



Financial assistance is available to those who qualify, and we offer placement assistance.

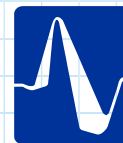
OCCUPATIONAL THERAPY ASSISTANT

OCCUPATIONAL THERAPY ASSISTANTS treat and care for individuals across the lifespan who are impaired in their ability to participate in everyday activities, or occupations, due to neurological, physical, psychological or developmental dysfunctions. An occupation is simply an activity that has meaning or value to an individual as they function in their home, work, school or community. Occupational Therapy Assistants work under the direction of Occupational Therapists to help assess individuals and implement treatment plans that use meaningful activities to improve the emotional, physical, cognitive and social skills of individuals impaired by disability. Occupational Therapy Assistants offer creative and adaptive approaches to help individuals remediate, rehabilitate, or compensate for their loss of function and offer a holistic view of individuals to promote the healthy balance of self-care, work, and leisure activities for improved quality of life valued by all individuals.

The objective of the OTA program at St. Louis College of Health Careers is to successfully prepare students to be eligible to sit for the national certification examination and to prepare qualified graduates for future employment as an entry-level Occupational Therapy Assistant through carefully designed curriculum and fieldwork experiences.

SLCHC GRADUATES graduates The objective of the OTA program at St. Louis College of Health Careers is to successfully prepare students to be eligible to sit for the national certification examination and to prepare qualified graduates for future employment as an entry-level Occupational Therapy Assistant through carefully designed curriculum and fieldwork experiences.

Imagine if you couldn't... button your shirt... write your name... or get out of bed.



ST. LOUIS COLLEGE
of HEALTH CAREERS

SLCHC.EDU

COUNTY CAMPUS:
1297 N. Highway Dr.
Fenton, MO 63026

636.529.0000

www.slchc.edu



Come Here, ... **GO ANYWHERE**

OCCUPATIONAL THERAPY ASSISTANT ASSOCIATE

Associate

Course #	Course	Hours	Credits
Semester I			
AH100	Professional Development	45	3
MTH202	Algebra & Mathematical Functions	45	3
BL121	Essentials of Anatomy & Physiology	45	3
BL121L	Essentials of Anatomy & Physiology Lab	30	1
HB300	Medical Terminology Basics	30	1
ENG101	English Composition	45	3
Semester II			
BL302	Kinesiology & Functional Biomechanics	45	3
BL302L	Kinesiology & Functional Biomechanics Lab	30	1
PS203	Human Growth & Development	30	2
EN150	Communications	45	3
PS101	Psychology	45	3
OTA101	Introduction to Occupational Therapy	45	3
Semester III			
OTA102	Foundations of Occupation Therapy	45	3
OTA110L	Therapeutic Activities for Occupational Performance Lab	30	1
OTA130	Human Dysfunction on Occupational Performance	60	4
OTA140	Documentation in Occupational Therapy	30	2
OTA160L	OTA Fundamentals 1 Lab	60	2
Semester IV			
OTA201	Fieldwork Level IA	45	1
OTA210	OTA Applications in Psychosocial Practice	45	3
OTA230	Therapeutic Communications	30	2
OTA245	OTA Applications in Pediatric Practice	45	3
OTA245L	OTA Applications in Pediatric Practice Lab	45	1
OTA250L	Group Dynamics Lab	30	1
OTA260L	OTA Fundamentals II Lab	45	1
Semester V			
OTA301	Fieldwork Level IB	45	1
OTA315	OTA Applications in Physical Dysfunction	45	3
OTA315L	OTA Applications in Physical Dysfunction	45	1
OTA325	Therapeutic Adaptations	30	2
OTA325L	Therapeutic Adaptations Lab	45	1
OTA340	OTA Applications in Geriatric Practice	45	3
OTA350	OTA Professional Seminar	30	2
OTA360L	OTA Fundamentals III Lab	45	1
Semester VI			
OTA405	Fieldwork Level II, Practicum I	270	6
OTA406	Fieldwork Level II, Practicum II	270	6
OTA410	OTA Applications in Clinical Reasoning	30	2
90 Weeks	Program Total	1890	81

Fill out the online application or to request an application packet contact:

CITY CAMPUS
909 S Taylor
St. Louis, MO 63110
(314)652-0300

COUNTY CAMPUS
1297 N Hwy. Drive
Fenton, MO 63026
(636)529-0000

admissions@slchemail.com



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What will you learn?

