

**A. T. STILL UNIVERSITY**  
**ARIZONA SCHOOL OF HEALTH SCIENCES**

**ATSU**

**Advanced Masters in Occupational Therapy Program  
Application For Admission**

## HOW TO APPLY FOR ADMISSION

**Step 1** Complete the enclosed application and return with a non-refundable \$70 processing fee. **The Application Fee Payment Form** is located on Pg. 7 of the application. Credit/debit card, check or money order made payable to “A.T. Still University” must accompany the application. Only U.S. currency will be accepted. The application, all supporting documents, and fee must be received by the application deadline.

Return the completed applications by facsimile or mail to:

Online Admissions  
A.T. Still University  
5845 East Still Circle Suite 213  
Mesa, Arizona 85206-3618  
United States  
Fax: 480-393-0934

**Step 2** An official transcript from the college or university that granted your Bachelor’s degree or equivalent must be provided to the Office of Admissions. Official transcripts from ANY other institution or institutions listed on your application must also be sent to the Online Admissions office at the time of application. If you have an official copy of your transcript available in a sealed, endorsed envelope, please mail it to the address above under separate cover.

Applicants who have graduated from a foreign college or university must submit acceptable evidence of U.S. degree/course equivalency and must have graduated from an institution recognized by the World Federation of Occupational Therapists (WFOT). To see if your school is recognized by WFOT, please visit their website at: [www.wfot.org](http://www.wfot.org). Applicants must have foreign transcripts evaluated. You may choose an agency from the list provided on the National Association of Credential Evaluation Services website ([www.naces.org](http://www.naces.org)).

**Step 3** All students must indicate whether English is the “primary language spoken”. If English is not the primary language spoken, then the Test of English as a Foreign Language (TOEFL) will be required.

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On the last page of the application is the **Provisional Student Financial Plan**. This page is required for admissions into the program. Please mark all payment options you will be using to pay for your classes with ATSU. You must choose a primary form of payment on this form.

**Step 4** Submit a resume detailing your personal information, employment, educational background, volunteer experiences, honors, awards, and professional certifications. You may use the MS word resume wizard to create a resume if your resume is not up-to-date.

**Step 5** Submit copies of your National Board of Certification of Occupational Therapists (NBCOT) and/or State Licensing information (if applicable) **or the equivalent for international students**.

**Step 6** In some cases, A.T. Still University may request letters of recommendation in support of your application for admissions. **You will be notified if such letters are required**. If you have any questions, please contact your Graduate Enrollment Counselor for ATSU Online at (U.S./toll-free) 877-469-2878, (Outside the U.S.) 480-219-6118, or by their personal email address.



10. Have you ever applied to the Arizona School of Health Sciences?  Yes  No

If yes, year: \_\_\_\_\_ Program \_\_\_\_\_

11. Current Occupation \_\_\_\_\_

12. Have you had any U.S. military experience?  Yes  No If yes, branch: \_\_\_\_\_

\*13. Date and type of discharge \_\_\_\_\_

\*14. Were you ever the recipient of any action for unacceptable conduct violations (e.g., Dismissal, Suspension) from military service?  Yes  No  
Please explain if answer is "Yes" \_\_\_\_\_

\*15. Have you ever voluntarily withdrawn from a health professions program?  Yes  No

\*16. Have you ever been convicted of a misdemeanor or felony (exclude parking violations)?  Yes  No

**STATEMENT OF PAST OR PENDING DISCIPLINARY ACTIONS**

17. Have you ever been subject to revocation or suspension of a professional license or been censured, reprimanded, or placed on probation for reasons relating to professional competence or conduct by a state licensing authority? If yes, please explain.  
 Yes \_\_\_\_\_  
 No

18. Have you ever had disciplinary action taken against you by any professional society or professional association? If yes, please explain.  
 Yes \_\_\_\_\_  
 No

19. Have you ever been subject to disciplinary action for academic or other reason(s) in any colleges, universities, or graduate or professional schools you have attended? If yes, please explain.  
 Yes \_\_\_\_\_  
 No

20. Are there any disciplinary charges pending or expected to be brought against you? If yes, please explain.  
 Yes \_\_\_\_\_  
 No

21. Is there any information that is relevant to your ability to complete the Arizona School of Health Sciences program and be eligible for licensure or employment that the College should consider? If yes, please explain.  
 Yes \_\_\_\_\_  
 No

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**Test Score and Licensure/Certification Information (If Available)**

National Board of Certification of Occupational Therapists (NBCOT)

Certification # \_\_\_\_\_ Initial Date \_\_\_\_\_

State Board Licensure Information

License # \_\_\_\_\_ State of License \_\_\_\_\_ Exp. Date \_\_\_\_\_

22. **Are you a U.S. Citizen?**  Yes  No
- a. **If No, what is your residency status?**     Temporary     Permanent
- b. **If No, what is your visa type and number?** \_\_\_\_\_
- c. **If No, what is your country of birth?** \_\_\_\_\_

23a. **Designate Your Ethnicity (Optional):**  
 Hispanic or Latino    Yes \_\_\_    No \_\_\_

23b. **Indicate one or more Races of the following that apply (Optional):**

American Indian or Alaska Native \_\_\_

Asian \_\_\_

Black or African American \_\_\_

Native Hawaiian or Other Pacific Islander \_\_\_

White \_\_\_

\* The Arizona School of Health Sciences, a School of the A. T. Still University, does not discriminate on the basis of race, color, religion, national origin, sex, gender, sexual preference, age or handicap. Such information on the application form is requested solely for the purpose of gathering and reporting applicant flow data or to confirm information used to process the application.

