

**Dear RVCC Occupational Therapy Assistant Applicant:**

*These are your ten steps to acceptance!*

We at River Valley Community College welcome your interest in the Occupational Therapy Assistant Program. Listed are our application requirements to help you make the best choices for your future career. Please submit the following information and use this as your admissions checklist:

1. **COLLEGE APPLICATION FORM:** Located online and in the college catalog
2. **ONE SITE VISIT:** Conducted with an Occupational Therapist or Certified Occupational Therapy Assistant at a local hospital, school or other facility where occupational therapy personnel are employed. At the site visited, please complete the Site Visit Summary Form.
3. **REFERENCE FORM:** Completed by a recent employer, supervisor, or individual who knows your commitment to work and learning.
4. **INTEREST QUESTIONNAIRE:** Please type or print clearly. Use additional paper as necessary.
5. **CPR CERTIFICATION:** Must be complete prior to matriculation. Either American Heart Association (Level C) or American Red Cross Health Care Providers
6. **LIMITATIONS TO LICENSURE & FIELDWORK PLACEMENT FORM:** Signed and dated.
7. **HIGH SCHOOL (H.S.) CHEMISTRY OR EQUIVALENT:** Assure that the admissions office has your H.S. transcript. This is only waived by the director based on previous college degree(s).
8. **IMMUNIZATION FORM:** completed by a physician
9. **ESSENTIAL FUNCTIONS AGREEMENT:** Signed and dated
10. **INTERVIEW WITH PROGRAM DIRECTOR:** To be conducted after steps one through nine (above) are completed. Student should e-mail (Jennifer J. Saylor, M.Ed. OT/L) [jsaylor@ccsnh.edu](mailto:jsaylor@ccsnh.edu) or call 603-542-7744 x5413 to schedule. The OTA Interview Data and Completion Form is utilized during the interview process. Please bring this form with you to the interview with the program director.

Enjoy your site visit experiences and thank you for completing this packet! We look forward to meeting you.

Jennifer J. Saylor, M.Ed. OT/L  
RVCC OTA Program Director and Professor



**OCCUPATIONAL THERAPY ASSISTANT PROGRAM  
SITE VISIT SUMMARY**

**Please type or print clearly:**

Applicant: \_\_\_\_\_

Facility: \_\_\_\_\_

Location: \_\_\_\_\_

OTR / COTA Observed: \_\_\_\_\_

OTR / COTA Signature: \_\_\_\_\_

Describe what you observed and what you have gained from the visit:

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**PLEASE RETURN TO:**



**Admissions Office  
One College Drive  
Claremont, NH 03743**

**(OTA Reference Form Page One)**

**APPLICANT REFERENCE FORM**

**INSTRUCTIONS TO APPLICANT:** Please fill in your name and program, and give this form to a person (preferably an employer or teacher) whom you feel has known you for a length of time and can adequately evaluate your potential for career training at our college. Reference(s) are required PRIOR TO consideration for admission. Please also sign the Waiver of Confidentiality on the reverse side if you wish to waive your right to review this form.

\_\_\_\_\_ is applying for admission to \_\_\_\_\_  
 (Applicant's Name) (Name of Program)

program at this college. Your thoughtful and frank estimate of this candidate's qualification will be most helpful in consideration for admission and will be treated as confidential if waived by the applicant and used only by the Admissions Committee of this college. Please feel free to add any comments you may desire.

	<b>CANDIDATE'S PERSONAL APPRAISAL</b>	Better than Average	Average	Below Average	Entirely Unsatisfactory
1.	Is the applicant a hard worker?				
2.	Is the applicant a good producer?				
3.	Is the applicant enthusiastic?				
4.	Is the applicant resourceful?				
5.	Is the applicant ambitious?				
6.	Is the applicant courteous?				
7.	Is the applicant understanding?				
8.	How is the applicant's memory?				
9.	How is the applicant's health?				
10.	How is the applicant's habits?				
	<b>CANDIDATE'S QUALITIES</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
11.	Personality				
12.	Dependability				
13.	Appearance				
14.	Manners				
15.	Judgment				
16.	Promptness				
17.	Attitude				
18.	Cooperation				
19.	Ability to learn new things				
20.	Awareness of the feelings of others				

River Valley Community College  
 One College Drive  
 Claremont, NH 03743- 9707  
 Phone: (603) 542-7744, 1-800-837-0658  
 Fax: (603) 543-1844  
 rivervalley@ccsnh.edu



Keene Academic Center  
 438 Washington St  
 Keene, NH 03431  
 Phone: (603) 357-2142  
 Fax: (603) 357-0408  
 rivervalley@ccsnh.edu

