

# Kapi`olani Community College OCCUPATIONAL THERAPY ASSISTANT PROGRAM APPLICATION

**Application Period:** April 1 – May 31

# APPLICATION SUBMISSION PROCEDURES

<u>Directions</u>: Submit this program application with all required documents to the Health Careers Counseling Center via UH File Drop by the posted deadline. *We will not be accepting in-person applications*.

# To use UH File Drop follow the directions below:

- 1. Scan application and all supporting documents
  - a. If you do not have access to a scanner, use a free smartphone app like *Scannable* or *Scanner Pro* or *Cam Scanner*. Save your application and all supporting documents in PDF format.
- 2. From any web browser, go to <a href="https://www.hawaii.edu/filedrop">https://www.hawaii.edu/filedrop</a>
- 3. Log in as a UH User or Non-UH user (Non-UH Users will be sent a verification email, click on the link in the email)
  - a. In the recipient field, type: hlthsci@hawaii.edu
  - b. Click in the drop down menu in the expiration timer, change it to 14 days
  - c. In the "Optional Message" field, enter FULL NAME and the PROGRAM you are applying to
  - d. After you've completed the <u>Recipient</u> field, extended the <u>expiration timer</u>, typed in the <u>Optional</u> <u>Message</u>, click Proceed.
  - e. Click the Choose File button to browse for your application and supporting documents.
    - i. If you upload your documents in different files (i.e. application, transcripts, etc), please write a description of the file in the Description box.
  - f. Click the Start Upload button.
  - g. You will be redirected to a confirmation page with the link to your uploaded file. You're finished.

Please contact us at hlthsci@hawaii.edu or 808-734-9224 if you have any questions or need assistance with these application submission procedures.



# Kapi`olani Community College OCCUPATIONAL THERAPY ASSISTANT PROGRAM APPLICATION

**Application Period:** April 1 – May 31

<u>Directions</u>: Please complete each item by typing directly into the fields or neatly printing on a hardcopy, and submit this application with all required documents to the Health Careers Counseling Center via <u>UH File Drop</u> by the posted deadline. If the application deadline falls on a weekend or recognized holiday, applications will be accepted on the following business day.

| APPLICA                 | NT INFORMATION                            |                               |                      |                 |   |
|-------------------------|---|-------------------------------|----------------------|-----------------|---|
| Name:                   |   |                               |                      |                 | Number/Username   |
|                         | Last Name                                 | First Name                    | ľ                    | M.I.            |   |
| Phone:                  | Cell                                      |                               | Home                 |                 |   |
| PREFER                  | RRED Email Address:                       |                               |                      |                 |   |
|                         | INCD Elliali Address.                     | List regularly che            | cked email add       | ress as all adn | nission decisions will be emailed to this address   |
| List othe<br>Notify the | er name(s) used on de KCC Kekaulike Infor | ocuments:<br>mation & Service | Center regard        | ding other nar  | mes used on college documents.  |
|                         | SIONS CHECKLIST                           | _                             | anom Inform          | ation Cossion   | a within one year of the application deadline   |
| 1.                      | Auena a Manc                              | iatory OTA Pro                | gram iniorm          | ation Session   | n within one year of the application deadline.  |
|                         | Date Attended:                            | /                             | /                    | (Month /        | Day / Year)   |
| 2.                      | Complete steps (http://apply.ha           |                               | apCC student         | t if currently  | not a student of the UH System  |
| 3.                      | Complete prer                             | equisite courses              | with a "C" gr        | ade or higher   | by the application deadline.  |
| 4.                      | Meet minimun                              | n prerequisite G              | <b>PA</b> of 2.75 or | higher by the   | e application deadline.   |
| 5.                      | Meet minimun                              | ı KCC cumulati                | ve GPA of 2.         | 0 or higher by  | y the application deadline.   |
| 6.                      | HLTH 290 and                              | PHYL 141/142/1                | 141L/142L are        | no older tha    | an 5 years old by the application deadline.   |
| 7.                      | Print out and sub                         | omit unofficial tra           | anscripts for al     | l course work   | the University of Hawai'i System if applicable k WITHIN the UH System and highlight all inscripts from STAR |
| 8.                      | applicable. If to                         |                               | es from institu      |                 | of the University of Hawai'i System if the UH System, please list the institution and                       |
|                         | • Institution: _                          |                               |                      | _ Transcrip     | t Request Date:   |
|                         | • Institution: _                          |                               |                      | _ Transcrip     | nt Request Date:  |
|                         | • Institution: _                          |                               |                      | _ Transcrip     | ot Request Date:  |



My external transcripts <u>have been evaluated</u> by KCC. Attach your transfer course report from STAR (<u>star.hawaii.edu</u>) and highlight all qualification courses.

