



# MONMOUTH UNIVERSITY

## Occupational Therapy Admission Requirement Completion Plan

Applicant Name: \_\_\_\_\_

Please provide your plan for completion of any outstanding pre-requisite classes below. This form can be uploaded to your Monmouth University application portal.

Mark missing pre-requisite class or classes with an X:

Missing Courses	Course Name	Credits
	Anatomy & Physiology I with Lab	4
	Anatomy & Physiology II with Lab	4
	Lifespan or Human Development OR three courses to include Childhood, Adolescent and Adult Development OR courses that cover the Lifespan Development	3
	Abnormal Psychology	3
	Statistics	3
	English Composition or Technical Writing	3
	Humanities (i.e. sociology, anthropology, psychology etc.)	3

Class Planned for Completion of Requirement (provide course title, course code and course description):

Course Title: \_\_\_\_\_ Course Code: \_\_\_\_\_

Institution: \_\_\_\_\_ Planned Completion Date: \_\_\_\_\_

Course Description: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course Code: \_\_\_\_\_

Institution: \_\_\_\_\_ Planned Completion Date: \_\_\_\_\_

Course Description: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course Code: \_\_\_\_\_

Institution: \_\_\_\_\_ Planned Completion Date: \_\_\_\_\_

Course Description: \_\_\_\_\_

\_\_\_\_\_

Monmouth University's Doctor of Occupational Therapy Program requires 40 hours of observation in a minimum of two practice settings with two different populations that must be completed prior to matriculation into the program. Examples of settings are: inpatient, outpatient, wellness, LTC, school systems, hospitals, community centers, primary care, etc. and examples of populations are: pediatric and adult. Please provide your plan for completion of any outstanding observation hours below.

**Observation of Occupational Therapy Practice**

**Name of Facility:** \_\_\_\_\_ **Type of Facility:** \_\_\_\_\_

**Address of Facility:** \_\_\_\_\_  
\_\_\_\_\_

**Expected Number of Hours at this Facility:** \_\_\_\_\_

**OT Practice setting type (s):**

- In-patient- Hospital
- Out-patient Center
- Out-patient Hospital
- School based practice
- Private, community- based practice
- Home Health
- Mental Health setting
- Assisted Living
- Early Intervention (0-3)
- Skilled Nursing
- Hospice
- Other: \_\_\_\_\_

**OT Population(s):**

- Pediatric (0-18)
- Adult (18-64)
- Older Adult (65+)

Do you have an additional facility to add?

- Yes
- No

If your selection was yes to the statement above, please fill out the form below.

Name of Facility: \_\_\_\_\_ Type of Facility: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

\_\_\_\_\_

Expected Number of Hours at this Facility: \_\_\_\_\_

**OT Practice setting type (s):**

- In-patient Hospital
- Out-patient Center
- Out-patient Hospital
- School-based Practice
- Private, community-based practice
- Home Health
- Mental Health setting
- Assisted Living
- Skilled Nursing
- Early Intervention (0-3)
- Hospice
- Other: \_\_\_\_\_

**OT Population(s):**

- Pediatric (0-18)
- Adult (18-64)
- Older Adult (65+)

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_