Supplemental Application

Admission for

Fall 2018

Combined Bachelor’s/Master’s Occupational Therapy Program

College of Health Professions
Department of Occupational Therapy and Occupational Science
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The information in this supplemental application is only valid for the 2018 application cycle, for Fall 2018 admission. Please check the Occupational Therapy website ([www.towson.edu/ot](http://www.towson.edu/ot)) for the most up-to-date information.
Occupational Therapy is a biological and social science-based health profession. Occupational Therapists use this knowledge to empower clients in performing the everyday activities that provide meaning in their lives. This can include self-care tasks, home management, work, recreation and play, social interactions, and sleep/rest.

Occupational Therapists focus on both mental health and physical function. They work with individuals across the lifespan and with various disabilities, illnesses, and other disadvantages. For more information about our program, visit [http://www.towson.edu/ot](http://www.towson.edu/ot).

COMBINED BS/MS APPLICATION REQUIREMENTS & MATERIALS

This supplemental application outlines the Combined BS/MS admission criteria and includes required application forms. Please carefully review full admission criteria and application requirements by visiting our Admission/Application webpage: [https://www.towson.edu/chp/departments/occutherapy/programs/combined/requirements.html](https://www.towson.edu/chp/departments/occutherapy/programs/combined/requirements.html).

ADMISSION TO THE PROGRAM

Applicants must meet both university and department requirements to be screened for admission. Admission to the university and meeting the requirements to be screened for admission to the occupational therapy program does not guarantee admission to the program. Admission to the program is competitive. All admitted BS/MS students will enter the occupational therapy program in the fall 2018 term.

OVERVIEW OF ADMISSION CRITERIA

3.0+ Cumulative GPA

The applicant must have a cumulative GPA of 3.0 or higher based on all college level course work and any relevant AP scores. All course work must be posted to the student's Towson University record or official transcripts must be on file in the department by the following deadlines to be considered:

- Course work through the Fall semester of the application cycle: Due by March 1 with application materials
- Course work for the Spring semester of the application cycle: Due by June 1

Prerequisite Course Work

The applicant must complete all required prerequisites with a grade of ‘B’ or higher by the end of the Spring semester during which they apply to the program.

30 Human Service Hours

The applicant must complete and provide supporting documentation of 30 Human Service Hours from at least one and no more than three qualifying experiences.

References

The applicant must coordinate to have three appropriate references complete the rating forms provided in this supplemental application, to be submitted following the instructions on the forms.

Admission Essay

The applicant must write an original essay that is a maximum of two typewritten, double-spaced pages. The essay must address each of the following topics:

1. Discuss the process that led you to choose occupational therapy as a career. Describe how you first became interested in occupational therapy and what contributed to your decision that occupational therapy is the career for you.

2. Keeping in mind that occupational therapy is a science-driven profession, identify three personal characteristics you feel will contribute to your effectiveness as an occupational therapist. Describe each in detail, specify how they will contribute to your effectiveness, and give examples.

The original essay must be submitted at the time of application with all other application materials. It must be written by the applicant alone, and must include the following statement, including signature at date, at the end. The statement, signature, and date may be included on a third page.

Essay Statement:
I certify that I have written this essay, in its entirety, independently.

Applicant's Signature __________________________ Date ________________

Towson University Application

Students who are not actively enrolled at Towson University by the Spring semester of the admission cycle must submit a transfer application to Undergraduate Admissions by January 15th of the year in which screening takes place.

Additional Required Documentation

The applicant must submit all documentation indicated on the Application Checklist by the indicated application deadline. These documents include the signed Application Checklist, the OT Application for Admission, the Prerequisite/Program Course Work Checklists, and the Implications of Criminal Convictions form.

SUBMITTING YOUR APPLICATION

By March 1, the applicant must submit all application materials, in one envelope, to the admission coordinator at the following address:

Admissions Counselor
Department of Occupational Therapy & Occupational Science
Towson University
8000 York Road
Towson, MD 21252

Please review the OT website linked above and the Application Checklist included in this supplemental application to ensure all documentation is included.

By June 1, the applicant must submit official transcripts for any Spring course work not already posted to the student's Towson University record. If already a Towson University student, the admissions counselor will access your spring transcript without you needing to send it.

SELECTION PROCESS

Starting June 1, the department will screen applicants with complete applications. The department’s Admissions Committee will evaluate applicants based on a full review of the admission materials and create an applicant ranking. The department will notify applicants of their status by June 11.