All students are required to demonstrate proficiency in English when applying to the Arizona School of Health Sciences, A.T Still University.

Written and spoken proficiency in the English language may be demonstrated by one of the following options Please mark the appropriate section for the option by which you will demonstrate this.

**Option1**

English is my primary spoken language

**Option 2**

I have successfully completed one of the following from a university located in the United States or in another country in which English is the spoken language and the medium of instruction

- A minimum of two years of full-time higher education study
- A Bachelor's degree or higher degree.

**Option 3**

I am demonstrating my English proficiency by submitting acceptable scores on the Test of English as a Foreign Language (TOEFL).

Acceptable minimal scores for ASHS applicants are:

Paper based = 550

Computer based = 213

Internet based = 80.

Please be sure to include your TOEFL report when you submit your application packet if you select option 3

**Schools/Colleges Attended**

A. Transcript requirement. An official transcript from the college or university that granted your Bachelors degree or equivalent must be provided. If you have an official copy of your transcript available in a sealed, endorsed envelope, please mail it to the address above under separate cover. You may look up your College Code(s) on the following website:  
<http://www.fafsa.ed.gov/fotw0607/fslookup.htm>

B. List all Undergraduate Institutions attended. List all such institutions in order of your attendance.

College Code	Institution	Campus/Location/State	Dates of Attendance	Degree and Date Granted or Expected
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

C. List all Graduate or Professional Schools attended. List all institutions in order of your attendance.

College Code	Institution	Campus/Location/State	Dates of Attendance	Degree and Date Granted or Expected
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Note: Failure to list all institutions previously attended or degree pursued may result in loss of credit and dismissal from the program.

I certify that all the statements made in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I know and understand that any or all items contained herein may be subject to verification, and I consent to the full release of all information concerning my capacity and fitness for the educational program by employers, educational institutions, and other agencies. Furthermore, by submitting this application, I agree to abide by the policies and procedures as established in the College catalog, a copy of which is available on the web.

\_\_\_\_\_  
 Signature of Applicant Date

**Notice of Nondiscrimination**

A.T. Still University of Health Sciences (ATSU) does not discriminate on the basis of race, color, religion, national origin, sex, gender, sexual preference, age or disability in admission or access to, or treatment or employment in its programs and activities. Harassment and retaliation are forms of discrimination prohibited by the University.

Any person with questions concerning ATSU’s nondiscrimination policies is directed to contact the following persons:

Employees may contact:

**Arizona Campus:**

Tonya Watson  
Assistant Director Human Resources  
5850 East Still Circle  
Mesa, AZ 85206-3618  
(480) 219-6007

**Missouri Campus**

Donna Brown  
Director of Human Resources  
800 West Jefferson Street  
Kirksville, Missouri 63501  
(660) 626-2790

Students, members of the public, or beneficiaries may contact:

**Arizona Campus:**

Beth Poppre  
Assistant Vice President for Student Affairs  
5850 E. Still Circle  
Mesa, Arizona 85206-3618  
(480) 219-6026

**Missouri Campus:**

Ron Gaber  
Vice President for Student Affairs  
800 West Jefferson Street  
Kirksville, Missouri 63501  
(660) 626-2236



## Provisional Student Financial Plan

Student Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Military Status (If Any): \_\_\_\_\_

Your responses on this form will be provided to the A. T. Still University Office of Financial Assistance and will assist us in responding properly to your ongoing financial assistance requirements. If you have questions regarding specific Financial Assistance topics, you may contact the Office of Financial Assistance at (toll-free) 866-626-2878 Ex. 2529 or [financialaid@atsu.edu](mailto:financialaid@atsu.edu) or may fax materials to 660-626-2926.

### ANTICIPATED FINANCIAL ARRANGEMENTS

Circle one or more planned payment methods.  
 All responses are subject to eligibility, application, and satisfaction of all requirements.

Personal Funding:	Primary	Secondary
Federal Financial Aid:	Primary	Secondary
Military Tuition Assistance	Primary	Secondary
Corporate Tuition Reimbursement	Primary	Secondary
Corporate Direct Bill	Primary	Secondary
Other _____	Primary	Secondary

### FEDERAL FINANCIAL AID APPLICATION STATUS

Circle appropriate requests.  
 Please indicate the status of your application for Federal Financial Aid, if any.

Intend to Utilize Federal Financial Aid:	Yes	No	Undecided
FAFSA PIN Application Complete:	Yes	No	
FAFSA Complete:	Yes	No	
FAFSA Released to A.T. Still University:	Yes	No	

**Technology Requirement Form**

Windows-based computer: Pentium

- IV or better
- Ethernet/Modem adapter
- 1.0 MB of RAM
- 80GB hard disk
- CD-R/DVD combo drive
- Windows XP or Vista
- Office 2000 or higher (Word, PowerPoint, Excel)
- Microsoft Internet Explorer 7.
- Internet access via personal Internet Service Provider (ISP) Broadband highly recommended
- Personal printer

Macintosh-based computer:

- Minimum G5 microprocessor or any Intel (1.0MHz or better)
- Ethernet/Modem adapter
- Minimum 1 GB of RAM
- Minimum 80GB hard disk
- CD-R/DVD combo drive
- OSX 10.4 or higher
- Office 2004 or OfficeX (Word, PowerPoint, Excel)
- Safari Version 2 or higher
- Internet access via personal Internet Service Provider (ISP) Broadband highly recommended
- Personal printer

I understand I am responsible for providing a computer, which meets the specifications above, prior to enrollment.

**Program** AMOT

**Printed Name** \_\_\_\_\_

**Signed Name** \_\_\_\_\_

**Date** \_\_\_\_\_