

Post Office Box 118067 @ Charleston, South Carolina @ 29423-8067

December 8, 2000

Mr. Mark Flanagan Dean, Health Sciences Horry-Georgetown Technical College P.O. Box 1966 Highway 501 Conway, SC 29526

Dear Mark:

It has been some time since we renewed the "Education Articulation Agreement" involving your institution and Trident Technical College's OTA and PTA programs.

I am enclosing a copy of the Agreement for your review. There have been no changes in the document that I can tell since we executed our last Agreement. However, if you recall, since we went to the "First Qualified, First Admitted" procedure for admitting students, we no longer "reserve" any slots for any students. The purpose of this agreement and attendant procedures is to assist any students at your institution in making a smoother transition into our programs.

The enclosed Admission Requirement Sheets and Curriculum Displays reflect several changes that you should be aware of: especially the OTA program.

I am enclosing several other documents in case you need them:

- 1. A copy of the OTA/PTA Track Student Information Sheet: that must be completed and returned as indicated. This helps us keep up with your students' progress, as well as helping us to plan for classes.
- A copy of the "Observation/Volunteer Work Sheet" that the student may complete
  in either your area, or at Trident Technical College. The completed form must be
  submitted to our Office of Admissions and Records as indicated.

Finally, we have switched from the HOAE test to the HOBET test. Our Testing Service informs me that your Testing Services have been contacted, and that this piece of the Articulation process has been worked out. If not, please let me know and I will work that out on this end.

Page 2 Mr. Mark Flanagan December 8, 2000

Per the Agreement, I will need to know who the contact person/advisor is at your institution so that we can stay in touch regarding any changes, problems, etc. Please let me know the name and contact information regarding this person.

If you do not wish to continue the Articulation process, please indicate it on the Agreement form and return to me. Otherwise, I look forward to our continued working agreement.

Please call me if you have questions: (843) 574-6350.

Kindest personal regards,

Earl P. Murphy, Ph.D. Dean, Allied Health Sciences

EPM:srs



Post Office Box 118067 ■ Charleston, South Carolina ■ 29423-8067

DATE:	
Horry-George Box 26	etour technical College
Lonway SC	<u> </u>
RE: CONTRACT CONTRACT	NUMBER: <u>OUDU808</u> DESCRIPTION:
Attached are _	copies of the above referenced contract.
1,	Please acknowledge receipt by signing and faxing this letter to Trident Technical College Procurement Office at: (843) 574-6395.
2.	Please state the effective date of the contract on this letter and return with a fully executed copy of this contract to:
	Carol A. Belcher, C.P.M. Director of Procurement & Risk Management Trident Technical College PO Box 118067 Charleston, SC 29423
If you have any	questions, please call me at: (843) 574-6230.
Sincerely,	
Caral	Belcher
Carol A. Belche Director of Pro Risk Manageme *********	curement &
	eceipt of the above referenced contract.
Signature	Date:
******	************
1116	ully executed copy of the above referenced effective date is:

STATE OF SOUTH CAROLINA	)
	) EDUCATIONAL ARTICULATION AGREEMENT
COUNTY OF CHARLESTON	)
THIS AGREEMENT, mad day ofJune, 2000_, by an Trident, andHorry-Georgeto hereinafter referred to as the Affilia	le and entered into this the15th.  Id between Trident Technical College, hereinafter referred to as wn Technical College  ating Institution.
	WITNESSETH:
THAT WHEREAS, Trideducational experiences for studen	ent, through its Allied Health Division, wishes to provide ts in the following program(s):
Occupational Ther hereinafter referred to as the Progr	apy Assistant and Physical Therapist Assistant am(s),
AND WHEREAS, the Aft of such experiences,	filiating Institution is willing to provide the first academic year
NOW, THEREFORE, in c	ontemplation of the collaborative relationship to be established

between the parties and in consideration of the covenants contained herein, the parties mutually

## I. DUTIES OF TRIDENT

agree as follows:

- 1.01 Communication with the Affiliating Institution, through its Articulation Coordinator, on all items pertinent to the Program(s).
- 1.02 Notify in writing the Affiliating Institution's designated Articulation Coordinator and the assigned administrator of the recommended first year schedule of courses per program, including the grade completion requirement, course substitutions and admission process.
- 1.03 Support rules and regulations governing students that are mutually agreed upon by the Affiliating Institution and Trident.

### II. DUTIES OF THE AFFILIATING INSTITUTION

- 2.01 Appointment of a contact person as the Articulation Coordinator and an administrator to facilitate the educational linkage process. The names of these contact persons or any change in the assigned persons will be provided to Trident.
- 2.02 Assign the Articulation Coordinator to advise, track and maintain files on articulating students while they are at the Affiliating Institution.

# III. MUTUAL DÚTIES OF TRIDENT AND THE AFFILIATING INSTITUTION

- 3.01 Agree that the Educational Articulation Handbook will be reviewed annually by the colleges involved and will include: overview of the articulation concept, program transfer arrangements, and other issues that impact upon the articulation agreement.
- 3.02 Agree that each Articulating student will meet the criteria as set forth in the Articulation Handbook, and that the conditions for consideration for admission will be adhered to.
- 3.03 Agree that there shall be no unlawful discrimination in the Program based upon race, color, ancestry, religion, sex, age, or disability.

#### IV. TERMINATION

This Educational Articulation Agreement shall be self-renewing on the anniversary date, unless terminated, in writing, by either party, six months prior to that date.

### V. MODIFICATIONS

The parties agree to the full and complete performance of the mutual covenants contained herein and this agreement by and between the parties; and no amendments, changes, additions, deletions or modifications to or of this agreement shall be valid unless reduced to writing, signed by the parties and attached hereto.

### VI. REPRESENTATIVE'S AUTHORITY TO CONTRACT

By signing this document, the representative of the College thereby represents that such person is duly authorized by the College to execute this document on behalf of the College and that the College agrees to be bound by the provisions thereof. IN TESTIMONY WHEREOF, the hands and seals of the parties are affixed hereto.

COLLEGE		TRIDENT TECHNICAL COLLEGE		
BY:	DATE	BY: Mike Gross DATE		
TITLE:		TITLE: V. P. Finance		
BY:	DATE	BY: Earl P. Murphy lo/lo/00 DATE		
TITLE:		TITLE: _Dean, Allied Health		



# OBSERVATION/VOLUNTEER WORK SHEET

Program of Study   DA   D	HG OTA PTA
Applicant Instructions: Please have this whose supervision you completed your ob Office of Admissions and Records, Building	form completed by the DA/DHG/OTA/PTA under servation/volunteer work. Return this form to the 1g 410, Main Campus.
Applicant's Name	Social Security Number
This applicant has completed	hours of observation and/or volunteer work at
Name of Facility	Phone Number
in	
City	State
DA/DHG/OTA/PTA Name (Please print)	
Signature	
Date	<del></del>



# OTA/PTA Track Student Information Sheet

					Today's Date	
This sh admiss	eet must be in ion into Tride	n your file in Trident's Occupational	ent Technical Coll Therapy Assistan	ege's Admissions and Re t (OTA) or Physical The	ecords office if you are rapist Assistant (PTA)	seeking program.
Gener	ral Informa	tion (Please Pri	nt) ·			
		•		Social Security Number	r	•
□ Mr. □ Ms.			·			
	Last Name		First	MI	Maiden	
	Street or P.O. Bo	x			Apr. #	
	City	<del>- 354</del>		State	Zip Code	
	Daytime tele	nhone number (	)			
Educa	ntional Bac	kground				
High Sch	sool Last Attended		· · · · · · · · · · · · · · · · · · ·	Location	•	
Did you	ı graduate?	☐ Yes ☐ No		Date of Graduation	Month/Y	ezr
Did you	ı complete a (	GED? □ Yes	□No	Date of Graduation		
List all	l colleges aı	nd universities	that you have a	attended, including T	rident. Start with the	e most recen
Name		1	Loc	ation	Dates Attende	đ
Name			Loc	ation	Dates Attende	d
Name	·		Loc	ation	Dates Attende	d

### Important Notes

- 1. The student seeking admission into the OTA or PTA programs as an articulation student must have this sheet on file in Trident's Admissions and Records office.
- The student must meet all general admissions and specific program requirements for Trident Technical College before being admitted to the OTA or PTA program at Trident. A copy of these requirements have been provided to the OTA and/or PTA advisor(s) at the student's home college.
- The student must have one copy of official college transcript(s) mailed to Trident's Admissions and Records
  office. Transcripts submitted directly from the student are not acceptable.

Statement			
	have read the admissions requirement requirements for the OTA or PTA programmerstand it is my responsibility to submit alloce before my application can be processed.	un and I understand my obligation	
Applicant's Signature	Social Security Number	Date	
Advisor's Name (Please Print)	,	Date	<del></del>
Advisor's Signature	· .		

Office of Admissions and Records Allied Health Admissions Processor

AM-M, P.O. Box 118067 Charleston, SC 29423-8067

Trident Technical College is an equal opportunity institution and does not discriminate on the basis of race, color, religion, national or ethnic origin, disability, sex or age in its admissions policies, programs, activities or employment practices.



# Occupational Therapy Assistant Program Admission Requirements

Applicants will be admitted to this program on a "first-qualified, first-admitted" basis. Applicants are considered to be qualified for admission to the next available class when they meet all TTC and program requirements. Classes in this program begin Summer Term.

