

## JUST A REMINDER

### BEFORE YOU BEGIN

- Please read the instructions.
- Contact all attended schools to request that official transcripts be sent to Admissions at A.T. Still University - Arizona School of Health Sciences
- Release and forward official GRE test scores to Admissions at A.T. Still University - Arizona School of Health Sciences

### FILL OUT THE FOLLOWING FORMS

- Application form
- Resume
- Contact hour record
- Top portion of Evaluation I and II forms filled out and distributed to evaluators, with envelopes
- Self-addressed, stamped envelope (optional)

### COMPLETING THE PROCESS

- Copy completed forms for your records.
- Mail: Completed application  
Application fee  
One stamped/self addressed envelope (optional)  
Sealed Letters of evaluation
- Complete application form(s), all supporting documents and fees should be postmarked by March 1 for priority processing.

### QUESTIONS

For application processing questions contact:  
ATSU Admissions  
Arizona School of Health Sciences  
866.626.2878, Ext. 2237

Return application and fee to:  
ASHS Application Materials  
A.T. Still University  
800 W. Jefferson St.  
Kirksville, MO 63501-1497

For specific status/program information **AFTER** your file is complete contact:  
Arizona School of Health Sciences  
480.219.6000

# APPLICATION FOR ADMISSION

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## OCCUPATIONAL THERAPY (M.S.)

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M.S. – Entry Level Degree Program  
Residential on Campus

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## HOW TO APPLY FOR ADMISSION

**STEP 1** Complete the enclosed application along with a non-refundable processing fee (check, money order, or credit card) made payable to “Arizona School of Health Sciences.”

Fee Schedule

*Occupational Therapy* (M.S.) \$60

The **Occupational Therapy** program operates on a rolling admission basis, so applicants are encouraged to apply far in advance of the March 1 preference date. Applications received after March 1 are reviewed if enrollment slots are available. This program is for occupational therapists seeking entry-level occupational therapy education.

Return application and fee to:

ASHS Application Materials  
A.T. Still University  
800 W. Jefferson St.  
Kirksville, MO 63501-1497

**STEP 2** Official transcripts may be sent directly to ATSU Admissions from each college or university attended or, applicants may submit official transcripts directly to Admissions in sealed and endorsed envelopes. All transcripts must be in official college/university envelopes.

Courses recorded on one transcript as transfer credit from another institution are not considered official documentation of that coursework. If currently enrolled in coursework, please send the most recent transcripts from that college/university.

Applicants who have graduated from a foreign college or university must submit acceptable evidence of U.S. degree/course equivalency. Applicants must have foreign transcripts evaluated by an evaluation service specializing in foreign transcript evaluation.

Foreign Evaluation Services:

American Association of Collegiate Registrars & Admissions Officers  
One Dupont Circle, NW, Suite 520  
Washington, DC 20036-1135  
202.293.9161  
[www.aacrao.org](http://www.aacrao.org), link to Foreign Education Credential Service

Educational Credential Evaluators, Inc.  
P.O. Box 514070  
Milwaukee, WI 53203-3470  
414.289.3400

International Education Research Foundation, Inc.  
P.O. Box 66940  
Los Angeles, CA 90066  
310.390.6276

Josef Silny & Associates, Inc.  
International Educational Consultants  
P.O. Box 248233  
Coral Gables, FL 33124  
305.666.0233

World Evaluation Services, Inc.  
P.O. Box 745 Old Chelsea Station  
New York, NY 10113-0745  
212.966.6311

English language proficiency must be demonstrated by six semester hours of English and three semester hours of speech at a U.S. college or university prior to matriculation or by submitting a minimum official TOEFL score of 500 (paper-based total), 173 (computer-based total), or 61 (Internet-based total).

**STEP 3** Submit a resume following the guidelines.

**STEP 4** Submit letters of recommendation/evaluation forms: *Evaluation I* must be from a present or former faculty member, academic advisor, or employer. *Evaluation II* must be from a professional in the occupational therapy field familiar with the applicant's professional experience or interest in the field.

