



RS RUSSELL SAGE COLLEGE
SCHOOL OF HEALTH SCIENCES

**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. Rolling Admissions Application Deadlines:

- » The Occupational Therapy Master of OT or the Doctor of OT application priority **deadline is February 1.**
- » The Occupational Therapy Master of OT or the Doctor of OT articulation agreement **applicant deadline is June 1 of year preceding graduation.**

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: graduate@sage.edu**

- » Select (may select both) MSOT OTD
- » Occupational Therapy Academic Standards Statement
- » Clinical Observation Hours Form (Multiple copies of this form can be submitted, please see alternative activities during COVID-19)
- » Prerequisite Form

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

- » Need to submit two (2) letter of reference (one from an academic professor, one other) and a personal statement.
- » OTD Applicants: complete an additional personal essay supporting the applicant's rationale to move to the OTD as a degree, and complete an interview with Program Faculty, including the program director and at least one member of the OT admissions committee.

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 graduate@sage.edu)

Name: _____
Last First M.I.

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: _____