

Master of Occupational Therapy
OTA Pathway MOT Application Cover Page

Last Name: _____ First Name: _____

Muskingum ID # _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Cell Phone Number: _____

If no cell phone, reliable phone for contact: _____

Email Address: _____

OTA Institution: _____ Grad Year: _____

Master of Occupational Therapy Program
OTA Pathway Application to the Master of
Occupational Therapy Program

To begin the MOT application process, you will need to:

1. Work with Jennifer Baird to create your OTA Pathway Prerequisite Coursework plan. **Please note:** by submitting this application it is assumed that you are executing a plan that will result in all prerequisite courses being completed prior to the start of MOT classes in the fall. If you are uncertain about this or have questions, please contact Jennifer Baird: jbaird@muskingum.edu Office: 740-826-6151 or Cell/Text 740-630-8134.
2. Review and complete all steps of the *OTA Pathway Application Criteria and Documentation Checklist*.
3. Create your OTA Pathway MOT Application Portfolio accordingly to the following:
 - **Organize your portfolio in the order presented in the Checklist.**
 - Use a 3-prong folder (3-ring binders will not be accepted)
 - Use labeled dividers to separate each section.
 - Use page protectors to organize each item within the sections.
 - Your completed OTA Pathway MOT Application Cover Page should be the first page of your MOT Application Portfolio.
 - Your completed Application Criteria and Documentation Checklist for Steps 1 & 2 should be included as the first item in the appropriate section.
 - Beside each requirement for application or professional engagement there is an indication of what documentation can be used as evidence that you have met the requirement or professional engagement item.
 - Please do not send original licensure or certification documents. Use the look-up systems provided by these agencies to obtain a statement of your status which must have your full name.
 - If you use pay stubs or personnel records to verify hours worked, please black out ID number and amount of pay. We do not need that private information. We need employer verified documents that include **your employer's name, your name, and hours worked.**
 - Work hours and prerequisite courses must be completed by the end of August of the application year. If you are offered a seat in the MOT program, your acceptance will be conditional until all outstanding items are completed. You will not be permitted to start the MOT curriculum if the requirements are not completed
4. Keep copies of anything you send as sometimes deliveries get delayed or lost. Your folders will not be returned to you so having copies for your records may be helpful.

As part of the MOT application process, applicants may be invited to participate in an oral (in-person or virtual) interview with the MOT program director or designees prior to a final decision about admission to the MOT program.

The MOT program at Muskingum welcomes applications at any time, however, to be fully considered for acceptance into the fall cohort, please complete and submit your application portfolio by the due date identified in the Apply area of the MOT webpage.

If you have any questions, please contact Program Director Dr. Kimberly Lawler at klawler@muskingum.edu or 740-826-8466.

The Muskingum University MOT Program has a status of accreditation by the Accreditation Council for Occupational Therapy Education of the American Occupational Therapy Association, located at 6116 Executive Boulevard, Suite 200, North Bethesda, MD 20852-4929 ACOTE's phone is (301)-652-6611 and their website is www.acoteonline.org.

Master of Occupational Therapy
OTA Pathway Application Criteria and Documentation Checklist

Your completed Application Criteria and Documentation Checklist for Steps 1 & 2 should be included as the first item in the appropriate section of your application portfolio. It allows you to verify that you have remembered to include everything and will be used as a review document by the admissions team.

Your completed application documents must be submitted by the due date identified on the MOT webpage under Apply to be considered for admission to the fall cohort. Mail application portfolio to:

Muskingum University
Attn: MOT Program Director
260 Stadium Drive, MH 100
New Concord, Ohio 43762-1837

NOTE: Standard, 2-day, and overnight deliveries are accepted at this address.

Step 1: Preliminary Qualifications

You must first meet each of the following qualifications to be considered for admission to the MOT program. Therefore, no admission points are assigned to these criteria. **Listed in parentheses after each item are descriptors of supporting document(s) you must submit with your application. Failure to submit evidence will mean that your application is incomplete and will not be considered for admission to the MOT program.**

Initial each item as you complete and include in your OTA Pathway MOT Application Portfolio.

1. I am a credentialed OTA, initially certified by NBCOT and currently licensed in my state of residence. (Submit NBCOT certificate or document of initial certification from NBCOT and state license verification document)
2. I have or will have completed all prerequisite courses prior to the start of MOT classes. I understand that each prerequisite course must have been completed with a "C" or better grade. (Submit copy of transcripts from all institutions with prerequisite courses highlighted)
3. I have completed a minimum of 90 semester hours or equivalent of undergraduate coursework credit (Submit copy of transcripts cited above)
4. I have worked as an OTA for the equivalent of one year of full-time (1500 hours) employment within the most recent 60 months. Employer verified documents that include **your employer's name, your name and hours worked are required.**

MUSKINGUM

U N I V E R S I T Y

(Submit document from employer(s) identifying timeframe and number of hours worked that is signed by a company official. If you use pay stubs or personnel records to verify hours worked, please black out ID number and amount of pay.)

5. I have read and signed the MOT Program Applicant Attestation (Submit signed form)

Step 1: Scored Qualifications:

Initial each item as you complete and include in your OTA Pathway MOT Application Portfolio.

Each of the qualifications below is worth a maximum of 100 points for a combined total of 300 points.

- 1) A minimum GPA of 3.0 on a 4.0 scale.
We will use the transcripts you submit to calculate your GPA using your GPA from your OTA education and averaging it with the GPA for all prerequisite courses, regardless of where they were taken. If prerequisite courses were part of courses within the OTA program, those courses will count in both calculations. Scoring: The average GPA will be multiplied by 25 and the total reported as the score for this item.

- 2) A Written Interview.
Please develop and submit typed responses to the five (5) questions presented per instructions on Written Interview Form, each worth a maximum of 20 points.

- 3) Two recommendation assessments.
Each assessment will be worth a maximum of 100 points. *Your score will be the average of the two assessment scores.* The assessments must be completed by:
 - 1) A supervising OT from the past 24 months
 - 2) A community professional (ex: supervisor, volunteer leader, clergy member).
 - 3) If you are reapplying to the MOT program, you must obtain new recommendation assessments.NOTE: Remember that the Recommendation Assessment forms must be mailed directly to the MOT Program Director by your reference. Refer to detailed instructions on Recommendation Assessment form.

Step 2: Professional Engagement Qualifications: Applicant please initial items for which you are providing proof

The following experiences demonstrate a higher level of engagement within the profession and community and may enhance the ability to be successful in the MOT program. You can earn a small number of points by documenting all your relevant experiences.

While these items are NOT REQUIRED for admission to the MOT program, the additional points you may earn through this process will be included in the admission scoring.

I have earned a **bachelor's degree** (Submit copy of transcripts with bachelor's degree awarded)

- 1.5 points for a bachelor's degree in any subject
- 2 points for a bachelor's degree in Occupational Science

I serve/have served in an **organizational leadership role** during the past 36 months (Submit signed official documentation of appointment or election, official documents that show work done while in the role, or a letter on agency letterhead and signed by an agency representative that outlines your leadership role and accomplishments.

- 1 point for a leadership role within the company for which you work
- 1 point for a leadership role in a non-OT agency or organization
- 2 points for a leadership role within an OT agency/organization (not employer)

I have volunteered service to a community agency/organization in a non-leader role during the past 36 months. (Submit signed official documentation from the community organization including: Organization name & address, time log (date & hours, role in activity/event, and total hours volunteered for organization) document signed by an agency representative.)

- 1 point for 10-30 hours
- 2 points for 31-60 hours
- 3 points for over 61-90 hours
- 4 points for over 90 hours

I have been a **member of a professional association** a minimum of 6 months prior to application (Submit documentation with your name and years of membership in association)

- .5 point for state association membership 6 months-2 years
- 1 point for state association membership more than 2 years
- .5 point for AOTA membership 6 months-2 years
- 1 point for AOTA membership 3-5 years
- 1.5 points for AOTA membership 6 or more years

I have demonstrated exceptional commitment to my professional development through continuing education in the past 24 months.

- .5 point for 25-30 hours
- 1 point for 31-35 hours
- 1.5 points for 36 or more hours

Step 3: *Oral Interview* (either in person or virtual)

Candidates may be asked to participate in an oral interview. Oral interviews will be conducted at the discretion of the MOT program director by invitation only. Should such an interview be required, you will be notified by the MOT program director.

Interviews will be conducted by ad hoc committees assembled at the invitation of the MOT program director.

Additional details about the oral interview process will be provided if you are invited to participate in such an interview.

Master of Occupational Therapy APPLICATION FOR ADMISSION

Muskingum University
Graduate & Continuing Studies
260 Stadium Dr., New Concord, OH 43762-1837
PH: 740-826-8038 • FAX: 740-826-6038
www.muskingum.edu • gcs@muskingum.edu

▼ ABOUT YOU

Last Name: _____ First Name: _____ MI: _____ ID#: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Employer: _____ Title: _____

Have you ever been convicted of a felony? Yes No

How would you describe yourself? *(Please check all that apply, if multi-racial, provide percentage for each category checked.)*

<i>Gender</i>	<i>Ethnicity</i>	<i>Race</i>			
<input type="checkbox"/> Female	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> American or Alaskan Native	_____ %	<input type="checkbox"/> Asian	_____ %
<input type="checkbox"/> Male	<input type="checkbox"/> Non-Hispanic/Latino	<input type="checkbox"/> Black or African-American	_____ %	<input type="checkbox"/> White	_____ %
<input type="checkbox"/> X	<input type="checkbox"/> Decline to state	<input type="checkbox"/> Hawaiian or Pacific Islander	_____ %	<input type="checkbox"/> Decline to state	
<input type="checkbox"/> Decline to state					

▼ OTA TRANSCRIPT INFORMATION *(Please list college or university where you earned your OTA)*

<u>Name of College/University</u>	<u>City and State</u>	<u>Degree Earned</u>	<u>Date Earned</u>	<u>GPA</u>
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▼ OTHER COLLEGE/UNIVERSITY TRANSCRIPT INFORMATION *(Please list colleges or universities you've attended)*

<u>Name of College/University</u>	<u>City and State</u>	<u>Degree Earned</u>	<u>Date Earned</u>	<u>GPA</u>
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(Please complete the reverse side of this form)

▼ HAVE YOU SUBMITTED/COMPLETED THE FOLLOWING REQUIRED APPLICATION MATERIALS?

- Official transcripts from all previous colleges and/or universities
- All Preliminary Qualifications
- All Scored Qualifications
- All Professional Engagement Qualifications relevant to your experience

Would you like information about financial aid? Yes No Don't Know

How did you become interested in Muskingum University Graduate and Continuing Studies?

- Referred by friend
- Website
- Google Search
- Social Media
- OT Conference
- Other: _____

Choose  Ohio First



Are you interested in the Choose Ohio First Scholarship in a STEM program?

*Applicants must be an Ohio resident

Yes No

Are you a veteran?

Yes No

I certify that the information provided on this application is complete and correct to the best of my knowledge. I understand that I am responsible for arranging for the forwarding of official transcripts from schools I have attended, and that such transcripts become the property of Muskingum University and will not be returned.

Signature

Date

Availability of Student Records: Muskingum University abides by the Family Educational Rights and Privacy Act of 1974 as amended. All students have access to their education records on file with the College and have the right to challenge records they feel are inaccurate. Further information is available from the Registrar's Office.

