November 2, 2004

Dear Applicant:

I am excited to learn of your interest in the Master’s entry-level Occupational Therapy program, which is recognized for its impressive record of research, receipt of grants, and its successful alumni. Our graduates have received awards, are noted for their expert practices, have assumed health-care leadership positions, have mentored students in fieldwork, and have contributed extensively to professional and civic organizations.

Our nationally known faculty members have expertise in geriatrics, pediatrics, orthopedics, behavioral health, and neurorehabilitation. The curriculum is proactive in preparing graduates for emerging areas of practice, such as offering the only graduate certificate in the United States for occupational therapists and for our entry-level occupational therapy students in low vision services. Leadership skills in occupational therapy are developed through participation in the Student Occupational Therapy Association, service learning, and a portfolio process.

Learning is facilitated by a modern and attractive facility and opportunities for interaction with clients and for developing relationships with faculty and students in other health professions. We have offered the entry-level Occupational Therapy program for many years, making us one of the most experienced programs. Because the profession will be phasing out baccalaureate programs in occupational therapy by 2007, the University of Alabama at Birmingham is the optimum choice for launching your career.

Please contact us for more information regarding occupational therapy. We would be happy to arrange meetings with a representative from occupational therapy, give you a tour, and introduce you to current occupational therapy students. We also would be available by phone or e-mail if you have any questions. At the conclusion of your visit, we believe you will find this program to fit your goals.

Sincerely,

Penelope A. Moyers
EdD, OTR, FAOTA
Professor and Chair

353 Richard M. Scrushy Building
1705 University Boulevard
205.934.3568
Fax 205.975.7787

The University of Alabama at Birmingham
Mailing Address:
RMSB 353
1530 3RD AVE S
BIRMINGHAM AL 35294-1212
APPLICATION FOR ADMISSION TO: MSOT Program
The University of Alabama at Birmingham
Department of Occupational Therapy
RMSB 353, 1705 University Blvd.
1530 3rd Avenue S

FOR OFFICE USE ONLY

Date Received:____________________
UAB Student: YES NO
First Time Applying: YES NO

Please TYPE or PRINT

Anticipated Date of Enrollment
Fall, 200______

Social Security Number (will become UAB Student #)

1. Name:______________________________________________
   Last  First  Middle  Maiden

2. List any other name(s) used at previous institutions attended:
   ______________________________________________________

3. Present Address: Use until (date)______________ Telephone:____________________
   No. and Street  City  State  Zip

4. E-mail Address: ________________________________

5. Permanent Address: Telephone:____________________
   No. and Street  City  State  Zip

   At which address would you wish to receive mail?  Present _____ Permanent____

6. Work Telephone:_______________________________

7. Colleges or Universities Attended: (PLEASE print clearly)
   Name  City/State  Attendance Dates  Major  Degree
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

8. References: List the names of the three persons to whom you have sent recommendation forms and their relationship to you. (PLEASE print clearly)

   1.____________________________________________________

   2.____________________________________________________

   3.____________________________________________________

*Rolling admission begins September 1st and concludes July 15th before the expected date of Fall Semester enrollment. Applications received after July 15th will be reviewed and admission will occur on a space-available basis.

** If space is not available, the application at the student’s request will remain on file for consideration for the next year.
9. List any academic honors, awards, distinctions, or scholarships received which could demonstrate your capability for graduate work.

1. 
2. 
3. 
4. 
5. 

10. List any volunteer and/or observation hours:

1. 
2. 
3. 
4. 
5. 

11. List any organizations or community programs in which you have participated which could be resources for your research project.

1. 
2. 
3. 
4. 
5. 

12. Have you taken the MAT or GRE? YES_______ NO_______
If yes, give the date(s):

Did you request that your scores be sent to the MSOT Program and the Graduate school? YES_______ NO_______

13. If you have talked with someone in this program, please give this person’s name:

____________________________

14. Are you a resident of Alabama? YES_______ NO_______
If yes, how long have you been a resident of Alabama?

If no, have you attended an Alabama college for undergraduate work? YES ____ NO ___

15. Have you previously applied for admission to this program? YES____ NO ____

16. Have you ever been convicted of a criminal offense? YES____ NO ____

If yes, you will need to submit appropriate information to the National Board of Certification of Occupational Therapy (NBCOT) for a pre-admission review. This review is intended to provide you with valuable information regarding your potential to practice, to acquire licensure and national certification upon graduation and is not intended as a punitive or discrimination measure for applicants having a criminal conviction. Pre-admission NBCOT review results need not be submitted to the program. If NBCOT results indicate that certification or licensure may be a problem the applicant is advised to withdraw from the admission process.

(For pre-admission review information see the website at www.nbcot.org or call at 301-990-7979.)
Employment History.

Complete the following employment history form. Include time spent doing volunteer work.

<table>
<thead>
<tr>
<th>Employer</th>
<th>Date</th>
<th>Hrs./Wk</th>
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<tbody>
<tr>
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<td>Address</td>
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<td>Title</td>
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<td>State</td>
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<tr>
<td>Title</td>
<td>Duties</td>
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</tbody>
</table>
In your own words, state your current perceptions of Occupational Therapy, and explain how being a member of this profession would help meet your personal and career goals.

Please respond on this page only.

