

# 2015-16

# OCCUPATIONAL THERAPY DOCTORATE APPLICATION PACKET

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Self-Report Transcript Evaluation

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*Ruskin, Florida*  
**GANNON**  
UNIVERSITY

*Believe in the possibilities.*

## Contact us.

- *Graduate Admissions:* (814) 871-7474  
Fax: (814) 871-5827  
graduate@gannon.edu
- *Financial Aid:* (814) 871-7337  
Fax: (814) 871-5826  
financialaid@gannon.edu
- 109 University Square, Erie, PA 16541  
1-800-GANNON-U (1-800-426-6668)  
www.gannon.edu/graduate

### Non-discrimination Policy

It is the policy of Gannon University to affirmatively implement equal opportunity to all qualified applicants and existing students and employees. In administering its affairs, the University shall not discriminate against any person on any basis prohibited by law. All aspects of employment including recruitment, selection, hiring, training, transfer, promotion, termination, compensation and benefits conform to this policy. All aspects of student affairs and education of students including recruitment, admissions, financial aid, placement, access to facilities, student discipline, student life and student employment conform to this policy. Questions or inquiries regarding the University's policy should be directed to the Director of Human Resources, Gannon University, 109 University Square, Erie, PA 16541-0001; phone (814) 871-5615.

### Advocate for Campus Accessibility

Dr. Harvey Kanter is the 504/ADA coordinator for students who are impaired in ways requiring accommodation of facilities, programs, or services of the University. Students seeking information or assistance in any matter regarding accessibility or accommodations should contact him at (814) 871-5522 promptly upon admission to the University.

Gannon University pursues a policy of non-discrimination in all activities and programs under its sponsorship. Gannon University makes all decisions regarding selection for admission, financial assistance to students, application for employment, and all other personnel actions without regard to race, creed, color, national origin, age, sex or disability as defined by law. Questions or inquiries regarding the University's non-discrimination policy should be directed to the Director of Human Resources, Gannon University, 109 University Square, Erie, Pennsylvania 16541-0001; Phone (814) 871-5615.

Licensed by the Florida Commission for Independent Education, License No. 5229.

Gannon University's occupational therapy doctoral degree program has been granted candidacy status by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA), [www.aotaonline.org](http://www.aotaonline.org). As a result of this action, the institution may admit students into the Occupational Therapy Doctoral Program according to the approved timeline (June 2015) and may proceed to the Initial Review step of the accreditation process. The initial review involves an onsite visit by the accreditation committee at which time full accreditation status is provided.

Students must complete Level II fieldwork and experiential requirements within 24 months following completion of the didactic portion of the program.

# GANNON UNIVERSITY

## Occupational Therapy Doctorate Program

### Introduction

The Occupational Therapy Doctoral program offers opportunities for in-depth study of, and clinical experiences with, clients of all ages who have limited capacity to perform to their expectations in their everyday lives or are at risk of developing a limiting condition. The goal of occupational therapy is to assist individuals to achieve their maximum level of independent living and quality of life through remediation of, adaptation to, or prevention of physical, cognitive, perceptual or mental health functional limitations. Occupational therapy utilizes the consultative process in addition to direct intervention and works with populations and systems as well as individuals.

### Mission

The Occupational Therapy Doctoral program engages students in the teaching/learning process to enable them to demonstrate excellence in the entry-level therapeutic intervention process. This process is grounded in the application of occupational science and the use of clinical reasoning and creative problem solving. The program is designed to foster life-long learners who are able to adapt to an ever-changing health care environment, to contribute to the knowledge base of the profession, and to provide leadership within the profession and society.

The program relies heavily upon a strong foundation in liberal studies and sciences and a value-based systems approach. A holistic, collaborative approach to intervention within environmental and temporal contexts includes application of principles of diversity within an international community.

