

Application for Admission Program in Occupational Therapy Doctor of Occupational Therapy (OTD) Post-Professional Student

Please type or print in ink your responses to the following.

Year of Intended Enrollment:

Name: (last, middle, first, maiden)

Social Security Number (if US)

E-mail address

Date of Birth (month/day/year)

Place of Birth (city, state, country)

U. S. Citizen

Yes

No

If no, permanent resident?

Yes

No

Phone number

If not US citizen or permanent resident, what is your visa status?

Current Address (street)

Current Address (city, state, postal code)

Current Address (country)

Work Address (street)

Work Address (city, state, postal code)

Work Address (country)

Applicants to the post-professional OTD program must have received a degree in occupational therapy at the baccalaureate level or above. List below the educational institutions from which you received a degree and any advanced coursework. Transcripts from institutions outside the United States must be separately evaluated by a credentialing agency such as Global Credential Evaluators, Inc, or Educational Credentialing Evaluators.

Name of Institution	Dates of Attendance	Degree	Name on Transcript	Date of Conferral

GRE TEST SCORES

Official copies of test score reports for the Graduate Record Examination are required. Test scores must not be more than five years old.

Test date from which scores will be submitted:

TOEFL and TWE SCORES

If English is not your native language, you are required to take the Test of English as a Foreign Language (TOEFL) and the Test of Written English (TWE). The test score reports must be sent directly from the Educational Testing Service (ETS) to the Program in Occupational Therapy. Please include an unofficial copy of your score information with your application. Scores will be verified when official copies are received. The Program requires minimum composite scores of 250 TOEFL (computer-based score) or 600 (paper-based score) and 4.5 TWE.

Test date (MM/YY)

TOEFL score

TWE score

REFERENCES

Please list the names of the three individuals who will be writing letters of recommendation for you. Each letter should be enclosed in a sealed envelope by the recommender. Letters may either be sent directly from the recommender or included with your application materials.

Name

Title

Institution/Company

Name

Title

Institution/Company

Name

Title

Institution/Company

CURRICULUM VITAE

Use the form provided. Include publications, any awards and honors you have received, as well as your professional experiences and leadership roles.

REQUIRED LETTER OF INTENT

Use the Required Essay form to explain why you wish to pursue a clinical doctorate in occupational therapy, indicating aspects of your background and education that qualify you for study in this field, and your chosen area of study.

REQUIRED SIGNATURE

I independently prepared this application and essay(s). All of the information is accurate and complete.

Signature

Date

OPTIONAL

Washington University is sometimes asked to provide racial and ethnic information for Federal reporting purposes.

Black-Non-Hispanic White-Non-Hispanic Mexican-American Puerto Rican Other Hispanic

Asian/Pacific Islander American Indian or Native Alaskan Other

INSTRUCTIONS

1. Complete and sign application form.
2. Request that all official transcripts, required test scores, and letters of recommendation be sent to the address listed below.
3. Enclose check for non-refundable \$55.00 application fee, payable to Washington University.
4. Mail form, fee, essay response, curriculum vitae, and unofficial GRE scores to the address below.

Admissions, Program in Occupational Therapy
Washington University School of Medicine
4444 Forest Park Ave., Campus Box 8505
St. Louis, MO 63108

Washington University encourages and gives full consideration to all applicants for admission, financial aid and employment. The University does not discriminate in access to, or treatment or employment in, its programs and activities on the basis of race, color, age, religion, sex, sexual orientation, national origin, veteran status or disability. Present Department of Defense policy governing ROTC and AFROTC programs discriminates on the basis of sexual orientation; such discrimination is inconsistent with Washington University policy. Inquiries about compliance should be addressed to the University's Vice Chancellor for Human Resources, Washington University, Campus Box 1184, One Brookings Drive, St. Louis, MO, 63130, (314) 935-5949.



LETTER OF INTENT

Please write a two-page letter of intent addressing the following:

1. Your declared area of concentration.
2. Why you want to pursue the OTD degree.
3. How you plan to integrate research into clinical practice.
4. Reflection on why this is important to you and how you will use the OTD degree beyond your current academic qualifications.
5. Identification of the laboratory that would be an optimal fit and the projects that may be available to you, based on review of the laboratory's web page.
6. Reflections on your personal strengths and what you can contribute to the laboratory that you would like to join.

Applicant name (last, first, middle, maiden)

SCHOOL OF MEDICINE

Applicant name (last, first, middle, maiden)

Please place your experience in this format. Mark N/A if not applicable.

EDUCATION

Date of bachelor's degree

University name and location

Undergraduate major

Date of graduate degree

University name and location

Graduate degree (MSOT, MOT, other graduate degree)

Date of other degree:

University name and location

Other degree received: (MBA, PhD, PT, etc.)

EMPLOYMENT

Current place of work:

Position:

Dates:

Address (street, city, state, postal code)

Previous place of work:

Position:

Dates:

Address (street, city, state, postal code)

Previous place of work:

Position:

Dates:

Address (street, city, state, postal code)

Previous place of work:

Position:

Dates:

Address (street, city, state, postal code)

Board Certifications and License:
(include title, dates certification agencies, state licenses and numbers)

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Honors and Awards:

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Professional Society and Organization Membership and Service:

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Research Support: (Include dates and funding agencies)

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Teaching Responsibilities (List title, course #, number of credit hours, dates, institution)

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Volunteer work:

--

Papers Published and/or Presented:

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Continuing Education:

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Washington University in St. Louis

SCHOOL OF MEDICINE

RECOMMENDATION FORM Post Professional Doctoral Degree

Name: (last, middle, first, maiden)

Social Security Number (if US)

E-mail address

I waive the right to inspect this confidential recommendation when it becomes part of my application to the Washington University Program in Occupational Therapy.

OR

I do NOT waive the right to inspect this recommendation.

Signature:

Signature:

The applicant must complete and sign the above statement before submitting this form to the evaluator. This request is in compliance with Federal Law P.L. 93-380 (Family Ed. Rights and Privacy Act of 1974).

DIRECTIONS

The person named above has given your name as a person having knowledge of his or her potential for undertaking post-professional graduate study at the Program in Occupational Therapy at Washington University School of Medicine. The information supplied in this form will be used only for the purpose of assessing the applicant's qualifications for admission and will be destroyed after the admission decision has been made.

If you wish to write a personal letter to supplement this form, please feel free to do so and attach it to this form. Please note that in compliance with the law, if the applicant does not waive the right of access, this form will be accessible to the applicant.

Thank you for your help!

How long have you known this applicant?

In what capacity have you known this applicant?

Are you an occupational therapist?

Yes

No

(OVER)

Please comment on the applicant's main strengths and promise as a clinical doctorate (OTD) student at Washington University. Provide your views on the applicant's capacity for analytical thinking and problem-solving, ability to work with others, communication and interpersonal skills, commitment to learning, sense of responsibility, time management skills and motivation. In addition, please state if you know any reason why this candidate should not be admitted.

RECOMMENDATION FOR ADMISSION

I would strongly recommend.

I would recommend with reservations.

I would recommend.

I would not recommend.

Signature:

Print name:

Position/Title:

Organization:

Date:

E-Mail:

Please enclose this recommendation in an envelope and send directly to the Program in Occupational Therapy or return this form to the applicant in a sealed envelope with your signature across the seal on the back flap to include with his or her application materials.