Letters should be on official letterhead or evaluation forms. Applicants may submit letters of evaluation directly to Admissions in sealed, endorsed envelopes. Letters from an educational consulting service will not be considered. Letters of reference must be submitted for each application year.

**STEP 5** Test scores:

GRE test scores are required. Forward the results of your Graduate Record Examination (GRE) to ATSU Admissions. Contact Score Reporting Services at the Educational Testing Service and request that an official report of your scores be forwarded to the 3743 ASHS code (there is no department code). The website for GRE is located at [www.gre.org](http://www.gre.org), telephone 609.771.7670. Student copies of GRE scores are not considered official.

ASHS Application Materials  
A.T. Still University  
800 W. Jefferson St.  
Kirksville, MO 63501-1497

Allow several weeks for this process.

**STEP 6** If you have downloaded this application from the web and would like to receive an acknowledgement of completion notice, include a self-addressed, stamped envelope with your application packet. You will then receive notification from ATSU Admissions when your application is complete.

**STEP 7** Contact hours record:

Please note that a minimum of 20 contact hours in occupational therapy are required.

**STEP 8** Applications will be reviewed upon receipt of the following official application items:

Application and application fee  
Official transcripts  
Resume

Evaluation letters/evaluation forms  
Official test scores  
Self addressed envelope (optional)

**STEP 9** Eligibility for an interview will be determined by the ASHS Program Prescreening Committee and will be based on academic preparation, clinical exposure, resume, life and work experiences, community service, letters of recommendation, and interest in graduate studies.

## GUIDELINES TO PREPARING THE RESUME

The resume is an opportunity for the candidate to present an overview of the non-academic activities and life experiences to the admissions process. The resume should present relevant facts about the applicant and organize information on an applicant's unique assets, facts, and dates. This guide is provided to give applicants the opportunity to present themselves to the admissions process in a uniform manner.

### FORMAT

The resume should be typed and printed on ivory or white 8 1/2" x 11" paper and should be no longer than two pages plus references.

Information under each section should be arranged with the most recent experiences first. Dates should be provided with each entry and should be accurate to the month and year. Groups, employers, schools, or individuals should have a city and state location provided.

**The following information should be provided in the order given:**

- **PERSONAL INFORMATION**

Name: Provide your legal name with any nickname or most frequently used name in parentheses. Address: Provide both a current mailing address and a permanent address (if different) complete with ZIP codes. Telephone: Provide telephone numbers with area codes for both current and permanent address. Social Security Number: Provide for identification purposes only.

- **PROFESSIONAL CERTIFICATIONS**

Provide the title, awarding institution, and dates attended for all professional certifications such as Physical or Occupational Therapy Assistant (PTA or COTA); Athletic Trainer (ATC); Registered Nurse or Licensed Practical Nurse (RN, LPN/LVN); Emergency Medical Technician (EMT) or other certifications.

- **EMPLOYMENT**

List your employers through the past ten years. Provide dates of employment, position, short description of duties, number of persons supervised, if any, and any promotions received while employed. If your employment history is longer than ten years, you may summarize those years prior to the ten years requested.

- **VOLUNTEER EXPERIENCES**

List any organizations for which you have volunteered your time since initial college enrollment. Provide the organization, the activity, the approximate hours volunteered, and the dates.

- **ORGANIZATIONS**

List any organizations of which you are or have been a member during the past seven years. Include religious, social, athletic, school, community, and professional organizations. If you have held an office or served on a committee, please state the nature of your involvement. List most recent first.

- **HONORS AND AWARDS**

List any scholarships, awards, or honors you have received since high school. You may include awards from any facet of your life.

- **UNIQUE LIFE EXPERIENCES AND HOBBIES**

Use this section to provide information on yourself you feel is unique or makes you a qualified candidate for admission to a professional school. Items you may wish to include are experiences in the Peace Corps, exchange student, hobbies, life experiences, and family responsibilities or situations. This section is very important to "sell" yourself to the Admissions Committee.