### Program of Study

The Occupational Therapy Doctoral program of study in Ruskin, Florida begins in the summer semester of the entering year with three required and foundational OT courses done in an online distance education format, with the possibility of one required on-campus day. Full-time, on-campus graduate course work starts in the fall semester and continues for 3 years, with the summer between the first and second years off. The summer and fall semesters of the third year are spent in full-time clinical internships, followed by a capstone semester in the spring. (See curriculum)

### Licensure

Upon completion of the program an Occupational Therapy Doctorate degree is awarded and graduates are eligible to sit for the national certification examination administered by the National Board of Certification in Occupational Therapy (NBCOT; [www.nbcot.org](http://www.nbcot.org)). Individuals with certain types of criminal records (felonies) may be barred from practicing occupational therapy at the national or state level. Individuals with criminal records should contact NBCOT ([www.nbcot.org](http://www.nbcot.org)) and the occupational therapy licensing board of the state where they would like to practice prior to applying for admission to any OT program. Both of these organizations will do early evaluations of the criminal record as a means of determining if the student would be allowed to practice occupational therapy.

### Clinical Experiences

(Fieldwork I and Fieldwork II)

Fieldwork I: Earlier clinical experiences, which include 40 hour weekly or weeklong experiences in the clinic, are provided locally or within a reasonable proximity to the student's permanent residence. Each of three Fieldwork I experiences are a component of professional level course requirements for Psychosocial OT, Pediatric OT, and Physical Disability OT courses in the curriculum.

Fieldwork II: Clinical placements for the two 12-week full-time, clinical field work experiences are available throughout the United States.

### Thesis Requirements

Students are guided in their selection of a thesis topic and in the successful completion of the thesis experience. Students participate in a small group, original research project with a faculty mentor, which culminates in a publishable paper and multiple presentations of their thesis.

## Admission Requirements

The program is designed as a full-time course of study.

- English Language Proficiency- Students whose native language is not English must demonstrate English language proficiency with documentation of one of the following: a minimum TOEFL iBT of 79, a minimum IELTS score of 6.5., or a minimum PTE score of 53.
- Students in the final year of completion of a bachelor's degree may apply to the program or students who have completed a bachelor's degree. Baccalaureate degree must be from an accredited college or university.
- Cumulative prerequisite course Quality Point Average (QPA) of 3.0 or better (4.0 scale). No grade below a "C" will be accepted
- Overall undergraduate QPA of 3.0 or better (4.0 scale)
- All prerequisite courses must be completed within five years preceding entrance into the graduate program or based on Program Director review. Prerequisites must be completed by May 15 of the year the student enrolls. Additionally, the student's degree must be conferred with a final official transcript by May 15 of the year that they enroll.
- GRE's are not required.
- Interested students must submit a written essay (limited to 1,000 words) that summarizes the value of the OTD program for the applicant's personal and professional goals.
- A Personal interview may be required. Student will be contacted to schedule interview.

## Prerequisite Requirements

Prerequisite Course Requirements for entry into the OTD program include the following:

Intro to Psychology  
 Psychopathology or Abnormal Psychology  
 Intro to Sociology or a course in diversity  
 Anatomy & Physiology I & II with lab (total of 8 credits)  
 Developmental psychology throughout the lifespan or equivalent  
 Physics (one semester survey or two semester full sequence)  
 Statistics

*Additional requirements for all students*

- Prior to matriculation in the program, students must complete their bachelor's degree and a minimum of 40 hours of volunteer experience in an OT setting; two different sites are preferred. Documentation must be submitted from the clinical volunteer site. Students will also collect information for a student journal during their volunteer work.
- Deadline for applications is January 15; applications received after this deadline will be reviewed if space is available in the program
- Interested students must complete the "Student Self-Report Transcript Evaluation" in accordance with the OTD program and Graduate Admissions office.
- Students must have demonstrated efficiency in using tools common to distance education. This might include a learning platform, special courses, or job experience. Attachments to the application providing evidence of proficiency will be requested and reviewed.

