



College of Health & Rehabilitation Sciences
Sargent College

Application for the Doctor of Occupational Therapy

PLEASE PRINT OR TYPE CLEARLY

Date of Application: _____

Prior Application to this School Date: _____

Date of Intended Enrollment: _____

A. Personal Data

Last Name: _____ First Name: _____

Middle Name: _____ Maiden Name: _____

Social Security Number: _____

Date of Birth (MM/DD/YY): _____

Gender: ☐ Male ☐ Female

Current Address

Number and Street: _____

City: _____ State: _____

Zip Code: _____ Province: _____

Country: _____ Telephone number: _____

Current until: _____

Email Address: _____

Permanent address

Number and Street: _____

City: _____ State: _____

Zip Code: _____ Province: _____

Country: _____ Telephone number: _____

Additional Information

Highest Level of Education: ☐ BS in Occupational Therapy ☐ MS in Occupational Therapy

Are you a United States citizen? ☐ Yes ☐ No

If not, do you currently hold a United States Permanent Resident or Immigrant Visa ("green card")? ☐ Yes

☐ No

Country of birth: _____

Years resided in the U.S.: _____

Is English your native language ☐ Yes ☐ No

If not, what is? _____

If English is not native language, please provide TOEFL score: _____

(Please attach score results to your application)

Please indicate date TOFEL was taken, or is to be taken: _____

OPTIONAL
Ethnic Origin:

- | | |
|--|--|
| <input type="checkbox"/> Black-Non-Hispanic Origin | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> White-Non-Hispanic Origin | <input type="checkbox"/> Other Latino |
| <input type="checkbox"/> Mexican-American | <input type="checkbox"/> American Indian or Native Alaskan |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Asian Indian |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Other Asian or Pacific Islander | <input type="checkbox"/> Other _____ |

B. Previous Study

Please list all schools attended since the completion of high school.

Name of College/University: _____

Location: _____

Dates Attended (MM/YYYY to MM/YYYY): _____

Degree earned: _____

Major: _____

Graduation Date (MM/DD/YYYY): _____

Name of College/University: _____

Location: _____

Dates Attended (MM/YYYY to MM/YYYY): _____

Degree earned: _____

Major: _____

Graduation Date (MM/DD/YYYY): _____

C. How did you first become aware of our Doctor of Occupational Therapy program:

- ☐ Brochure
- ☐ AOTA
- ☐ A friend
- ☐ Graduate of Sargent College
- ☐ College/University Guidebook
- ☐ Boston University Campus Visit
- ☐ Recruiter visit to Undergraduate Campus
- ☐ Other: _____

Please Explain:

To what other Colleges and Universities are you applying? (Your answer will not influence our decision)

D. Certification/Licensure**Date of Original NBCOT certification:** _____**Certification Number (include a photocopy of your certification):** _____

If you are not a US graduate, describe requirements for practice in country where you are currently practicing and include a photocopy of documents certifying these requirements have been met

State License Number (where applicable): _____
(Please include a photocopy of your license)**E. Curriculum Vitae**

Please use the form provided.

F. Essays

Answer the following three questions. Please limit your responses to two pages for question one, one page for question 2 and one page for question 3. Please note that question one has two parts.

Question #1a

The doctoral project is an on-going work that commences with your matriculation into the Boston University Doctor of Occupational Therapy program and continues throughout the program. It will engage you in the process of identifying a short-coming, gap, or specific need in your area of practice, after which you will design a theory- and evidence-based program to address this need. For example, in an educational context an identified short-coming might be limited participation of children with emotional/behavioral disorders in classroom social activities. The doctoral project might focus on designing a classroom wide program that would enable more successful participation by these students.

- **Identify the short-coming, gap or specific need in your area of practice that you propose to address in your doctoral project. Please support with appropriate references to the evidence-based literature.**
- **Discuss two approaches to address this short-coming, gap or specific need.**
- **Specifically describe what outcomes you hope to achieve through your doctoral project.**

Question #1b

Based on your proposed doctoral project, what expertise/skills do you bring to your doctoral studies that are relevant to doing this work?

Question #2

Based on your proposed doctoral project, what expertise/skills do you anticipate that you will need from your Circle of Advisors to support your project goals?

For example, the doctoral project requires tasks that involve the analysis of relevant policy and systems factors (e.g., payment methods; regulations), theoretical basis of the proposed program, description of the proposed program, and an evaluation plan for the program. Many of these tasks may require the assistance of experts or advisors in these areas.

Create a Circle of Advisors, listing 3 individuals whom you might consult with to guide and provide feedback and recommendations for completing your doctoral project. Provide a rationale for the selection of each advisor (availability of advisors does not need to be confirmed at this point). This Circle of Advisors should not be limited to the occupational therapy community and should not include Boston University occupational therapy faculty.

The Program recommends that applicants consider a Circle of Advisors that is configured to include:

- an academician/University or College faculty
- a subject-matter expert
- a personal-professional mentor or liaison who you have some established relationship/acquaintance.

Ideally, at least one of these advisors may be in nearby geography to you, but, this is not required. Please briefly articulate why you selected each of your advisors.

For example,

Proposed Advisor	Background	Contribution to Doctoral Project
Professor Sue Smith	Publications and grant work in area of practice related to Doctoral Project	Consultation about theoretical rationale and relevant supporting evidence
Jack Anderson, Health Care Provider	Expert Practitioner with experience in targeted practice area/population for Doctoral Project	Review and advise about proposed doctoral project "best practice" methods and evaluation; consultation about policy and systems considerations
Kim Gonzales	State Special Interest Group Leader and former supervisor.	Provide personal-professional support about the progression of the Doctoral Project, along with strategies for professional success in managing dual/multiple roles.

Question #3:

What do you plan to do after you have earned your OTD and how will your doctoral project help you achieve these goals?

Signature

Date: