

**DELGADO COMMUNITY COLLEGE  
ALLIED HEALTH DIVISION**

Office of Admissions  
615 City Park Avenue  
Building 4, Room 313  
New Orleans, LA 70119  
Phone: 504-671-6201

Thank you for your interest in the **Occupational Therapy Assistant Program**.

*Please review all instructions before beginning the application.*

**YOUR ADMISSIONS PACKET CONTAINS:**

- |                                       |   |
|---------------------------------------|---|
| 1 - Application                       | 2 - Postcard                              |
| 2 - Documentation of Experience forms | 2 - Documentation of Experience Envelopes |
| 1 - Autobiographical Form             |   |

**APPLICATION PACKET "POSTMARK" DEADLINE**

**May 15**

**(Class Beginning – August)**

*If the deadline falls on a holiday or weekend the following weekday will be the deadline*

**APPLICATION INSTRUCTIONS**

Your application form will be processed only if the packet is complete. We request that you carefully complete the forms and include all supplemental documents required.

**FAILURE TO PROPERLY COMPLETE THE FORM WILL SIGNIFICANTLY  
DELAY OR *PREVENT* THE PROCESSING OF YOUR APPLICATION.**

- √ Please use a blue or black ballpoint pen or typewriter.
- √ Be sure to date and sign your application.
- √ An incomplete or illegible application will be returned.
- √ Please fill in ***ALL*** applicable responses.
- √ Keep a copy of the application for your records.

## TRANSCRIPTS

- ✓ An **official transcript** is required for ***EACH*** college or university attended other than Delgado. **If the transcript is for a college outside Louisiana, you must also submit course descriptions to aide in determining course equivalencies.**
- ✓ The transcripts should be returned enclosed with your application packet that will be submitted to the Allied Health Admissions Office.
- ✓ **Electronic transcripts issued to and opened by student are UNOFFICIAL. It is STRONGLY RECOMMENDED that you request to receive your official transcripts by mail to submit with your application packet.**

**If academic renewal has been granted by another college you must submit the transcript as documentation.**

***Note: If you send your application packet DURING ANY semester, while you are enrolled in a college/university, it will be necessary for you to submit updated transcripts after completion of that particular semester.***

## POSTCARDS

**Acknowledgement and Notification of Missing Credentials Cards via email provided on application.**

## DOCUMENTATION OF EXPERIENCE FORMS

Distribute the Documentation of Experience Forms to the appropriate individuals accompanied by a self-addressed, stamped verification return envelope. When the verifications are returned to you, **DO NOT OPEN** – envelopes with broken seals will **NOT** be reviewed.

## RETURN TO THE OFFICE OF ALLIED HEALTH ADMISSIONS

- ✓ Completed **APPLICATION**.
- ✓ **OFFICIAL TRANSCRIPTS** from every college or university attended other than Delgado.
- ✓ Autobiographical Form
- ✓ **2 Documentation of Experience** forms in sealed, signed envelopes self addressed with stamps affixed
- ✓ **Acknowledgement and Notification of Missing Credentials Cards**

***RETURN ALL OF THE ABOVE IN THE LARGE ENVELOPE PROVIDED TO:  
DELGADO COMMUNITY COLLEGE, ALLIED HEALTH DIVISION, OFFICE OF  
ADMISSIONS, 615 City Park Avenue, Building 4, Room 313, New Orleans, LA 70119.***

**NOTE 1:** If you have any questions after reviewing the application, please contact the Allied Health Admissions Office – 504 – 671-6201

**NOTE 2:** Questions regarding program interviews, curriculum, academic schedules or special circumstances should be directed to the Program Director, Linda Kelly – 504-671-6241 or e-mail [lkelly@dcc.edu](mailto:lkelly@dcc.edu) .

Additional Enclosures:            Technical Standards