



St. Andrews  
UNIVERSITY  
A Branch of Webber International University

## Occupational Therapy Assistant Program

**Department of Health Sciences  
Bachelor of Science Occupational Therapy Assistant  
with a Minor in Health Services Administration  
1700 Dogwood Mile Laurinburg, NC 28352**

### APPLICATION FOR ACCEPTANCE

**Student Name:**

Last:	First:	Middle:
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**Former Names:**

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**Student Identification Number:**

**Birthdate:**

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**Mailing Address:**

Street:		
City:	State:	Zip:
Home Phone #:	Cell:	
E-mail:	Work Phone:	

**Sex:** Female  Male

**Race:**

Black  American Indian  Alaskan Native  White (Not Hispanic Origin)   
Asian Or Pacific Islander  Hispanic



APPLICATION FOR ACCEPTANCE

LICENSURE INQUIRY/INFORMATION:

An application for licensure/certification in the State of North Carolina requires that any individual who desires to be licensed as an occupational therapy assistant shall file a written application with the Board on forms provided by the Board, showing to the satisfaction of the Board that the applicant is of good moral character and has passed the jurisprudence exam on the North Carolina Occupational Therapy Practice Act and Rules of the Board. The Board may deny, suspend, or revoke a license, or impose probationary conditions on a license, upon any of the following grounds:

- 1) Have been convicted of or pleaded guilty or nolo contendere to a crime involving moral turpitude or any crime which indicates that the occupational therapy assistant is unfit or incompetent to practice occupational therapy
2) that the occupational therapy assistant has deceived or defrauded the public or engaged in conduct that could result in harm or injury to the public.

In addition, the State of North Carolina requires that all occupational therapy assistants are under a continuing duty to report to the Board within 30 days all:

- i. convictions of, or pleas of guilty or no contest to, a felony or any crime, such as fraud, that involves moral turpitude; and
ii. involvements in a civil suit arising out of or related to a licensee's practice of occupational therapy

An application for licensure/certification in the State of North Carolina includes the submission of two signed statements on forms provided by the Board attesting to the applicant's good moral character which may include the following questions. A "yes" answer to any question could result in the denial of a license by the State. If your answer to any of the questions is "YES", you must meet with the Program Director prior to the submittal of the application to the program. Be advised that failure to honestly and accurately disclose prior history of convictions and/or felonies in this application will automatically result in your disqualification for admission into the program and/or dismissal from the program.

Table with 4 rows and 3 columns. Columns: Yes/No checkboxes, Yes/No checkboxes, and Question text. Questions: 1. Have you ever been convicted or have you entered a no contest or guilty plea-regardless of adjudication-offense other than a minor traffic violation? 2. Have you ever been denied or is there now any proceeding to deny your application for a license to practice a health profession in Florida or any other jurisdiction? 3. Have you ever had a disciplinary action taken against your license to practice a health profession by the licensing authority in Florida or any other jurisdiction? 4. Have you ever surrendered a license to practice in a health profession in Florida or any other jurisdiction while any such disciplinary charges were pending against you?

I certify that I have read and understand the standards indicated above regarding licensure/certification as a health professional in the State of North Carolina.

Signature and Date fields for Applicant and Program Director. A section titled 'TO BE COMPLETED (IF NECESSARY) BY THE PROGRAM DIRECTOR' containing a statement: 'I have informed the above-identified applicant regarding the licensing/certification process in the State of North Carolina in relation to previous criminal convictions.'



**APPLICATION FOR ACCEPTANCE**

**BACHELOR OF SCIENCE IN OCCUPATIONAL THERAPY ASSISTANT PROGRAM**

**CERTIFICATION TO BE COMPLETED BY ALL APPLICANTS**

I, \_\_\_\_\_ certify that all information given in this application is true and accurate to the best of my knowledge. **I understand that discovery of any falsification of this information will result in denial of admission or prompt dismissal from the program.** St. Andrews University is hereby authorized during the selection process and/or during my tenure as a student, if admitted, to make any investigation that is deemed necessary concerning the above information with regard to my suitability to practice as a health professional.

<b>Applicant's Printed Name:</b>	
<b>Applicant's Signature:</b>	
<b>Date:</b>	

<b>FOR PROGRAM DIRECTOR (PD) ONLY</b>	
I have reviewed this application and determined that it is:	
<input type="checkbox"/> Complete and accurate <input type="checkbox"/> Incomplete or inaccurate  Comments:	
<b>Program Director Signature:</b>	<b>Date:</b>