

WESTERN NEW MEXICO UNIVERSITY
Degree Plan - AS in Occupational Therapy Assistant (5201)
Department of Allied Health

Student Name: _____	ID# _____
Address: _____	Email: _____
_____	Telephone: _____
Catalog Authority: _____	Expected Completion: _____
_____	Advisor: _____
TB Test taken (Date): _____	CPR Course taken (Date): _____

Supporting Course Requirements (26 hours)

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>	<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
BIOL 254/256 Anat & Phys I	(4)	_____	PSY 102 Gen'l Psychology	(3)	_____
BIOL 255/257 Anat & Phys II	(4)	_____	RHAB 340 Med Terminl & Doc	(3)	_____
COMM 110 Public Speaking	(3)	_____	SOC 101 Intro to Sociology	(3)	_____
ENGL 101 Comp & Rhetoric I	(3)	_____	Guided elective (3) Select one advisor approved elective		
			Course: _____	(3)	_____

Occupational Therapy Core Requirements (51 hours)

<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>	<u>Course(Credits)</u>	<u>Sem/Year</u>	<u>Grade</u>
OTA 155 Orientation to OT	(3)	_____	OTA 240 OT in Physcl Disabil I	(3)	_____
OTA 156 Fieldwork Level Ia	(1)	_____	OTA 241 OT in Physcl Disabil II	(3)	_____
OTA 160 OT in Growth & Dev	(3)	_____	OTA 242 OT in Psychosoc Dysf	(3)	_____
OTA 161 Fieldwork Level Ib	(1)	_____	OTA 245 OT in Pediatrics	(3)	_____
OTA 165 Principles of OT	(3)	_____	OTA 250 OT in Geriatric Practice	(3)	_____
OTA 220 OT Therapeutic Media	(3)	_____	OTA 255 OT Program Developmı	(3)	_____
OTA 223 Fieldwork Level Ic	(2)	_____	OTA 256 Fieldwork Level Id	(2)	_____
OTA 230 Functional Kinesiology	(3)	_____	OTA 270 Fieldwork Level IIa	(6)	_____
			OTA 272 Fieldwork Level IIb	(6)	_____

Total Credit Hours (minimum of 77 required): _____

Original completed on (date): _____

Copy to Registrar on (date): _____

Updated on (date): _____

Grad. Audit sent on (date): _____

Student Signature: _____

date: _____

Advisor Signature: _____

date: _____