

## Occupational Therapy Assistant (OTA)

| Entrance Requirements  |     | Important Information  | ✓ |
|--|-----|--|---|
| <b>Clinical Job Shadow(s) and Admission Essay</b>  |     | <ul style="list-style-type: none"> <li>Completion of (2) job shadows</li> <li>Instructions and details are on the Job Shadow Form.</li> <li>Essay prompts are located on the Admission Essay Form</li> <li>The forms are included or may be obtained in the Enrollment Services Center, Frye Building</li> </ul> |   |
| <b>ATI-TEAS Exam</b>   |     |  |   |
| <ul style="list-style-type: none"> <li>May be taken a total of three (3) times—original test session plus two (2) re-takes</li> <li>Each re-take includes all subtest scores and may only be taken after a 45-day waiting period</li> <li>Registration is completed in the <b>MYKV Student Portal</b> - Admissions tab, My Application</li> <li>Free preparatory sessions are offered @ the Learning Commons - <a href="mailto:cjohnson2@kvcc.me.edu">cjohnson2@kvcc.me.edu</a></li> </ul> |     |  |   |
| Minimum Composite Score  | 61% |  |   |
| Minimum Reading Score  | 71% |  |   |
| Minimum Math Score   | 65% |  |   |
| Minimum Science Score  | 51% |  |   |
| Minimum English Score  | 62% |  |   |
| <b>Academic Standing</b>   |     |  |   |
|  |     | <ul style="list-style-type: none"> <li>Students currently matriculated at KVCC must hold a cumulative GPA of 2.5 at the start of their first semester of program study.</li> <li>Students who are transferring must have achieved a cumulative GPA of 2.5 at their previous school.</li> </ul>                   |   |
| <b>OTA Program Orientation</b>   |     |  |   |
| Upon successful completion of the above entrance requirements, you will receive an acceptance letter. You are then required to attend an accepted student event scheduled in June. You will be notified of the date by the OTA Department Chair. Failure to attend this required accepted student event will jeopardize your admission status.   |     |  |   |

For information regarding the admission process for this program, general information about the program or a tour of the campus, contact:

**CJ McKenna, Admissions**  
E-mail: [cmckenna@kvcc.me.edu](mailto:cmckenna@kvcc.me.edu)  
Phone: 453-5155

**Julie LaRouche, Department Chair**  
E-mail: [jlrouche@kvcc.me.edu](mailto:jlrouche@kvcc.me.edu)  
Phone: 453-5023

## Occupational Therapy Assistant Program

### Job Shadowing

The Occupational Therapy Assistant Program at Kennebec Valley Community College teaches professionalism, and technical skills. This course of study requires a strong personal commitment from each student. All applicants must be aware of the practice of Occupational Therapy in order to make this educational commitment. Applicants fulfill this knowledge requirement through job shadowing.

Each applicant must observe two (2) different settings to successfully complete the requirement.

An applicant can:

1. Visit two (2) settings; one (1) from category A and one (1) from category B – see below. (each job shadow must be at least four (4) hours long)  
**OR**
2. Document previous or current work experience in an OT Department **AND** complete one (1) job shadow in a different setting.  
**OR**
3. Document volunteer work in an OT Department **AND** complete one (1) job shadow in a different setting.  
**OR**
4. Complete a job shadow **AND** interview an OT or OTA who works in a different setting.

***Proper documentation is required from all job shadows and or work/volunteer experiences.***

OTA Program Applicant Name: \_\_\_\_\_

Name of Site: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of OT Practitioner shadowed: \_\_\_\_\_

### Type of Facility (Check one (1) from each category):

#### **Category A**

Outpatient Mental Health, Behavioral Health  
Inpatient Mental Health, Behavioral Health  
Developmental Disabilities  
Brain Injury  
Private Practice/Non-Traditional Setting  
Pediatrics/School System  
Pediatrics/Early Interventions

#### **Category B**

Acute Care Hospital (Physical Disabilities)  
Home Health  
Skilled Nursing Facilities (SNF)  
Inpatient Physical Rehabilitation  
Outpatient Physical Rehabilitation

Please give a brief description of this applicant's exposure to Occupational Therapy – comments:

\_\_\_\_\_  
Printed Name of Occupational Therapy Practitioner

\_\_\_\_\_  
Signature of Occupational Therapy Practitioner

\_\_\_\_\_  
# of hours

\_\_\_\_\_  
Date

- It is my recommendation that the applicant observe Occupational Therapy at another facility to obtain further exposure to the field.



