Welcome to the Occupational Therapist Centralized Application Service for the 2013-2014 Cycle.

Select the "Create New Account" button to begin your application or enter your username and password to log back into your current OTCAS application.

Read all OTCAS and program-specific instructions in order to properly complete the application process, including the submission of transcript, references, test scores, OT observations hours, essay, supplemental materials, and other important items.

---

**Application > Create New Account**

- **Required Information**

### User Information

- **Title:** (e.g., Dr., Mr., Ms., Mrs., Mssrs.)
- **First Name:**
- **Last Name:**
- **Middle Name:**
- **Suffix (Jr., IV etc.):** (e.g., Jr., Sr., II, III, etc.)
- **Email Address:**
- **Confirm Email Address:**

It is recommended that you do not use an .edu address when creating your account. Institution filters may prevent important emails from being received.

### Account Information

- **Username:** Please choose a username that is between 5 and 15 characters long.
- **Password:** Please choose a password that is 6 to 15 characters long. Passwords are Case Sensitive.
- **Confirm Password:**
- **Security Question:** What was your childhood nickname?
- **Security Answer:**

Do not forget to like us on Facebook and Follow us on Twitter for up to date information and important tips by clicking the following buttons:
**Biographic Information**

- Required Information

### General Information

- **Prior/Alternate Last Name:**
  
- **Prior/Alternate First Name:**
  
- **Preferred Address:**
  - Current Address
  - Permanent Address

### Current Mailing Address

- **Current Mailing Address Until:**
  
- **Street Address Line 1:**
  
- **Street Address Line 2:**
  - (e.g., apt #)

### City:

### State/Province:

### County/Region/District:

### ZIP/Postal Code:

### Country or Territory:

### Current Phone and Email

- **Day Phone Number:**
  
- **Evening Phone Number:**
  
- **Cell Phone Number:**
  
- **Email Address:**
  - kowen@persion-int.com

### Fax:

- (300-999-9999)
## Permanent Address

Check if Permanent Address is the same as the Preferred Mailing Address: [ ]

<table>
<thead>
<tr>
<th>Street Address Line 1:</th>
<th>Foreign Applicants must provide their international address which will be the applicant's permanent address.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address Line 2:</td>
<td>(e.g., apt #)</td>
</tr>
<tr>
<td>Street Address Line 3:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td></td>
</tr>
<tr>
<td>State/Province:</td>
<td>(select &quot;No State&quot; if not applicable)</td>
</tr>
<tr>
<td>County/Region/District:</td>
<td></td>
</tr>
<tr>
<td>ZIP/Postal Code:</td>
<td></td>
</tr>
<tr>
<td>Country or Territory:</td>
<td></td>
</tr>
<tr>
<td>Permanent Phone Number:</td>
<td>(388-999-8989)</td>
</tr>
<tr>
<td>Extension:</td>
<td></td>
</tr>
</tbody>
</table>

- Preferred Phone Number:  
  - Current Day Phone  
  - Current Evening Phone  
  - Cell  
  - Permanent Phone

## Application > Personal Data

### Legal State of Residency

- Permanent/Legal State of Residency: [ ]
- Number of Years Residing in State: [ ]
- If Less Than or Equal to One (1) Year, Previous State of Residency: [ ]

### Citizenship

- Current Citizenship/Residency Status:  
  - US Citizen  
  - US Permanent Resident  
  - Foreign Citizen  
  - Other Eligible Non-citizen

- Country of Citizenship: [ ]
- If Foreign Citizen, Type of Visa: [ ]
- Is English your native language? [ ] Yes [ ] No
<table>
<thead>
<tr>
<th>Place of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>State:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Country:</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/YYYY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Decline to State</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity and Race</th>
</tr>
</thead>
</table>

**Do you consider yourself to be of Hispanic origin?**
- Yes, Spanish/Hispanic/Latino/Latina
  - Please check all that apply below:
    - Cuban
    - Mexican, Mexican American, Chicano/Chicana
    - Puerto Rican
    - South of Central American
    - Other Spanish culture or origin
  - If Other, please specify: [ ]
- No, not Spanish/Hispanic/Latino/Latina

**Which of the following best describe your race?**
- Please mark one or more races.
  - American Indian or Alaska Native
    - Please specify the name of your enrolled or principal tribe: [ ]
  - Asian
    - Please check all that apply below:
      - Asian Indian
      - Cambodian
      - Chinese
      - Filipino
      - Japanese
      - Korean
      - Malaysian
      - Pakistani
      - Vietnamese
      - Other Asian
    - If Other, please specify: [ ]
  - Black or African-American
  - Native Hawaiian or Other Pacific Islander
    - Please check all that apply below:
      - Guamanian or Chamorro
      - Native Hawaiian
      - Samoan
      - Other Pacific Islander
    - If Other, please specify: [ ]
  - White
  - Other
### Miscellaneous

