

# TOURO UNIVERSITY – NEVADA

## Master of Science in Occupational Therapy

### Primary Application

(Please Type)

1. Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      2. Date of Birth \_\_\_\_/\_\_\_\_/19\_\_\_\_

3. Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

4. Gender \_\_\_\_\_      5. Ethnicity (Optional) \_\_\_\_\_

6. Preferred Mailing Address \_\_\_\_\_  
\_\_\_\_\_

7. Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      8. E-Mail Address \_\_\_\_\_

#### 9. General Data

A. \_\_\_\_\_ U.S. Citizen      \_\_\_\_\_ Permanent Resident Visa  
\_\_\_\_\_ Student Visa (F-1)      \_\_\_\_\_ Other (Temporary Resident, etc.)

B. Graduate School Degree \_\_\_\_\_ Date \_\_\_\_\_

Schools Attended: \_\_\_\_\_ Date \_\_\_\_\_

C. Undergraduate Degree \_\_\_\_\_ Date \_\_\_\_\_

Schools Attended: \_\_\_\_\_ Date \_\_\_\_\_

Schools Attended: \_\_\_\_\_ Date \_\_\_\_\_

10. Have you previously applied to Touro University?      Yes \_\_\_\_\_ No \_\_\_\_\_

11. If you answered yes to Question #8, did you interview?      Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, attach an additional sheet of paper detailing the result of the interview(s) and what changes, if any, you have made since which should affect a different outcome).

12. Have you ever matriculated in or attended any OT Program?      Yes \_\_\_\_\_ No \_\_\_\_\_

13. Have you ever been convicted of a felony or misdemeanor?      Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, please attach a separate sheet of paper to explain)

14. What award(s) or recognition(s) have you received in college?

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15. List your favorite hobbies and/or non-academic interests:

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16. Employment experience during the last three years (list in order of most recent experience)

Employer	Occupation/Position	Duration of Employment
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17. Volunteer Experience, if any, during the last three years (list in order of most recent experience)

Activity	Sponsor/Duration of Service	Position
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18. Explain why you have chosen to apply to Touro University – Nevada’s Master of Science in Occupational Therapy program.

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19. If you could change one thing about today’s health care system, what would it be and why?

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20. Why should the Admissions Committee recommend you for admission into this year’s class?

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**Personal Statement – In the space provided, please respond to the following statement:**

Describe the personal characteristics you possess and the life experiences you have had that would contribute to your becoming an outstanding Occupational Therapist. Please include information that will enable the Admissions Committee to understand your unique qualities.

How did you hear about us? Please check all that applies:

- University Website
- Newspaper
  - Las Vegas Newspaper
  - Other- please specify: \_\_\_\_\_
- Print Ad :  
please specify \_\_\_\_\_
- TV Commercial
- Referred by a friend
- Internet Search
- AllAlliedHealth.com

**CERTIFICATION/STATEMENT:** I certify that the information I have recorded in my Primary application is accurate to the best of my knowledge. I recognize that any intentional misrepresentation on my part may cause me to be denied admission or subject to dismissal from Touro University – Nevada’s Master of Science in Occupational Therapy Program in the event I was accepted.

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Signature Date

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Name (Please Print)

Notice: All materials submitted by applicants become the property of Touro University. Material submitted by applicants who are not accepted for admission is destroyed three months after the close of the admissions cycle. Information gathered is used solely for assessing applicant qualifications and is neither shared nor transmitted outside the offices of Touro University.

## **Touro University – Nevada**

### **Master of Science in Occupational Therapy Program**

#### **Technical Standards Certification**

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Touro University – Nevada is committed to ensuring that otherwise qualified disabled students fully and equally enjoy the benefits of a professional education. Touro University – Nevada will make reasonable accommodations necessary to enable a disabled student who is otherwise qualified to successfully complete the degree requirements for a occupational therapist. However, Touro University – Nevada insists that all students meet the minimum essential requirements to safely, efficiently and effectively practice as an occupational therapist. Please read the Technical Standards for admission. These Standards are available for your review.

**I, \_\_\_\_\_, hereby certify that I have read the above mentioned portions of the Touro University – Nevada Master of Science in Occupational Therapy catalog and that I can meet all requirements listed therein, either without accommodation or with reasonable accommodation from the university.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Submit completed certification with Primary Application**