete other remedial work to assure competence for clinical practice. I agree to these requirements and understand that failure to do so could result in my dismissal from the program.

I understand that I must demonstrate effective interpersonal communication skills and judgment to remain in good standing and in order to participate in the fieldwork education component of the program. I agree to maintain these standards at all times. I understand that faculty retains the final decision to approve students for fieldwork placements.

The occupational therapy education process includes multiple fieldwork experiences. I understand students are responsible for transportation arrangements to and from fieldwork settings. I also understand that I am responsible for obtaining yearly physical examinations, immunizations, and cardio-pulmonary resuscitation (CPR) certification in order to complete my fieldwork experiences. In addition, fieldwork settings require students to be fingerprinted and undergo a criminal history review. I understand students are responsible for the costs of these processes.

**I understand that I must be continuously matriculated in the program. In the event a leave of absence is required, this must be requested and approved by Occupational Therapy Program Faculty in order for the student to maintain a place in the program and eventually be eligible to graduate. A formal leave of absence must also be filed through appropriate college offices (see college catalogue for more information).**

I understand that it is my responsibility to review the additions and amendments to the Occupational Therapy Handbook on an annual basis while a member of the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Occupational Therapy Program | Prerequisite Form

(Return this form to The Sage Colleges, Office of Admission Processing, 140 New Scotland Avenue, Albany, NY 12208)

Name of student: \_\_\_\_\_  
Last
First
M.I.

Indicate anticipated entry date to the Occupational Therapy Program (August 20XX): \_\_\_\_\_

### Program Prerequisite Record

For each prerequisite courses and/or activity listed below, please indicate the timeframe during which they have been completed, are in progress, or the anticipated date of completion. For completed coursework, indicate the grade received.

	If complete			If not complete	
	Grade	Semester/Year completed	School attended	Semester/Year of anticipated completion	School to be completed at
Anatomy & Physiology I w/Lab					
Anatomy & Physiology II w/Lab					
Physics I w/Lab					
Introduction to Psychology					
Human Development					
Abnormal Psychology					
Statistics					
Sociology or Anthropology					
Clinical Observation Hours					

**Additional comments:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Occupational Therapy Program | Clinical Observation Sheet

(Return this form to The Sage Colleges, Office of Admission Processing, 140 New Scotland Avenue, Albany, NY 12208)

The Sage Colleges Program in Occupational Therapy requires that each of our Occupational Therapy Students observe or assist as a clinical volunteer under the direction of an Occupational Therapist for a minimum of **20 hours**. We believe that this time helps provide prospective students with a realistic perspective of the clinical aspects of therapy that are essential to their academic success. Please have the licensed Occupational Therapist complete this form and rating scale and return it to The Sage Colleges, Office of Admission Processing, 140 New Scotland Avenue, Albany, NY 12208 by February 1. If your hours of clinical observation will not be completed at the time of application, please indicate the anticipated date of completion in a letter. Multiple copies of this form can be made if observation hours will be completed at more than one site. Thank you.

Name of student \_\_\_\_\_

Name of clinical facility \_\_\_\_\_

Address \_\_\_\_\_

Total hours spent at your facility \_\_\_\_\_

### In what capacity?

Observation \_\_\_\_\_

Volunteer \_\_\_\_\_

Other (explain) \_\_\_\_\_

### Please rate the student in each of the following areas:

	1   Below Average	2   Average	3   Above Average	4   Superior					
Relates to patients	1	2	3	4	Reliable/dependable	1	2	3	4
Relates to staff	1	2	3	4	Judgment	1	2	3	4
Accepts direction	1	2	3	4	Initiative	1	2	3	4
Carries out instruction	1	2	3	4	Maturity	1	2	3	4
Verbal communication	1	2	3	4	Appearance, hygiene	1	2	3	4
Written communication	1	2	3	4	Professional potential	1	2	3	4
Grasp theoretical concepts	1	2	3	4	Interest/motivation	1	2	3	4

### Additional comments:

Please indicate here and on the back of this form reasons that you believe the applicant will be an asset to the Occupational Therapy Profession.

Signature \_\_\_\_\_

Institution/Department \_\_\_\_\_

Therapist's Title \_\_\_\_\_ Date \_\_\_\_\_

OFFICE OF ADMISSION  
65 1st Street  
Troy, NY 12180

Sage