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do You Have U.S. Military Experience?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have You Previously Enrolled in a Occupational Therapy Degree Program?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, specify college or school of Occupational Therapy:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you eligible to return to the Occupational Therapy degree program?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Application > Background Information

- **Required Information**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were you ever the recipient of any action (e.g., dismissal, disqualification, suspension, probation etc.) by any college or university for unacceptable academic performance or conduct violations?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you answered "Yes" to the previous question, enter an explanation in the box below. Include 1) a brief description of the incident, 2) specific charge made, 3) consequence, and 4) a reflection on the incident and how the incident has impacted your life.

If you answer "Yes", you will not automatically be disqualified from admission to an OT degree program. OT colleges and schools understand that many individuals learn from the past and emerge stronger as a result. Full disclosure will enable OT programs to more effectively evaluate this information within the context of your credentials. If you fail to provide accurate information when answering this question, you may jeopardize your application.

(600 character limit, including spaces)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever been convicted of a felony?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you have a pending felony charge on which you are convicted after submission of your OTCAS application, you must notify your designated OT institutions directly. Do not contact OTCAS.

OTCAS requires you to report any felony convictions. You may also be required to report one or more of the following types of records directly to your designated OT schools with details about the judgments or disciplines:

- Misdemeanor convictions
- Arrests for misdemeanors and felonies
- Adjudication withheld
- Nolo contendere
- Plea bargain
If you answered “Yes” to the previous question, enter an explanation in the box below. Include:
1) a brief description of the incident and/or arrest, 2) specific charges made, 3) consequences, and 4) a reflection on the incident and how the incident has impacted your life.

Full disclosure will enable OT programs to more effectively evaluate this information within the context of your credentials. If you fail to provide accurate information when answering this question, you may jeopardize your application. Applicants who are convicted of a felony after submission of their completed OTCAS application must inform their designated OT colleges and schools that an action has occurred.

Contact your designated OT institutions to determine if a felony conviction will prevent you from obtaining a license to practice occupational therapy in a particular state.

(800 character limit, including spaces)

Application > Secondary (High) School
- Required Information

Secondary (High) School

Name of High School/Secondary School: Enter Home-Schooled, if applicable

Month of Graduation (or Completion of GED):

Year of Graduation (or Completion of GED):

City:

State: Select “No State” if not applicable

Application > Tests

If any of the tests listed below are required by your selected Occupational Therapy schools, be certain to have your official score(s) released directly to your designated Occupational Therapy schools. Review school admission requirements and full OTCAS instructions.

Please provide information about the tests you have taken or plan to take, including:

- ACT
- GRE
- SAT
- TOEFL
- MAT

Click on Add New Entry button above to add a Test.
Application > GRE

If you do not accurately enter your GRE scores or enter planned test dates, you may jeopardize your chances for acceptance to those programs that require the GRE for admission.

- Required Information

**VIEW LIST**

| Status: | ○ Planned
    ○ Taken |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Months:</td>
<td></td>
</tr>
<tr>
<td>Year:</td>
<td></td>
</tr>
<tr>
<td>Verbal:</td>
<td></td>
</tr>
<tr>
<td>Verbal Percentile:</td>
<td></td>
</tr>
<tr>
<td>Quantitative:</td>
<td></td>
</tr>
<tr>
<td>Quantitative Percentile:</td>
<td></td>
</tr>
<tr>
<td>Analytical Writing:</td>
<td></td>
</tr>
<tr>
<td>Analytical Writing Percentile:</td>
<td></td>
</tr>
</tbody>
</table>

**APPLICATION > Institutions Attended**

- Required Information

**VIEW LIST**

Find a College

Enter name of non-U.S. Not Listed US/Canadian institutions if applicable:

Country of Institution:

Is This the Primary College or University You Attended?:
    ○ Yes
    ○ No

Your primary institution is the college or university where you will earn (or have earned) your first bachelor's degree. If no degree is planned, select the institution where you completed the majority of your undergraduate courses.

