

**TOURO**  **COLLEGE**  
SCHOOL OF HEALTH SCIENCES  
BROOKLYN • LONG ISLAND • MANHATTAN

**OFFICE OF CENTRAL ADMISSIONS**  
1700 Union Boulevard • Bay Shore, New York 11706  
866-Touro4U extension 505 • enrollhealth@touro.edu

## APPLICATION FOR ADMISSION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SEMESTER: *Fall 20*\_\_\_\_ *Spring 20*\_\_\_\_ *Summer 20*\_\_\_\_

APPLICATION: *Rolling Admissions*

LOCATION/PROGRAM: *Please check*

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**BAY SHORE PROGRAMS**

1700 Union Boulevard  
Bay Shore, NY 11706

- BS Health Sciences/DPT Physical Therapy
- BS Health Sciences/MS Physician Assistant Studies
- BS Health Sciences/MS Occupational Therapy
- BS Healthcare Administration
- Undergraduate Studies

**MANHATTAN PROGRAMS**

27 West 23<sup>rd</sup> Street, 6<sup>th</sup> Floor  
New York, NY 10010

- BS Health Sciences/DPT Physical Therapy
- BS Health Sciences/MS Physician Assistant Studies
- BS Health Sciences/MS Occupational Therapy
- AAS Occupational Therapy Assistant
- Undergraduate Studies

**MINEOLA PROGRAM**

Extension Center at Winthrop University Hospital  
288 Old Country Road  
Mineola, NY 11501

- BS Health Sciences/MS Physician Assistant Studies

Revised 9/08

*Touro College admits students of any race, color, sex, national and ethnic origin, and handicap status to the rights, privileges, programs, and activities generally accorded or made available to students at the school.*

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#### **Please answer all questions.**

1. Student Name: \_\_\_\_\_  
(Please Print) Title: Mr. Mrs. Ms., etc. Family Name First Name Middle Name

Note: Your application will be processed under the name given above. If you were registered at any of the institutions listed below under a maiden name and/or any variations of your name as given above, please write the name here:

\_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

2. Current Address: \_\_\_\_\_

Number and Street

City, State, Zip

Telephone

Cell Phone

Business Phone

3. Mailing Address: \_\_\_\_\_

If different  
than above

Number and Street

City, State, Zip

Telephone

4. Date of Birth: \_\_\_\_\_

5. Social Security # : \_\_\_\_\_

(Optional)

6. Sex: Male  Female

7. I have been a resident of New York State since: \_\_\_\_\_

Date

8. Citizenship:  United States  Other please specify: \_\_\_\_\_

9. Visa Type:  F1  J1 If Permanent Resident please provide Alien Registration # : \_\_\_\_\_

10. Ethnic background:

African-American  American Indian  Asian American  Hispanic  Caucasian

Other: \_\_\_\_\_

11. Are you a U.S. Veteran?  Yes  No

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12. Name of a relative who is a *Touro College* student or alum and relationship to you:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

13. Have you ever been convicted of a felony? (New York State Professional Licensure may be denied)

Yes  No if yes, please explain: \_\_\_\_\_

14. Secondary School: \_\_\_\_\_  
Name City State

Year of Graduation: \_\_\_\_\_ (YOU MUST HAVE OFFICIAL HIGH SCHOOL TRANSCRIPTS SENT)

15. List all undergraduates Colleges, Graduate and Professional Schools attended  
(Please list in chronological order)

**(YOU MUST HAVE OFFICIAL TRANSCRIPTS SENT)**

Institution and Campus/Location/State	TYPE OF COLLEGE Prof/Grad/4yr/2yr	NUMBER OF CREDITS	DATES FROM/TO	GPA	MAJOR	DEGREE GRANTED	DATE EXPECTED
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	____/____	_____	_____	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	____/____	_____	_____	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	____/____	_____	_____	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	____/____	_____	_____	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	____/____	_____	_____	_____	_____

16. Are you currently in school? \_\_\_\_\_ Where? \_\_\_\_\_

17. If you attended a foreign school, did you apply for evaluation of your credentials?  Yes  No

18. Have you, since admission to college, been on probation, suspended or dismissed?  Yes  No

If yes, please explain: \_\_\_\_\_

19. SAT score: M: \_\_\_\_\_ V: \_\_\_\_\_ W: \_\_\_\_\_ Date: \_\_\_\_\_ GRE score: \_\_\_\_\_ Date: \_\_\_\_\_

20. If some time elapsed since you last attended school, explain why and indicate how you spent the interval:

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21. Do you feel that your college grades are a true index of your ability? \_\_\_\_\_

If not, what were the factors that prevented your doing better? \_\_\_\_\_

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22. Have you previously applied to this College? If yes: (year) \_\_\_\_\_ (program) \_\_\_\_\_

23. List honors, scholarships or awards received both in and out of school: \_\_\_\_\_

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24. List the significant activities and organizations in which you have participated both in and out of school and offices held, if any: \_\_\_\_\_

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### 25. LETTERS OF RECOMMENDATION ON LETTERHEAD

A. \_\_\_\_\_  
*Name* *Address* *Telephone*

B. \_\_\_\_\_  
*Name* *Address* *Telephone*

C. \_\_\_\_\_  
*Name* *Address* *Telephone*

### 26. FINANCIAL AID INFORMATION

If you plan on requesting Financial Aid, you must file the Financial Aid Form as required by *Touro College*. Federal and, where appropriate, New York State forms, will be sent to all candidates upon request.

