



**APPLICATION FORM (OTD applicants)**

Please print.

- Mr.  
 Ms.

\_\_\_\_\_

Last Name or Surname      First or Given name      Middle or Maiden      E-mail Address

**Mailing Address**

\_\_\_\_\_

Street      City      State      Zip Code

**Telephone**

\_\_\_\_\_ Second number where you can be reached: \_\_\_\_\_

Area Code + Phone Number      Area Code + Phone Number

**Permanent Address (if different)**

\_\_\_\_\_

Street      City      State      Zip Code

**Date of Birth** \_\_\_\_\_ **Gender:**  Male  Female **Illinois resident:**  Yes  No

**Racial/Ethnic Group**

Your response to the following question is voluntary and will not affect your application. The information is requested, so this institution may demonstrate compliance with federal regulations. Failure to provide this information will not subject you to any adverse treatment.

- (1)  American Indian or Alaskan Native \_\_\_\_\_ (8)  Mexican American  
(2)  Black, not of Hispanic origin (Please specify tribe) (9)  Puerto Rican  
(3)  Asian or Pacific Islander (0)  Cuban  
(6)  White, not of Hispanic origin (4)  Other Hispanic \_\_\_\_\_  
(Please specify)

- *American Indian or Alaskan Native:* Persons having origins in any of the original peoples of North America and maintaining cultural identification through tribal affiliation or community recognition.
- *Black, not of Hispanic origin:* Persons having origins in any of the black racial groups of Africa.
- *Asian or Pacific Islander:* Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- *White, not of Hispanic origin:* Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East
- *Hispanic:* Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture of origin, regardless of race.

**Program Selection**

Please mark the program to which you are applying with an 'X':

- I am applying to the Doctor of Occupational Therapy (OTD) (professional doctorate degree) only.  
 I am simultaneously applying to both the MS in occupational therapy and the Doctor of Occupational Therapy program.  
 I am currently enrolled in the UIC MS program and applying to the Doctor of Occupational Therapy program

**I understand that my application will be considered only if all materials are submitted and my official examination scores are received. I accept responsibility to include all of the above materials when I submit my application. I have read the instructions for completing this application and I certify that the all statements are correct and complete.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**OT Certification Status**

- I am a certified occupational therapist.  
Please enclose a copy of your certificate from the National Board for Certification in Occupational Therapy and your state occupational therapy license, if applicable.
  
- I am not certified as an occupational therapist, but am eligible for certification as I have graduated from a program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) or approved by the World Federation of Occupational Therapy.
  
- I am currently a professional (entry-level) master’s student and expect to graduate in \_\_\_\_\_. (Indicate month and year).
  
- I am co-applying for the MS (professional entry-level master’s) program and the OTD.

**Faculty Advisor**

Applicants who are accepted into the OTD program will be matched with one of the UIC OT faculty members (see OTD Application Instructions for details). This faculty member will act as the student’s academic advisor and mentor throughout the OTD program.

Co-applying MS and current 1<sup>st</sup> year MS students can indicate up to two potential faculty to serve as OTD advisors, but this is not required, as the student can defer advisor confirmation until the end of the first year of the MS program. The Director of the OTD Program will serve as the student’s advisor until one has been determined.

Current 2<sup>nd</sup> year entry level MS students or applicants with an OT degree must identify up to two potential OT faculty advisors. Please visit the OTD website and speak in person, via phone, or email with faculty members to identify which faculty is the best match with your interests. If the faculty member is willing to accept being the advisor, have the individual(s) sign below. If obtaining the faculty members’ signature is complicated by geographical separation or other practical issues, it will be acceptable for you to attach an e-mail from the faculty member(s) indicating their willingness to advise you if you are accepted into the OTD program.

I, \_\_\_\_\_ (faculty name), have talked with \_\_\_\_\_ (applicant name) and am interested and willing to supervise him/her if he/she is admitted to the OTD program.

\_\_\_\_\_  
Signature Date

I, \_\_\_\_\_ (faculty name), have talked with \_\_\_\_\_ (applicant name) and am interested and willing to supervise him/her if he/she is admitted to the OTD program.

\_\_\_\_\_  
Signature Date