__________________________

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17. Signature: ___________________________ Date: ____________
OCCUPATIONAL THERAPY MSOT PROGRAM

Date of Birth* :_________________________

Marital Status* :_________________________

Race* :________________________________

Gender* :______________________________

Provisions of this information is not mandatory, it is used to assure record accuracy. It's used in the storage, retrieval, and reporting of information. Failure to provide this information will in no way affect your admission. The recruiting and admitting practices of the institution are in keeping with federal guidelines concerning race, gender, handicap, religion, creed, and national origin.

Photograph
# Master of Science in Occupational Therapy

## Program Requirements

<table>
<thead>
<tr>
<th>Arts and Humanities (18 Hours) to include</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>English Composition</strong> – EH 101, 102</td>
<td>3</td>
</tr>
<tr>
<td>Electives (e.g., literature, public speaking, English, Foreign languages, philosophy, theater, art, music, Dance, photography)</td>
<td>15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Natural Sciences and Mathematics (14-16 hours) to include</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Human Anatomy</strong> – BY 115</td>
<td>4</td>
</tr>
<tr>
<td><strong>Human Physiology</strong> – BY 116</td>
<td>4</td>
</tr>
<tr>
<td><strong>Statistics</strong> – MA 180, PY 214, or SOC 110</td>
<td>3-4</td>
</tr>
<tr>
<td>Electives (e.g., Chemistry [highly recommended], Mathematics, Physics [highly recommended], Biology, Computer Science)</td>
<td>3-4</td>
</tr>
<tr>
<td><strong>Medical Terminology</strong></td>
<td>2-3</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Social and Behavioral Sciences (15 hours) to include</th>
<th></th>
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<tbody>
<tr>
<td><strong>Abnormal Psychology</strong> – PY 218</td>
<td>3</td>
</tr>
<tr>
<td><strong>Developmental Psychology</strong> – PY 212</td>
<td>3</td>
</tr>
<tr>
<td>(Human Development/Lifespan)</td>
<td></td>
</tr>
<tr>
<td>Electives (e.g., psychology, sociology, anthropology)</td>
<td>9***</td>
</tr>
</tbody>
</table>

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*Course must be completed within the last seven years; basic science coursework taken more than seven years ago must be repeated

**Up through 2005, Elective semester hours will be 3-4. As of 2006, Elective hours will be 6-8.

***Course must be completed within the last 10 years

Please contact the Department of Occupational Therapy for annual updates, as program requirements are subject to change.

Students who have attended a foreign institution **must have** transcripts/coursework **evaluated BEFORE applying. It is the student’s responsibility** to have the transcript(s) evaluated. Contact the UAB Graduate School (205-934-8227) for information and/or directions.
Recommendation Letter

NOTE: A recommendation from a personal friend or family member in not acceptable.

To the Recommender: The person named below has applied to the Department of Occupational Therapy at UAB.

Name of Applicant: ___________________________  ___________________________  ___________________________  ___________________________

Last     First     Middle     Maiden

Address: ________________________________________________________________

City     State     Zip

Applicant's Social Security No.: ___________________________

In accordance with the Family Education Rights and Privacy Act of 1974, applicants may waive their right to see letters of recommendation. Please indicate your choice and sign on the appropriate line below. If you choose to retain your right, you may read this recommendation if you enroll in the UAB Graduate School.

☐ I waive my right to see this recommendation  ☐ I retain my right to see this recommendation

_________________________________________  ___________________________________________

Signature  Date

The admissions committee has evidence from other sources on the applicant's past academic record. You can be of most help to both the applicant and the Admissions Committee by providing information on behavioral qualities which we believe to be related to his or her success in occupational therapy. Such factors as intellectual curiosity, ability to work with others, ability to be open and accepting of different kinds of people, respect for rights of others, and others you find to be unique to this individual.

Listed below are qualities desired in occupational therapy students. Please rank the applicant in relation to others you have known in the same capacity.

<table>
<thead>
<tr>
<th>Qualities</th>
<th>Superior</th>
<th>Average</th>
<th>Lacking</th>
<th>No Basis for Judgement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual Curiosity</td>
<td></td>
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<tr>
<td>Ability to be Open and Accepting of Different Kinds of People</td>
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<tr>
<td>Respect for Rights of Others</td>
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<tr>
<td>Motivation and Initiative</td>
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<tr>
<td>Independence</td>
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<tr>
<td>Dependability</td>
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<tr>
<td>Verbal Clarity</td>
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<tr>
<td>Writing Skills</td>
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<tr>
<td>Overall Intellectual Capacity</td>
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</tbody>
</table>

( ) Recommend with confidence
( ) Recommend
( ) Recommend with reservation
( ) Not recommended

(see other side)
Please provide information about these qualities and any additional comments that you feel would aid the Admissions Committee in the evaluation of the applicant. Use the space provided or attach a letter. Please discuss any unusual circumstances which may have affected the applicant's performance.

In what capacity have you known the applicant? ____________________________________________________________

How long have you known the applicant? ____________________________________________________________

Signature                        Date

Name (please print) ____________________________

Title                        Phone #  ____________________________

Organization or Institution ____________________________

Address ____________________________

City                      State        Zip

Please return to: Admission’s Coordinator
Department of Occupational Therapy
RMSB 351, University Blvd.
1530 3rd Avenue S
Birmingham, AL  35294-1212
Phone:  205-934-3568
Fax:  205-975-7787

Applications can be accepted at anytime. Early submission of application for admission is recommended. Rolling admission begins September 1st and concludes July 15th before the expected date of Fall Semester enrollment. Applications received after July 15th will be reviewed and admission will occur on a space-available basis. If space is not available, the application at the student’s request will remain on file for consideration for the next year.