A select number of applicants will be offered a position in the program or a position on the waitlist; all other applicants will receive notification that they will not be considered further. The department will maintain the waitlist in ranking order, until the end of the add/drop period of the fall semester. If a space in the program becomes available, it will be offered to the highest-ranked person on the waitlist.

By August 31, prior to beginning the first term of the combined BS/MS Occupational Therapy program, admitted students must have completed a minimum of 23 units of college-level coursework meeting Core Curriculum requirements to maintain their position in the program. Students admitted to the program must also complete an approved Medical Terminology course with a grade of ‘B’ or higher (or a pass grade for courses taken pass/fail) within their first year in the program.

QUESTIONS

For questions or concerns regarding the combined BS/MS program and application process, please contact our Admissions Counselor via email (otadmissions@towson.edu) or phone (410-704-2653).
APPLICATION CHECKLIST

All applicants to the Occupational Therapy Combined BS/MS program must include the following documentation in their application packet. Documents included in this supplemental application include a page number.

Incomplete application packets will not be considered for admission. Please indicate completion of each item by checking the corresponding box, sign and date where indicated, and include this checklist as the first page of your application packet.

The following items are complete and included in my application packet:

☐ Occupational Therapy Program Application Form (page 3)
☐ Prerequisite/transferrable work checklists (page 4-5)
☐ Official transcripts for all college-level course work not already posted to my Towson record
☐ Human Service Activity Verification Form (page 6)
☐ Human Service Activity letter(s) of support
☐ Reference forms in sealed envelopes (pages 7-12)
☐ Signed and dated Implications of Criminal Convictions form (page 13)
☐ Admission Essay (prompt on page 1)

________________________________________________________________________
Name (Printed)

________________________________________________________________________
Signature                               Date
Application for Admission
Combined B.S./M.S. Occupational Therapy Program

Personal Data
Date Submitted _______________________________________
Name _____________________________________________________________________________________
Permanent Address ________________________________________________________________________
_________________________________________________________________________________________
Permanent Telephone ______________________________________ Cell_____________________________
Local Address _____________________________________________________________________________
_________________________________________________________________________________________
Local Telephone _____________________________ E-mail address__________________________________

Expected Start Dates
Towson University  □ Fall  □ Spring  20____
Combined BS/MS of Occupational Therapy  □ Fall  20____
Are you currently an Occupational Therapy Assistant?  □ yes  □ no

Academic Data
Please list all institutions of higher education attended, beginning with the most recent.

NameDatesMajorDegree/credits
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
Prerequisite Checklist
Combined B.S./M.S. Occupational Therapy Program

Please complete this form and submit it to the admissions coordinator prior to applying to the program, for approval of prerequisite course work. This should be done as soon as possible. Courses not yet taken may be conditionally approved. You must include a photocopy of the catalog course description of any course not taken at Towson University. Transcripts that show these courses must also be included. Please highlight each of these courses on the transcripts. Unofficial transcripts may be used for this purpose.

- Social Psychology is NOT equivalent to either Introduction to Psychology or Introduction to Sociology; neither Social Problems nor Cultural Anthropology is equivalent to Introduction to Sociology.
- Applicants who have completed an approved Human Anatomy and Physiology I course, with a grade of B or higher, do not need to complete BIOL 190.
- Each course must be at least 3 term hours to be considered equivalent to a Towson University course.
- Courses listed below can be approved as program prerequisites only with appropriate documentation. The university must evaluate courses for transfer toward a Towson University degree. Students should contact Towson University Admissions, 410-704-2113.

Name ___________________________________________________________________
Telephone ______________________________________ E-mail ____________________________________
Address _________________________________________________________________________________

<table>
<thead>
<tr>
<th>Towson University Course</th>
<th>College/University</th>
<th>Course # and Title</th>
<th>Term/Year Completed</th>
<th>Grade Received</th>
<th>Dept. Evaluation (by TU staff only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIOL 190 Introductory Biology For Health Professions (4)</td>
<td></td>
<td>Basic principles of biology including process of scientific investigation, cells, macromolecules, metabolism, DNA, genetics, evolution, and ecology. Intended for College of Health Professions majors who will take additional biology courses.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENGL 102 Writing for a Liberal Education (3)</td>
<td></td>
<td>Learning the critical methods of liberal education by writing college-level prose about significant books in four areas: natural sciences, humanities, social sciences and fine arts.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSYC 101 Introduction to Psychology (3)</td>
<td></td>
<td>Methods and principles. Attention to: measurement, experimentation, sensation, remembering, personality, adjustment, development and individual differences.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOCI 101 Introduction to Sociology (3)</td>
<td></td>
<td>Sociological concepts; theories, methods; a study of society and culture; the influence of the social environment on individual behavior.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FMST 140 or KNES 215 Medical Terminology (1-3)</td>
<td></td>
<td>Transfer courses in medical terminology also accepted but must be taken for credit from a community college, college, or university. This prerequisite is not required for screening, but must be completed prior to beginning the BS/MS program in the fall semester.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
OTHER COURSES THAT MAY BE TRANSFERRED INTO THE OCCUPATIONAL THERAPY PROGRAM