## Curriculum\*

The Occupational Therapy Doctorate is a doctoral degree which will be awarded upon the successful completion of the following 119 credits:

<b>1<sup>ST</sup> SEMESTER – SUMMER</b>	
DOCCT 811 Foundations of OT	3
DOCCT 815 Occup Science & Analysis	3
DOCCT 818 Theoretical Foundations of OT	3
Total	9
<b>2<sup>ND</sup> SEMESTER – FALL</b>	
DOCCT 825 Clinical Neuroscience	4
DOCCT 827 OT Psychosocial I	4
DOCCT 821 Analysis of Human Movement	4
DOCCT 823 OT Medical Sciences	3
Total	15
<b>3<sup>RD</sup> SEMESTER – SPRING</b>	
DOCCT 831 Neurorehab Techniques	4
DOCCT 833 OT Interven: Psychosocial II	5
DOCCT 835 The Research Process	6
Total	15
<b>4<sup>TH</sup> SEMESTER – FALL</b>	
DOCCT 841 OT Intervention: Physical Disabilities I	4
DOCCT 843 OT Intervention: Peds & Dev Disabilities I	5
DOCCT 844 Community Based Intervention	3
DOCCT 845 Research Seminar	3
DOCCT 847 Capstone Preparation	1
Total	16
<b>5<sup>TH</sup> SEMESTER – SPRING</b>	
DOCCT 851 OT Intervention: Physical Disabilities II	5
DOCCT 853 OT Intervention: Pediatrics & Dev Disabilities II	4
DOCCT 855 OT Intervention: Gerontology	3
DOCCT 857 Clinical Reasoning Seminar I	3
DOCCT 859 Thesis I	1
DOCCT 877 Capstone Internship II	1
Total	17
<b>6<sup>TH</sup> SEMESTER – SUMMER/7<sup>TH</sup> SEMESTER – FALL</b>	
DOCCT 861 Field Work Experience I (A)	8
DOCCT 863 Field Work Experience II (B)	8
Total	16
<b>8<sup>TH</sup> SEMESTER – SPRING</b>	
DOCCT 871 Entrepreneur Mgmt Practice in OT	3
DOCCT 873 Emerging Models of Practice	3
DOCCT 875 Adv. Intervention: Theory & Techniques	3
DOCCT 876 Professional Issues Seminar	3
DOCCT 858 Capstone I	1
DOCCT 879 Thesis II	3
Total	16
<b>9<sup>TH</sup> SEMESTER – SUMMER</b>	
DOCCT 881 Doctoral Specialty Internship	12
DOCCT 883 Capstone Project	3
Total	15
<b>TOTAL PROGRAM CREDITS</b>	<b>119</b>

\* Subject to change

# Financial Facts and Policies

## Federal Direct Student Loan (FDSL)

Full and halftime graduate students are eligible to apply for the student loan. Students must file the Free Application for Federal Student Aid (FAFSA) and have a FDSL Master Promissory Note on file. The FAFSA form is available online at: [www.fafsa.ed.gov](http://www.fafsa.ed.gov). The FDSL MPN is available online at: [www.studentloans.gov](http://www.studentloans.gov).

Students may be eligible to borrow up to \$20,500 per academic year, depending on the number of credits enrolled. Students must successfully complete 18 credits in order to be eligible for the next increment of \$20,500. Please refer to [www.studentloans.gov](http://www.studentloans.gov) for repayment terms, loan limits, and interest rates.

*PLEASE NOTE: Graduate students are not eligible for PHEAA or PELL grants.*

## Other Aid

The Financial Aid Office also acts as a resource center for other forms of financial aid. Listings of outside scholarships, sponsorships and loans are available. We also have listings of private sector part-time employment opportunities. These resources fluctuate and vary based on the time of year and the needs of the sponsors and employers. Contact the Gannon Financial Aid Office at (814) 871-7337, or toll free at (800) GANNON-U, for additional information.

## Veterans Benefits

Information regarding Veterans benefits may be obtained by calling the Veterans Affairs Office at (814) 871-7483, or toll free at 800-GANNON-U, ext. 7483.

## Tuition and Fees

### 2015-2016 Academic Year

Application Fee

Doctoral Programs.....\$ 25

Graduation Fee.....\$ 80

Late Fee\*\*.....\$ 50-100

NSF Check Fee.....\$ 25

Select Course Fees:

OT State Board Prep Test Fee.....\$ 295

\* There may be additional fees. All fees are subject to change.