Sources of Consumer Information: Graduate academic programs and policies (including costs, fees, refunds, financial aid and accreditation) are described in the Graduate Catalog. Additional information about graduate programs is available from the Office of Graduate and Continuing Studies, and from program directors. Muskingum University, as an educational institution, does not discriminate on the basis of race, color, religion, sex, national or ethnic origin, handicap, physical challenge, disability, sexual orientation, socio-economic status and political affiliation.

Muskingum University Annual Crime Statistics Disclosure: This report includes statistics for the previous three years concerning reported crimes that occurred on campus; in certain off-campus buildings or property owned or controlled by Muskingum University; and on public property within, or immediately adjacent to and accessible from, the campus. The report also includes institutional policies concerning campus security, such as policies concerning alcohol and drug use, crime prevention, the reporting of crimes, sexual assault, and other matters. You can obtain a copy of this report by contacting Campus Police or by accessing the following website: <http://www.ope.ed.gov/security/index.aspx>.

Questions? Call 740-826-8038.

Master of Occupational Therapy Program Recommendation Assessment Instructions and Form

The student named below is applying for admission to the Master of Occupational Therapy Program at Muskingum University. Students applying to this program are required to have recommendation assessments from 1) their supervising OT, and 2) a community professional. This student has requested that you act as his/her professional reference. Please complete Section II of this form as thoroughly as possible and return Sections I & II of the form to the Occupational Therapy Program at the address provided. **Seal the form in the envelope and sign the flap of the envelope across the seal.** Mail the document to: Muskingum University, Attn: MOT Program Director, 260 Stadium Drive, MH 100, New Concord, Ohio 43762-1837

The purpose of this reference form is to gain information on skills and abilities desirable for students planning a career in occupational therapy at the professional level. Information from this reference will be one of several factors used in determining the student's qualifications for the Master of Occupational Therapy Program.

SECTION I. APPLICANT TO COMPLETE THIS SECTION AND FORWARD WITH RECOMMENDATION ASSESSMENT FORM TO REFERENCE

OTA Pathway Applicant Alternative Pathway Applicant

Potential Student's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I ____ do ____ do not waive my rights to review this reference form at some future time

Signature: _____ Date: _____

I am requesting that the following person complete a recommendation assessment on my behalf:

Reference Name (Please print): _____

Title: _____ Company/Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

SECTION II: Recommendation Assessment Form

Professional Reference Completes: Please circle a rating for each item below. Do not leave any items blank/unrated. Not Applicable (N/A) or don't know do not count against the applicant. Provide an explanation (on next page) regarding any items rated as 1 or 5. If you use the "N/A or don't know" rating, explain why the item is not applicable to the applicant or facility. Return directly to MOT Program Director per instructions on first page.

Scoring Guide:

5= a minimum of 95% of the time 4= 3 = a minimum of 80% of the time 2 = 1 = less than 75% of the time
 at least 90% of the time at least 75 % of the time

Applicant's Name: _____						
Professional Behaviors – Does the applicant:						
Positive Attitude and Flexibility						
Fosters helpful communication	5	4	3	2	1	N/A or don't know
Ability to adapt to change	5	4	3	2	1	N/A or don't know
Managing stressors	5	4	3	2	1	N/A or don't know
Pleasant demeanor	5	4	3	2	1	N/A or don't know
Professional Communication Skills						
Uses proper grammar	5	4	3	2	1	N/A or don't know
Monitors and appropriately uses nonverbal communication	5	4	3	2	1	N/A or don't know
Handles conflict constructively	5	4	3	2	1	N/A or don't know
Uses assertive communication when necessary	5	4	3	2	1	N/A or don't know
Teamwork						
Knows and tries to achieve team goals	5	4	3	2	1	N/A or don't know
Anticipates the needs of others	5	4	3	2	1	N/A or don't know
Works well in groups	5	4	3	2	1	N/A or don't know
Shares or pools resources	5	4	3	2	1	N/A or don't know
Keeps others informed	5	4	3	2	1	N/A or don't know
Respects diversity	5	4	3	2	1	N/A or don't know
Personal Responsibility						
Seeks out learning opportunities	5	4	3	2	1	N/A or don't know
Is aware of strengths and weaknesses	5	4	3	2	1	N/A or don't know
Volunteers for additional responsibilities	5	4	3	2	1	N/A or don't know
Is punctual	5	4	3	2	1	N/A or don't know
Demonstrates initiative	5	4	3	2	1	N/A or don't know
Asks questions when in doubt	5	4	3	2	1	N/A or don't know
Modifies performance after feedback	5	4	3	2	1	N/A or don't know
Has good attendance	5	4	3	2	1	N/A or don't know
Organization skills						
Maintains neat and orderly workspace	5	4	3	2	1	N/A or don't know
Is timely	5	4	3	2	1	N/A or don't know
Organizes assignments and duties	5	4	3	2	1	N/A or don't know