Occupational Therapy Assistants treat and care for individuals across the lifespan who are impaired in their ability to participate in everyday activities, or *occupations*, due to neurological, physical, psychological or developmental dysfunctions. An occupation is simply an activity that has meaning or value to an individual as they function in their home, work, school or community. The objective of the OTA program at St. Louis College of Health Careers is to successfully prepare students to be eligible to sit for the national certification examination and to prepare qualified graduates for future employment as an entry-level Occupational Therapy Assistant through carefully designed curriculum and fieldwork experiences.

Graduate Opportunities:

Occupational Therapy Assistants work under the direction of Occupational Therapists to help assess individuals and implement treatment plans that use meaningful activities to improve the emotional, physical, cognitive and social skills of individuals impaired by disability. Occupational Therapy Assistants offer creative and adaptive approaches to help individuals remediate, rehabilitate, or compensate for their loss of function and offer a holistic view of individuals to promote the healthy balance of self-care, work, and leisure activities for improved quality of life valued by all individuals.

Certification:

SLCHC Graduates are eligible to apply to sit for the National Certification Exam administered by the National Board for Certification in Occupational Therapy (NBCOT) in order to become certified as an Occupational Therapy Assistant (OTA).

*Bureau of Labor Statistics, U.S. Department of Labor, Occupational Outlook Handbook, 2016-17 Edition, Occupational Therapy Assistants, on the Internet at <https://www.bls.gov/ooh/healthcare/occupational-therapy-assistants-and-aides.htm>



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APPLICATION FOR ADMISSIONS

Please complete all items on both sides of this form, and print legibly in ink.

Withholding information requested on this application or giving false information may delay or void admission or result in dismissal following admission.

PERSONAL INFORMATION

Name: Last	First	Middle Initial	Maiden	Social Security #
Present Address: Number & Street	City	State	Zip	Area Code & Home Telephone #
Date of Birth	Place of Birth	State of Permanent Residence	Area Code & Cell Telephone #	
Are you at U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever served or are you now serving in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		E-Mail Address	
Dates of Service:				

I agree to allow all SLCHC team members to call, text or email me using the info above: _____ (initial please)

ADMISSIONS INFORMATION

Today's Date (Month – Date – Year)	Application Status: <input type="checkbox"/> New Student <input type="checkbox"/> Independent <input type="checkbox"/> Readmission <input type="checkbox"/> Dependent	If a Readmission, date previously attended:	Program in which previously enrolled:
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PLEASE INDICATE PROGRAM & SCHEDULE OF INTEREST:

CITY CAMPUS PROGRAMS:	SCHEDULE:	COUNTY CAMPUS PROGRAMS:	SCHEDULE:
<input type="checkbox"/> Medical Assistant	<input type="checkbox"/> DAY	<input type="checkbox"/> Medical Assistant	<input type="checkbox"/> DAY
<input type="checkbox"/> Medical Assistant (AAS)	<input type="checkbox"/> EVENING	<input type="checkbox"/> Medical Assistant (AAS)	<input type="checkbox"/> EVENING
<input type="checkbox"/> Patient Care Technician		<input type="checkbox"/> Occupational Therapy Assistant (AAS)	
<input type="checkbox"/> Medical Office Administration		<input type="checkbox"/> Patient Care Technician	
<input type="checkbox"/> Professional Medical Billing (AAS)		<input type="checkbox"/> Pharmacy Technician	
<input type="checkbox"/> Pharmacy Technician		<input type="checkbox"/> Pharmacy Technician (AAS)	
<input type="checkbox"/> Pharmacy Technician (AAS)		<input type="checkbox"/> Physical Therapist Assistant (AAS)	
		<input type="checkbox"/> Practical Nursing	
		<input type="checkbox"/> Respiratory Therapy (AAS)	