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- 5. Visit two (2) settings; one (1) from category A and one (1) from category B – see below. (each job shadow must be at least four (4) hours long)  
**OR**
- 6. Document previous or current work experience in an OT Department **AND** complete one (1) job shadow in a different setting.  
**OR**
- 7. Document volunteer work in an OT Department **AND** complete one (1) job shadow in a different setting.  
**OR**
- 8. Complete a job shadow **AND** interview an OT or OTA who works in a different setting.

***Proper documentation is required from all job shadows and or work/volunteer experiences.***

**OTA Program Applicant Name:** \_\_\_\_\_

Name of Site: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of OT Practitioner shadowed: \_\_\_\_\_

**Type of Facility (Check one (1) from each category):**

**Category A**

- Outpatient Mental Health, Behavioral Health
- Inpatient Mental Health, Behavioral Health
- Developmental Disabilities
- Brain Injury
- Private Practice/Non-Traditional Setting
- Pediatrics/School System
- Pediatrics/Early Interventions

**Category B**

- Acute Care Hospital (Physical Disabilities)
- Home Health
- Skilled Nursing Facilities (SNF)
- Inpatient Physical Rehabilitation
- Outpatient Physical Rehabilitation

The admission requirements are set from Sept 2018 through August 2019. KVCC reserves the right to change these at the beginning of a new academic year.

Please give a brief description of this applicant's exposure to Occupational Therapy – comments:

\_\_\_\_\_  
Printed Name of Occupational Therapy Practitioner

\_\_\_\_\_  
Signature of Occupational Therapy Practitioner

\_\_\_\_\_  
# of hours

\_\_\_\_\_  
Date

- It is my recommendation that the applicant observe Occupational Therapy at another facility to obtain further exposure to the field.

## Occupational Therapy Assistant Program

### Personal Reflection Statement

*After completing the shadow requirements, on a separate sheet please type your answers to the questions below based on your experiences. The personal reflection statement should not exceed 250 words.*

*Please use all the following topic prompts to guide your reflection statement.*

**Each student MUST bring a copy of their personal reflection statement to the OTA – Accepted Student Night.**

#### **Writing Prompts:**

- My job shadowing experience helped to confirm my decision to be an Occupational Therapy Assistant by...
- My job shadow experience helped me learn that “commitment to a job well done in Occupational Therapy” involves...
- I plan to accomplish my goal of becoming an Occupational Therapy Assistant by using my life experiences and talents to...

#### **Accreditation**

American Occupational Therapy Association, INC. (AOTA)  
4720 Montgomery Lane, Suite 200  
Bethesda, MD 20814  
Telephone: (301)-625-6611  
[www.aota.org](http://www.aota.org)

## Notice to Applicant

### **Criminal Background Checks**

Applicants to certain programs need to note that a criminal background check will likely be required while enrolled in the program or as a condition of employment in the field. Certain internship and/or practicum sites, such as health care facilities, may limit or deny clinical privileges to those students who have a prior or current criminal record.

- Should a clinical facility refuse to permit a student to complete a clinical rotation based upon the student's criminal background check, the student may not be able to complete the program. In the event a student is denied placement at a clinical site the college will likely be required to enter an academic dismissal from the program.
- Additionally, certain licensing and credentialing boards may refuse to issue a license to practice based upon prior or current criminal offense (s). To learn more about whether the program or profession in which you are interested has such requirements or limitations, contact the appropriate Department Chair.

### **Infectious Diseases**

Applicants who consider a career in Nursing or the Allied Health professions should be aware that during their education and subsequent employment, they will be working in situations where exposure to infectious diseases is probable. This is an occupational risk for all health care workers. Persons should not become health care workers unless they recognize and accept this risk. Proper education and strict adherence to well-established infection control guidelines, however, can reduce the risk to a minimum. Thorough education in infection control procedures is an integral part of each health care program.

### **Exposure to Latex**

Additionally, applicants should be aware that exposure to natural rubber latex (NRL) is likely. Individuals exposed to NRL products may develop allergic reactions such as skin rashes; hives; nasal, eyes, or sinus symptoms; and, rarely, shock.

### **Costs**

Costs associated with required immunizations, criminal background checks, finger printing (when applicable) and admission testing are the responsibility of the applicant.

### **Clinical/Fieldwork Placement**

Students may be scheduled for day, evening and night clinical/fieldwork experiences in some programs. It is expected that the student is able to make the necessary arrangements in order to complete all scheduled times. Placement is State-wide. The student is responsible for all travel and/or living related to the clinical or fieldwork experience.

KVCC is an equal opportunity affirmative action institution and employer.

For more information, contact the Dean of Students at (207) 453-5019.