The Program in Occupational Therapy

The Master of Occupational Therapy (MOT) Program is a professional master’s degree designed as the entry-level preparation of the occupational therapist. Consisting of two and a half years of study, the MOT degree prepares students for the practice of occupational therapy as a generalist.

The Profession of Occupational Therapy

Occupational therapists work with individuals whose abilities to participate in the occupations of life are disrupted or unable to develop due to disease, injury, developmental difficulties or environmental factors. Occupational therapy is a health and human service profession whose name is reflective of the time that it was founded in 1917 when the term occupation collectively referred to activities people engage in throughout their day. Based on the centuries-old belief that there is health in doing, active client centered participation is both the focus of the profession and its main avenue of intervention. Occupational therapists work in health, education, work, and social service settings.

Mission Statement

The Mission of the Occupational Therapy Program is to provide a well-rounded educational experience to students that will prepare them to effectively practice in a variety of service areas within today’s health and human service arena. Each graduate will:

- Possess a thorough understanding of occupation
- Be able to articulate and demonstrate the theoretical and practical application of occupational therapy
- Be comfortable and competent working with individuals in a variety of practice settings
- Be committed to continuous professional growth and the evolution and validation of the profession as human needs change.

Faculty participating in the program will contribute through service and education to professional groups and the local community, and will maintain high standards of professional knowledge while offering quality education to students.

Accreditation

The Occupational Therapy Program has achieved full accreditation from the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA), 4720 Montgomery Lane, Suite 200, Bethesda, MD 20824-3449; (301) 652-2682; www.acoteonline.org

Program graduates may be eligible to sit for the National Certification Examination for the Occupational Therapist administered by the National Board for Certification in Occupational Therapy (NBCOT); www.nbcot.org. After successful completion of this exam, the individual will be an Occupational Therapist, Registered (OTR). Passage of this exam forms the basis for regulation of practice. Following successful registration graduates of the program must follow up with their state/district regulatory boards to learn about procedures related to obtaining OT licensure.

A prior felony conviction may impact ability to practice occupational therapy. Applicants are advised to check NBCOT Practice standards and code of conduct http://www.nbcot.org/practice-standards and individual state requirements for the practice of occupational therapy.

Information

- Due to space limitation a maximum of 24 students are admitted for each class.
- All inquiries or correspondence, including completed applications, should be directed to:
  Occupational Therapy Program
  Department of Health Sciences
  MSC 4301 – 235 Martin Luther King Jr Way
  James Madison University
  Harrisonburg, VA 22807
- You may also email otprogram@jmu.edu for information.
• The application deadline is November 15.
• Students who have completed 85 undergraduate credits and have completed all criteria for admission may apply to the program.
• Students must have completed all Health Science/Health Studies core requirements. Courses taken in the OS program will count as electives for the Health Sciences undergraduate degree.
• The applicant must be a current student at JMU or must have been admitted to JMU during or prior to the Spring 2016.
• Applicants entering JMU are required to meet the General Education requirements for a B.S. degree.
• Information regarding the status of applications will only be released to the applicant.
• Applicants will be notified in writing of admission decisions by May 1. Students who opt to remain on the waitlist may be notified as late as the week before summer courses begin.
• Once admitted, the student will complete 35 hours in his/her senior year and will receive a Bachelor of Science degree in Health Sciences with an Occupational Studies Concentration.
• A student following this point of entry into the program will have the opportunity to combine a minor with a BS degree in Health Sciences.
• Admission into the Occupational Studies Concentration as a senior does not ensure admission into the Graduate School or graduate level of the Occupational Therapy Program.

