



SCHOOL of OCCUPATIONAL THERAPY  
**BELMONT**  
UNIVERSITY

**Doctorate of Occupational Therapy Degree Program**

**ADMISSION REQUIREMENTS**

- I. Applicants to the Doctorate of Occupational Therapy degree program must have completed or shown evidence of substantial work toward the following in order to be considered for admission:

**Baccalaureate degree or higher**

- OTD applicants must have a baccalaureate degree\* or higher in a field other than occupational therapy, from a regionally accredited college or university. The recommended minimum grade point average (GPA) is 3.0 on a 4.0 scale.

*\*(Fall 2009 is the last opportunity to be accepted into the OTD program under the 3 + 3 Program. Contact Associate Dean and OTD Program Director, Dr. Ruth Ford, for further details and to obtain a written letter of agreement.)*

**Graduate Record Examination Score (GRE)**

- An acceptable score on the Graduate Record Examination (GRE) taken within the past five years. A combined score of 1000 on the verbal and quantitative portions of the GRE is recommended. GRE score reports should be forwarded to Belmont University from the Educational Testing Service (ETS). Please specify Institution Code 1058 and School Code 0618 to the ETS.

- II. **Application Form and Fee:** Submit a completed graduate application form with a \$50.00 non-refundable application fee. Checks should be made out to Belmont University.
- III. **Official Transcripts:** Submit official transcripts from all universities and/or colleges attended. Transfer students from a college or university abroad are also responsible for having their transcripts evaluated by a credential evaluation service such as World Education Services (WES).
- IV. **References:** Using the enclosed forms, have two references submitted. At least one of the references must be from a healthcare provider, preferably an Occupational Therapist.
- V. **50 hours of observation credit:** A candidate must demonstrate familiarity with occupational therapy in the form of 50 hours of observational, volunteer experiences or prior work experience in occupational therapy. *These hours do not have to be completed prior to the application process, but must be completed before the start of occupational therapy classes.*
- VI. **Essay:** Using the form provided, submit a one page, handwritten statement explaining how becoming an occupational therapist will help you reach your career goals.
- VII. **Interview:** Each eligible candidate must take part in an interview with a faculty member. Opportunities for individual interviews are offered during the Preview Days scheduled during the fall and spring semester. You will be contacted about interview dates after you apply. If you any questions, please contact our Admissions Assistant at [otd@mail.belmont.edu](mailto:otd@mail.belmont.edu).

VIII. **Prerequisite Documentation Form:** Students are required to have a grade of B or better in all prerequisite classes as this has been a good indicator of future success in professional level graduate work in occupational therapy.

<b>Pre-requisite Needed:</b>	<b>Note:</b>
Human Anatomy (w/lab) <i>and</i> Human Physiology (w/lab)	If these courses are taught as Anatomy and Physiology I and II, both courses must be completed.
Statistics	A statistics course from a math department or psychology department can be used to meet this requirement.
Introduction to Psychology	
Introduction to Sociology <i>or</i> Introduction to Anthropology	Either Introduction to Sociology or Introduction to Anthropology must be taken to meet this requirement.
Abnormal Psychology	
Medical Terminology	
Biology	With a concurrent lab
<b>Courses Strongly Recommended to Have:</b>	Human Growth and Development
<b>Courses Helpful to Have:</b>	Physics Effective Writing Public Speaking Computer Literacy

**IX. Application deadline:** Early decision deadline - January 1<sup>st</sup> (all application materials must be in including interview) and regular decision deadline is March 15<sup>th</sup>. Those applying after these dates will be contacted for subsequent class application. Decisions regarding the acceptability of applicants for the occupational therapy program will be made by the Occupational Therapy Admissions Committee after evaluation of all pertinent application materials. Applications cannot be accurately reviewed until all application materials are received and requirements have been met. New applications are required for those who defer a year or miss the cut off dates for admissions.

**Please Note:** If you are accepted in the OTD program, you will be required to be certified in cardiopulmonary resuscitation (CPR for infant, child and adult) and first aid training. You will also be required to submit results of a criminal background check. Background check information will be mailed to you in the summer preceding your first semester.

**Accreditation:** Belmont University's School of Occupational Therapy is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA), located at 4720 Montgomery Lane, PO Box 31220, Bethesda, MD 20824-1220. The AOTA phone number is (301) 652-AOTA. Our graduates are eligible to sit for the national certification examination for the occupational therapist administered by the National Board for Certification in Occupational Therapy (NBCOT). After successful completion of this exam, the individual will be an Occupational Therapist, Registered (OTR). Most states require licensure in order to practice; however, state licenses are usually based on the results of the NBCOT Certification Examination. A felony conviction may affect a graduate's ability to meet NBCOT and licensure requirements and therefore may necessitate seeking advice prior to starting an academic program.