\*\* Please refer to the semester schedule or your semester bill for the late fee policy. Your bill must to finalize your enrollment and confirm your intention to attend online, even if no payment is required or credit is due. This process lets Gannon know you are going to attend. A late fee will be charged to all students, including those receiving employer reimbursement, regardless of when the first class is held, if enrollment is not confirmed by the due date.

## Semester Payment Plan

- This plan enables you to defer up to \$2,500 per semester.
- There is a \$30 per semester processing fee.
- For a balance greater than \$2,500, a down payment of the difference between the total due and \$2,500 is required. For a balance less than \$2,500, a 25% down payment is required. In either case, a signed Semester Payment Agreement is required which is available on GUXpress on the Student Account Center or in Gannon's Cashier Office. The balance deferred plus the \$30 processing fee will be divided into three equal payments and will be due:

Fall:	September 20	October 20	November 20
Spring:	February 20	March 20	April 20



# Occupational Therapy Doctorate Admissions Application

## Application Instructions

1. All applications must be postmarked by January 15. Applications postmarked after January 15 will be processed on a space available basis.
2. Return the completed application with the \$25.00 application fee in the envelope provided. Make check payable to Gannon University.
3. All applicants must request that an official transcript, from all colleges and universities previously attended, be forwarded to the Graduate Admissions Office.
4. Three letters of recommendation must be forwarded to the Graduate Admissions Office for all applicants. Please use the recommendation forms enclosed.
5. Complete and return the Self-Report Transcript Evaluation Form with the application.
6. Please note that the program begins online in June.
7. English Language Proficiency- Students whose native language is not English must demonstrate English language proficiency with documentation of one of the following: a minimum TOEFL iBT of 79, a minimum IELTS score of 6.5., or a minimum PTE score of 53.

First Name

Middle Name

Last Name

Other last name(s) under which your transcripts might be submitted

Start Term: Fall 20\_\_\_\_\_

<b>Home/Permanent Address</b> (Number and Street)   City, State/Province, Zip/Postal Country	<b>Social Security Number</b> (U.S. Citizens Only)  <b>Birth Date</b> <input type="checkbox"/> Male <input type="checkbox"/> Female  <b>Home Telephone Number</b> (Including Area Code)  <b>Cell Phone Number</b> (Including Area Code)  <b>E-mail Address</b> <b>Preferred Contact Method</b> (Check One) <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> E-mail <input type="checkbox"/> I authorize Gannon University to contact me via text or smart message (SMS) at the cell phone number provided.
<b>Mailing Address</b> (if different than Home/Permanent address)   City, State/Province, Zip/Postal Country	

### Citizenship/Language (Check One)

☐ U.S. Citizen ☐ Dual U.S. Citizen ☐ U.S. Permanent Resident: Visa Type \_\_\_\_\_ Alien Registration # \_\_\_\_\_

☐ Other Citizenship: Visa Type \_\_\_\_\_ Country of Citizenship \_\_\_\_\_ Country of Birth \_\_\_\_\_

First/Native Language \_\_\_\_\_

### Colleges and Institutions Attended (Include ALL colleges attended; list most recent first)

Name	City, State	Dates Attended (to/from)	Major	Degree Awarded
Name	City, State	Dates Attended (to/from)	Major	Degree Awarded
Name	City, State	Dates Attended (to/from)	Major	Degree Awarded
Name	City, State	Dates Attended (to/from)	Major	Degree Awarded
Name	City, State	Dates Attended (to/from)	Major	Degree Awarded
Name	City, State	Dates Attended (to/from)	Major	Degree Awarded

Please have official copies of all college transcripts forwarded directly to the  
Office of Graduate Admissions, Gannon University, 109 University Square, Erie, PA 16541-0001.

**Work Experience**

Position	Dates	Employer	Address
Position	Dates	Employer	Address
Position	Dates	Employer	Address

**References**

List the names and positions of the three persons from whom you will request letters of recommendation. One should be an academic reference, one a health professional reference, and one a character reference.

Academic Reference

Health Professional Reference

Character Reference

**Ethnicity/Race** (Optional; this information is for statistical purposes only and has no bearing on admission to the University.)

