

Occupational Therapy Assistant Program Essential Functions

Area of Function
explain

YES NO If no, please

Area of Function explain		YES	NO	If no, please
Mobility	<p>1. Have physical stamina to stand, walk, perform repetitive motions, and/or transfer patients for 8 hours or more in a clinical setting.</p> <p>2. Can stand on both legs, move from room to room, and maneuver in small spaces. Physical disabilities must not pose a threat to the safety of the student, faculty, patients, or other health care workers.</p>			
Flexibility	1. Can bend the body downward and forward by bending at the spine and waist, and kneeling/stooping as appropriate to perform patient treatment.			
	2. Can flex and extend all joints freely – upper and lower extremities – specifically as needed to maintain proper postural control and body mechanics when working with clients in various settings.			
Strength	<p>1. Can raise objects from a lower to a higher position or move objects horizontally from position to position. <i>This factor requires the substantial use of the upper extremities and back muscles.</i></p>			
	2. Possess mobility, coordination, and strength to push, pull or transfer heavy objects/people. Consistently required to meet a medium physical workload demand, with occasional heavy physical workload demand required, dependent upon caseload. (Strength to lift 25 lbs. frequently and 50 lbs. or more occasionally).			
Fine Motor Skills, Dexterity, and Hand/Eye Coordination	1. Possess manual dexterity, mobility, and stamina to perform transfers, lifting objects, working with small children and older adults, perform manual therapy techniques and/or CPR.			
	2. Can seize, hold, grasp, turn, and otherwise work with both hands.			
	3. Can pick, pinch, or otherwise work with the fingers.			
Auditory Ability	1. Possess sufficient hearing to assess patients' needs, follow oral instructions, communicate with other health care workers, as well as respond to audible sounds of emergency notifications, codes, equipment notifications, and respond to patients' auditory expressions of pain and discomfort with or without			

	accommodations.			
Visual Acuity, Visual Field, Visual Motor Coordination, and Contrast Sensitivity	1. Possess the visual acuity/visual field/visual scanning/visual motor coordination to read and write documentation under a variety of time constraints, print sizes, and conditions, as well as visually assess the patient for skin integrity, pain, and to determine flight risk due to unpredictable patient behaviors. Ability to assess the environment for hazards related to fall risk and safety to patients and healthcare staff. Ability to assess visual signs of distress, aggression in order to de-escalate behaviors and avoid harm/injury to patients as required with or without accommodations.			
	2. Possess sufficient contrast sensitivity/visual field to determine fall risks such as: water on the floor, changes in elevation in indoor and outdoor environments, moving and stationary hazards to mobility in the environment that may pose a danger to clients to ensure safe functional mobility based on the needs of the client with or without accommodations.			
	3. Ability to frequently perform patient care/assessment/documentation tasks under a demanding schedule with few rest breaks.			
Depth Perception	1. Is able to determine distance from one surface to another and evaluate environmental conditions in the patient environment in order to safely transfer patients in a variety of environments and situations with or without accommodations.			
Communication	1. Possess verbal/nonverbal and written communication skills adequate to exchange ideas, detailed information, and instructions accurately with or without accommodations.			
	2. Able to speak, read, comprehend, and write legibly in the English language.			
Perception	1. Possess ability to make decisions quickly and under pressure to maintain patient safety.			

Judgment/ Safety	2. Ability to problem-solve to maintain patient safety and provide effective treatment solutions.			
	3. Ability to manage responsibilities effectively in busy clinical environments.			
	4. Right/left discrimination, stereognosis, and sensory			

	processing needed for patient safety.			
	5. Sufficient topographical orientation skills needed for safety in navigation through facilities with patients.			
Cognition	1. Possess sufficient cognition to maintain appropriate: attention span, critical thinking, ability to generalize, form concepts, and set goals necessary as a clinician.			
	2. Possess sufficient memory, orientation, recognition, and sequencing needed for making safe patient care.			
Interpersonal Skills	1. Able to interact purposefully and effectively with others.			
	2. Able to convey/utilize sensitivity, respect, tact, and a mentally healthy attitude. Ability to modify behavior in response to feedback from faculty and/or clinical fieldwork supervisors.			
	3. Oriented to reality and not mentally impaired by mind-altering substances.			
	4. Able to function safely and effectively during high stress periods.			
Psychosocial Skills	1. Can demonstrate appropriate awareness of others, self-control, and self-expression while utilizing ethical and professional social conduct.			
	2. Possess appropriate interpersonal skills to allow for: communication with warmth and respect, value of beliefs and backgrounds of others, and ability to establish rapport with patients and families.			
	3. Ability to utilize self-control, time management, and coping skills in a variety of demanding situations to maintain professional behaviors.			
	4. Adhere to the OT Code of Ethics, both in the classroom and during clinical placements.			