- The physics course must include mechanics and a lab to be considered equivalent.
- Human anatomy and physiology courses must include a lab to be considered equivalent, should be taken at the same institution, and must be completed within the last five years.
- Courses listed below can be approved as program equivalents with appropriate documentation. The university must evaluate courses for transfer toward a Towson University degree; contact University Admissions, 410-704-2113.

<table>
<thead>
<tr>
<th>Towson University Course</th>
<th>College/University</th>
<th>Course # and Title</th>
<th>Term/Year Completed</th>
<th>Credits</th>
<th>Dept. Evaluation (by TU staff only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIOL 221/221L Human Anatomy and Physiology I (4)</td>
<td></td>
<td>Cell biology, histology, skeletal, muscular and nervous systems. Average of 3 lab hours per week. Prerequisites: BIOL 201 or BIOL 110.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIOL 222/222L Human Anatomy and Physiology II (4)</td>
<td></td>
<td>Cardiovascular, respiratory, digestive, excretory, endocrine and reproductive systems. Average of 3 lab hours per week. Prerequisite: BIOL 213.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MATH 231 Basic Statistics (3)</td>
<td></td>
<td>Frequency distributions and graphical methods, percentiles, measures of central tendency and variability, probability emphasizing binomial and normal distributions, sampling distributions, point and interval estimation, one and two sample hypothesis tests, simple linear regression. MINITAB or an equivalent computer package is introduced as a computation tool. Practical applications and statistics. Prerequisite: MATH 111 or MATH 115 or equivalent.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSYC 361 (542) Abnormal Psychology (3)</td>
<td></td>
<td>Disordered personal reactions to life. Organic and functional phenomena plus therapeutic techniques. Prerequisite: Nine hours of PSYC including PSYC 203 or consent of instructor.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHYS 202 General Physics B (5)</td>
<td></td>
<td>One term general physics with special emphasis on motion including kinematics and dynamics of linear and angular motion.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Or PHYS 211 General Physics I (4)</td>
<td></td>
<td>For arts and sciences, biology, and natural science majors: mechanics, heat, light, electricity, magnetism, and a brief introduction to modern physics. Three lecture hours and one three-hour laboratory period. Prerequisite: Math 115 or good standing in high school algebra and trigonometry.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The Human Service Activity Verification Form provides evidence of completion of at least 30 hours of work and/or volunteer experience in a human service activity. This work or volunteer experience must have involved direct interaction with people with disabilities, illness, and/or other disadvantages. The applicant must have completed the 30 hours within two years of the screening deadline; the hours may be in no more than three settings and the applicant must have spent at least 10 hours in each setting. Applicants must also submit a letter of support from each Human Service Activity supervisor. This letter should include the setting/location, population, number of hours completed, time-frame hours were completed, and the supervisor’s name, position, and contact information. Random phone calls will be made to verify the accuracy of the information on this form. Examples of appropriate locations and populations include: hospitals, nursing homes, rehabilitation facilities, senior centers, drug rehabilitation programs, programs for the homeless, and camps or attendant care for a child, adolescent, or adult with disabilities. Inappropriate locations and populations include: babysitting children who do not have disabilities or special needs and administrative or clerical work.

Applicant’s Name

(1) Name of Facility

Address

Name and Title of Supervisor

Telephone __________________________ Status of Applicant: □ Employee □ Volunteer

Type of Setting __________________________ Dates of Experience __________________________ Total Hours __________________________

Major Responsibilities

________________________________________________________________________________________

(2) Name of Facility

Address

Name and Title of Supervisor

Telephone __________________________ Status of Applicant: □ Employee □ Volunteer

Type of Setting __________________________ Dates of Experience __________________________ Total Hours __________________________

Major Responsibilities

________________________________________________________________________________________

(3) Name of Facility

Address

Name and Title of Supervisor

Telephone __________________________ Status of Applicant: □ Employee □ Volunteer

Type of Setting __________________________ Dates of Experience __________________________ Total Hours __________________________

Major Responsibilities

________________________________________________________________________________________
Applicant Reference Form:
Human Service Activity Supervisor
Combined B.S./M.S. Occupational Therapy Program

Part I to be completed by applicant

Name ____________________________________________________________________________________

Please check one of the following statements, then sign and date the statement checked:

☐ I waive my right to inspect and review this reference form following its completion. I understand that I have the right upon request to be notified of the persons who complete and return this reference form to the university. This waiver is not required as a condition of admission. I have read this waiver, and I understand its terms and conditions.

