

**Murray State College**  
**Occupational Therapy Assistant Program**  
Tishomingo, OK 73460

**APPLICATION FOR ADMISSION**  
Technical Year 2024-2025

Applicants to the Murray State College OTA Program are selected in accordance with nondiscriminatory practices. **The application process must be completed and submitted by 12:00 pm on or before the last Thursday in May (May 30, 2024). If mailed, they must be postmarked by May 29, 2024.**

- Please give careful consideration to each question on this form and answer each question completely.
- You must print the document, attach a photo, complete all information, sign, and mail. Be sure to attach all documents from the check list.

Name: \_\_\_\_\_  
(Last) (First) (Middle/Maiden)

Home Address: \_\_\_\_\_  
(Number and Street) (City) (State) (Zip Code)

Email: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

U.S. Citizen: \_\_\_Yes\_\_\_No Date of Birth: \_\_\_\_\_  
(Month) (Day) (Year)

**Please attach a current photo below.**

Person to be notified in Case of Emergency or we can't reach you:

Do not forget your photo!

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

\_\_\_\_\_

Phone #: \_\_\_\_\_

**Secondary Education:** List all high school or other secondary schools attended.

Dates: From/To	Name of School	City/State	Diploma: (Y/N)

**Post-Secondary Education:** List all formal education beyond high school.

Dates: To/From	Name of Institution	City & State	Degree: Y/N

**Employment:** List all work experience, during the last five years.

Dates: To/From	Position Held	Employer	City & State

Please answer the following questions that impact your eligibility for licensure in Oklahoma. These questions are taken from OK Licensure Application.

1. Have you ever been arrested or charged or convicted of a felony or misdemeanor? Yes  No
2. Have you ever been addicted to or abused any drug or chemical substance including alcohol? Yes  No
3. Have you ever obtained an assessment or been treated for use of any drug or chemical substance including alcohol? Yes  No
4. Have you ever had any mental, emotional or nervous disorder or condition which could affect, or if untreated could affect, your ability to practice competently? Yes  No

*If you answer yes to any of the above questions, please provide details on separate sheet of paper and attach to your application. If you answer yes to any of these questions, you may be ineligible for license upon graduation. Prior to applying to the program you should seek clarification from the OSBMLS regarding your situation. No one will be admitted to the OTA program if it is understood that they would be ineligible for license in Oklahoma as this would be in conflict with the program mission. If you have questions, please contact the program director.*

Please give the names and addresses of three individuals who are not relatives, but who know you well and can give information about your character and/or capabilities. For example, you might include a recent teacher, counselor, employer, or clergyman. We contact references only when the selection committee desires additional information.

1. Name: \_\_\_\_\_ Position or Title \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Position or Title \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_
3. Name: \_\_\_\_\_ Position or Title \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

I hereby affirm that all information on this form and the enclosed document are complete and accurate to the best of my knowledge. I understand that giving false information will make me ineligible for admission and enrollment in the OTA Program.

Signed \_\_\_\_\_

Date \_\_\_\_\_

*Complete all application documents and include with your application.*

# Murray State College / Occupational Therapy Assistant Program

## (NOTICE: We have moved to a Distance Learning Platform)

Technical Year 2024-2025

### APPLICATION CHECKLIST

Complete this checklist as you work through the application process. Review the checklist and include a copy with your application material prior to sending in application packet. Application Process Checklist: Please place a  in the box as the statement applies to you. My signature at the bottom verifies that I understand the application process.