Signature: _____ Print Name: _____ Date: _____

Explanations/Comments:

Positive Attitude and Flexibility	
Fosters helpful communication	
Ability to adapt to change	
Managing stressors	
Pleasant demeanor	
Professional Communication Skills	
Uses proper grammar	
Monitors and appropriately uses nonverbal communication	
Handles conflict constructively	
Uses assertive communication when necessary	
Teamwork	
Knows and tries to achieve team goals	
Anticipates the needs of others	
Works well in groups	
Shares or pools resources	
Keeps others informed	
Respects diversity	
Personal Responsibility	
Seeks out learning opportunities	
Is aware of strengths and weaknesses	
Volunteers for additional responsibilities	
Is punctual	
Demonstrates initiative	
Asks questions when in doubt	
Modifies performance after feedback	
Has good attendance	
Organization skills	
Maintains neat and orderly workspace	
Is timely	
Organizes assignments and duties	

Master of Occupational Therapy Program
OTA Pathway Written Interview

INSTRUCTIONS:

Please answer the following questions by submitting carefully composed responses that are thorough, accurate, thoughtful, use professional terminology, and follow rules of professional writing.

Please be sure to do the following:

- Include the question you are answering with each response
- Limit each reply to no more than 250 words (If word limits are exceeded, point deductions will apply)

QUESTIONS:

1)What personal strengths will you contribute to the MOT program and fellow students, should you be accepted?

2)Explain the differences between the role(s) of the OT and OTA? How are they different yet interrelated?

3)Within the OT role you described in question 2, what do you most look forward to doing, and why?

4)What specific ways do you envision occupational therapy having a role(s) in overcoming the opioid epidemic?

5) What leadership skills and experiences will you use to help the OT profession realize Vision 2025?

- The American Occupational Therapy Association has established the following Vision for 2025:

“As an inclusive profession, occupational therapy maximizes health, well-being, and quality of life for all people, populations, and communities through effective solutions that facilitate participation in everyday living.”

MOT Program Applicant Attestation

Please initial each item to indicate your understanding and agreement with the requirements:

___ I understand that successful participation in the MOT program includes meeting technology requirements such as:

- Consistent and reliable access to the internet daily to complete assignments, collaborative learning experiences, and otherwise support distance education.
- Consistent access to Muskingum University email daily
- Access to the Muskingum University Learning Management System (LMS) daily
- Use of Microsoft 365 provided by Muskingum University

___ I understand successful participation and completion of the MOT program requires 18 on-campus weekends that require me to travel to New Concord, Ohio.

___ I understand that Level II Fieldwork is a collaborative process with the Academic Fieldwork Coordinator. I understand that I may not be placed in the location or practice setting of my choosing and that it may be necessary for me to travel 90 miles or more from my home location for fieldwork.

___ I understand that I must become and/or maintain an AOTA student membership throughout the MOT Program.

Please print your name, add your signature, and date to finalize your MOT Program Applicant Attestation:

Student Name _____

Signature _____

Date _____