Attendance Date From:
    Enter start month
    Enter start year

Attendance Date To:
    Enter end month
    Enter end year
Application > Session Information

- Required Information

Institution Attended

<table>
<thead>
<tr>
<th>College</th>
<th>State</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOSTON COLLEGE</td>
<td>Massachusetts</td>
<td>September 2000</td>
<td>May 2004</td>
</tr>
</tbody>
</table>

Degree: No Degree
If no Degree select "NO DEGREE"

Degree, if other:

Degree Status:

Date Degree Earned or Anticipated:
Month
Enter month Degree earned or expected, if applicable

Year
Enter year Degree earned or expected, if applicable

Major for Degree:

1st Major, if other:

Second Major for Degree:

Minor for Degree:

2nd Major or Minor, if other:

Application > Session Information

- Required Information

Name of College or University

You must first complete the Colleges and Universities section

Academic Status

Select your student registration status during this term

Term

Term Type

Session Status

Completed
Completed-In-Progress

Year Session Began

 Saye  Cancel
Sample Application Only

Application > Completed Academic Coursework

- Required Information

VIEW COURSE LIST

Session/Term Information

<table>
<thead>
<tr>
<th>College/University</th>
<th>Academic Status</th>
<th>Term</th>
<th>Term Type</th>
<th>Session/Term Information Status</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Gr (Graduate)</td>
<td>Fall</td>
<td>Semester</td>
<td>Completed</td>
<td>2010</td>
</tr>
</tbody>
</table>

Course Title

Course Prefix and Number

Course Subject

Course Type

If the course lab and lecture are listed separately on your transcript, you must list them separately on your application.

Grade As It Appears on the Transcript

Click here to input grades

Grade using OTCAS conversion table

Click here for the OTCAS conversion table

Numeric Value of OTCAS Grade

Number of Credit Hours

Special Classification

Not Applicable

[SAVE]  [CANCEL]
Application > Activities, Accomplishments and Recognitions

The response you type will appear in your application exactly as you type it. Using all capital letters or not capitalizing properly does not present a professional image to your application.

Select an option from the drop down list and click on “Add New Entry” to create a list of your activities, accomplishments & recognitions. If you are unsure of the procedures on completing this section of the OTCAS Application please revisit the instructions or click on “Instructions For This Section”. Once your application has been submitted, you WIL NOT be able to make corrections to this section.

Provide information about activities, accomplishments & recognitions, including:

- OT and Health Related Volunteer, Observation and Service Experiences (limit 10)
- Non-OT Volunteer and Service Experiences (limit 10)
- Work Experience (limit 10)
- Professional Licenses & Certifications (limit 5)
- Internships (limit 10)
- Leadership Experience (limit 10)
- Extra-Curricular Activities (limit 5)
- Publications, Presentations & Posters (limit 10)
- Honors, Awards, Recognitions & Special Achievement (limit 10)
- Research Experience (limit 10)
- Teaching/Tutoring (limit 10)
- Other Activities or Accomplishments

Application > OT and Health Related Volunteer, Observation and Service Experiences

- Required Information

Title:

Description of Experience:

Total Hours at time of application:

Start Date From:

End Date To:

(Month)  
(Year)
Application > Professional Licenses And Certifications

- Required information

License or Certificate Title: 
License Number: 
Issuing Organizations: 
Date Issued: (Month) (Year)
Expiration Date: (Month) (Year)

Application > Occupational Therapy Observation Hours

Enter the contact information for a licensed occupational therapist who supervised you during your OT observation hours, if OT experience is required by one or more of your designated OT programs. If you are a occupational therapy assistant, enter your paid OT experience in this section. (Paid experience may or may not be accepted by your designated OT programs).

See the instructions for this section for additional information on completing the required information.
OTCA3 will not determine if you met the minimum observation requirements for your designated OT programs. Review the OTCA3 Directory pages for program-specific requirements.

- Required information

Name of Facility: 
Street Address for Facility: 
City: 
State/Province: 
Zip/Postal Code: 
Country: 
Occupational Therapist First Name: 
Occupational Therapist Last Name: 
Are you requesting a reference from a OT or other individual associated with this facility? If you select 'Yes', you must also enter the individual's information in the REFERENCE section.

- Yes
- No

OT License Number: Leave blank if unknown. See instructions.
State of OT License: Leave blank if unknown. See instructions.
| OT Email Address: | [ ] |
| OT Phone Number: | [ ] (555-555-5555) |
| Type of Experience: | [ ] Inpatient [ ] Outpatient |
| Paid or Volunteer Experience: | [ ] Paid [ ] Volunteer [ ] Both |

<table>
<thead>
<tr>
<th>Select the OT Settings:</th>
<th>OT Experience</th>
<th>Hours of Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Children and Youth</td>
<td>[ ] Work and Industry</td>
<td>[ ]</td>
</tr>
<tr>
<td>[ ] Rehabilitation</td>
<td>[ ] Health and Wellness</td>
<td>[ ]</td>
</tr>
<tr>
<td>[ ] Mental Health</td>
<td>[ ] Productive Aging</td>
<td>[ ]</td>
</tr>
<tr>
<td>[ ] Other</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