1. I have completed (or will have completed) all program prerequisite classes by the end of Spring 2024 semester
- I will not have all program prerequisite classes completed by end of spring 2024. I have attached my plan to complete all pre-requisite courses before the beginning of the Fall 2024 semester. I understand that if accepted to the class and I lack any courses at the beginning of the Fall 2024 semester, I will not continue in the program and will need to re-apply to next available class.
  - I have attached my mid-term grade report (with signature of each instructor) for all pre-requisite courses that I am currently taking this semester (Spring 2024).
2. I have  provided the following to MSC Registrar's Office with a copy to the Health Science Dept. office: ACT Score report with score of 20 or above in reading. If not 20 Reading, I have taken the Next Gen Reading Accuplacer with a score of 250 or above in the MSC Testing Center
- High school transcript or equivalent
  - College transcript(s) for all course work from colleges included on your application (if not previously a MSC student)
3. I received information to apply to the OTA Program Application by phone, email, or in person.
4. I have taken the ATI TEAS admission exam. \$80 Date of exam: \_\_\_\_\_
5. I have reviewed the OTA Points System (Applicant Evaluation Worksheet) and have completed a copy of the Point System form to the best of my ability and attached a copy with my application materials.
- - I have enclosed a list of all locations where I completed my clinical observations. *If you are reapplying and you desire to use observations from a prior application you still need to complete a list of all locations (include the clinician's name you observed) that you are using for this application.*
  - I have enclosed a letter or had my employer send the letter, to verify that I have worked in Allied Health related to the program to which I am applying. This letter must include my job duties, average hours per week, and length of employment.
  - I have enclosed a copy of the Points System Worksheet completed to the best of my ability with my application materials
6. I have reviewed, signed, and included the signed signature page of the OTA Essential Functions form.
7. I have completed the written interview and have included a copy with this application. Please complete in **black ink**.
8. I have enclosed my signed application and all application materials including a copy of this check list in an envelope. I understand that applications must be submitted as instructed in order to be accepted.

Applicant Name: \_\_\_\_\_ Signature \_\_\_\_\_

**OTA PROGRAM**  
**Selection and Retention Committee**  
 Points System Worksheet Form

Applicant Name: \_\_\_\_\_

<b>1. ACT Reading Score or NexGen Accuplacer Reading Score:</b>		<b>POINTS</b>	
If ACT Reading score is below 20 or if the applicant has not taken the ACT, then applicant must take the NexGen Accuplacer reading exam in the MSC Testing Center. If either ACT Reading over 20 or NexGen Score Reading over 250 then points are awarded based on this scale:			
ACT Reading Score 26-36 = 25 points 23-25 = 20 points 20-22 = 15 points	NexGen Reading Exam Score 276-300 = 25 points 263-275 = 20 points 250-262 = 15 points		
<b>2. Admission Testing</b>			
ATI TEAS - Admission Test Testing Center on MSC Tishomingo Campus		60 to 64.9 = 5 points 65 to 74.9 = 10 points 75 to 84.9 = 15 points 85 and above = 20 points	
<b>3. ACADEMIC HISTORY</b>			
A = 4 B = 3 C = 2	Eng I	Eng II or Speech	American Government
	Psych	Dev Psych	History
A = 5 B = 4 C = 3	A & P I	A & P II	Col Alg or Survey of Math
	Degrees/Certificates:		3 pts = A.S.                      5 pts = B.S. /M.S.
Total GPA in all college work completed:		3.5 or above = 10pts 3.0 to 3.49 = 5pts	
MSC prerequisites		2 pts if any classes taken at MSC 5 pts if all classes taken at MSC	
<b>4. ADMISSION HISTORY</b>		Prior alternate to MSC OTA Program: 5 pts.	
<b>5. COMMUNICATION SKILLS</b>		All forms submitted    5 points	
<b>6. EXPOSURE</b>			
<b>Observation</b>  If the applicant can't complete observation hours because of COVID - 19, then the applicant may use the alternative process that has been developed.	<b>16 hours required to apply. No points for initial 16 hours.</b> <ul style="list-style-type: none"> <li>• Additional points are earned for observation of OT or OTA above the required 16 hours. Applicants can receive 1 point for every 2 hours above the initial 16 hours required.</li> <li>• You can receive a maximum of 16 points for completion of 32 hours above the 16 hours required.</li> <li>• You can only count 16 hours with any one OT or OTA.</li> <li>• To receive the maximum points, you need to complete a total of 48 total hours and do this with at least 3 different OT or OTAs.</li> <li>• Each applicant must be recommended for consideration by the OT or OTA whom observed in order to receive points on the Clinical Observation Form.</li> <li>• Documentation of hours using the MSC OTA Clinical Observation Form is required for the hours to be considered</li> </ul>		
Prior or current employment or volunteer contact	3 pts per 6 months or full time max 12 total pts Applicants who have worked/volunteered in a full or part time capacity should submit a letter from their employer with the following information: Length of employment, average number of hours per week, and brief description of job duties that provided exposure to OT. This letter should be on facility letter head.		
<b>TOTAL POINTS</b>			