Applicants must submit:
• A completed application form
• A photocopy of the scores of the Graduate Record Examination in Verbal, Quantitative and Writing. The GRE should be taken no later than November 15 to have scores for the deadline.
• Documentation verifying a minimum of 40 hours of observation of occupational therapy services.
• Three reference forms: one from an instructor, one from an employer/volunteer supervisor and one from another non-related individual. Please do not submit letters of reference, it must come from the source and can be emailed to sniderlk@jmu.edu.
• Personal statement (1500 words or less).
• Prerequisite course sheet
• Personal resume’

Prerequisites
• The applicant must have a minimum cumulative grade point average of 2.8, however to be competitive a 3.0 or higher is recommended (A=4.0).
• A prerequisite GPA of 3.0 or higher and “C” (2.0) grade or higher in all prerequisite coursework is required.
• It is desirable that all prerequisite coursework be completed prior to applying; however, the admissions committee realizes this is not always possible. Applicants may be enrolled in prerequisite coursework during the semester of application. Applicants must submit proof of completing prerequisite courses by Jan 10th by emailing to sniderlk@jmu.edu.
• Applicants may be enrolled in up to three prerequisite courses in the spring term. Applicants who are offered admission will be admitted on a conditional basis pending completion of all prerequisite course work. They will need to submit spring grades by May 10th – email to sniderlk@jmu.edu.
• All prerequisite courses must be completed prior to the start date of the program.
• For potential substitutions for prerequisite courses taken at another college, please submit a syllabus of the course and a written request for review.

Please read the following information carefully:
• All prerequisites and requirements must be complete by the stated deadlines.
• Incomplete application packages will not be considered for admission.
• It is the applicant’s responsibility to ensure that all necessary admission documents are included in the application package at submission.
Prerequisite Courses/ Occupational Studies

If admitted as a senior into the Occupational Studies concentration a grade of “C” or higher is required in the courses below. These courses must be completed along with JMU General Education requirements:

- BIO 270: Human Physiology
- BIO 290: Human Anatomy
- ANTH 195: Cultural Anthropology
- PSYC 160: Life Span Human Development
- HTH 210: Medical Terminology
- HTH 408: Health Research Methods
- HTH 441/KIN 407 Rehabilitative Biomechanics or KIN 306 + Lab or PHYS 140 + Lab
- MATH 220: Elementary Statistics or HTH 320: Stats Methods for Health Science Research
- PSYC 250: Intro to Abnormal Psychology
- HTH 441/KIN 407 Rehabilitative Biomechanics or KIN 306 + Lab or PHYS 140 + Lab

Admission Criteria

The following criteria are used in determining admission.

1. **Grade point average:** Overall grade point average is calculated. Grade point in prerequisite courses is calculated separately.
2. **Professional Aspirations Statement:** Applicants must include a written statement of no more than 1500 words that defines who they are. Applicants should describe
   - formative life experiences,
   - specific reasons why they wish to pursue a career in occupational therapy,
   - significant accomplishments
   - their response to periods of change or transition
   - the importance of meaningful activity as it pertains to the development of who they currently are
   - the influence of customs and values on their life
   - unique experiences and skills that the applicant possesses
   This submission must be the applicants own work and should be well organized and grammatically correct.
3. **References:** The reference form in the application packet should be duplicated and completed by three individuals: Academic Instructor, volunteer or work supervisor and another non-related individual.
4. **Graduate Record Examination:** Scores from the Verbal, Quantitative, and Written exams.
5. **Documentation of Observation:** The Observation Verification Form in the application packet may be duplicated as necessary. Applicants must observe at least 40 hours of occupational therapy services and provide documentation of these observations. The applicant must be evaluated by one or more occupational therapists and a signature from that individual is required. The Observation Verification Form may be duplicated as necessary.
6. **A personal resume** must be included with the application upon submission.

The above material will constitute your Occupational Therapy Program application package. The submission date is November 15, 2017. Submit all of the above to the following address:

Occupational Therapy Program
Department of Health Sciences
HBS 2051
235 Martin Luther King Jr Way
James Madison University
Harrisonburg, VA 22807
Occupational Therapy Program Application  
Occupational Studies Concentration  
Master Of Occupational Therapy

Completion of pre-professional requirements and admission to JMU does not guarantee admission into the program. Application deadline is **November 15**.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Mr. Mrs. Ms.</th>
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<tr>
<td>Last, First, Middle</td>
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<tr>
<td>Permanent Address:</td>
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<tr>
<td>Street, City, State Zip Code</td>
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<tr>
<td>Current Address:</td>
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<td>Street, City, State Zip Code</td>
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<tr>
<td>Home Telephone:</td>
<td>Alternate Telephone:</td>
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<tr>
<td>Email:</td>
<td>Student ID:</td>
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Academic Expulsion: Have you been excluded from any college or professional school, or denied readmission because of deficiencies in either academic achievement or conduct?  
Yes  No  If yes, please explain briefly on a separate page.