If other please specify: [ ]

| Status of OT Experience: | OT Experience Completed [ ] OT Experience Planned/In-Progress [ ] |

| Total Number of Hours Over Span of Experience (to date): | [ ] |

Start Date: [ ] (Month) [ ] (Year)

End Date: [ ] (Month) [ ] (Year)
Your Personal Essay should address why you selected OT as a career and how an Occupational Therapy degree relates to your immediate and long-term professional goals. Describe how your personal, educational, and professional background will help you achieve your goals. The personal essay is an important part of your application for admission and provides you with an opportunity for you to clearly and effectively express your ideas.

Do NOT personalize your essay for a particular degree institution. You can NOT make any edits to your Personal Essay after you have submitted your completed application to OTCAS.

You are encouraged to compose your essay in a text-only word processor (e.g., Notepad), review your essay for errors, then cut and paste the final version into the text box above. Click the Save button and then return to the Personal Essay to review the formatting of your text. You are limited to approximately 1 page (7500 characters, including spaces). Some formatting characters used in programs like Word (angled quotes, accents, special characters) will not display properly. Take care to review your final text and to make the necessary corrections to the format.

Select "Yes" if you give OTCAS permission to release selected information regarding your admission status to the chief health professions advisor and the health professions advisory committee of the post-secondary institution(s) that you have attended. By releasing your information, your advisor is better able to assist you in the admissions process, as well as better guide other students in the future. You cannot make changes to this item after you submit your application to OTCAS.
**Application > References**

- **Required Information**

<table>
<thead>
<tr>
<th>VIEW LIST</th>
</tr>
</thead>
</table>

I waive my right of access to this reference:  
- [ ] Yes  
- [x] No

I hereby give OTCAS permission to contact the Reference below via email to request the completion of the OTCAS reference form and letter of reference. If my Reference does not submit an online reference form to OTCAS in response to the email request, it is my sole responsibility to contact the Reference directly to ensure all references required by my designated OT programs are received by the deadline:

- [ ] Yes  
- [ ] No

I understand that the occupational therapist programs to which I am applying may contact the Reference either to verify the information provided and/or for further clarification of the information provided, and I hereby give permission for the programs to do so:

<table>
<thead>
<tr>
<th>Reference's Title: [ ] (Dr., Mr., Ms., etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference's First Name: [ ]</td>
</tr>
<tr>
<td>Reference's Last Name: [ ]</td>
</tr>
<tr>
<td>Reference's Middle Name or Initial: [ ]</td>
</tr>
<tr>
<td>Reference's Occupation: [ ]</td>
</tr>
<tr>
<td>If Other Occupation, please specify: [ ]</td>
</tr>
<tr>
<td>Reference's Phone Number: [ ] (555-5555)</td>
</tr>
<tr>
<td>Reference's Email Address: [ ]</td>
</tr>
<tr>
<td>Confirm Email Address: [ ]</td>
</tr>
</tbody>
</table>

[SAVE] [PRINT] [CANCEL]
Once an applicant completes the application, they will hit “e-submit”. The following are screenshots from the submission process of the application leading up to the payment page:

Application > Program Checklist

Before You E-Submit Your Application

Review the checklist below again to ensure that you have properly completed the OTCAS application process:

Did you...

- Request ALL official transcripts be sent to OTCAS?
- Enter all of your coursework from your entire academic career?
- Review your application for accuracy?
- Print your completed application for your personal records?
- Print your “Reference Request Form” for your Paper references and send them to your references for completion?
- Research school pages for deadline requirements and supplemental information?
- Read and understand the OTCAS Frequently Asked Questions?
- Confirm that the e-mail to the Electronic Reference Portal was received by your evaluators?

Do you...

- Understand that once you E-Submit your application, NO changes can be made to any section other than your personal data?
- Understand that once you E-Submit your application, NO refunds will be granted for any reason?
- Understand that it is your responsibility to monitor the status of your application on a regular basis?

NOTE: If there is any section that you do not understand, contact OTCAS customer service immediately for clarification. DO NOT continue with your application until you have completed each task requested by OTCAS and fully understand the OTCAS policies.
Application > After Your Application Is Complete

You have NOT e-submitted your application to OTCAS yet. Read the instructions at the bottom to e-submit your application. OTCAS will consider your application complete and begin to process it once the following materials are received: All official transcripts from every University or College Attended and your payment.