A student wishing to register for services must meet MCCCDC admissions requirements, or be enrolled as an MCCCDC student, and must provide Disability Resources and Services (DRS) with required documentation verifying the nature and extent of the disability prior to receiving any accommodation. The DRS Director is responsible for evaluating documentation and determining accommodation eligibility.

If you are new to GateWay Community College, please take a moment to log into DRS Connect to get started with registering with the DRS office. If you already registered with our office, please sign in to DRS Connect to start requesting your accommodations.

Please note that every time DRS Connect asks for your "username" and your "student I.D.", both terms refer to your MCCCDC MEID number. The "password" will be the same private password you created originally with your MEID,

<https://olympic.accessiblelearning.com/GCCAZ/>

Upon reading and reviewing the Essential Functions, I have selected the appropriate boxes above attesting to my ability to perform the indicated function area. I further understand that I may be required by the OTA faculty to be re-evaluated if deemed necessary based on my ability to perform the essential functions during the program, for retention, and progression through the program.

Please mark the box that meets your ability at this time:

I currently have the ability to perform the Essential functions.

I am currently unable to perform the Essential functions indicated without accommodations.

Please Print Your Name

GWCC Student No.

Student Signature

Today's Date

GateWay Community College does not discriminate on the basis of race, color, sex, religion, national origin, disability, sexual orientation, or age.

PROGRAM APPLICATION – OCCUPATIONAL THERAPIST ASSISTANT

2026 – Applications accepted from January 2025 to December 18, 2025

NOTE: It is the applicant's responsibility to assure that the information on this application remains current. The applicant must inform GateWay Community College of any changes in the information provided below. Failure to provide current information may result in the applicant forfeiting their program space. Entrance into the OTA program is first come first serve based on submitting a complete packet.

Please print clearly:

LEGAL NAME – LAST	FIRST	MIDDLE
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FORMER NAME(S) which may appear on transcripts

ADDRESS STREET

CITY	STATE	ZIP
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PHONE NUMBER HOME	PHONE NUMBER WORK	PHONE NUMBER CELL
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STUDENT ID NUMBER	MARICOPA EMAIL ADDRESS (Ex. @maricopa.edu)
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ADMISSION APPLICATION DISCLAIMER:

Admission to the Occupational Therapist Assistant Program at Gateway Community College does not guarantee that a student will receive an Associate in Applied Science Degree from the college. Additionally, completion of the Occupational Therapist Assistant Program is not the sole criterion for obtaining a license/certificate to work as an occupational therapist assistant. Licensing/certification requirements, if required, are the exclusive responsibility of the individual State Board of Occupational Therapy or similar agency, and an individual must satisfy specific requirements of those agencies independent of graduation from an accredited OTA education program.

CERTIFICATION:

I certify that the above answers are true, correct and complete. I understand that any falsification or intentional misrepresentation of information on this application may be cause for dismissal from the Occupational Therapist Assistant Program and from the college.

Applicant's Name (PRINT)

Signature

Date

**Submit to: GateWay Community College, ATTN: OTA Selective Admissions and Records Office 108 N 40th Street
Phoenix, AZ 85034-1704**

OCCUPATIONAL THERAPIST ASSISTANT – ADMISSION APPLICATION CHECKLIST/ADVISOR REVIEW

Last Name

First Name

Student ID

Date

The following prerequisites must be completed prior to submitting your application. Applicants are strongly encouraged to meet with a program adviser to review and complete this application checklist prior to submitting the application to the OTA Program.

Course	Course Title	Credits Required	College	Semester Completed or Enrolled	Grade
+ BIO 201	Human Anatomy & Physiology I	4			
+ BIO 202	Human Anatomy & Physiology II	4			
+ CRE 101	College Critical Reading and Critical Thinking/OR Equivalent by Assessment on Placement Test	0-3			
+ COM100/110/230	Introduction to Human Communication OR Interpersonal Communication OR Small Group Communication	3			
+ ENG101 + ENG107	First Year Composition OR First Year Composition for ESL	3			
+ HCC146	Common Medical Terminology/ OR Work experience or equivalent education as evaluated by the Gateway Health Core Curriculum Coordinator	0-2			
+ OTA100	Introduction to Occupational Therapy Assistant Profession	2			
+ PSY101	Introduction to Psychology	3			
+ 20 Hours	Documentation of observation hours 10 hour minimum with adults 10 hour minimum with pediatrics	N/A			

The following items are required to be submitted following admission to the program and no later than 60 days prior to the first day of class.