*All application materials should be sent directly to: Belmont University, Office of Admissions, 1900 Belmont Blvd., Nashville, TN 37212.* If you have any question regarding the Admissions Requirements for the Doctorate of Occupational Therapy program, please contact our Admissions Assistant at 615-460-6798 or [otd@mail.belmont.edu](mailto:otd@mail.belmont.edu).

# Occupational Therapy Doctorate Program

## Course Sequence

### Fall Year (18 credits)

OTD 6000	Foundations in Occupational Therapy	3
OTD 6010	Occupational Behaviors	3
OTD 6011	Occupational Behaviors Lab	1
OTD 6020	Ethical Decision Making	2
OTD 6030	Kinesiology/Anatomy: Assessing Human Performance	3
OTD 6031	Kinesiology/Anatomy: Assessing Human Performance Lab	1
OTD 6040	Clinical Pathophysiology	3
OTD 6050	Critical Reasoning and Evidence-Based Practice	2

### Spring Year 1 (19 credits)

OTD 6100	Cultural Awareness in Human Development I	3
OTD 6110	Occupational Performance for Adult Population	3
OTD 6111	Occupational Performance for Adult Population Lab	1
OTD 6120	Clinical Studies I	2
OTD 6130	Assistive Technologies for Occupational Performance I	2
OTD 6131	Assistive Technologies for Occupational Performance I Lab	1
OTD 6140	Neuroscience: Assessing Human Performance	2
OTD 6141	Neuroscience: Assessing Human Performance Lab	1
OTD 6150	Quantitative Research Processes	2
OTD 6160	Adulthood Population Fieldwork and Seminar- Level I (PAMS)	2

### Summer Year 1 (6 credits)

OTD 6210	Managing OT Delivery Systems	2
OTD 6220	Leadership and Public Policy	2
OTD 6250	Qualitative Research Processes	2

### Fall Year 2 (19 credits)

OTD 6300	Cultural Awareness in Human Development II	3
OTD 6310	Occupational Performance for Infant through Adolescent Populations	3
OTD 6311	Occupational Performance for Infant through Adolescent Populations Lab	1
OTD 6320	Clinical Studies II	2
OTD 6330	Assistive Technologies for Occupational Performance II	2
OTD 6331	Assistive Technologies for Occupational Performance II Lab	1
OTD 6340	Educational Strategies in Occupational Therapy (Intro to Capstone)	3
OTD 6350	Research I	2
OTD 6360	Infant through Adolescent Populations Fieldwork and Seminar- Level I	2

### Spring and Summer Year 2 (26 credits)

OTD 6400	Cultural Awareness in Human Development III	3
OTD 6410	Occupational Performance for Aging Population	2
OTD 6411	Occupational Performance for Aging Population Lab	1
OTD 6420	Clinical Studies III	2
OTD 6430	Interventions in Cognition and Perceptual Disorders	2
OTD 6431	Interventions in Cognition and Perceptual Disorders Lab	1
OTD 6440	Capstone Planning Seminar	1
OTD 6450	Research II	2
OTD 6460	Aging Population Fieldwork and Seminar- Level I	2
OTD 6470	Competency Testing	1
OTD 6480	Fieldwork- Level II	9

### Fall Year 3 (9 credits)

OTD 6580	Fieldwork- Level II	9
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**Spring Year 3 (12 credits; Each student must select 1 of the following 4 Theme Courses to be completed in conjunction with the Residency.)**

OTD 6600	Community Based Practice and Faith Based Advocacy (Elective)	2
OTD 6610	Entrepreneurial Leadership (Elective)	2
OTD 6620	Clinical Excellence (Elective)	2
OTD 6630	Technological Advances (Elective)	2
OTD 6680	Residency: Experiential component (640 hours/16 weeks)	10

*Total: 109 semester credits*

School of Occupational Therapy Doctor of Occupational Therapy Degree Program

Name:

Date of Birth (MM/DD/YY):

### **APPLICATION ESSAY**

Each applicant is expected to have exposure to occupational therapy either through work, volunteer or observation experiences. In the space provided below, explain what becoming an occupational therapist means to you. *This essay must be handwritten.*

**Belmont University  
School of Occupational Therapy**

## Doctor of Occupational Therapy

### Occupational Therapy Volunteer Experience Documentation Form

Name of Applicant: \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_\_

All applicants must complete at least 50 observation or volunteer hours in occupational therapy prior to starting the program. Please complete this form as documentation of your occupational therapy work, volunteer, or observation hours. *This form should be accompanied by verification letters or forms provided by the facility/hospital/clinic, if available.*

<u>Name/Address/Phone of Hospital/Clinic*</u>	<u>Description of Volunteer Activity**</u>	<u>Name of Supervising OT</u>	<u>Total Hours</u>

\* You may use more than one site and combine hours to equal fifty.  
\*\* Please do not refer to any specific patients or clients.

