

For Office Use Only

Year Applying For _____ Application Fee Received _____ Date Received _____

**NEOSHO COUNTY COMMUNITY COLLEGE
Occupational Therapy Assistant Student Application**

Complete and submit with \$75.00 application fee, payable to NCCC, to Ottawa campus cashier (at interview).

Name _____ NCCC ID# _____
Last First Middle Maiden

Any other last names used _____ Home phone (____) _____

Address _____ Cell phone (____) _____
Street City State Zip

County of Residence _____ Work phone (____) _____
(must be verified at enrollment)

E-Mail address _____ *Date of Birth _____

U.S. Citizen []Yes []No Single Parent []Yes []No Do you have health insurance []Yes []No

*Ethnic Background: []White []Black []Hispanic []Oriental []American Indian []Other _____

Next of Kin: Name _____ Relationship _____

Address _____ Phone (____) _____
Street City State Zip

Employed by _____ Phone (____) _____

EDUCATIONAL BACKGROUND

Are you a high school graduate? []Yes _____ []No
(Year)

If no, do you have a high-school equivalent (GED)? []Yes _____ []No
(Year)

Have you ever attended or applied to any other occupational therapy assistant program? []Yes []No

If yes, give name and location of school: _____

Dates attended: _____

Reason for leaving: _____

EDUCATIONAL RECORD

Include: Name of School Location Dates Attended Grades or Credits Completed

High School: _____

College: _____

Degrees Earned: _____

WORK EXPERIENCE (within last two years)

Type of work	Name of Employer	Location	Date Employed From	To	Reason for Leaving

Have you ever been convicted of a misdemeanor or felony? []Yes []No

If yes, explain: _____

List extra-curricular and community activities in which you have participated during the last 2-3 years:

Briefly describe why you would like to become an occupational therapy assistant: _____

PERSONAL CONTACT: Give the names, addresses and phone numbers of two persons (other than next of kin listed on the front page) the school may contact to locate you, if the need should arise.

Name	Address	Home Phone	Work Phone	Relationship

AFFIDAVIT: To be completed and signed **BEFORE** a notary public.

STATE OF _____ COUNTY OF _____ ss:

Being duly sworn, I state that I am the person referred to in the foregoing Occupational Therapy Assistant Student Application; that the statements made therein are true and correct in every respect; and that I have read and understand this affidavit.

Applicant Signature

Notary Signature

Subscribed and sworn to before me this _____ day of _____, 20_____.

My appointment expires: _____

IF ANY INFORMATION CONTAINED HEREIN IS FOUND TO HAVE BEEN FALSIFIED, THIS APPLICATION MAY BE WITHDRAWN AND APPLICANT MAY BE ASKED TO WITHDRAW FROM THE SCHOOL.

*Information optional. It is the policy of Neosho County Community college not to discriminate on the basis of age, race, religion, color, sex, physical handicaps, national origin, or ancestry in its admission. A statement of race and financial status is used only for statistical information required on state and federal forms.

Applicants are advised that disclosure of their social security number, date of birth, and information regarding conviction of crimes/infractions is required information for state board applications but is not used to determine a student's eligibility into the occupational therapy assistant program.