Legal Issue: Have you ever been convicted of a felony?  
Yes  No  If yes, please explain briefly on a separate page.

Post High School (Post Secondary) Education: List all colleges, universities, and professional schools attended after high school. Please include copies of all transcripts with this application.

<table>
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<tr>
<th>Name of College/University</th>
<th>City/State</th>
<th>Date(s) Attended</th>
<th>Year Graduated</th>
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Professional Licensure or Certification: Please indicate if you are licensed or certified in any of the following:

- [ ] Certified Occupational Therapy Assistant  
- [ ] Licensed Physical Therapy Assistant  
- [ ] Certified Pharmacy Technician  
- [ ] Registered Respiratory Therapist  
- [ ] Registered Radiographer  
- [ ] Certified Nursing Assistant  
- [ ] Licensed Practical Care  
- [ ] Other Licensure or Certification  
- [ ] Registered Nurse  
- [ ] Teacher  
- [ ] Social Worker

**Statement of Certification:** I certify that to the best of my knowledge all statements in this application are correct and complete. I understand that withholding information on this application or giving false information will make me ineligible for admission to the Occupational Therapy Program or subject to dismissal. Your signature is required before JMU can process this application.

<table>
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<tr>
<th>Student Signature:</th>
<th>Date:</th>
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James Madison University does not discriminate on the basis of race, color, national origin, religion, gender, age, veteran status, political affiliation, sexual orientation or disability (in compliance with the Americans With Disabilities Act) with respect to employment or admissions or in connection with its programs or activities. Inquiries or requests for reasonable accommodation may be directed to the activity coordinator, the appropriate university office, or the Office Affirmative Action, JMU, Harrisonburg, VA 22807, (540) 568-6991.
REFERENCE FORM
JAMES MADISON UNIVERSITY OCCUPATIONAL THERAPY PROGRAM
Department of Health Sciences
235 Martin Luther King Jr Way
James Madison University
Harrisonburg, VA 22807

Student applicant — print your name here:

The applicant indicated above is requesting a reference to support his/her application to the Occupational Therapy Program at James Madison University. We appreciate your assistance in evaluating this applicant on the following characteristics.

Provider of reference — Please Read:
In accordance with the Family Education Rights and Privacy Act of 1974, a student may request and be granted the right to review his or her references OR the student may waive this right.
If the student applicant has signed the statement to the right, he/she may not see this reference.
Email form to Lisa Snider sniderlk@jmu.edu OR seal it in an envelope with your signature over the seal and mail to the above address.
If the student applicant has not signed the statement to the right, you may allow the student to see the reference.

Student applicant — Please Read:
If you sign the statement below, you may not see the completed reference; the person who completed it and returned to you in a sealed envelope with his/her signature over the seal must seal it.
Please follow up with the provider of reference to see if it has been sent to our program.

I give up my right to see this reference form once it is completed.

Signature of Applicant
Date

Provider of reference: in what capacity have you known the applicant? For how long?

Please circle one number under each characteristic listed below. (If the category is not applicable, circle NA.)

1. Punctuality

<table>
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<tr>
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<th>3</th>
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<tr>
<td></td>
<td>Habituall late</td>
<td>Usually on time</td>
<td>Always on time</td>
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2. Initiative in Performing Tasks

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<th>NA</th>
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<tr>
<td></td>
<td>Does things only when specifically assigned</td>
<td>Takes some initiative</td>
<td>Looks for things to do; does extra reading; tries to find solution to problem</td>
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3. Communication.