**FINANCIAL AID CONTACT INFORMATION:** See directives for your specific program.

27. How did you learn about Touro College School of Health Science's programs?

Alumni/Friend  Program Literature  Newspaper/Radio  Touro College Website  Other Website

### SEE INSERT FOR PROGRAM DIRECTIVES FOR FURTHER APPLICATION PROCEDURES

*I certify that the information above is true to the best of my knowledge.*

\_\_\_\_\_  
**Applicant's Signature**

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

**Touro College**  
**School of Health Sciences**  
 BSHS/MSOT Applicant Recommendation

NAME OF APPLICANT: \_\_\_\_\_

The above named individual is applying for a position to the BSHS/MSOT Program at Touro College, and has given us your name as a reference. Please complete this reference form and return in the envelope provided.

1. Date began employment/volunteer service: \_\_\_\_\_ Hours completed as of this date: \_\_\_\_\_

2. Select only one: \_\_\_\_\_ I am/have been an employer/supervisor. From \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ I am/have been a peer/coworker of this applicant From \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ I am/have been an instructor of this applicant. From \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ I know/have known this applicant. Specify what capacity you have known this applicant: \_\_\_\_\_

\_\_\_\_\_

3. Describe the applicant's current work environment, class, or clinical setting. If a student or volunteer or clinical setting:

\_\_\_\_\_

4. Would you hire/rehire/work with this applicant? \_\_\_\_\_ YES \_\_\_\_\_ NO If no, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. The attributes listed below are important for an Occupational Therapy Student. Compare this applicant with others who work in the same capacity, and have the same experience level (volunteers/employees). Rate each attribute on a scale of 1 to 5 with **1 being the lowest and 5 being the highest**. If the attribute cannot be evaluated or does not apply, circle N/A.

Attribute	Score						Remarks
	1	2	3	4	5	N/A	
Adaptability/Resourcefulness	1	2	3	4	5	N/A	
Honesty/Integrity	1	2	3	4	5	N/A	
Initiative	1	2	3	4	5	N/A	
Interaction with coworkers	1	2	3	4	5	N/A	
Leadership ability/potential	1	2	3	4	5	N/A	
Manner in Accepting Criticism	1	2	3	4	5	N/A	
Professional Appearance	1	2	3	4	5	N/A	
Professional Demeanor	1	2	3	4	5	N/A	
Reliability	1	2	3	4	5	N/A	
Stability Under Pressure	1	2	3	4	5	N/A	
Stamina (Mental and Physical)	1	2	3	4	5	N/A	
Tact	1	2	3	4	5	N/A	
Communication Skills	1	2	3	4	5	N/A	
Maturity	1	2	3	4	5	N/A	
Assumes Responsibility	1	2	3	4	5	N/A	
Judgment	1	2	3	4	5	N/A	

6. Additional Comments/Remarks:

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Position/Title: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

*Touro College Occupational Therapy Admissions Committee appreciates your time and effort in providing an honest appraisal of this individual.*

## Occupational Therapy Program Admission Requirements/Directives

- ◆ A minimum of 60 credits in Liberal Arts and Sciences with a minimum cumulative GPA of 2.8. Prerequisites include:
  - 8 credits Biology\* (with labs)
  - 4 credits Physics\*\*, or Chemistry\*, or additional Biology\* (each with labs)
  - 9 credits Psychology including, General Psychology, Growth and Development (lifespan), and Abnormal Psychology
  - 6 credits English Composition or English Composition and Literature
  - 3 credits College Mathematics
  - 3 credits Statistics (NOT Business Statistics)
  - 3 credits Sociology
  - 24 additional credits of Social Sciences/Humanities

\*Designed for a science major

\*\*Preferred

***Only coursework completed with a grade of "C" or better will transfer.***

- ◆ Applicants must have successfully completed all prerequisite courses by the August date of entry for the Bay Shore campus, and January date of entry for the Manhattan campus
- ◆ 100 hours of volunteer work under the supervision of a licensed Occupational Therapist
- ◆ Two Letters of recommendation; **one from a licensed Occupational Therapist; one from a professional or academic source**
  - Any application submitted *after* April 1, 2008, must include the **NEW Occupational Therapy Applicant Recommendation form in place of the traditional recommendation letter.**
- ◆ Personal statement (*no more than 500 words*), to be submitted with application, discussing the following:
  - ***Personal experiences which prepare you to interact/work with people of diverse cultural or socio-economic status.***
  - ***How your special abilities, training, and experiences can be related to Occupational Therapy.***
- ◆ Official SAT, ACT, GRE, or TOEFL scores
- ◆ Current CPR certification
- ◆ Interview and on-site essay for qualified applicants