

**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 Fax: 504-483-4609

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 .

Additional Enclosures: Technical Standards