**PRE-HEALTH MOCK OCCUPATIONAL THERAPY APPLICATION**

**INSTRUCTIONS**

**Part 1** of the Pre-Health Office’s Application is modeled after applications you will complete during your professional school application process. We modeled our application closely to those that you will complete so that you will have an opportunity to gather the required information needed to apply for your professional schools; so that the Pre-Health Office will have the chance to review and offer feedback to improve your application; and so that you will be afforded the chance to enhance and perfect your application prior to your submission to health professional school.

Please do not be modest when completing this application. Health professional schools are interested in your experiences and so are we! The more we know about your experiences and accomplishments, the better our feedback will be on your application!

**Part 2** of the application was created to assist you with the development of your ideas for your personal statement and your interview. Please complete the questions to the best of your ability.

**Part 3** of the application should only be completed if you have applied to health professional school in the past. You should use this section of the application to identify the areas of their application you improved since your last application to health professional school.

When completed you should save this file and upload this to the Application Prep Program portal along with the following files:

1. GPA Calculator
2. Personal Statement (if completed)

*Your personal statement should be no more than* ***4,500*** *characters (including spaces and punctuation).*

**/Part 1: Application**

This section should serve as practice for your application service later this cycle.

**Basic Information**

|  |  |
| --- | --- |
| Name |       |
| WVU ID# |       |
| E-mail Address |       |
| Phone Number |       |
| Age |    |
| Type of professional school applying for |  |
| Preferred Pronouns |  |
| WVU Major |       |
| WVU Minor |       |
| Expected Date of Graduation |       |
| Degree(s) from other institutions (if applicable) |       |
| Have you applied to the same type of professional school in the past?  |  |
|  |  |

**Family Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Age | Education Level | Occupation |
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**Metrics**

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| Science or Pre-Requisite GPA for primary program of interest. |  |
| Test type (if taken) |  Score:  |
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**Occupational Therapy Observation Hours**

Enter all your paid or volunteer occupational therapy observation hours on the application. If you have observed an OT in more than 1 setting, add a new entry for each additional experience. If you are an Occupational Therapy Assistant (COTA), enter your paid experience. Not all programs require observation hours. Review online OTCAS directory for program-specific requirements.

|  |  |  |  |  |  |  |  |
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| Type | Organization, Location, Supervisor | Start Date | End Date | Setting | Patient Diagnoses/Patient Observed | Hours Completed | Hours Planned |
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“Inpatient” facilities generally admit patients overnight or for longer term stays, and “Outpatient” facilities have no overnight patients.

**Experiences**

Enter your various experience types by completing the required relevant information for each type. Do not include work experiences from high school and do not enter the same experience under multiple types.

**PLEASE NOTE:** the following two sections will ask you to report experiences that you may have provided in the previous table. This is because OTCAS has several ways to input your OT experiences based on the program you are applying to. Please feel free to summarize those experiences listed in the table above, below in the following tables, providing descriptions of those experiences.

**Healthcare, Internships, and Clinical Experiences**

Include both paid and unpaid work in a health or healthcare-related field, where you were not directly responsible for a patient’s care, but may still have patient interaction (e.g., filling prescriptions, clerical work, delivering patient food, cleaning patients and/or their rooms, taking vitals, working as a scribe, CNA, medical assistant, etc.)

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| Organization, Location, Supervisor | Start Date | End Date | Description/Key Responsibilities (600 characters) | Type | Total Hours |
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**Internships and Clinical Experiences**

Identify time spent either following and/or observing an occupational therapy professional at work or a paid or unpaid position related to occupational therapy.

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| Organization, Location, Supervisor | Start Date | End Date | Description/Key Responsibilities (600 characters) | Type | Total Hours |
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**Non-Healthcare Employment**

List all paid employment (non-occupational therapy). Include a brief description of your responsibilities.

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**Volunteer Experiences**

List all volunteer experiences outside of healthcare and your role. Note 1-time experiences in the description.

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**Research Experiences**

Note: In the description, be sure to describe the specific tasks you took part in as well as the overall goal of the research.

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**Teaching Experience**

Identify teaching experiences in which you were in charge of instructing others, such as a teaching assistant, tutor, etc.

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| Organization, Location, Supervisor | Start Date | End Date | Description/Key Responsibilities (600 characters) | Type | Total Hours |
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**Leadership Experience**

Identify leadership experiences in which you held a leadership role within an organization, such as the president of a club, etc.

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| Organization, Location, Supervisor | Start Date | End Date | Description/Key Responsibilities (600 characters) | Type | Total Hours |
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**Other Extracurricular Activities**

E.g., study abroad, clubs, memberships, hobbies, etc. Do not include paid work experiences in this section.

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| Organization, Location, Supervisor | Start Date | End Date | Description/Key Responsibilities (600 characters) | Type | Total Hours |
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**Achievements**

List all relevant awards, honors, and scholarships that you have received or been awarded.

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| Achievement | Organization | Start Date | End Date | Description (600 characters) |
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**Licenses and Certificates**

In this section, report all professional licenses and certificates earned, including a physical therapist assistant and CPR certifications, etc.

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| --- | --- | --- | --- | --- |
| Name of Licenses/Certificate | Organization Name | Issued Date | Valid Until | State/Province Issued In |
|       |       |       |       |       |
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**/Part 2: Personal Statement and Interview Preparation**

This section of the application should be used to help you develop your ideas for your personal statement and interview. Each question is limited to 1500 characters with spaces.

**Uniqueness**

What is special, unique, distinctive, and/or impressive about you or your life story (e.g., hobbies, hardships, culture, obstacles, travel, etc.)?

**Motivation**

Why do you want to become an occupational therapist? When did you decide you wanted to become an occupational therapist?

What specifically interests you about occupational therapy and a career in this profession?

**Self-Reflection**

What are two things you want the Pre-Health Office to know about you that makes you the ideal candidate:

|  |
| --- |
| 1.
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Are there any gaps, irregularities or discrepancies in your academic record that you should explain?

If yes, please identify what they are and provide a brief explanation:

**Core Competencies**

Consider the [Pre-Health Professions Competencies](https://prehealth.wvu.edu/prepare/pre-health-professions-competencies) for all pre-health students. Originally developed by the [AAMC](https://students-residents.aamc.org/applying-medical-school/article/core-competencies/) to strengthen their holistic approach to application review, these competencies provide insight into the types of knowledge and personal qualities that would be helpful to you as a future health professional.

Provide an example of how you demonstrate or how you have developed **AT LEAST FIVE** of these competencies.

|  |  |
| --- | --- |
| Competency | Description (600 characters with spaces) |
| Service Orientation |       |
| Social Skills |       |
| Cultural Competence |       |
| Teamwork |       |
| Oral Communication |       |
| Ethical Responsibility to Self and Others |       |
| Reliability and Dependability |       |
| Resilience and Adaptability |       |
| Capacity for Improvement |       |
| Critical Thinking |       |
| Quantitative Reasoning |       |
| Scientific Inquiry |       |
| Written Communication |       |
| Living Systems |       |
| Human Behavior |       |

Which **THREE** are your most well-developed competencies at this point?

**/Part 3: Re-applicants**

This section of the application should only be completed by those who have applied to health professional school in the past.

Please provide details for any improvements in the following categories:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Category | Organization, Location, or Supervisor | Start Date | End Date | Description (600 characters with spaces) | Total Hours |
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Please provide any additional information about how your application has improved since you last applied.