**(OTA Reference Form Page Two)**

We would appreciate, also, any comments you may have regarding this applicant's honesty, integrity, and direction:

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How suitable is this applicant for a career in: \_\_\_\_\_  
(Name of program)

\_\_\_\_\_ Excellent      \_\_\_\_\_ Very Good      \_\_\_\_\_ Fair      \_\_\_\_\_ Poor

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Position/Agency: \_\_\_\_\_

**IF YOU ARE THE APPLICANT'S EMPLOYER, PLEASE COMPLETE THE FOLLOWING:**

Date of applicant's employment: \_\_\_\_\_ (month/year) to \_\_\_\_\_ (month/year)

Position Held: \_\_\_\_\_ Quality of Work: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Would you Re-employ: \_\_\_\_\_ If Not, Why: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**WAIVER OF CONFIDENTIALITY**

**Applicant:** If you wish to waive your right to review this reference, please sign the statement below.

I, \_\_\_\_\_ wish to waive my right to review this reference form after it has been completed.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If applicant is under 18)

**PLEASE RETURN TO:**



**Admissions Office  
One College Drive  
Claremont, NH 03743**

## INTEREST QUESTIONNAIRE

### OCCUPATIONAL THERAPY ASSISTANT PROGRAM

**Instructions:** Briefly answer the following questions. This questionnaire is to be read by each college interviewer. It is important that you answer each question to insure that the interviewer has as much information as possible.

1. Why do you want to work in Health and Human Services?

2. Describe any experiences you have had with Occupational Therapy (this may include personal services, visits to an Occupational Therapy Program, observations, or other exposure to the profession).

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Applicant's Signature

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Date

PLEASE RETURN TO:

**RIVER VALLEY**  
Community College

Admissions Office

One College Drive

Claremont, NH 03743

## **Limitations o Licensure & Fieldwork Placement Form (OTA)**

### **State of NH Occupational Therapy Practice Act, Chapter 326-C:**

#### **326-C:7 Sanctions Against Licensees:**

- I. The Board may revoke, suspend, caution, or impose probationary conditions upon a license under this chapter, after notice and the opportunity for a hearing, when the licensee is found by the Board to have engaged in any unprofessional conduct.
- II. Unprofessional conduct shall include, but not be limited to:
  - a. Behavior in the course of professional activity which has endangered or is likely to endanger the public health, safety, or welfare.
  - b. Acquisition of a license by means of fraud, misrepresentation, or concealment of material facts.
  - c. Violation of any rules adopted by the Board, or violation of any provisions of this chapter.
  - d. Conviction of a felony by a court of competent jurisdiction, or conviction of any crime if the Board finds the guilty conduct to have direct bearing on the ability to serve the public as an occupational therapist or occupational therapy assistant.
  - e. Unethical conduct as defined by the Board and the advisory committee with reference to the American Occupational Therapy Association Principles of Occupational Therapy Ethics.
- III. A license or applicant aggrieved by a final decision of the Board under this section may request a rehearing and appeal to the superior court for review on the administrative record established by the Board, pursuant to RSA 541.

#### **Fieldwork Placement**

All placements for fieldwork are arranged by the fieldwork coordinator with input from each student. Fieldwork placements are New England Wide. Students may need to travel and/or relocate for one or more of their three placements in the region. Some placements outside of New England are specially arranged dependent upon availability, quality of supervision, and practice areas.

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Applicant's Signature

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Date

**River Valley Community College  
Immunization Form (OTA PROGRAM)**

Students MUST have documentation proving immunity to these infectious diseases PRIOR to attending any clinical facility associated with their program of study. Please ensure that ALL components of this form are completed before returning to the PROGRAM director.

Student Name: \_\_\_\_\_ ID Number@\_\_\_\_\_

	Comments	Date and Type of Vaccine	Results of titer
Measles	MMR Two doses of live vaccine on or after first birthday <b>OR</b> results of titer <b>OR</b> Documentation by physician with diagnosis.		TITER: Date: _____ Does this result indicate immunity? Yes      No
Mumps	MMR Two doses of live vaccine on or after first birthday <b>OR</b> of titer <b>OR</b> Documentation by physician with diagnosis.		TITER: Date: _____ Does this result indicate immunity? Yes      No
Rubella	MMR One dose of live vaccine on or after first birthday <b>OR</b> Results of titer		TITER: Date: _____ Does this result indicate immunity? Yes      No
Polio	Polio		
Pertussis/Tetanus	DPT or Td with a booster within 10 years		
Hepatitis B	3 doses Or <u>signed</u> declination form.	#1. #2. #3.	TITER: Date: _____ Does this result indicate immunity? Yes      No
Chickenpox (Varicella)	History of Disease OR Varicella Vaccine (2doses)	#1. #2.	Date: _____
TB	PPD/Mantoux test Within 12 months and annually while in clinical		Results of skin test

