Sacramento City College
Occupational Therapy Assistant Program
Course Verification Form for Program Application – (*Effective* Spring 2020)

Student: _____   Date: _____

Student ID: _____   Degree: _____   Catalog Year: _____

All courses must be completed to be eligible for program application. This form must be completed and signed by a counselor. All applicant submit(upload) the completed form to their OTA application. Failure to submit form with application will render your application incomplete.

Section I: REQUIRED FOR PROGRAM   GPA for courses in Section I _____

COURSES REQUIRED BY THE PROGRAM CURRICULUM	GRADE	SCHOOL / SEMESTER
AH 106- Communication for Allied Health (2)		
AH 110- Medical Language for Health Care Providers (3)		
AH 301- Health in M'cultural Soc (3) ☐ or SOC 300- Soc ☐ or ANTH 310- Cultural Anthro (3) ☐		
BIOL 100- Anatomy and Physiology (3) ☐ or BIOL 430 (5) & 431 (5) [10-yr recency] ☐		
FCS 340- Nutrition ☐ or NUTRI 300-Nutrition ☐ or HEED 300-Health Science (3) ☐		
LIBR 307- Medical Information Resources (1)		
OTA 100- Introduction to Occupational Therapy (1)		
PSYCH 300- General Principles (3) [10-yr recency]		
PSYCH 370 **or** FCS 324- Human Development: A Lifespan (3)		

Section II: REQUIRED FOR DEGREE   ☐ Cover by a Bachelor's degree.

GENERAL EDUCATION REQUIRED FOR THE DEGREE (*List course for each area*)	GRADE	SCHOOL / SEMESTER
LRCCD Reading Proficiency		
LRCCD Writing Proficiency		
LRCCD Math Proficiency		
SCC Area I- Humanities (3)		
SCC Area II(b)- Communication and Analytical Thinking (3)		
SCC Area III(a)- Physical Education (1)		
SCC Area V(a)- American Institutions (3)		
SCC Area VI- Ethnic/Multicultural Studies		

I have reviewed the above courses an confirm the accuracy of the courses listed in Sections I and II above.

Counselor Name / Signature (print / sign) _____

Phone _____   Email _____   Date _____