Are you Hispanic/Latino? ☐ Yes ☐ No

Check the following race(s) that apply to you:

- ☐ American Indian or Alaska Native
 ☐ Black or African American
 ☐ White
 ☐ Asian
 ☐ Native Hawaiian or Other Pacific Islander

**Religious Affiliation** (Optional; this information is for statistical purposes only and has no bearing on admission to the University.)

- ☐ Roman Catholic
 ☐ Greek Catholic
 ☐ Greek Orthodox
 ☐ Jewish
 ☐ Baptist
 ☐ Episcopal
 ☐ Lutheran
 ☐ Methodist
 ☐ Presbyterian
 ☐ Other: \_\_\_\_\_

**Additional Personal Information** (Check if applicable.)

☐ Currently serving on active duty in the U.S. Armed Forces (for purposes other than training) ☐ Veteran of the U.S. Armed Forces

Have you ever been convicted of a misdemeanor, felony or other crime? ☐ Yes ☐ No

My signature below indicates all information in my application is complete, accurate and honestly presented. All records submitted become property of Gannon University and cannot be returned to the applicant nor forwarded to a third party. I am also granting Gannon University permission, if necessary, to request any missing credentials and verify that all information is correct. I understand any misrepresentation may void my application.

Signature

Date



# Occupational Therapy Doctorate Self-Report Transcript Evaluation

			XXX-XX-
First Name	Middle Name	Last Name	Social Security Number
Institution		Degree	Graduation Date

## Instructions

Please indicate when and where you have taken or are taking each prerequisite, the number of credits (CR) for the course, grade (GR) received and quality points (QP) received. All prerequisites taken to date must have a minimum cumulative grade point average of 3.0 to be considered for the OTD Program. No grade below a "C" will be accepted. **Prerequisites must be completed within the five years preceding entrance to the graduate program or based on Program Director review. Prerequisites taken prior to that time will not be accepted and must be repeated for credit. Please leave grade and quality point columns blank for courses that have not been completed.**

## Prerequisite Coursework

	Course Number & Title	Semester	Name of Institution	CR	GR	QP	Comments
Intro to Psychology							
Psychopathology or Abnormal Psychology							
Intro to Sociology or a course in diversity							
Anatomy and Physiology I							
Anatomy and Physiology Lab I							
Anatomy and Physiology II							
Anatomy and Physiology Lab II							
Developmental Psychology throughout the lifespan or equivalent							
Physics I							
Statistics							

**OFFICE USE ONLY:**
Overall QPA 
Prerequisite GPA 
  
Verified: \_\_\_\_\_



*Believe in the possibilities.*

# Occupational Therapy Doctorate Recommendation Form

## To Applicants:

We ask that you provide three references according to the following guidelines:

1. A health care professional reference (i.e., therapist, nurse, or other licensed health care professional)
2. An academic reference (professor who has taught you one or more upper level courses, or advisor)
3. A character reference

Please complete the top portion of this form before requesting a reference.

First Name	Middle Name	Last Name	XXX-XX- Social Security Number
Address (Number and Street)		City	State Zip/Postal Code
Applicant's Degree Granting School			

## Waiver of Access

I have requested that this report be filed by school officials for use in the admissions process by officials of Gannon University. In accordance with the Family Educational Rights and Privacy Act of 1974, I have indicated my intention regarding access to these reports by checking one of the following options:

- ☐ I waive access to this report which shall therefore be considered confidential.
- ☐ I do not waive access to this report.

Signature

Date

## To Person Providing the Reference:

The information that you supply concerning this applicant will be used in the screening and final ranking of applications. No application will be considered without this information. Your cooperation is appreciated. **Please return this completed form to: Office of Graduate Admissions, Gannon University, 109 University Square, Erie, PA 16541-0001.**

Note: If the student has agreed to the waiver printed above, we will preserve the strict confidentiality of this document and it will be made available only to University officials. If the student has not agreed, this report will be made available to the student upon request, if the student matriculates at Gannon University.

Name	Title
Place of Employment	Phone Number (Including Area Code)
How long have you known the applicant? _____	
In what capacity do you know the applicant? _____	
_____	
_____	
_____	

*Note: The following is intended merely as a guideline. We are much more interested in a complete report of whatever you deem important than in a specific format. If you would prefer to send your report in another form (for example, a letter or photocopied summary), please feel free to do so.*

In your opinion, how well does the student qualify for success in graduate school in the following areas?