EDUCATIONAL INFORMATION

ATTESTATION		Do you have a high school diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No Graduation Date: _____	
By my signature on the reverse of this application, I declare that I have achieved high school or equivalent graduate status, and the information I am providing on this application is accurate and valid.		Do you have a GED certification <input type="checkbox"/> Yes <input type="checkbox"/> No Date Earned: _____	
High School Name	City, State	Dates Attended	Diploma

Name of School	City	State	Dates Attended	Diploma/Degree/ # of Hours
College/University				
College/University				
Other				



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EMPLOYMENT INFORMATION (this information is utilized to assist graduates pursuing employment opportunities)

Present or Most Recent Employer	Address & City/State/Zip Code	Area Code & Telephone #
Dates of Employment From To	Job Title	Immediate Supervisor

Previous Employer	Address & City/State/Zip Code	Area Code & Telephone #
Dates of Employment From To	Job Title	Immediate Supervisor

SPECIAL NEEDS INFORMATION

What means of transportation will you use to get to school?	Personal Auto: Year Make/Model License #
Do you feel that you have any physical/mental handicaps or disabilities that may restrict your ability to successfully complete your program or seek employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain:
Do you feel that you have or have had any illness/disease transmittable to patient or other individuals you may come in contact with in the classroom or clinical area? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain:

EMERGENCY CONTACTS (please provide two separate names & numbers)

Name	Relationship	Address	Telephone #
Name	Relationship	Address	Telephone #

STATEMENT OF AGREEMENT

All information and material submitted to St. Louis College of Health Careers shall become property of the College and shall only be disclosed to when deemed necessary for official purposes. The applicant affirms the information contained on the application is complete and true.

- Upon enrollment, you must submit any documents or records required for acceptance into the instructional program you have designated.
- Upon enrollment, you must submit \$50 application fee prior to meeting with Financial Aid. \$40.00 of this fee will be refunded if the applicant is denied admission with \$10.00 kept for Wonderlic Processing. An additional fee will be charged for High School Diplomas/Transcripts and GED information that may be required.
- You must sign and date this application.

Concerning the release of information, I hereby give my consent to release to the Admissions Representatives any and all of my previous academic records – including transcripts and diplomas – that may be needed to help determine my enrollment eligibility. I also hereby give my consent to release any and all information regarding my financial records to the Financial Aid Representatives acting in my interest before, during or after my attendance at St. Louis College of Health Careers.

Furthermore, I hereby give my consent to release my educational records to any sponsoring agencies to which I have applied for funding assistance, as well as my enrollment information to any other agencies with which I am associated for assistance, such as housing, child care, work study, clinical/practicum/externship, etc., and for which I will give prior notification to the College.

Additionally, I hereby give my consent for my parents or others that I designate to obtain information pertaining to my educational records at St. Louis College of Health Careers. However, the recipient of this information must present to a school official a written request signed and dated by me that contains my name, social security number, program and start date, as well as the recipient’s name, relationship to me and the item to be released, and must display some form of identification.

Applicant Signature

Date

St. Louis College of Health Careers adheres to the principle of equal education and employment opportunity without regards to race, sex, age, color, creed, physical or mental handicap, veteran status or national origin. This policy extends to all programs and activities supported by the college.

The following information is being collected for statistical purposes only. This information will not be considered for Admission purposes.

RACE: African American Hispanic Caucasian Asian American Indian/Alaska Native Other **SEX:** Male Female