

Wilbur Wright College  
Occupational Therapy Assistant Program  
Application for Program Admission

Date:

FALL 2024

**PERSONAL INFORMATION**

Social Security Number

Name \_\_\_\_\_  
Last First Middle Initial

Maiden name or former name, if any School E-mail address

Address \_\_\_\_\_  
Street

City State Zip Code

Telephone: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City Colleges of Chicago Student ID# \_\_\_\_\_

**EDUCATIONAL HISTORY**

High School \_\_\_\_\_  
Name & Location Date of Graduation

College \_\_\_\_\_  
Name & Location

Dates of Attendance Number of credits earned Degree Awarded

College \_\_\_\_\_  
Name & Location

Dates of Attendance Number of credits earned Degree Awarded

Other Education Or Training \_\_\_\_\_  
Name & Location

Dates of Attendance Number of credits earned Degree/Certificate

**BACKGROUND INFORMATION**

Have you ever applied to this or any Occupational Therapy or Occupational Therapy Assistant Program before?

\_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

**VERIFICATION OF MILITARY SERVICE**

If you are a current/former member of the US Armed Forces, please fill out this section and provide official documentation verifying your service.

Type of service \_\_\_\_\_

Description \_\_\_\_\_

Dates of service \_\_\_\_\_ Rank \_\_\_\_\_

**APPLICANT STATEMENT**

The information provided in this application is accurate to the best of my knowledge and is subject to verification by Wright College. I understand that any fraudulent statements will be grounds to exclude my application from consideration, and if accepted into the program will result in dismissal from the program. I understand that acceptance into the OTA Program is dependent upon my having the necessary prerequisites and other criteria. I also understand that if the total number of candidates applying for the program is larger than can be admitted, that consideration will be given to those candidates who are best qualified.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Send completed application and all documentation NO LATER THAN MARCH 1, 2024\* TO:  
Wilbur Wright College  
Occupational Therapy Assistant Program  
Room L280  
4300 N. Narragansett Avenue  
Chicago, IL 60634**

\*Applications are processed in the order received and will continue through March 1, 2024. Notification of acceptance will be sent after May 15, 2024. If the number of qualified applicants exceeds available space, the program reserves the right to accept the most qualified. Admissions procedures are detailed in the *Application Instructions* document accompanying this application form. **All application materials become the property of the OTA Department once submitted and will not be returned.**

**Verification of Employment in a Medically Related Field**

If you have current or previous work experience in a medically related field, please complete this section. Please be advised that we may contact the institution/supervisor for verification. **Attach a statement that completely describes your duties.**

Institution \_\_\_\_\_

Location \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Job Title \_\_\_\_\_

## PLEASE READ ALL INSTRUCTIONS CAREFULLY

All the required items listed below MUST be submitted together. Packet envelopes may be mailed to the OTA Department or taken to the OTA Department in person. **\*\*Items sent separately will NOT be considered.** \* Individuals who applied for 2023 are required to submit **new letters of recommendation, new observation hours from a different facility, new criminal background check, new "Plan for Success" essay, a new application, and all transcripts.** **You are required to submit all official transcripts, including CCC, regardless of whether you have previously had credits transferred.**

- 1) Completed *Application* form
- 2) All official transcripts (from the Registrar's office in sealed envelopes with a stamp that designates it as "official" or "transcript enclosed")
- 3) Two (2) letters of recommendation
  - a. Use the *Letter of Recommendation* form in this packet
  - b. The form (with or without a narrative letter) is to be in a sealed envelope that the writer signs across the sealed part of the envelope flap.
  - c. You are encouraged to have the writer also attach a narrative letter about why they are recommending you.
  - d. Letters may not be from family or friends.
  - e. Narrative letters must be typed, dated, written on letterhead, signed by writer, and in a sealed envelope (with the form) that writer signs across the seal of the envelope flap.
  - f. References may be verified.
- 4) Interview with an OT or an OTA
  - a. This is required
  - b. Include a typed summary of the interview
  - c. Use the *Interview Evaluation* in this packet. The evaluation must be completed and signed by the interviewee.
  - d. The interviewee must sign his/her name across the seal of the envelope flap.
- 5) Documentation of ten (10) or more hours of observation in an occupational therapy clinical setting (e.g., hospital, school, skilled nursing facility, etc.) with an OTR or a COTA (form in packet).
  - a. This is required
  - b. Evaluations must be signed by the supervising therapist and have the number of completed hours documented on the front page
  - c. The supervising therapist must sign his/her name across the seal of the envelope flap
- 6) Criminal background check results
- 7) "*Plan for Success*" essay and answered *Conflict* and *Prejudice/Bias* questions

To be considered for admission to the OTA program you must have taken OTA 106, "Foundations of Human Occupation", within the past five years at Wright College or be enrolled in it during the spring semester of 2024.

Introductory Occupational Therapy courses taken at other colleges will not be accepted as equivalents.

Note that you must complete each course with a minimum grade of "C" and have a minimum of 3.0 grade point average to be considered for admission to the OTA Program.

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