- **REFERENCES**

References in addition to those included with the application may be listed on a third sheet. Include name, title, how you know this person (i.e., academic advisor, family friend, or minister), address (include ZIP code), and current telephone number for each reference. These references should include people you know personally who would give the Admissions Committee strong statements as to why you should be admitted.

## Application for Admission

Mail application and application fee to ASHS Application Materials, A.T. Still University, 800 W. Jefferson St., Kirksville, MO 63501-1497. The application fee is nonrefundable. Please do not use staples or special binding to secure application.

Name \_\_\_\_\_ SSN \_\_\_\_\_  
Last First Middle

Do you have educational materials under another name?  Yes  No

If yes, please indicate name \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_  
Street

\_\_\_\_\_ City State ZIP

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ Work Telephone (\_\_\_\_\_) \_\_\_\_\_

Permanent/Legal Residence \_\_\_\_\_  
Street

\_\_\_\_\_ City State ZIP

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

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### Test Score Information

GRE: Test date of most recent GRE: \_\_\_\_\_ Date of pending GRE: \_\_\_\_\_

**LETTERS OF RECOMMENDATION**

Please list the name and address of the individuals who will write your required letters of evaluation. Your file will not be complete nor can you be considered for admission until these required evaluations are received.

Letters should be on official letterhead or evaluation forms. Applicants may submit letters of evaluation directly to Admissions in sealed, endorsed envelopes.

EVALUATION I – Must be from a present or former faculty member, academic advisor, or employer.

First	Middle	Last	Degree
Title		Office Address	
City	State	ZIPCode	(      ) Telephone

I voluntarily waive and relinquish my right of access to this evaluation.

I retain my right of access to this evaluation.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Applicant's signature

EVALUATION II – Must be from a professional in occupational therapy.

First	Middle	Last	Degree
Title		Office Address	
City	State	ZIPCode	(      ) Telephone

I voluntarily waive and relinquish my right of access to this evaluation.

I retain my right of access to this evaluation.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Applicant's signature

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

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

Program \_\_\_\_\_

2. Current Occupation \_\_\_\_\_

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

- \*4. Date and type of discharge \_\_\_\_\_

- \*5. Were you ever the recipient of any action for unacceptable academic performance or conduct violations (e.g., dismissal, suspension, or disqualification) by any college or school?  Yes  No

If yes, were you ever denied readmission?  Yes  No

- \*6. Have you ever voluntarily withdrawn from a health professions program?  Yes  No

- \*7. Have you ever been convicted of a misdemeanor or felony (exclude parking violations)?  Yes  No

\* If you answered "yes" to questions 4, 5, 6 and/or 7, please explain fully as directed in the Personal Comments section below.

8. 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? \_\_\_\_\_

9. How do you describe yourself? \*\*

Black (non-Hispanic)

American Indian or Alaskan Native

White (non-Hispanic)

Hispanic (choose only one)

Mexican American or Chicano

Puerto Rican (Commonwealth)

Puerto Rican (Mainland)

Other Hispanic

Asian or Pacific Islander (choose only one)

Chinese

Filipino

Hawaiian

Korean

Vietnamese

Japanese

Indian or Pakistani

Other Pacific Islander

Other Asian

Southeast Asian (other than Vietnamese)

10. Sex\*\*  Male  Female

11. Birth Date\*\* \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\* The Arizona School of Health Sciences, 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.

Please answer the following questions on a separate sheet. Limit your response to one page.

12. What particular qualities would you bring to the program at the Arizona School of Health Sciences? Provide a brief explanation of your personal goals and your motivation for applying to the Arizona School of Health Sciences in your field of interest.

13. Personal Comments: Explain any special circumstances regarding your application. If you answered "yes" to questions 4, 5, 6, or 7, explain fully.

14. Schools/Colleges Attended:

a. All Undergraduate Universities, Colleges, and Community Colleges Attended (list most recent first)

One official transcript from each college you have attended must be mailed directly from the institution to ATSU Admissions or enclosed in a sealed, endorsed envelope. All transcripts must be received before any action can be taken.

\*Please enter the College Code number by accessing [www.kcom.edu/admissns/ccode](http://www.kcom.edu/admissns/ccode).

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

b. All Graduate or Professional Schools Attended

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

Note: Failure to list all institutions previously attended or degrees pursued may result in loss of credit and dismissal from the program. Also, if you were previously enrolled in a graduate program which was not completed, please provide a written statement explaining the reasons for noncompletion.

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### STATEMENT OF PAST OR PENDING DISCIPLINARY ACTIONS

1. 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
  
2. Have you ever had disciplinary action taken against you by any professional society or professional association? If yes, please explain.  
 Yes \_\_\_\_\_  
 No
  
3. 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
  
4. Are there any disciplinary charges pending or expected to be brought against you? If yes, please explain.  
 Yes \_\_\_\_\_  
 No
  
5. Is there any information that is relevant to your ability to complete the Kirksville College of Osteopathic Medicine Arizona School of Health Sciences program and be eligible for licensure or employment that the College should consider? If yes, please explain.  
 Yes \_\_\_\_\_  
 No

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.

\_\_\_\_\_  
Please sign

\_\_\_\_\_  
Date

NOTICE OF NONDISCRIMINATION: Arizona School of Health Sciences, A.T. Still University, does not discriminate on the basis of race, color, religion, national origin, sex, gender, sexual preference, age or handicap in admission or access to, or treatment or employment in, its programs and activities. Any person having inquiries concerning Arizona School of Health Sciences compliance with the regulations implementing Title VI, Title IX, Section 504, or Section 503 is directed to contact the Director of Human Resources, Donna Brown, 800 W. Jefferson St., Kirksville, MO 63501 (telephone: 660.626.2790). The Director of Human Resources has been designated by A.T. Still University to coordinate the institution's efforts to comply with the regulations implementing Title VI, Title IX, Section 504, or Section 503. Any person may also contact the Assistant Secretary for Civil Rights, U.S. Department of Education, regarding the institution's compliance with the regulations implementing Title VI, Title IX, Section 504 or Section 503.



Please submit evaluation to:  
ASHS Application Materials  
A.T. Still University  
800 W. Jefferson St.  
Kirksville, MO 63501-1497  
660.626.2237



## EVALUATION I

PRESENT OR FORMER FACULTY MEMBER, ACADEMIC ADVISOR, or EMPLOYER (Required)

Please use this form or submit a packet/letter on official college/university letterhead.

### I. APPLICANT INFORMATION (TO BE COMPLETED BY APPLICANT)

Name of Applicant \_\_\_\_\_  
Last First Middle

Social Security Number \_\_\_\_\_

Permanent Address \_\_\_\_\_  
\_\_\_\_\_

I voluntarily waive and relinquish my right of access to this evaluation.

I retain my right of access to this evaluation.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Applicant's signature

### II. EVALUATOR INFORMATION (TO BE COMPLETED BY EVALUATOR)

Name \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City State ZIP

Telephone Number ( ) \_\_\_\_\_ Evaluator's Signature \_\_\_\_\_

### III. EVALUATION COMMENTS (TO BE COMPLETED BY EVALUATOR)

State nature, duration, and extent of your association with the applicant. \_\_\_\_\_  
\_\_\_\_\_

Has applicant ever been placed on disciplinary or academic probation?  Yes  No

Has applicant ever been required to leave school or been denied admission because of deficiencies in conduct or scholarship?  Yes  No If yes, explain. \_\_\_\_\_  
\_\_\_\_\_

Are you familiar with how the applicant reacts in a stressful or crisis situation?  Yes  No If yes, explain. \_\_\_\_\_  
\_\_\_\_\_

What unique strengths/potential for contribution to the health science field does this applicant possess?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any weaknesses of this applicant. \_\_\_\_\_

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What reservations do you have about this applicant? \_\_\_\_\_

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Please give your overall impression of this applicant. \_\_\_\_\_

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Please give any additional information which you believe would be of interest to us in evaluating this applicant.

