



## OTA Program Acknowledgement Summary

I have read and understand the conditions for admission to the Occupational Therapy Assistant Program at Parker University. I understand that failure to **complete all** steps of the application process will cause me to be ineligible for admission to and participation in the OTA Program. \_\_\_\_\_ (initials)

I understand I must first be accepted into Parker University prior to submitting an application to the OTA program. I understand positions in the OTA program are limited and acceptance into Parker University does not guarantee acceptance into the OTA program. \_\_\_\_\_(initials)

I have reviewed and understand that I must meet and maintain all established **Technical Standards** for participation in the OTA program with or without reasonable accommodation. I understand it is my responsibility to disclose any limitations that might interfere with meeting these standards. I understand to access disability services I must initiate a request for services and or accommodations with the Office of Student Affairs and complete the eligibility determining process. \_\_\_\_\_(initials)

I understand that if accepted for admission to the OTA program, I will be required to attend the **mandatory OTA orientation** and **Parker University orientation** prior to the start of the semester. I must make arrangements to attend. \_\_\_\_\_(initials)

I understand that the presence of an offense on my **criminal background record** may interfere or negate progression in the OTA program, and that I may not be eligible for OTA licensure in the state of Texas by The Executive Council of Physical Therapy and Occupational Therapy Examiners (ECPTOTE); and/or certification by the National Board for Certification in Occupational Therapy (NBCOT). **Students must reach out to both the certification and licensing agencies to determine eligibility.**

For questions regarding certification eligibility please contact NBCOT: (phone) 301-990-7979 (E-mail) [professional.conduct@nbcot.org](mailto:professional.conduct@nbcot.org) (website) [www.nbcot.org](http://www.nbcot.org)

For questions regarding Texas state licensure eligibility please contact ECPTOTE: (Phone) 512-305-6900 (E-mail) [info@ptot.texas.gov](mailto:info@ptot.texas.gov) (website) <http://www.ptot.texas.gov/page/home>

\_\_\_\_\_ (initials)

It has been explained to me by my Admission Advisor that the **OTA core curriculum** is offered during the **day Monday - Friday** between the hours of **9 a.m. to 3 p.m.** and the hours for the **Clinical Fieldwork experiences** are anytime between **7 a.m. to 6 p.m., Monday – Friday (with a possible Saturday)**. I understand that the days can vary based on the course being offered and I will be provided a semester schedule approximately one month prior to the start of the subsequent semester. \_\_\_\_\_ (initials)

### Fieldwork

The program for which you are applying may require extended travel for clinical fieldwork assignments in the early morning, late evening, and/or Saturdays. I understand that assigned fieldwork sites may be located **out of the DFW area**. Fieldwork experiences are **NOT** paid and **DO NOT** guarantee employment after completion. Are you prepared to meet this requirement? \_\_\_\_\_(initials)

Student fieldwork experiences are intended to optimize student learning, exposure to practice areas/populations, preparation for entry level OTA practice, and support professional development. The OTA program reserves the right to select and designate student fieldwork experiences based on student performance, learning needs, abilities, site requirements and rotation availability. \_\_\_\_\_(initials)

*I certify that the statements made by me on the application are true, complete, and correct. I also understand that I am responsible for submitting all requested transcripts and/or other documents for the completion of the application process.* \_\_\_\_\_(initials)

\_\_\_\_\_  
Student name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Admissions Counselor Signature

\_\_\_\_\_  
Date