

# Application to Occupation Therapy Assistant Major

Name: \_\_\_\_\_ ID #: \_\_\_\_\_  
(Please Print) First Middle Last (Anoka Technical College Student ID #)

Address: \_\_\_\_\_  
Street City State Zip

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

**All admission requirements must be received as a complete packet during the application period.**

Choose EITHER **Placement Exam** OR **Higher Education Degree** requirement and complete all parts of Option 1 or 2:

<input type="checkbox"/> <b>1. Placement Exam Requirements</b>  Requirement 1 (select one of each category):  Reading Comprehension: Requirement obtained within past 2 years (record your scores on the appropriate line and include your paperwork to indicate the score)  _____ Accuplacer Score of 78 or higher _____ ACT Reading Score of 21 or higher _____ ATC READ 0900 (grade of C or higher)  Arithmetic: Requirement obtained within past 2 years: (record your scores on the appropriate line and include your paperwork to indicate the score)  _____ Accuplacer Score of 81 or higher _____ ACT MATH Score of 22 or higher _____ ATC MATH 0801 (grade of B or higher)  Requirement 2:  Adjusted Individual TEAS Score of 65% or higher: Record your score on the appropriate line and include your paperwork to indicate the score)  _____ ATI TEAS	<input type="checkbox"/> <b>2. Higher Education Degree (Bachelor's or Master's Degree from Accredited College)</b>  Requirement 1 (select one):  <input type="checkbox"/> Bachelor's Degree from Accredited College  _____ Name of College  <input type="checkbox"/> Master's Degree from Accredited College  _____ Name of College  Delivery Method of Official College Transcript (select one):  <input type="checkbox"/> In person to Anoka Technical College Enrollment Services Room 117  <input type="checkbox"/> Electronic PDF file to: <a href="mailto:enrollmentservices@anokatech.edu">enrollmentservices@anokatech.edu</a>  <input type="checkbox"/> United States Postal Mail: 1355 W HWY 10 Anoka, MN 55303
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I have also attached the following:

- OTA Information Session Certificate of Attendance**

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

**For office use only:**

<b>Intake initials</b>	<b>Date received</b>	<b>P: drive</b>	<b>Scanned to Records</b>	<b>Notes</b>