



SOUTH TEXAS COLLEGE OCCUPATIONAL THERAPY ASSISTANT PROGRAM FALL 2025 APPLICATION

Thank you for your interest in applying to the Occupational Therapy Assistant (OTA) Program. This program is designed to prepare graduates for entry-level practice as a Certified Occupational Therapy Assistant (COTA). The course of study may be completed on a full-time basis in 21 months. Classes typically run from 9:00 am until 5:00 pm for four 16-week semesters and one summer session. The program begins once a year in the fall semester only. The technical component of the program includes lectures and laboratory courses in occupational therapy science and procedures, which are completed during the first, second, third, and fourth semesters. OTA classes are held in the Dr. Ramiro R. Casso Nursing & Allied Health Campus located at 1101 E. Vermont, McAllen. A segment of the OTA Program course curriculum is provided in a virtual classroom format for students who are interested in and enrolled in the OTA program. Clinical experiences are completed during the semesters at assigned clinical education facilities across the Rio Grande Valley, such as hospitals, outpatient centers, and nursing homes.

The OTA program is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) and approved for course credit portability to other state-approved OTA programs by the Texas Higher Education Coordinating Board.

The application deadline for the **Fall 2025 semester is Thursday May 29, 2025, at 5:00 pm.** The application process requires that you meet the minimum requirements of the South Texas College Office of Admissions and Records, the Division of Nursing and Allied Health, and the OTA Program. If you meet the requirements, your file will be considered for admission.

For further assistance, please contact the OTA Program Chair at ldmiller@southtexascollege.edu and via Microsoft Teams under Layman D. Miller.

Sincerely,
Layman D. Miller, COTA, MBA, M.Ed.
Chair, Occupational Therapy Assistant Program

Every effort is made to assure accuracy of the information in this packet but note that stipulations set forth may be subject to change.



Division of Nursing & Allied Health
1101 E. Vermont, McAllen, Texas 78503
Telephone: (956) 872-3161 Fax: (956) 872-3163

APPLICATION: OCCUPATIONAL THERAPY ASSISTANT PROGRAM

STUDENT NAME: _____ **STUDENT ID #** _____

Before you consider completing this application, please be advised that a felony conviction may affect a graduate's ability to register for the NBCOT (National Board for Certification in Occupational Therapy) Certification exam or to obtain state licensure. Review the following regulations regarding this issue.

A. An individual who is considering entering an educational program or has already entered an educational program can have his criminal background reviewed prior to applying for the certification exam by requesting an early determination review. The fee for this review is \$100. For additional information, contact the Credentialing Services Department at credentialing.services@nbcot.org This e-mail address is being protected from spambots. You need JavaScript enabled to view it.

Prior to applying for licensure from the Texas Board of Occupational Therapy Examiners, an individual with a criminal background must request that the board review the person's criminal history to determine if the person will be eligible for licensure based solely on the person's criminal background up to that point in time. Requestors must submit their requests in writing to the board; **the Criminal History Evaluation Form** should be accompanied by a check for \$50, along with all court and relevant documents. For additional information, contact www.ptot.texas.gov [Criminal History Evaluation Letter](#) The Executive Council of Physical Therapy and Occupational Therapy Examiners (ECPTOTE) Chief Investigator: Phone: (512) 305-3900.

The individual applicant must submit a signed document from the Executive Council of Physical Therapy and Occupational Therapy Examiners (ECPTOTE) indicating proof of positive clearance to apply to the OTA Program at the time of application to be considered for the selection process. .

B. The Board of Trustees approved Board Policy (#3337) on July 15, 2004 for all students participating in a Nursing or Allied Health Program clinical course. This policy requires all students to pass a criminal background check, meet immunization, and medical health requirements prior to enrolling in a clinical course. In addition, students participating in the program are subject to periodic— "for cause" drug screening. This policy is being implemented to ensure uniform compliance with Joint Commission standards pertaining to Human Resource management and state licensing regulations.

I certify that I have read and understand the above information. I understand that reporting untrue information or omitting information may result in my disqualification from the applicant pool, refusal/cancellation of admission to the program, and/or render me ineligible to apply later.

Applicant's Signature

Date



BACKGROUND CHECK AUTHORIZATION AND RELEASE FORM

I hereby authorize any investigator or duly accredited representative of South Texas College bearing this release to obtain any information from criminal justice agencies, relating to my activities. This information may include, but is not limited to:

- Personal history;
- Disciplinary;
- Arrest;
- Conviction records;
- Social Security number verification;
- Seven Year Multi-County or Statewide Felony and Related Misdemeanor Criminal Record search;
- HHS/OIG List of Excluded Individuals/Entities – GSA List of Parties Excluded from Federal Programs;
- Education verification (Highest Degree Received);
- One Professional Licensure Verification – Professional; (only for EMT and VN applicant upgrade option)

I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by South Texas College and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities (only upon student's consent).

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

The information requested below is necessary to obtain personal criminal history record information. It is the policy of Pre-Check that an individual or their authorized representative have access to and may receive a copy of their criminal record information (CHRI). This policy is in compliance with Texas Government Code, Section 552.023.

I agree that South Texas College has the right to administratively "withdraw" me from the clinical/practicum program if:

- I fail to disclose any new conviction of a crime during participation in program.
- I have a positive "for cause" drug screen at any time during program.

Applicant Signature

Date

Under the age of 18, parent or guardian signature required

Date

Under the age of 18, Parent or Guardian-Print Name

Please print or type the following information:

Legal Name: _____
Last First Middle

Social Security #: _____ STC A#: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ JagMail: _____@stu.southtexascollege.edu

Other names previously used: _____



SOUTH TEXAS COLLEGE
NURSING/ALLIED HEALTH DIVISION

DISCLOSURE STATEMENT

IMPORTANT: This document must accompany your application for admission to a NAH Program

The Nursing/Allied Health (NAH) Division requires applicants for admission to all programs leading to licensure, certification or requiring field placements (e.g. clinical or practicum experiences) to complete the following disclosure statement.

Applicants for admission must disclose whether they have ever been charged with or convicted of any crime, and whether licensure of any kind has ever been denied or revoked in any state for reasons other than insufficient credits or courses. The existence of a criminal record or denial or revocation of licensure does not constitute an automatic bar to admission or automatic cause for removal from the program, but will be considered only as they substantially relate to the duties and responsibilities of the program and eventual licensure, certification or clinical/practicum practice.

Falsification or omission of information relevant to these questions may constitute grounds for denying your admission to the program or for termination of your admission if the falsification or omission is discovered after admission. Further, after you have submitted the disclosure statement, while your application is being considered or while you are a student in a program, you have an affirmative duty to supplement or update the answers that you have provided at any point in time when any answer would no longer be true as stated. You must immediately inform the department's Program Chair of the changed responses.

An affirmative response to an item does not mean that you will be denied admission. You will be contacted to explain the circumstances leading to the affirmative response. It will be your responsibility to provide the department any further information needed to determine the best course of action regarding your admission or removal. The department will take the information provided into account in determining whether to admit you to the program, to postpone admission, to remove you from the program, or to provide special accommodations.

In the event you are denied admission to the program based on your responses to the questions, you have the right to appeal that decision. Notice of the grievance procedure will be forwarded to you in the event of a denial. A copy of the grievance procedure is also available from the NAH division office.

Please sign the Disclosure Statement and attach the signed form to your OTA Program application. Failure to return a signed disclosure statement will result in non-acceptance of application.

- According to the Texas Board of Occupational Therapy Examiners Chapter §374.1. Disciplinary Actions. (f) A licensee or applicant is required to report to the board a felony of which he/she is convicted within 60 days after the conviction occurs.
- According to the Texas Board of Occupational Therapy Examiners Chapter §374.2. Detrimental Practice. (3) failing to report or otherwise concealing information related to violations of the Act, or rules and regulations pursuant to the Act, which could therefore result in harm to the public health and welfare or damage the reputation of the profession.
- Additional information regarding rules governing licensure may be found in the complete Occupational Therapy Rules located on the Executive Council of Physical Therapy and Occupational Therapy web site at www.ecptote.state.tx.us. [Criminal History Evaluation Letter](#)



NURSING & ALLIED HEALTH DIVISION DISCLOSURE STATEMENT FORM

Name: _____ Student ID: A _____ Program: _____

The following questions apply to adult and juvenile proceedings in any state or federal jurisdiction in this country or in any other country.