Level One Fingerprint Clearance Card (copy required)	Expiration Date
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MCCCD Policy Background Check Acknowledgement (copy attached)	<input type="checkbox"/>
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A "Healthcare Provider" CPR card from the American Heart Association is required 60 days prior to admission.

Student Signature

Student Name (printed)

Date

Adviser Signature

Adviser Name (printed)

Date

WORK / OBSERVATION HOURS

Twenty (20) hours of work/observation in occupational therapy practice settings are a prerequisite to application for admission into the OTA Program. A **minimum of 10 hours in an adult setting and 10 hours minimum in a pediatric setting is required.** The work/observation experience requirement has a two-fold purpose. First, it assures that the applicant has completed career exploration in the field. The applicant should be well aware of the job duties and responsibilities of the OTA through the work/observation and thus be able to make an intelligent decision about the appropriateness of pursuing this career goal. Second, the program wants to be reasonably certain that students entering the program are committed to this career goal. The work/observation requirement is used to assure that applicants have had first hand experience with the job duties that an OTA is required to perform. **The applicant should expect that the majority of facilities only allow volunteers to observe occupational therapy practice. "Hands on" experience is not allowed in most facilities.**

Work/observation hours can be gained at a number of facilities which provide occupational therapy services. These facilities include acute care hospitals, skilled nursing units/facilities, rehabilitation units/hospitals, private practices, business owned practices, schools, and private agencies.

It is the responsibility of the student to arrange for work/observation hours or to certify work experience gained in the field. Work/observation can be arranged by contacting the occupational therapy or therapy departments of the types of facilities noted above. Phone numbers and locations of facilities may be found using Google or a search engine. Facilities may have a waiting list for individuals wanting to complete observation hours and may have limited hours in which observation hours can be accommodated. Applicants often achieve the required observation hours through attendance at multiple facilities. It is common to contact a number of facilities before observation can be arranged. Some orientation may be required. Allow several weeks to find a facility or facilities to complete the 20 hours. Receiving occupational therapy services for a personal injury or medical condition does not count toward the work/observation hour requirement.

The work/observation hours must be certified by an occupational therapist or an occupational therapist assistant. Please see the Work/Observation Hours Verification and Assessment Form included in this packet. One form is required from each facility at which work/observation experience was completed. A student must achieve a score of satisfactory on their observation hours to be admitted to the program. If a satisfactory score is not achieved, there is a waiting period of one year before a student can repeat their observation hour requirement.

WORK / OBSERVATION HOURS VERIFICATION & ASSESSMENT FORM

INSTRUCTIONS TO THE APPLICANT - On the attached form PRINT your name in the indicated spaces. Give this form and a stamped, self-addressed envelope to each Occupational Therapist/Occupational Therapist Assistant who has observed your performance during your volunteer/work/observation in OCCUPATIONAL THERAPY. Only DIRECT work/observation in OCCUPATIONAL THERAPY will satisfy the prerequisite requirement. Work/observation must have occurred within the past two years. Make additional copies of this form if your work/observation has been performed in more than one facility. A separate form must be provided to each facility.

Applicants must submit the Work/Observation Verification and Assessment form(s) with their application to the program.

WORK / OBSERVATION HOURS - VERIFICATION & ASSESSMENT FORM

(Page 1 of 3)

Applicant's Name

Social Security # or GateWay ID #

The above named applicant is applying for admission into the Occupational Therapist Assistant Program at GateWay Community College. A provision of the Family Educational Rights and Privacy Act of 1974 allows students to review the Volunteer/Work/Observation Verification and Assessment form unless the student waives the right in writing.

I waive the right to review this Volunteer/Work/Observation Verification and Assessment Form.

Applicant's Signature

Date

INSTRUCTIONS FOR OCCUPATIONAL THERAPY WORK/OBSERVATION SUPERVISOR

Please complete the form below. Twenty hours (20) of work/observation hours are required for admission into the Occupational Therapist Assistant Program at GateWay Community College. The rating and comments sections of this form are used for student advisement purposes.

After completing the form please mail the form to the address provided below. To assure confidentiality, please sign your name across the back flap of the envelope.