	Average or Below		Good Above Average		Excellent Top 10% over last 3 years		Outstanding One of the best over the last 3 years; top 5%		One of the very best encountered in my career	No basis for judgement
	1	2	3	4	5	6	7	8	9	N/A
Industry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Manage Multiple Tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Critical Thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research Aptitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Analytic Ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written Expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral Expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response to Pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Get Along with People	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please tell us in narrative form why the applicant has received the foregoing evaluations. Reference to specific events or unusual circumstances may provide us with added insight into the strength or weakness of the applicant.

Signature

Date

# Occupational Therapy Doctorate Recommendation Form

## To Applicants:

We ask that you provide three references according to the following guidelines:

1. A health care professional reference (i.e., therapist, nurse, or other licensed health care professional)
2. An academic reference (professor who has taught you one or more upper level courses, or advisor)
3. A character reference

Please complete the top portion of this form before requesting a reference.

First Name	Middle Name	Last Name	XXX-XX- Social Security Number
Address (Number and Street)		City	State Zip/Postal Code
Applicant's Degree Granting School			

## Waiver of Access

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- ☐ I waive access to this report which shall therefore be considered confidential.
- ☐ I do not waive access to this report.

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Name	Title
Place of Employment	Phone Number (Including Area Code)
How long have you known the applicant? _____	
In what capacity do you know the applicant? _____	
_____	
_____	
_____	

*Note: The following is intended merely as a guideline. We are much more interested in a complete report of whatever you deem important than in a specific format. If you would prefer to send your report in another form (for example, a letter or photocopied summary), please feel free to do so.*

In your opinion, how well does the student qualify for success in graduate school in the following areas?

	Average or Below		Good Above Average		Excellent Top 10% over last 3 years		Outstanding One of the best over the last 3 years; top 5%		One of the very best encountered in my career	No basis for judgement
	1	2	3	4	5	6	7	8	9	N/A
Industry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Manage Multiple Tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Critical Thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research Aptitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Analytic Ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written Expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral Expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response to Pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Get Along with People	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Address (Number and Street)		City	State Zip/Postal Code
Applicant's Degree Granting School			

## Waiver of Access

I have requested that this report be filed by school officials for use in the admissions process by officials of Gannon University. In accordance with the Family Educational Rights and Privacy Act of 1974, I have indicated my intention regarding access to these reports by checking one of the following options:

- ☐ I waive access to this report which shall therefore be considered confidential.
- ☐ I do not waive access to this report.

Signature

Date

## To Person Providing the Reference:

The information that you supply concerning this applicant will be used in the screening and final ranking of applications. No application will be considered without this information. Your cooperation is appreciated. **Please return this completed form to: Office of Graduate Admissions, Gannon University, 109 University Square, Erie, PA 16541-0001.**

Note: If the student has agreed to the waiver printed above, we will preserve the strict confidentiality of this document and it will be made available only to University officials. If the student has not agreed, this report will be made available to the student upon request, if the student matriculates at Gannon University.

Name	Title
Place of Employment	Phone Number (Including Area Code)
How long have you known the applicant? _____	
In what capacity do you know the applicant? _____	
_____	
_____	
_____	

*Note: The following is intended merely as a guideline. We are much more interested in a complete report of whatever you deem important than in a specific format. If you would prefer to send your report in another form (for example, a letter or photocopied summary), please feel free to do so.*

In your opinion, how well does the student qualify for success in graduate school in the following areas?

	Average or Below		Good Above Average		Excellent Top 10% over last 3 years		Outstanding One of the best over the last 3 years; top 5%		One of the very best encountered in my career	No basis for judgement
	1	2	3	4	5	6	7	8	9	N/A
Industry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Manage Multiple Tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Critical Thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research Aptitude	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Analytic Ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written Expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral Expression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response to Pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Get Along with People	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please tell us in narrative form why the applicant has received the foregoing evaluations. Reference to specific events or unusual circumstances may provide us with added insight into the strength or weakness of the applicant.

Signature

Date