Signature of Primary Care Provider

Date

*I agree to the release of this information to the assigned RVCC Program Director and the education clinical coordinator at any agency where I am scheduled for fieldwork, clinical assignment, internships or affiliations. I understand that all HIPPA regulations regarding confidentiality of this information will be followed.*

Signature of Student

Date

**\*\*\*CANDIDATE FOR MATRICULATION TO THE OTA PROGRAM:  
RETURN THIS FORM TO THE PROGRAM DIRECTOR**

**River Valley Community College**  
**OCCUPATIONAL THERAPY ASSISTANT PROGRAM**  
**ESSENTIAL FUNCTIONS (revised 2011)**

Becoming an occupational therapy assistant requires the completion of an education program that is both intellectually and physically challenging. The student will be expected to acquire knowledge, motor skills, and behavior and attitudes that are necessary to provide ethical, safe, effective, compassionate patient care. The purpose of this document is to inform students in the Occupational Therapy Assistant (OTA) program of the demands that they can reasonably be expected to meet, with or without reasonable accommodation, while participating in the program. These standards reflect reasonable expectations of the OTA student for the performance of common Occupational Therapy functions encountered in the program. They are also reasonable expectations of employers; however, employers may have different standards. The ability to meet these standards with or without accommodations does not guarantee employment upon graduation.

**Each candidate in the AS in OT degree program should possess the following abilities and skills:**

Motor: The candidate should have sufficient gross and fine motor capabilities to execute the movements and skills required to provide safe and effective occupational therapy treatment. This includes, but is not limited to:

1. Sufficient coordination, speed, strength and agility to assist and guard (protect) patients who are walking, exercising or performing other activities.
2. Ability to adjust, move and position patients and equipment which involves bending, twisting, pushing and pulling, and reaching in order to guide, transfer and lift equipment and individuals.
3. Ability to guide, resist, and assist patients, and to provide emergency care, which involves activities including standing, kneeling, sitting, walking and crawling.
4. Ability and dexterity to fabricate, apply and monitor adaptive equipment, perform and demonstrate functional activities and administer components of sensory, motor and Activities of Daily Living Skills (ADL) assessments.
5. Sufficient endurance to move about a classroom or clinical environment steadily throughout the day, including movement across distances, movement from one floor to another, and negotiation of small spaces.

Sensory: Candidate should have sufficient sensory abilities to assess and monitor patients, observe physical movement, participate in physical measures, and recognize and respond to patient needs and unsafe situations. Candidate should have the ability to obtain information in classroom, laboratory or clinical settings through observation, auscultation, palpation and other measures, and requires abilities including, but not limited to:

1. Visual ability (corrected as necessary) to recognize and interpret facial expressions and body language, to observe patient performance in therapy, to read or set parameters on occupational therapy equipment, and to interpret and assess the environment.
2. Auditory ability (corrected as necessary) to recognize and respond to verbal directions and requests, to be aware of safety mechanisms in the environment, and for effective communication between patients/families/co-workers.
3. Tactile ability to palpate muscle contractions, to discriminate hot and cold modalities, to exert the necessary pressure to fabricate splints, and to identify joint articulations.

I have read and understand the essential functions for the practice of and Occupational Therapy Assistant:



Student: \_\_\_\_\_

Date: \_\_\_\_\_

### Interview with Program Director Form

Student name: _____
Address: _____
Town: _____ State: _____ Zip: _____
e-mail: _____
Phone – home: _____ Work: _____
Phone - cell: _____ Date/Time: _____

**Interviewer's comments:**

<b>1. Overview of profession</b>	_____
<b>2. Overview of job availability</b>	_____
<b>3. Admission requirements</b>	
<b>a. Matriculation vs. registration</b>	_____
<b>b. General</b>	_____
<b>c. Program specific</b>	_____
<b>4. Overview of program</b>	
<b>a. Program of study</b>	_____
<b>b. Courses</b>	
<b>i. On-line offerings</b>	_____
<b>ii. Registration</b>	_____
<b>iii. Withdrawal</b>	_____
<b>c. Affiliations</b>	_____
<b>i. Placement</b>	_____
<b>5. Transfer options</b>	_____
<b>6. How did you hear about us?</b>	_____

\_\_\_\_\_  
Interviewer signature/Date

**AFTER THIS INTERVIEW IS COMPLETE: THIS IS THE FINAL STAGE OF THE APPLICATION PROCESS  
THIS INTERVIEW IS ONLY COMPLETED AFTER ALL OTHER ASPECTS OF THE  
OTA ADMISSION PACKET IS SUBMITTED TO ADMISSIONS**