**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 a **mandatory 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).

**For questions regarding certification eligibility please *contact NBCOT: (phone) 301-990-7979***

***(E-mail)*** ***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******(website)***[***http://www.ptot.texas.gov/page/home***](http://www.ptot.texas.gov/page/home)

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

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)

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)

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Student name (print) Date

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Student Signature Date