## MSC OTA PROGRAM

### ESSENTIAL FUNCTIONS OF THE OTA STUDENT

These are standards for OTA students and applicants to the OTA program based on required abilities, capabilities, and functions as interpreted by the OTA Program Director and are based on functions/abilities needed for a student to safely engage in educational, learning, and training activities in a manner that does not endanger themselves, other students, patients or the public.

<b>Function</b>	<b>Standard</b>	<b>Examples of Activities</b>
Visual	Visual ability sufficient to see details at close and far range. Ability to observe, receive & obtain visual information from all relevant sources for assessment required in patient/client care situations. Accurate color discrimination required	<ul style="list-style-type: none"> <li>• See and read course information, clinical forms, charts</li> <li>• See and read computer screens and other equipment</li> <li>• Oversee set up and implementation of treatment activities</li> </ul>
Hearing	The ability to listen to and understand information and ideas presented through spoken words, sentences and to hear and interpret loud, soft, and muffled sounds.	<ul style="list-style-type: none"> <li>• Hear and Interpret alarms, machinery, and emergency alarms, cries for help.</li> <li>• Use call light and hear intercom speakers</li> <li>• Use the telephone</li> </ul>
Tactile	Tactile sensation adequate for physical assessment, and sensory stimulation interventions inclusive of size, shape, temperature, texture, vibration, pressure.	<ul style="list-style-type: none"> <li>• Palpate pulse rate, and muscle movement, anatomic structures.</li> <li>• Detect safe heat level on various tools, splinting and appliances.</li> </ul>
Fine Motor	Ability sufficient to provide safe and effective care and documentation including operation of equipment.	<ul style="list-style-type: none"> <li>• Write and document legibly</li> <li>• Grasp and pinch</li> <li>• Cut and open containers</li> <li>• Repetitive hand use</li> <li>• Electronic documentation.</li> </ul>
Gross Motor	Gross motor ability sufficient to provide safe and effective patient care. Physical strength to perform all types of patient transfers and lifts from a variety of surfaces and levels.	<ul style="list-style-type: none"> <li>• Stand, bend, stoop, squat, crawl, kneel, reach, balance, sit,</li> <li>• Perform CPR and client evacuation</li> <li>• Use safe body mechanics to lift, push, pull.</li> </ul>
Environmental	Ability to tolerate environmental stressors	<ul style="list-style-type: none"> <li>• Inside and occasional outside</li> <li>• Work with chemicals and detergents</li> <li>• Tolerate exposure to fumes, odors, dust, temperature changes</li> <li>• Work in areas that are close, crowded and noisy</li> <li>• Work in areas of exposure to infectious</li> </ul>

