FOR ADMISSION TO:

Low Vision Graduate Certificate Degree Program The University of Alabama at Birmingham Department of Occupational Therapy SHPB 355, 1720 2nd Avenue S Birmingham, Alabama 35294-1212

FOR OFFICE USE ONLY

Date Received:	

	Anticipated Date of Enrollment: Fall 20 First time applying: Yes NO
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Addr	ess
Phone	e Email
prog	licants must have a degree in Occupational Therapy from an accredited gram AND provide documentation of state licensure or foreign ivalent. The GRE exam is NOT required.
type McA	se use this template to answer the following questions. All answers must be written. Include your name and a page number for each page and return to Kerry lpine in the Department of OT (address above or by email) along with proof of nsure .
1.	Why do you want to obtain this certificate degree?
2.	How do you see yourself applying the knowledge you gain in completing the certificate degree to your clinical practice?
3.	Describe any experience/education you have had working with persons with low vision: include observation, conferences, self-study, involvement in advocacy organizations, etc.
4.	Have you ever taken an online education course?
5.	How did you hear about the program? Internet search/UAB online CE workshop Booth at AOTA Booth at Envision Certificate program graduate/student Friend/co-worker Other
6.	Are you interested in pursuing the UAB Post-professional OTD Yes No

Briefly describe your employment history for your last three occupational therapy positions beginning with your current employer.

		Dates:	
State:	Position/Title:		
		Dates:	
		Dates:	
State:	Position/Title:		
	State:	State:Position/Title:	

Students are admitted into the certificate degree program one time a year and begin in the fall semester (classes start in August). Application materials must be submitted by June 15th. Please direct questions on the application process to Kerry McAlpine (kmcalpin@uab.edu).