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<tr>
<td></td>
<td>Does not express self well either in speaking or writing</td>
<td>Communicates adequately both verbally and in writing</td>
<td>Easily expresses self verbally and in writing</td>
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4. Responsibility (attention to rules and regulations)

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<td></td>
<td>Unsatisfactory; takes no responsibility for work or equipment, rules, or regulations</td>
<td>Takes some responsibility</td>
<td>Accepts responsibility well; completes assigned tasks on time; takes care of equipment; obeys rules and regulations</td>
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### 5. Emotional Maturity (patience and tolerance)

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<td></td>
<td>Does not know own limitations; unable to accept responsibility for own actions; does not demonstrate patience or tolerance</td>
<td>Does not always demonstrate patience, tolerance or accept responsibility for own actions</td>
<td>Consistently accepts responsibility for own actions and is patient</td>
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### 6. Ability to Follow Instructions (on the job or in completing assignments)

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<td></td>
<td>Does the work first; reads the instructions later</td>
<td>Usually follows instructions</td>
<td>Consistently listens or reads carefully; good attention to detail</td>
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### 7. Organization

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<td></td>
<td>Slow to organize and start work</td>
<td>Adequately organizes to make best use of time</td>
<td>Very efficient and well organized</td>
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### 8. Quality of Work (consider neatness and work accuracy regardless of volume)

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<td></td>
<td>Careless</td>
<td>Dependable; rarely find errors</td>
<td>Exceptional work; accurate and complete</td>
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### 9. Dependability

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<td>NA</td>
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<td></td>
<td>Needs constant supervision</td>
<td>Occasional supervision required</td>
<td>Supervision required only in learning tasks</td>
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### 10. Cooperation and Attitude (consider attitudes toward work, other students, employer, and fellow workers; ability to work with others)

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<td></td>
<td>Shows reluctance to cooperate; complains frequently; does not accept suggestions</td>
<td>Usually a good team worker; makes effort to cooperate; usually responds to suggestions</td>
<td>Adapts to situations; cheerfully; thoughtful of others; does not have to be asked</td>
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**Additional Comments:**

**Signature:**

**Please PRINT name:**

**Title:**

**Agency:**

**Address:**

**Street**  **City**  **State**  **ZIP Code**

**Phone**  

**Date:**
By the end of Spring 2018 I will have completed all core requirements for my undergraduate Health Sciences/Health Studies with the exception of electives. Please initial.
Applicant Name: ________________________________

Last,                                            First                                          Middle

Anticipated Date of Admission: ________________________________

This portion of the application is designed to provide information regarding the applicant’s behavior during their volunteer experience. A minimum of 40 hours of observation are required for admission to the James Madison University Occupational Therapy Program. An occupational therapist must verify hours completed by signing off on this form and complete the numeric ratings on the following page. It is recommended that students observe in two or more settings.

When completed, this form should be reviewed with the applicant, signed by the evaluator and the applicant, and returned to the applicant for inclusion in the application packet or emailed to Lisa Snider at sniderlk@jmu.edu

Thank you for your participation in this process. Please direct any inquiries to OTProgram@jmu.edu or call (540) 568-2399.

This portion to be completed by the applicant:

Check only one for each form:

I spent ______ hours in this clinical setting in contact with an OTR.
I spent ______ hours in this clinical setting in contact with a professional other than an occupational therapist.

Supervisor’s Profession: ________________________________

Print Supervisor’s Name: ________________________________  Job Title: ________________________________

Facility: ______________________________________ Phone: ________________________________

Address: ______________________________________

Date(s) of Experience(s): ________________________________

Comment:

______________________________________________________________________________________________________________________________________________________________
**This portion to be completed by the volunteer experience supervisor:**

Please rank the applicant for each item as follows:

4 — Excellent  
3 — Good, Above average  
2 — Average, Satisfactory  
1 — Poor, Unsatisfactory  
NA — Not Applicable

| ____ Ability to follow directions | ____ Flexibility | ____ Motivation |
| ____ Attendance & punctuality    | ____ Initiative  | ____ Observation skills |
| ____ Attitude                    | ____ Interactions with clients | ____ Poise/adjustment to variety of situations |
| ____ Communication skills       | ____ Interactions with staff  | ____ Problem-solving skills |
| ____ Cooperation                | ____ Interest in occupational therapy | ____ Responsibility |
| ____ Dependability               | ____ Maturity        |

Comments: We encourage you to make further comments to express, clarify and reinforce your opinions regarding this student/applicant. Please attach additional sheets, if necessary.

Therapist Signature: ___________________________ Date: _____________

Applicant Signature: ___________________________ Date: _____________
Department of Health Sciences
Occupational Therapy Program

Information contained in this document is subject to change

235 Martin Luther King Jr Way
Harrisonburg, VA 22807