		<p>waste, body fluids, wet or humid conditions</p> <ul style="list-style-type: none"> <li>• Work in areas of potential physical violence</li> </ul>
Communication	<p>Communication ability in English sufficient for appropriate interaction in verbal, written, non-verbal and electronic forms. Open to learn/explore other forms of communication to meet the needs of the consumer. Ability needed for entering, transcribing, recording, storing, or maintaining information in written or electronic form.</p>	<ul style="list-style-type: none"> <li>• Read, understand, write, and speak English</li> <li>• Explain treatment or methods</li> <li>• Demonstrate skills and educate consumers individually or in groups</li> <li>• Validate responses/messages with others</li> <li>• Documentation - manual/electronic</li> <li>• Communicate with people from diverse backgrounds</li> </ul>
Mobility	<p>Ambulatory capability to sufficiently maintain a center of gravity when met with an opposing force as in lifting, supporting, and /or transferring a patient/client.</p>	<ul style="list-style-type: none"> <li>• Propel wheelchairs, and ambulate patients using a gait belt.</li> <li>• Move and obtain patient care equipment.</li> <li>• Aid patients in dressing, bathing, and grooming</li> <li>• Move freely from place to place.</li> </ul>
Cognitive-Perception	<p>The ability to perceive events realistically, to think clearly, rationally and to function appropriately in routine and stressful situations including recognizing that something is wrong.</p>	<ul style="list-style-type: none"> <li>• Attend to multiple priorities in stressful situations</li> <li>• Recognize rapidly changing patient status</li> <li>• Perceive the needs of the client accurately</li> <li>• Receive and interpret information correctly</li> </ul>
Critical Thinking	<p>Analyzing information and evaluating results to choose the best solution and solve problems.</p>	<ul style="list-style-type: none"> <li>• Ability to exercise sound clinical judgment</li> <li>• Ability to apply general rules to specific problems to produce answers that make sense</li> </ul>
Interpersonal	<p>Developing constructive and cooperative relationships with others.</p>	<ul style="list-style-type: none"> <li>• Manage variety of patient expressions in a calm manner</li> <li>• Behave in an ethical manner</li> <li>• Establish rapport</li> </ul>
Activity Tolerance	<p>Ability to tolerate lengthy periods of mental and physical activity over a period of time</p>	<ul style="list-style-type: none"> <li>• Stand and or sit for long periods</li> <li>• Selective attention without distraction</li> <li>• Move or attend frequently</li> </ul>

*Adapted from O\*Net (D.O.T.), Baptist Hospital Health Schools essential functions, various OT/OTA Job analyses and Job descriptions, and Iowa Community College Core Performance Standards.*

Students who feel they do not possess these essential abilities/functions should seek assistance from the Murray State College Academic Advisement Office to determine if a reasonable accommodation of a disability can be met with the program. It is the student's responsibility to

initiate the process and to assist in communication between the faculty and the Academic Advisement Office.

I certify that I have read and that I understand the above essential functions and that I meet each of them, with or without reasonable accommodation.

Print Name: \_\_\_\_\_

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

Date Signed: \_\_\_\_\_

*(Please do not remove this page from your handbook. Provide a signed original form, if not submitted along with your application.)*



**WRITTEN INTERVIEW**

Application Identification # \_\_\_\_\_  
For Office Use Only

**On the following two pages, please answer each of the following questions in the space provided in your own handwriting using black ink:**

1. Describe your experiences and accomplishments during the past year that prepare you for success in the occupational therapy assistant program.

---

---

---

---

---

---

---

---

---

---

2. Give your reasons for choosing occupational therapy and the role of the OTA as your career.

---

---

---

---

---

---

---

---

---

---

3. Describe how you study and your experience with on-line learning.

---

---

---

---

---

---

---

---

4. Describe a stressful event in your life and share how you coped with this event?

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

5. Describe in your own words, the differences between the role of the OT and that of the OTA in regards to education, roles, and responsibilities.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

6. What are your plans should you not be accepted into this program?

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Just some information on grades.

The application is not due until 5/30/2024. Final grades may be already on your transcript for spring 2024 classes. If so, submit a final transcript.

Murray State College classes can be checked online so we do not need the form completed.

**Murray State College  
Allied Health Department**

**MID-TERM GRADE REPORT**

**Student Name:** \_\_\_\_\_

As part of my application to an Allied Health Program at MSC, I must submit my current grades from all courses applicable to the program I am applying. I am required to submit my midterm grades or most current grade available. I am enrolled in the following courses and currently have these grades:

<b>COURSE Number</b>	<b>Course Name</b>	<b>GRADE/Date</b>	<b>INSTRUCTOR SIGNATURE</b>	<b>SCHOOL</b>

*It is the responsibility of the student to complete the name and course information prior to submitting to the instructor for the grade and signature.*