My external transcripts <u>have not been evaluated</u> by KCC. Submit unofficial copies with this application, send official copies to the KCC Kekaulike Information & Service Center, complete online **Request for Transcript Evaluation Form**( <a href="https://go.hawaii.edu/y6x">https://go.hawaii.edu/y6x</a>). To complete this form, you must log in with your UH Email account.

| 0  | C 1 - 4 - N | f Dl     | T:4: - 4:    |
|----|-------------|----------|--------------|
| 9. | Complete M  | IV FIAII | Illilliative |

10. **Interview and Writing Sample:** After submitting your completed application, candidates may be invited to participate in an interview with the Occupational Therapy Assistant Admissions Committee. *Not all applicants may be invited for an interview.* If you qualify for an interview, you will be contacted by the OTA Program to notify you when the interview will be held. A writing sample is required as part of the application and will be administered on the same day as the interview.

(initial)

#### **APPLICANT CERTIFICATIONS:**

I certify that the answers and responses provided for all of the items on this Admission Application/Check List are true to the best of my knowledge and belief. I understand that providing incorrect or false information will subject me to the requirements and/or discipline measures as provided under the University's Student Conduct Code. I understand that if I am not accepted into the program of application, I must submit a new application and all required documents for any subsequent semester. I also allow KISC to change my major and home institution if I am accepted into the OTA program. I understand that if I am not accepted into the OTA program, my home institution and major will not change.

"Health care students are required to complete University prescribed academic requirements that involve practice in a University affiliated health care facility setting with no substitution allowable for the completion required clinical practice. Failure of a student to complete the prescribed clinical practices shall be deemed as not satisfying academic program requirements. It is the responsibility of the student to satisfactorily complete any criminal background checks and drug testing that may be required by the affiliated health care facility to which he/she is assigned for clinical practice in accordance with procedures and timelines as prescribed by that affiliated health care facility."

|            | otification that a criminal background check linical practice is required for completion of       | and drug test may be required for entry into clinical this program (please initial) |
|------------|---|---|
| 1 .        | n is given to <u>Hawai'i State residents for tuit</u><br>been accommodated per Board of Regents P | ion purposes and that non-residents will be considered olicy (please initial)       |
| Print Name | Signature   | Date  |

# **EXAMPLE** of how to complete the application:

| u These are the requirements $ u$   | u Tell us what class you took to meet each requirement $ u$ |                   |                                       |                              |                       | Circle  |
|-------------------------------------|---|-------------------|---------------------------------------|------------------------------|-----------------------|---------|
|                                     | Course<br>Alpha   | Credits<br>Earned | Semester &<br>Year you took<br>course | Institution<br>Name          | Grade                 | Points  |
| RADIOLOGIC TECHNOLOGY PREREQUISITES |   |                   |                                       |                              | A B C<br><b>↓ ↓ ↓</b> |         |
| ENG 100 Composition 1 (3cr)         | WRI 1100  | 3.0               | Fall 2011                             | Hawaii Pacific<br>University | В                     | 3 (2) 1 |



KCC GPA Verified:

#### Health Sciences Department

#### **CRITERION FOR ACCEPTANCE:**

Qualification is based on scores for completed prerequisite course grades, scheduled personal interview, and essay. Selection is based on total qualifying scores in rank order from the highest score until admission quota is met for the Occupational Therapy Assistant program.

