

For Office Use Only

Year Applying For \_\_\_\_\_ Application Fee Received \_\_\_\_\_ Date Received \_\_\_\_\_

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

Name \_\_\_\_\_ Current NCCC Student? [ ] Yes [ ] No  
Last First Middle Maiden Student ID# (if applicable) \_\_\_\_\_

Any other last names used \_\_\_\_\_ Last 4 digits of SSN \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

County of Residence \_\_\_\_\_ \*Date of Birth \_\_\_\_\_

Personal email address \_\_\_\_\_

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

\*Gender (as self-identified by the applicant) [ ] Male [ ] Female [ ] Decline to State

\*Racial/Ethnic Background: [ ] White [ ] Black [ ] Hispanic/Latino [ ] Asian  
[ ] American Indian/Alaskan Native [ ] Native Hawaiian/Pacific Islander

**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**

Name of School	Location	Dates Attended	Grades or Credits Completed	Degrees Earned

**WORK EXPERIENCE** (within last two years)

Type of work	Name of Employer	Location	Dates Employed	Reason for Leaving

Have you 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 the school may contact in the event of an emergency or to locate you, if the need should arise.

Name	Address	Home Phone	Work Phone	Relationship

**IF ANY INFORMATION CONTAINED HEREIN IS FOUND TO HAVE BEEN FALSIFIED, THIS APPLICATION MAY BE WITHDRAWN AND APPLICANT MAY BE ASKED TO WITHDRAW FROM THE SCHOOL.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\*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.