# Belmont University School of Occupational Therapy

## Prerequisite Documentation Form Entry Level Doctor of Science in Occupational Therapy Degree

Applicant Name: \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_\_

**Instructions:** Provide the full title and course number for each prerequisite (*example: Human Anatomy and Physiology I, BIO 2230*)

**A grade of "B" or better is required for each course.**

**1. Anatomy & Physiology I (with lab) Course**

Title/Number \_\_\_\_\_  
College/University \_\_\_\_\_ Semester Hours \_\_\_\_\_  
Date Completed/to be Completed By \_\_\_\_\_ Grade \_\_\_\_\_

**2. Anatomy & Physiology II (with lab) Course**

Title/Number \_\_\_\_\_  
College/University \_\_\_\_\_ Semester Hours \_\_\_\_\_  
Date Completed/to be Completed By \_\_\_\_\_ Grade \_\_\_\_\_

**3. Statistics Course**

Title/Number \_\_\_\_\_  
College/University \_\_\_\_\_ Semester Hours \_\_\_\_\_  
Date Completed/to be Completed By \_\_\_\_\_ Grade \_\_\_\_\_

**4. Introduction to Psychology Course**

Title/Number \_\_\_\_\_  
College/University \_\_\_\_\_ Semester Hours \_\_\_\_\_  
Date Completed/to be Completed By \_\_\_\_\_ Grade \_\_\_\_\_

**5. Abnormal Psychology Course**

Title/Number \_\_\_\_\_  
College/University \_\_\_\_\_ Semester Hours \_\_\_\_\_  
Date Completed/to be Completed By \_\_\_\_\_ Grade \_\_\_\_\_

**6. Introduction to Sociology OR Introduction to Anthropology Course**

Title/Number \_\_\_\_\_  
College/University \_\_\_\_\_ Semester Hours \_\_\_\_\_  
Date Completed/to be Completed By \_\_\_\_\_ Grade \_\_\_\_\_

**7. Biology Course**

Title/Number \_\_\_\_\_  
College/University \_\_\_\_\_ Semester Hours \_\_\_\_\_  
Date Completed/to be Completed By \_\_\_\_\_ Grade \_\_\_\_\_

**8. Medical Terminology Course**

Title/Number \_\_\_\_\_  
College/University \_\_\_\_\_ Semester Hours \_\_\_\_\_  
Date Completed/to be Completed By \_\_\_\_\_ Grade \_\_\_\_\_

**Belmont University  
School of Occupational Therapy**

**DOCTOR OF OCCUPATIONAL THERAPY**

**RECOMMENDATION FOR ADMISSION**

**Instructions for the Applicant:** Please complete the identifying information before delivering this form to the individual from whom you have requested a recommendation. The person who is making the recommendation is to complete the form and return it to Belmont University, Office of Admissions, 1900 Belmont Boulevard, Nashville, TN 37212-3757. *Recommendations sent by the applicant will not be accepted.*

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

Date of Birth (MM/DD/YY): \_\_\_\_\_

**Waiver Statement**

This waiver statement would be signed only if you waive the right, granted you by the Family Education Rights and Privacy Act of 1974, to read this completed reference.

I hereby freely and voluntarily waive my rights of access to any information contained on this recommendation form and agree that the statement shall remain confidential.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_.

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**The Following is to be completed by the Person Making the Recommendation:**

How long have you known this applicant? \_\_\_\_\_

In what capacity do you know this applicant?:

Student       Employee       Volunteer       Other: \_\_\_\_\_

Is there any aspect of this applicant's background that might interfere with successful completion of the program?       Yes       None that I know.

If yes, please specify:

(Continue on reverse side.)

**Please assess the applicant's following qualities:**

	Excellent	Good	Average	Inadequate	Unable to rate
Intellectual Competence					
Emotional Stability					
Leadership Ability					
Dependability					
Interpersonal Skills					
Oral Communication					
Written Communication					
Moral Character					
Self-motivation					

Please describe those qualifications, traits or accomplishments you feel are significant in demonstrating the applicant's ability to complete the Occupational Therapy Program.

Reference's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reference's Name (print) \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number:( \_\_\_\_\_ ) \_\_\_\_\_

If we need clarification, may we contact you?  YES  NO

**Please return your recommendation to:**

**Belmont University  
Office of Admissions  
1900 Belmont Blvd.  
Nashville, TN 37212-3757**

**Thank you for serving as a reference for this applicant.**

**Belmont University  
School of Occupational Therapy**

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