

WESTERN NEW MEXICO UNIVERSITY
Degree Plan - AS in Occupational Therapy Assistant
Department of Occupational Therapy and Rehabilitation Services

Student Name: _____	SSN# _____
Address: _____	Email: _____
_____	Telephone: _____
Catalog Authority: <u>2004-05</u> Expected Completion: _____	Advisor: _____
TB Test taken (Date): _____	CPR Course taken (Date): _____

General Education and Supporting Course Requirements (29 hours)

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

Occupational Therapy Core Requirements (48 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 255 OT Program Developm (3)	_____	_____
OTA 220 OT Therapeutic Media (3)	_____	_____	OTA 256 Fieldwork Level Id (2)	_____	_____
OTA 223 Fieldwork Level Ic (2)	_____	_____	OTA 270 Fieldwork Level IIa (6)	_____	_____
OTA 230 Functional Kinesiology (3)	_____	_____	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:** _____