Processing

Processing cannot be completed until all official transcripts have been received by OTCAS. It is your responsibility to make sure OTCAS receives all official transcripts. To find out if your transcripts have been received, periodically access your OT CAS application and check under STATUS.

Verification

When all official transcripts are received, a course-by-course verification is performed, matching courses on your official transcripts with courses listed in the Coursework portion of your OT CAS application. The timeframe for verification can vary depending on when you submit your application. OT CAS normally processes applications within four weeks. If your application becomes complete during a cluster of program deadlines, it may take the full four weeks.

GPA

GPAs can be viewed by clicking GPA Calculations at the top of the STATUS box.

Designating Additional Programs

If you would like to apply to an additional program after you have submitted your application, you may designate a new program at any time as long as the program deadline has not passed.

Discrepancies

OTCAS will contact you for clarification if a discrepancy is found in your application materials and instruct you on the proper procedures for resolving the discrepancy. In this event, your designated programs will be made aware of any discrepancies within your application.

Fraudulent Documents

If a fraudulent document is discovered, your application will not be processed and you will be contacted. OT CAS will notify each of your designated programs that a fraudulent document was discovered. No refunds will be available for applications that are not processed due to fraudulent documents.

Confidentiality and Information Release

All information submitted in your application materials is treated as confidential. Information about applicants who enroll in occupational therapy programs may be used to create rosters in order to determine enrollment data and to follow the progress of students in education programs. Such use is an inherent part of the admission process and will not disclose individually identifiable information, except for the purpose of creating and maintaining rosters of enrolled students.
Application > Applicant Code of Conduct

To complete the OTCAS application process, you are required to sign below and certify the following statement.

By signing below, I certify as required in the application, that I have read and understand all application instructions, including the provisions that place responsibility for monitoring and ensuring the progress of my application process with the applicant. I certify that all the information and statements I have provided as part of this application process, including those statements contained in the application and as part of the reference verification process are current, accurate and complete to the best of my knowledge. I understand that withholding information requested as part of the application process, or submitting false or misleading information, may be grounds for denial of admission by any participating OTCAS program or expulsion from said program after admission.

In addition, I understand and agree that I am giving permission for the American Occupational Therapy Association (AOTA), which operates OT CAS, or its designee to release any information related to my application to any programs or educational institutions to which I apply and to professional organizations for applicant data analysis. I also understand and agree that in connection with my application, AOTA or its designee may disclose to any educational institution (regardless of whether I have applied to such institution) or application service any information concerning any discrepancy, error, falsification, misrepresentation, or omission that AOTA believes exists with respect to my application.

In consideration of my participation in the OTCAS application process, I indemnify AOTA, its affiliates, and educational institutions participating in OTCAS, and their respective employees, officers, committee members, and agents (the “Indemnified Parties”), and hold all of them harmless from and against any third-party or other claims, damages, or costs (including reasonable attorney’s fees) arising out of or connected with this application or my participation in the OTCAS application process. I agree not to sue or assist in any lawsuit against any of the Indemnified Parties.

I understand that, by signing below, I am agreeing to a legal contract.

Signed,

Application > Payment

The list below shows the schools you have designated.

Any schools whose application deadline has expired have been removed from your list of designations. Please review this page carefully before submitting your payment information.

Scroll down to review the fee policy, then choose a method of payment.

<table>
<thead>
<tr>
<th>School Name</th>
<th>State</th>
<th>Deadline (11:59PM EST)</th>
<th>Delete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toledo, University of - Entry-Level OTD Degree Programs</td>
<td>OH</td>
<td>05/01/2013</td>
<td></td>
</tr>
</tbody>
</table>

Designations

Fees $125

OTCAS Application Fee Policy

The fee for using the OTCAS application is based on a graduated scale that varies according to the number of programs you designate to receive your OTCAS application. Application materials will not be processed until your payment is received. OTCAS application fees are non-refundable. OTCAS does not issue refunds for incomplete/withdrawn applications or missed deadlines.

I have read and understand the OTCAS Application Fee Policy.

You are encouraged to pay your OTCAS application fee on-line by credit card to expedite the processing of your application.

Pay By Money Order Pay By Credit Card
Application > Credit Card Payment

- Required Information

Card Type:

Exact Name on Card:

Card Number: (only use numbers, no dashes or spaces)

Expiration Month:

Expiration Year:

Street:

City:

State:

Zip:

Designations: 1

Total Fee: $125

It may take several seconds to process this transaction after you click the "Submit" button below.
DO NOT CLICK THE "SUBMIT" BUTTON MORE THAN ONCE.