Signature _______________________________________________ Date _____________________________

☐ I do not waive my right to inspect and review this reference form.

Signature _______________________________________________ Date _____________________________

Reference Information

Name ____________________________________________________________________________________
Title ____________________________________________________________________________________
Program/Facility ___________________________________________________________________________

The university will use this reference form solely for the purpose of determining the applicant’s qualifications for admission to the Occupational Therapy Program.
**Part II** to be completed by person providing this reference

Please rate the applicant on the following characteristics. In making your ratings, consider this applicant in comparison to similar students/employees, etc. whom you have observed in the past. **If you cannot complete at least eight of the 10 items, please do not accept this form.** Please use the following rating scale:

N/O = Not Observed 1 = Poor  2 = Fair  3 = Good  4 = Outstanding

**CHARACTERISTICS:**

1. Ability to get along with people and look at situations from different points of view
   
2. Ability to respond to and use feedback in a positive manner
   
3. Exhibits ethical behavior - honesty and integrity
   
4. Ability to use good judgement
   
5. Ability to work independently; can function effectively without close supervision
   
6. Ability and/or interest in assuming responsibility
   
7. Ability to adapt to new situations and information
   
8. Perseverance in efforts
   
9. Concern for others - empathy and sensitivity
   
10. Ability to evaluate alternative solutions when solving problems

Comments ____________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Signature ____________________________________________ Date ____________________________

Title ____________________________________________ Telephone __________________________

Address _____________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

**IMPORTANT:** In order for this applicant to be considered for screening, this form must be returned by the applicant with his/her application. Please place in an envelope, seal, sign your name across the seal and return to the applicant.
Applicant Reference Form: Faculty
Combined B.S./M.S. Occupational Therapy Program

Part I to be completed by applicant

Name ____________________________________________________________________________________

Please check one of the following statements, then sign and date the statement checked:

☐ I waive my right to inspect and review this reference form following its completion. I understand that I have the right upon request to be notified of the persons who complete and return this reference form to the university. This waiver is not required as a condition of admission. I have read this waiver, and I understand its terms and conditions.

Signature _______________________________________________ Date _____________________________

☐ I do not waive my right to inspect and review this reference form.

Signature _______________________________________________ Date _____________________________

Reference Information

Name ____________________________________________________________________________________

Title _____________________________________________________________________________________

College/University ________________________________________________________________________ 

Course(s) Taught _______________________________________________ Year __________________

________________________________________________________________________________________ Year __________________

________________________________________________________________________________________ Year __________________

The university will use this reference form solely for the purpose of determining the applicant’s qualifications for admission to the Occupational Therapy Program.
Part II to be completed by person providing this reference

Please rate the applicant on the following characteristics. In making your ratings, consider this applicant in comparison to similar students/employees, etc. whom you have observed in the past. If you cannot complete at least eight of the 10 items, please do not accept this form. Please use the following rating scale:

N/O = Not Observed 1 = Poor  2 = Fair  3 = Good  4 = Outstanding

CHARACTERISTICS:

1. Ability to get along with people and look at situations from different points of view
   N/O  1  2  3  4

2. Ability to respond to and use feedback in a positive manner
   N/O  1  2  3  4

3. Exhibits ethical behavior - honesty and integrity
   N/O  1  2  3  4

4. Ability to use good judgement
   N/O  1  2  3  4

5. Ability to work independently; can function effectively without close supervision
   N/O  1  2  3  4

6. Ability and/or interest in assuming responsibility
   N/O  1  2  3  4

7. Ability to adapt to new situations and information
   N/O  1  2  3  4

8. Perseverance in efforts
   N/O  1  2  3  4

9. Concern for others - empathy and sensitivity
   N/O  1  2  3  4

10. Ability to evaluate alternative solutions when solving problems
    N/O  1  2  3  4

Comments ________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Signature __________________________________________ Date _________________________________

Title ______________________________________________ Telephone ______________________________

Address _________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

IMPORTANT: In order for this applicant to be considered for screening, this form must be returned by the applicant with his/her application. Please place in an envelope, seal, sign your name across the seal and return to the applicant.
Applicant Reference Form:
Professional
Combined B.S./M.S. Occupational Therapy Program

Part I to be completed by applicant

Name ____________________________________________________________________________________

Please check one of the following statements, then sign and date the statement checked:

☐ I waive my right to inspect and review this reference form following its completion. I understand that I have the right upon request to be notified of the persons who complete and return this reference form to the university. This waiver is not required as a condition of admission. I have read this waiver, and I understand its terms and conditions.