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In comparing health science school applicants, please check how you would rate this applicant on the following characteristics:

CHARACTERISTIC	Outstanding	Above Average	Average	Below Average	Unable to Judge
Cooperation					
Initiative					
Study Habits					
Intellectual Curiosity					
Intellectual Ability					
Judgment					
Expression					
Maturity					
Personality					
Reliability					
Leadership					
Personal Hygiene					
Emotional Stability					
Ethical Standards					
Self-understanding					
Attitude Toward Associates					
Ability to Inspire Confidence					

What traits indicate this applicant's probable success in his/her chosen field? \_\_\_\_\_

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Do you recommend this applicant to the Arizona School of Health Sciences?  Yes  No  Undecided

Why or why not? \_\_\_\_\_

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**Please submit evaluation to:**  
ASHS Application Materials  
A.T. Still University  
800 W. Jefferson St.  
Kirksville, MO 63501-1497  
660.626.2237

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

## EVALUATION II

A PROFESSIONAL AS SPECIFIED IN THE ADMISSION REQUIREMENTS (Required)

Please use this form or submit a packet/letter on official letterhead.

### I. APPLICANT INFORMATION (TO BE COMPLETED BY APPLICANT)

Name of Applicant \_\_\_\_\_  
Last First Middle

Social Security Number \_\_\_\_\_

Permanent Address \_\_\_\_\_  
\_\_\_\_\_

I voluntarily waive and relinquish my right of access to this evaluation.

\_\_\_\_\_  
Applicant's signature

I retain my right of access to this evaluation.

\_\_\_\_\_  
Applicant's signature

### II. EVALUATOR INFORMATION (TO BE COMPLETED BY EVALUATOR)

Name \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City

State

ZIP

Telephone Number ( ) \_\_\_\_\_ Evaluator's Signature \_\_\_\_\_

### III. EVALUATION COMMENTS (TO BE COMPLETED BY EVALUATOR)

State nature, duration, and extent of your association with the applicant. \_\_\_\_\_  
\_\_\_\_\_

Are you familiar with how the applicant reacts in a stressful or crisis situation?  Yes  No If yes, explain. \_\_\_\_\_  
\_\_\_\_\_

What unique strengths/potential for contribution to the health science field does this applicant possess?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please state your overall impression of this applicant. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please give any additional information which you believe would be of interest to us in evaluating this applicant.

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What reservations do you have about this applicant? \_\_\_\_\_

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CHARACTERISTIC	Outstanding	Above Average	Average	Below Average	Unable to Judge
Cooperation					
Initiative					
Study Habits					
Intellectual Curiosity					
Intellectual Ability					
Judgment					
Expression					
Maturity					
Personality					
Reliability					
Leadership					
Personal Hygiene					
Emotional Stability					
Ethical Standards					
Self-understanding					
Attitude Toward Associates					
Ability to Inspire Confidence					

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In comparing health science school applicants, please check how you would rate this applicant on the following characteristics:

What traits indicate this applicant's probable success in his/her chosen field? \_\_\_\_\_

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Do you recommend this applicant to the Arizona School of Health Sciences?  Yes  No  Undecided

Why or why not? \_\_\_\_\_

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**Occupational Therapy Program  
APPLICATION FEE  
Credit Card Payment Form**

**(Please Print)**

Applicant's Name \_\_\_\_\_

Credit Card Type:     Visa         Mastercard         Discover         American Express

Credit Card Number \_\_\_\_\_ Credit Card Expiration \_\_\_\_\_

**For Discover Cards, you must include the three-digit CID number on the back of the card (last three digits on magnetic strip).**

Card Holder's Name (as it appears on credit card) \_\_\_\_\_

Card Holder's Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Card Holder's Telephone \_\_\_\_\_

Amount: \$60

**I, as the credit card holder referenced above, agree to pay an application fee in the amount of \$60 to the Arizona School of Health Sciences. I further agree to have my credit card charged in the stated amount for consideration of the application by said institution and to abide by the credit contract with my credit card issuer.**

**I understand that this fee is non-refundable in the event the application to the Arizona School of Health Sciences is cancelled.**

Card Holder's Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only

Authorization Number \_\_\_\_\_

Batch Number \_\_\_\_\_