| Prerequisite Courses  Must be completed by application deadline.  | Course<br>Alpha | Term of<br>Completion | Where Completed (i.e., Institution) | Grade/<br>Credits | Points ABC |     |   |
|---|-----------------|-----------------------|-------------------------------------|-------------------|------------|-----|---|
| ENG 100 Composition I (3)   |                 |                       |                                     |                   | 3          | 2   | 1 |
| MATH 100 <b>OR</b> higher (3)   |                 |                       |                                     |                   | 3          | 2   | 1 |
| PHYL 141 Human Anatomy & Physiology I (3)  *5 year time limit*  |                 |                       |                                     |                   | 3          | 2   | 1 |
| PHYL 142 Human Anatomy & Physiology II (3)  *5 year time limit*   |                 |                       |                                     |                   | 3          | 2   | 1 |
| PHYL 141L Human Anatomy & Physiology I Lab (1)  *5 year time limit*   |                 |                       |                                     |                   | 3          | 2   | 1 |
| PHYL 142L Human Anatomy & Physiology II Lab (1)  *5 year time limit*  |                 |                       |                                     |                   | 3          | 2   | 1 |
| HLTH 118 Therapeutic Interpersonal Skills (3)   |                 |                       |                                     |                   | 3          | 2   | 1 |
| HLTH 290 Kinesiology (2)  *5 year time limit*   |                 |                       |                                     |                   | 3          | 2   | 1 |
| HLTH 290 Kinesiology Lab (1)  *5 year time limit*   |                 |                       |                                     |                   | 3          | 2   | 1 |
| Overall Pre-requisite GPA:  Your grade point average (GPA) is calculated by dividing the total amount of grade points earned by the total amount of credit hours attempted. |                 |                       |                                     | 4                 | 3 :        | 2 1 |   |
| TOTAL POINTS (out of a max of 31)   |                 |                       |                                     |                   | /;         | 31  |   |
| Application Summary: For office use only  Date Received: Counselor's Initials: Application Complete: HI Resident: Y N   |                 |                       |                                     |                   | 1          |     |   |

Kapi'olani Community College, Health Sciences and Emergency Medical Services Departments
4303 Diamond Head Road, Kauila 106 ◆ Honolulu, Hawai'i 96816-4421 ◆ Telephone: (808) 734-9224
Website: www.kapiolani.hawaii.edu
An Equal Opportunity/Affirmative Action Institution

The Kapi<sup>\*</sup>olani Community College Occupational Therapy Assistant Program is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA). Address: 6116 Executive Boulevard, Suite 200; North Bethesda, MD 20852-4929. Telephone (c/o AOTA) (301) 652-2682. Web address: www.acoteonline.org



# Kapi`olani Community College MY PLAN Self – Assessment

The My Plan Self-Assessment is a counseling tool for prospective healthcare majors to help you identify and better understand your career pathway, strengths, and areas of focus. Working in healthcare requires a combination of academic and professional knowledge and skills and a commitment to public service. As you plan, find ways to make your strengths shine and to improve your weaker areas. Please complete this self-assessment by marking the appropriate boxes. All response are voluntary. This assessment does not affect your eligibility for admission. This assessment and is used for all ten Health Academic programs, therefore there may be some statements that do not apply to your specific program.

| Knowledge of the Profession                               | Below Expectations | Meets<br>Expectations | Exceeds<br>Expectations |
|---|--------------------|-----------------------|-------------------------|
| Identified career goals in my health pathway              | 0                  | 0                     | 0                       |
| Identified career alternatives in my health pathway       | 0                  | 0                     | 0                       |
| Relevant experience – by volunteer experiences            | 0                  | 0                     | 0                       |
| Relevant experience – by servicing learning experience    | ces O              | 0                     | 0                       |
| Relevant public service – by paid work experiences        | 0                  | 0                     | 0                       |
| Understand "professional qualities" of health pathway     | (s) O              | 0                     | 0                       |
| Understanding of current healthcare issues                | 0                  | 0                     | 0                       |
| Comfort with bodily fluids or personal patient care       | 0                  | 0                     | 0                       |
| Comfort with illness                                      | 0                  | 0                     | 0                       |
| Comfort with injury                                       | 0                  | 0                     | 0                       |
| Comfort with death  | 0                  | 0                     | 0                       |
| Comfort with physical contact with people                 | 0                  | 0                     | 0                       |
| Ability to multitask and adapt to change                  | 0                  | 0                     | 0                       |
| Ability to accept constructive feedback                   | 0                  | 0                     | 0                       |
| Ability to handle occupational crises, challenges or pro- | oblems O           | 0                     | 0                       |
| Ability to move forward to achieve the goals and outco    |                    | 0                     | 0                       |
| Ability to follow safety guidelines and standards of pra  | ictice O           | 0                     | 0                       |