Signature _______________________________________________ Date _____________________________

☐ I do not waive my right to inspect and review this reference form.

Signature _______________________________________________ Date _____________________________

Reference Information

Name ____________________________________________________________________________________

Title ____________________________________________________________________________________

Program/Facility __________________________________________________________________________

Relationship to Applicant __________________________________________________________________

The university will use this reference form solely for the purpose of determining the applicant’s qualifications for admission to the Occupational Therapy Program.
Part II to be completed by person providing this reference

Please rate the applicant on the following characteristics. In making your ratings, consider this applicant in comparison to similar students/employees, etc. whom you have observed in the past. **If you cannot complete at least eight of the 10 items, please do not accept this form.** Please use the following rating scale:

N/O = Not Observed  1 = Poor  2 = Fair  3 = Good  4 = Outstanding

**CHARACTERISTICS:**

1. Ability to get along with people and look at situations from different points of view  
   - N/O  1  2  3  4

2. Ability to respond to and use feedback in a positive manner  
   - N/O  1  2  3  4

3. Exhibits ethical behavior - honesty and integrity  
   - N/O  1  2  3  4

4. Ability to use good judgement  
   - N/O  1  2  3  4

5. Ability to work independently; can function effectively without close supervision  
   - N/O  1  2  3  4

6. Ability and/or interest in assuming responsibility  
   - N/O  1  2  3  4

7. Ability to adapt to new situations and information  
   - N/O  1  2  3  4

8. Perseverance in efforts  
   - N/O  1  2  3  4

9. Concern for others - empathy and sensitivity  
   - N/O  1  2  3  4

10. Ability to evaluate alternative solutions when solving problems  
    - N/O  1  2  3  4

Comments _________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Signature __________________________________________ Date __________________________________ 
Title ______________________________________________ Telephone ______________________________

Address _________________________________________________________________________________ 
________________________________________________________________________________________
________________________________________________________________________________________

**IMPORTANT:** In order for this applicant to be considered for screening, this form must be returned by the applicant with his/her application. Please place in an envelope, seal, sign your name across the seal and return to the applicant.
Professional Implications of Criminal Convictions
Combined B.S./M.S. Occupational Therapy Program

This form must be signed, dated, and returned with your application.

The laws in several states, including Maryland, require that persons in certain health occupations be licensed as a condition to performing the duties and responsibilities of those occupations. These laws generally permit a licensing board or agency to deny a license or to revoke or suspend a license or to reprimand a licensee if the applicant or licensee is convicted or has pled guilty or nolo contendere to a felony or other specified crimes. In the event you have a criminal record, the university urges that you make a timely inquiry of the applicable state licensing authority to determine the effects, if any, of your criminal record on eligibility for licensure before you make your decision to apply for or to accept admission to the Occupational Therapy Program at Towson University.

The above programs also require that you successfully complete certain clinical courses. These courses are generally offered at off-campus sites, including hospitals or other institutional settings that are not part of the university. These clinical sites may require that you disclose whether you have a criminal record or that you submit to a criminal background investigation as a condition of your participation in the clinical experience. The university shall have no obligation either to refund your tuition or to otherwise accommodate you in the event your criminal record renders you ineligible to complete required clinical courses.

Graduates of the program have completed the academic and clinical requirements necessary to sit for the national examination for the occupational therapist administered by the National Board for Certification in Occupational Therapy (NBCOT). After successful completion of this exam, the individual is an Occupational Therapist Registered (OTR). Persons convicted of felonies may be unable to sit for the Certification Examination and should inquire in advance of program entry regarding eligibility.

“I acknowledge that I have read the above three paragraphs relating to the possible consequence of having a criminal record, that I understand the effects a criminal record may have upon my eligibility to complete the requirements of my major, to sit for the national certification exam, and my eligibility for licensure.”

Signature ________________________________________________ Date ____________________________