GateWay Community College- ATTN: Carmel DeVora
Admissions and Records, 108 N 40th Street
Phoenix, AZ, 85034-1704

I, _____, do hereby verify that _____
(SUPERVISOR'S NAME - PLEASE PRINT) (APPLICANT'S NAME PLEASE PRINT)

has satisfactorily completed _____ hours of work/volunteer experience in occupational therapy at

(FACILITY NAME)

Supervisor's Signature

Date

Address

City

State

Zip Code

Work Phone Number

OT/OTA License or
Certificate #

State

(PAGE 2 OF 3)

Please rate the above named applicant on their performance during the work / observation experience in the following areas. Rating scale = 0 - 10 with 10 being the highest score possible. The ratings on this form will be used as part of the application process to the program. A student must achieve a score of at least 70 in order to satisfactorily pass their observation hours requirement.

Maturity _____ (10pts)

Personal Appearance _____ (10pts)

Initiative _____ (10pts)

Attendance _____ (10pts)

Problem-solving Skills _____ (10pts)

Interpersonal Communication _____ (10pts)

Interest in Occupational Therapy _____ (10pts)

Adaptability _____ (10pts)

Professional Manner _____ (10pts)

Dependability _____ (10pts)

Total Score _____

Please comment below about the applicant's performance during the work/observation experience at your facility. Please comment on the applicant's readiness to enter an Occupational Therapist Assistant education program. Comments will be used for student advisement purposes only. Use additional paper, if necessary.

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Signature

Date

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The occupational therapy work/observation certified on this form can best be described as occurring in the following setting:

*** NOTE:** If several types of experiences were provided at one facility, please specify the number of hours spent in each type of experience.

HOURS

- Acute Care Hospital
- Rehabilitation Unit - Hospital based
- Rehabilitation Unit - Free standing
- Outpatient Services - Hospital based
- Private Practice
- Sports Medicine
- Extended Care Facility
- Industrial injury rehabilitation clinic
- Home care
- Pediatric care
- School based physical therapy
- Cardiac Rehabilitation
- Other (please specify)

Submit to:

GateWay Community College
ATTN: OTA Admissions & Records
108 N 40 th Street
Phoenix, AZ 85034 - 1704



**Allied Health and Nursing Programs
Maricopa County Community College District
Summary of Criminal Background Check Requirement**

(Student Copy)

Overview of the Requirements

In order for students to be admitted to or maintain enrollment in good standing in Maricopa County Community College District's ("MCCCD") Allied Health and Nursing programs ("Programs"), students must provide with their application to a Program all of the following:

- A copy of an Arizona Department of Public Safety Level-One Fingerprint Clearance Card ("Card"). Students are required to pay the cost of applying for the Card. Cards that are NOT Level-One status will not be accepted.
- An original version of the "**Criminal Background Check Disclosure Acknowledgement**" form attached to this Summary signed by the student.

At all times during enrollment in a Program, students must obtain and maintain BOTH a valid Level-One Fingerprint Clearance Card and passing disposition on supplemental background check performed by MCCCD authorized vendor. Admission requirements related to background checks are subject to change as mandated by clinical experience partners

Implementation of the Requirements

1. Students that are denied issuance of a Card may be eligible for a good cause exception through the Arizona Department of Public Safety. It is the student's responsibility to seek that exception directly with the department. Until the student obtains a Card and meets the other requirements for admission, he or she will not be admitted to a Program.
2. Students admitted to a Program whose Card is revoked or suspended must notify the Program Director immediately and the student will be removed from the Program in which they have been admitted or are enrolled. Any refund of funds would be made per MCCCD policy.
3. The **Criminal Background Check Disclosure Acknowledgement** directs students to disclose on the data collection form of the MCCCD authorized background check vendor all of the requested information as well as any information that the background check may discover. Honesty is important as it demonstrates character. Lack of honesty will be the basis for denial of admission or removal from a Program if the information that should have been disclosed but was not would have resulted in denial of admission. Failure to disclose other types of information constitutes a violation of the Student Code of Conduct and may be subject to sanctions under that Code. Students have a duty to update the information requested on the [background check vendor] data collection form promptly during enrollment in a Program. The [background check vendor] data collection form may ask for the following information but the form may change from time to time:
 - Legal Name
 - Maiden Name
 - Other names used
 - Social Security Number
 - Date of Birth
 - Arrests, charges or convictions of any criminal offenses, even if dismissed or expunged, including dates and details.
 - Pending criminal charges that have been filed against you including dates and details.
 - Participation in a first offender, deferred adjudication or pretrial diversion or other probation program or arrangement where judgment or conviction has been withheld.