| Personal Characteristics                               | Below<br>Expectations | Meets<br>Expectations | Exceeds Expectations |
|--|-----------------------|-----------------------|----------------------|
| Demonstrate commitment to public comics                |                       |                       | 0                    |
| Demonstrate commitment to public service               | Ō                     | Ō                     | Ū                    |
| Demonstrate empathy/altruism                           | 0                     | 0                     | 0                    |
| Demonstrate moral/ethical integrity                    | 0                     | 0                     | 0                    |
| Demonstrate emotional maturity                         | 0                     | 0                     | 0                    |
| Demonstrate good interpersonal relationships           | 0                     | 0                     | 0                    |
| Accept responsibility                                  | 0                     | 0                     | 0                    |
| Ability to work independently to achieve the goal/task | 0                     | 0                     | 0                    |
| Collaborate and teamwork to achieve the goal/task      | 0                     | 0                     | 0                    |
| Accept and demonstrate leadership                      | 0                     | 0                     | 0                    |
| Be dedicated/hard-working healthcare practitioner      | 0                     | 0                     | 0                    |
| Committed to life-long learning                        | 0                     | 0                     | 0                    |



# Kapi`olani Community College MY PLAN Self-Assessment

| Academic Strength                                      | Below<br>Expectations | Meets<br>Expectations | Exceeds<br>Expectations |
|--|-----------------------|-----------------------|-------------------------|
| +Completed prerequisites of health program of study    | 0                     | 0                     | 0                       |
| +Completed support courses of health program of stu    | ıdy O                 | 0                     | 0                       |
| Achieved minimum cumulative GPA for program entr       | y O                   | 0                     | 0                       |
| Achieved prerequisite course GPA for your program      | entry O               | 0                     | 0                       |
| Effective verbal and nonverbal communication skills    | 0                     | 0                     | 0                       |
| Ability to utilize technology effectively for learning | 0                     | 0                     | 0                       |

|   | Below<br>pectations | Meets<br>Expectations | Exceeds<br>Expectations |
|---|---------------------|-----------------------|-------------------------|
| Established support for transportation to externships       | 0                   | 0                     | 0                       |
| Established support for financial assistance prior to entry | 0                   | 0                     | 0                       |
| Established support for nonacademic responsibilities        | 0                   | 0                     | 0                       |
| Established support for personal and time management sk     | ills O              | 0                     | 0                       |
| Established support for continuous professional learning    | 0                   | 0                     | 0                       |
| Established opportunities to balance personal, family, & so | chool O             | 0                     | 0                       |
| Established support for campus and community resources      | 0                   | 0                     | 0                       |

<sup>+</sup>As required for program entry and graduation or meet other requirements as directed for program admissions.

The University of Hawai'i does not discriminate on the basis of race, sex, age, color, national origin, or disability. For inquiries regarding our nondiscrimination policies, please contact the Kapiolani Community College designees:

Deneen Kawamoto, ADA Coordinator for Students Office: 'Ilima 107 (808) 734-9522; <a href="mailto:deneenk@hawaii.edu">deneenk@hawaii.edu</a>

UHCC offers Career and Technical Education (CTE) Programs of Study leading to Associate of Science (AS) and Associate of Applied Science (AAS) degrees, as well as postsecondary certificates, in career fields such as arts and communications, business, health careers, industrial and engineering technology, natural resources, and public and human services.

For more information, visit our website at <a href="http://uhcc.hawaii.edu/programs/index.php">http://uhcc.hawaii.edu/programs/index.php</a>.

UHCC applies an open access policy, with program admission based upon the completion of applicable course/testing prerequisites. The lack of English skills will not be a barrier to admission and participation in CTE programs.