#### APPLICANTS MUST COMPLETE ALL OF THE FOLLOWING REQUIREMENTS

I. General College Admission Requirements: Achieve admission to TTC by meeting the College's requirements for diploma programs. See the current College <u>Catalog/Student Handbook</u>. Please note that applicants not achieving appropriate test scores will be required to complete courses indicated by placement test scores.

NOTE: Admission to TTC does not guarantee admission to the Occupational Therapist Assistant program.

II. Program Admission Requirements: Applicants should ensure that each of the following admission requirements is on file in the Admissions and Records office as soon as it is completed. Information may be submitted in person or by mail to:

Trident Technical College Admissions and Records, AM-M (Building 410, Room 110) P.O. Box 118067 Charleston, SC 29423-8067

- A. Achieve qualifying scores on the College's Placement Test, Scholastic Assessment Test (SAT) or American College Test (ACT). Contact an academic advisor and complete all courses indicated by placement test scores.
- B. Complete the Allied Health/Nursing application for the Occupational Therapy Assistant program. NOTE: When the number of applicants qualifying at the same time exceeds the number of spaces available in this program, admission will be prioritized according to the date and time that the Allied Health/Nursing application was received in the Admissions and Records office.
- C. Achieve a minimum composite percentage of 50 on the Health Occupations Basic Entrance Test (HOBET). (Exam schedules and cost information may be obtained by contacting TTC's Testing Services, Building 410, Suite 202, Room 204, (843) 574-6410.) The HOBET may be taken only two times in a 12-month period.

Dec-00

- D. Provide proof of graduation from an accredited high school or equivalent by submitting a copy of your high school transcript, diploma or GED.
- E. Provide proof that all general education courses (support courses) required in the Occupational Therapy Assistant program have been completed with a minimum grade of C. Laboratory sciences must have been taken within five years of admission date.
- F. Submit official copies of all college transcripts, other than TTC transcripts, to the Admissions and Records office.
- G. Submit proof of a minimum of 40 hours of observation/volunteer work performed in two separate occupational therapy facilities. The applicant is responsible for arranging the observation/volunteer time.
- H. Maintain a minimum cumulative 2.5 GPA at the time of admission and date of entry into the program.
- III. General Admission Procedures for the Occupational Therapy Assistant Program
  Applicants who meet TTC and program requirements will be considered qualified and will
  be admitted on a "first-qualified, first-admitted" basis. Qualified applicants will be sent a
  letter indicating the year and semester that they have been admitted. See College
  Catalog/Student Handbook for course progression requirements.

NOTE: Falsification of any information submitted will make a student ineligible for admission to or continuation in the Occupational Therapy Assistant Program.

Revised 11/00

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### Occupational Therapy Assistant Program Curriculum Display

First Semester - Fall		Class	Lab	Credit	
BIO	210	Anatomy and Physiology I	3	3	4
ENG	101	English Composition I	3	0	3
MAT	120*	Probability and Statistics	3	0	3
PSY	201	General Psychology	3	0	_3
					13
Seco	nd Se	mester - Spring			
BIO	211	Anatomy and Physiology II	3	3	4
CPT	101	Introduction to Computers	3	0	3
PSY	203	Human Growth and Development	3	0	3
SPC	205	Public Speaking	3	0	3
Huma	anities I	Elective**	3	0	_3
					16
Thir	d Sem	ester - Summer Term			
OTA	103	Introduction to Occupational Therapy	2	0	2
OTA	·130	Therapeutic Media I	0	3	1
OTA	150	Early Intervention Clinical Experience	0	3	1
OTA	151	OTA Clinical I	0	3	1
OTA	174	Pediatric Skills for the Occupational Therapy Assistant	5	3	6
OTA	213	Group Process and Dynamics	2	0	_2
•					13
Four	th Sen	nester - Fall			
OTA	155	Gerontology	1	3	2
OTA	160 .	Adult Psychosocial Dysfunction	2	0	. 2
OTA	165	Adult Physical Dysfunction	4	3	5
OTA	203	Kinesiology for Occupational Therapy	2	3	3
OTA	245	Occupational Therapy Departmental Management	2	0	2
OTA	252	OTA Clinical II	0	6	_2
					16
Fifth	Seme	ster - Spring			
OTA	260	Clinical V (Physical Disabilities)	0.	21	7
OTA	268	Clinical VI	0	.21	<u>. 7</u>
					14
		Total Semester Hours			72

<sup>\*</sup>MAT 110 College Algebra may be substituted.

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<sup>\*\*</sup>Humanities electives (Select a minimum of three credit hours of course work from the list of approved Humanities courses in the College <u>Catalog</u>.)