- | | | | |
|-----|-----|----|--|
| 1. | Yes | No | Have you ever been arrested for any offense (whether or not the case was Adjudicated)? |
| 2. | Yes | No | Have you ever pleaded guilty or nolo-contendre to any Class B or Class A misdemeanor? |
| 3. | Yes | No | Have you ever pleaded guilty or nolo-contendre to any felony offense? |
| 4. | Yes | No | Have you ever served a sentence of imprisonment or incarceration in any jail or prison? |
| 5. | Yes | No | Are you now or have you ever been on probation, deferred adjudication, pre-trial diversion or parole? |
| 6. | Yes | No | Do you have any pending criminal charges or unresolved arrests; excluding minor traffic violations, (driving under the influence of any drug or intoxicant is not a minor traffic violation)? |
| 7. | Yes | No | Do you have a juvenile record of arrests or convictions (some licensing authorities do include this)? |
| 8. | Yes | No | Have you ever had any license, certification, or registration revoked, suspended, or sanctioned by any local, state or federal agency; or have you ever been a party to any proceeding in which your license, certification, or registration was being revoked, suspended, or sanctioned, regardless of the outcome? |
| 9. | Yes | No | Have you ever been dismissed from a health professions program for other than academic deficiencies (safety, academic integrity, non-professional conduct or unsafe clinical practice are not an academic deficiency)? |
| 10. | Yes | No | Do you have a social security number? (Some licensing authorities require a social security number to take the licensure exam.) |

If you answered "YES" to any of the questions from 1-9, except question 10, please meet with the NAH Clinical Compliance Specialist or Program Chair for the selected NAH program for which you are seeking admission or you are currently enrolled for, guidance and advisement regarding policy #3337 requirements concerning criminal histories.

I have been provided a copy of policy #3337, and I am aware of its requirements concerning criminal histories. I swear or affirm that the answers that I have provided herein are true and correct. I understand and acknowledge that I am under an affirmative duty to supplement or update my answers at any point in time when my answers would no longer be correct as stated. I further understand and acknowledge that if I have provided false answers it may constitute grounds for denying me admission to the program or for removing me from any NAH program.

Print Name

Signature

Date



APPLICATION: OCCUPATIONAL THERAPY ASSISTANT PROGRAM

Name: _____ Date: _____
Print or Type (Last) (First) (MI)

Residence Address: _____
(P.O. Box or Street) (City) (State) (Zip Code)

Mailing Address: _____
(P.O. Box or Street) (City) (State) (Zip Code)

Phone Number: (____) _____ (____) _____

Student I. D. #A _____

Email Address: _____@stu.southtexascollege.edu

Personal Email: _____

Is this your first application to the OTA Program? _____yes _____no
If no, last applied? _____

Have you ever been accepted into the OTA Program? _____yes _____no
If YES, year accepted? _____

Have you ever been an OTA student in another OTA Program? _____yes _____no
If YES, which school? _____

Have you ever been a student in another STC NAH Program? _____yes _____no
If YES, Which Program? _____



INSTRUCTIONS:

1. Apply for admission to South Texas College (STC) if not currently enrolled.
2. Submit TSI scores to STC.
3. Request for official transcripts from high school or colleges you have attended be sent to the Office of Admissions and Records for evaluation; if applicable, official GED results must be sent to the STC Admissions.
4. Request an official STC final transcript to submit with your application. Transcript must show grades for all pre-requisite and supporting courses along with TSI scores.
5. Submit HESI A2 scores
6. Complete, sign, and date the application forms
7. Submit completed application to the office of Mari Ponce-Vargas, Guided Pathways Specialist, NAH Campus, Bldg. A, Room # 100 D
8. Clear any pending holds with South Texas College. Such as, but not limited to: financial, library, admissions, parking, etc.
9. **Application Deadline: Thursday May 29, 2025 @ 5:00 pm.** The complete application and all attachments must be on file at the OTA Program Office by the application deadline to be considered for the Fall 2025 class.

Page 8 | 13



List the grade earned for the following Pre-Requisite and General Education Courses: Please list the course name for the Humanities Elective.

*****Grades for Pre-requisite courses must be a “B” or better.

Course *Grades for Pre-requisite courses must be a “B” or better.	Semester & Year	Repeated Course List Semester	Credits		Grade A= 4 B= 3	Grade Points
Pre-Requisites						
Humanities Elective: _____ Courses accepted: PHIL 1301, PHIL 2303, PHIL 2306, HUMA 1301			(3)	X		
BIOL 2401 Anatomy & Physiology I			(4)	X		
PSYC 2314 Lifespan Growth & Development			(3)	X		
SPCH 1318 Interpersonal Communications			(3)	X		
ENGL 1301 English Composition			(3)	X		
OTHA 1305 Principles of OT (Year _____) *This course is offered in a hybrid format			(3)	X		
		Total Credits (max. 19)				Total Grade Points (max 76)
	Total Grade Points _____ divided by Total Credits _____ = _____ Grade Point Average (GPA) <div style="display: flex; justify-content: space-around; width: 100%;"> (max. 76) (max. 19) (max 4.00) </div>					

To be verified by OTA Faculty/Staff:

Reviewed by: _____ Date _____



Points awarded for Total Grade Points:

Total grade points:

73—76 grade points_ 44 points
69—72 grade points_ 39 points
65—68 grade points_ 34 points
61—64 grade points_ 29 points
60 grade points_ 24 points

Total Grade Points = _____

TOTAL POINTS EARNED: (Max 44 points) _____

HESI A2 COMPOSITE SCORE:

Composite Score: _____ %

Test Date: _____

a. English Language Composite = 75% or better

100% —90% = 3 points
89%—83% = 2 points
82% - 76% = 1 point
75% - 0% = 0 points

Percentage_____ Points = _____

b. Math Composite = 75% or better

100% —90% = 3 points
89%—83% = 2 points
82% - 76% = 1 point
75% - 0% = 0 points

Percentage_____ Points = _____

c. Science Composite = 75% or better

100% —90% = 3 points
89%—83% = 2 points
82% - 76% = 1 point
75% - 0% = 0 points

Percentage_____ Points = _____

TOTAL POINTS EARNED: (Max 9 points) _____

EDUCATIONAL HISTORY POINTS:

Re-taking of any pre-requisite course within the past 5 years:

(NOTE: A withdrawal is considered a repeated course)

No repeats = 5 points
One repeat = 4 points
Two repeats = 3 points
Three repeats = 1 point
Four or more repeats = 0 points

TOTAL POINTS EARNED: (Max 5 points) _____

**COLLEGE SUCCESS FOR HEALTHCARE COURSE:**

Grade of a "B" = .50 point awarded

Grade of a "A" = 1 point awarded

Grade for CSFH Course: _____ **TOTAL POINTS EARNED: (Max 1 points)** _____

Year and Semester completed _____

OTHA 1305 EXAM CATEGORY FINAL GRADE:

100-95 = 5 points

94-90 = 3 points

89 or below = 0 points

Course Repeat = 0 points

Final Exam Average Score: _____ **TOTAL POINTS EARNED: (Max 5 points)** _____

Year and Semester completed _____

OTHA 1305 PROFESSIONAL BEHAVIORS GRADE:

100-95 = 5 points

94-90 = 3 points

89-85 = 2 points

84-80 = 1 point

79-00 = 0 points

Professional Behaviors Grade: _____ **TOTAL POINTS EARNED: (Max 5 points)** _____

HEALTHCARE WORK EXPERIENCE*

Provide Proof of Employment on Company Letterhead. Please include name of Supervisor and Phone number. Must also include the dates of employment/length of employment, as well as the title of the position employed in.

Examples: Rehab Tech, OT/PT Tech., RN, LVN, CNA

24+ Months = 4 Points

23 – 19 Months = 3 Points

18 – 13 Months = 2 Points

12 – 6 Months = 1 Point

TOTAL POINTS EARNED: (Max 4 points) _____



PREVIOUS DEGREE

Master = 3 Points
Bachelor = 2 Points
Associate = 1 Point
Certificate = 0.5 Points

Certificate degree must be in a healthcare related field. Examples of STC NAH Certificate accepted: (EMT, PTCA, Medical Assistant, Pharmacy Tech., Health & Medical Admin. Services)

TOTAL POINTS EARNED: (Max 3 points) _____

VOLUNTEER FORMS

2 Positive References = 3 points
1 Positive and 1 Negative Reference = 0 points
2 Negative References = disqualification from selection process
(The STC Program will contact the volunteer site for clarification and application consideration)

TOTAL POINTS EARNED: (Max 3 points) _____

TOTAL APPLICATION POINTS : (Max 79 points) _____

SELECTION CRITERIA:

A new class of students is selected for each Fall semester. Applicants will be ranked and ordered based on the following criteria: 1. Postponed students 2. New applicants ranked based on total application points. 3. Other returning students who have participated in the Progressions Program.



CONFIRMATION STATEMENT

I have read the contents of this application packet and I am responsible for both the completeness and for the information contained within. I certify that all information given on this application is complete and correct. I understand that misrepresentation, reporting untrue information or omission of important information on this application and/or my credentials will result in my disqualification from the applicant pool and/or program. I further understand that if disqualified, I will not be eligible to reapply.

I have also read and understand the following statement: "Persons convicted of felonies may be ineligible to sit for the national certification examination or to apply for state licensure as an OT practitioner."

SIGNED _____ DATE _____
Applicant's Signature

PLEASE SUBMIT YOUR COMPLETED APPLICATION TO THE OFFICE OF ONE OF THE FOLLOWING INDIVIDUALS LISTED BELOW:

Mari Ponce-Vargas, Guided Pathways Specialist
marip@southtexascollege.edu
NAHA Room 100D
(956) 872-3216

Note: Keep a copy of the completed application for your records.