The authorized MCCCD background check vendor will be asked to pass or fail each student based on the standards of MCCCD's clinical experience partners that have established the most stringent requirements. The sole recourse of any student who fails the background check and believes that failure may have been in error is with the background check vendor and not MCCCD.



**Allied Health and Nursing Programs
Maricopa County Community College District
Summary of Criminal Background Check Requirement**

(Student Copy)

(Student: Sign and Attach to Application)

All allied health and nursing students who seek to enroll in MCCCCD healthcare programs must complete a Criminal Background Check. The outlined criteria have been created based on MCCCCD's largest clinical experience hospital partners. These partners have stringent background check standards that preclude MCCCCD from assigning students to their sites who cannot meet those standards. In order for MCCCCD students to be able to continue to complete clinical experiences at local hospitals, students must meet these standards.

For persons wishing to enroll in a Program the person must meet the following standards:

- Possession of a valid Arizona Department of Public Safety Level One Fingerprint Clearance Card. Students who currently possess a DPS Card that is another level will not be allowed entrance into a health care program. Students are required to pay the cost of obtaining this background check. If the Level-One Fingerprint Clearance Card is revoked or suspended at any time during the admission process or while enrolled in a MCCCCD healthcare program a student must notify the Program Director immediately and he or she will be removed from the Program. Please see the "Frequently Asked Questions" sheet for details regarding the DPS Card.
- Each student must provide documentation that he or she has completed and "passed" a MCCCCD-supplemental background check through the approved vendor, which will be completed with the health & safety coordinator prior to the program beginning. Students are required to pay the cost of obtaining this background check. Students whose background checks are more than six months old on the date of beginning a healthcare program must obtain an updated background check. Students who have been in a Program for more than 12 months may be requested to obtain an updated background check. Please see the attached "Frequently Asked Questions" sheet for more details regarding the MCCCCD supplemental-background check.
- The MCCCCD supplemental or the clinical agency background check may include but are not limited to the following:
 - Nationwide Federal Healthcare Fraud and Abuse Databases
 - Social Security Verification
 - Residency History
 - Arizona Statewide Criminal Records
 - Nationwide Criminal Database
 - Nationwide Sexual Offender Registry
 - Homeland Security Search
- By virtue of the MCCCCD supplemental background check, students will be disqualified for admission to a program or continued enrollment in a program based on their criminal offenses, the inability to verify their Social Security number, or their being listed in an exclusionary database of a Federal Agency or on a sex offender registry. Offenses that will lead to a "fail" on the supplemental background check may include but are not limited to:
 - Social Security Search-Social Security number does not belong to applicant
 - Any inclusion on any registered sex offender database
 - Any inclusion on any of the Federal exclusion lists or Homeland Security watch list
 - Any conviction of Felony no matter what the age of the conviction
 - Any warrant in any state

- o Any misdemeanor conviction for the following-No matter age of crime
 - violent crimes
 - sex crime of any kind including non consensual sexual crimes and sexual assault
 - murder, attempted murder
 - abduction
 - assault
 - robbery
 - arson
 - extortion
 - burglary
 - pandering
 - any crime against minors, children, vulnerable adults including abuse, neglect, exploitation
 - any abuse or neglect
 - any fraud
 - illegal drugs
 - aggravated DUI

- o Any misdemeanor controlled substance conviction last 7 years
- o Any other misdemeanor convictions within last 3 years
- o Exceptions: Any misdemeanor traffic (DUI is not considered Traffic)

- At all times students are in a program they must maintain BOTH a valid Level-One Fingerprint Clearance Card and passing disposition on the MCCCCD supplemental background check performed by the MCCCCD- authorized vendor.
- Admission requirements related to background checks are subject to change without notice.
- Some clinical agencies may require additional components of a criminal background check, other than those required by MCCCCD, as well as a drug screening. Students are required to pay for any and all criminal background checks and drug screens required by a clinical agency to which they are assigned
- Even though a student possesses a valid DPS Level One Fingerprint Clearance Card and has passed the MCCCCD supplemental background check, a clinical agency may decline to place a student due to information the clinical agency obtains in a background check it requires.
- If a clinical agency to which a student has been assigned does not accept the student based on his or her criminal background check, the student may not be able to complete the program.
- MCCCCD may, within its discretion, disclose to a clinical agency that a student has been rejected by another clinical agency.
- MCCCCD has no obligation to make attempts to place a student when the reasons for lack of placement are criminal background check issues. Since clinical agency assignments are critical requirements for completion of the program, inability to complete required clinical experience due to a student's criminal background check will result in removal from the program.

Signature

Date

Printed Name

Student ID Number

Desired Health Care Program