



California State University
Dominguez Hills

LETTER OF REFERENCE INSTRUCTIONS

Name of Applicant:

Instructions to authors of letters of reference:

The above named individual is applying for admission to the Orthotic & Prosthetic Program at California State University, Dominguez Hills, and has given your name as a reference. In your letter, please tell us how you know the applicant. It will be most helpful to us if you tell us what you know about the applicant's relevant background, communicative abilities, potential diagnostic and fabrication skills, potential patient management, and his/her ability to contribute in a constructive way to Orthotics and Prosthetics. All letters of reference must be received in our office by Friday, September 15, 2006. You should understand that your letter will be in a file to which the student has access unless the student specifically has waived such access. Please feel free to use the space below for your letter, if you wish. Thank you in advance for your help and cooperation. Please send your letter to:

**2008 Review Committee
Orthotic and Prosthetic Program
27402 Aliso Viejo Parkway
Aliso Viejo, CA 92656**



California State University
Dominguez Hills

Dear Orthotic/Prosthetic Applicant:

We will now begin accepting applications for students wishing to enter either the Spring Orthotics or Prosthetics Certificate Program at California State University, Dominguez Hills beginning in January, 2008. The course of studies will require six 1/2 months to complete. The enclosed application to the Orthotic and Prosthetic Program is due by **Friday, September 14, 2007**. All supporting documents are due by **Friday, September 14, 2007**. **BECAUSE OF THE LIMITED LABORATORY SPACE THAT WE HAVE FOR THIS PROGRAM, ONLY SIXTEEN STUDENTS CAN BE ACCEPTED FOR EACH CLASS.** The enclosed Orthotics and Prosthetics Information Form (Application) must be submitted to the Orthotics and Prosthetics 2008 Review Committee.

APPLICATION FORM MUST BE SUBMITTED BY 5:00 p.m. Friday, September 14, 2007. .

1. ALL APPLICANTS FOR SPRING 2008 ORTHOTIC OR PROSTHETIC CERTIFICATE PROGRAMS MUST COMPLETE ITEMS A,B,C, and D BELOW.

The application to the Program: Please complete the enclosed application and return it with a **\$50.00** check or money order made payable to **CSUDH FOUNDATION**. The application fee is non-refundable and may not be transferred to another term. This application and the application fee **MUST** be submitted by **Friday, September 14, 2007**. **Mail to:**

**2008 Review Committee
Orthotics and Prosthetics Program
California State University, Dominguez Hills
27402 Aliso Viejo Parkway
Aliso Viejo, California 92656**

2. ORTHOTICS AND PROSTHETICS INFORMATION FORM

A. Submit three letters of reference to:

**2008 Review Committee
(see above address)**

It is recommended that these reference letters be submitted by professionals in the field of orthotics and prosthetics (certified practitioners are preferred), instructors in higher education, and/or a current or previous employer. Be sure that the author of each letter reads the instructions listed as a reference guide for authors on the letters of reference sheet that is enclosed in this package. Please feel free to make other copies of this form if you like.

B. Submit a Statement of Intent and attach it to the Information Form. THIS STATEMENT MUST BE IN YOUR OWN WORDS.

C. Complete the enclosed application form, and submit it by 5:00 p.m., September 14, 2007.

D. Submit a set of transcripts directly to the Orthotics & Prosthetics Program, using the address in part A above. This set does not need to be "official", and should accompany the application if possible.

3. CHECK LIST

HERE IS A CHECK LIST WITH DUE DATES, OF ALL THE PROCEDURES THAT MUST BE COMPLETED TO APPLY TO THE ORTHOTICS & PROSTHETICS PROGRAM:

BY SEPTEMBER 14, 2007:

- ___ Orthotics & Prosthetics Application Form must be received in the Orthotics & Prosthetics Laboratory, Aliso Viejo, California.
- ___ Transcripts due in Orthotics & Prosthetics Laboratory.
- ___ Letter of Intent due in Orthotics & Prosthetics Laboratory.

BY SEPTEMBER 14, 2007:

- ___ Three letters of reference, one from a teacher, one from an employer, and one of your choice (preferably from someone in the O&P field), are due in the Orthotics & Prosthetics Laboratory.

4. PREREQUISITES: A REMINDER

You must have the following minimum prerequisites at the Baccalaureate level with a grade of "C" or higher.

* Human Anatomy and Physiology (lecture and laboratory)	6 units
* Algebra or Higher Math	3 units
* Physics	3 units
* Biology	3 units
* Chemistry	3 units
* Psychology	3 units

If one or more of the required prerequisites is in progress, submit your grade to date, and plan to submit an official transcript of your grade upon completion.

5. INTERVIEW

Finalists will be invited for a telephone (or optional in-person) interview and decisions should be made in late October 2007. Classes will begin in **January, 2008.**

6. WHAT IF YOU ARE NOT ACCEPTED INTO THE SPRING CERTIFICATE PROGRAM?

If you are not accepted into the 2008 Orthotic or Prosthetic Certificate Program, you may need additional course work at the college of your choice or you may require additional relevant experience in a voluntary or paid position in the field of Prosthetics or Orthotics. Your options are as follows:

1. Re-apply for the Prosthetics or Orthotics Certificate Program for the next term.
2. Decide not to attend CSUDH (We hope that you will not choose this option)

WE HAVE ADVISORS WHO ARE HERE TO HELP YOU WITH THESE CHOICES, SHOULD THE NEED ARISE. WE WANT VERY MUCH TO WORK WITH YOU.

7. REMAINING ON OUR MAILING LIST

If you do not wish to apply for the **2008 Spring Orthotics & Prosthetics Certificate Program** but would like to remain on our mailing list, please fill out the enclosed form that is provided for this purpose.

Please feel free to call us if you have any questions or concerns. Please call the Orthotics & Prosthetics Laboratory at **(949) 643-5374**.

Thank you for your interest in our program.

Sincerely,

Scott Hornbeak, CPO
Director, Orthotics & Prosthetics Education Program

**CALIFORNIA STATE UNIVERSITY DOMINGUEZ HILLS
ORTHOTICS AND PROSTHETICS CERTIFICATE PROGRAM
ORTHOTIC AND PROSTHETIC APPLICATION FORM**

1. Application for admission to: Spring 2008 Orthotics or Prosthetics Certificate Program:
(Circle One)

- a. Orthotics
- b. Prosthetics
- c. Either

2. Legal Name: _____

2a. Email Address: _____

3. Social Security Number: _____

4. Other name(s) that may appear on your academic records: _____

5. Current mailing address: _____
Street number Street name Apartment number

5a. City _____ State _____ Zip Code _____

6. Permanent address if different from above: _____
Street number Street name

6a. City _____ State _____ Zip Code: _____

7. Home telephone (____) _____ Daytime phone or message number(____) _____

8. Birthday _____ 9. Sex (enter M or F) _____
Month Day Year

10. If you live in California, list county of residence: _____

If you live outside of California, list other U.S. state or country: _____

11. Country of Citizenship (all must answer) _____

12. Enter your citizenship code

- | | | | |
|--------------------------------------|--------------------|--|------------|
| Y - U.S. citizen | R - Refugee | F - F Visa | J - J visa |
| I - Immigrant I - 551 ("green card") | Date issued: _____ | (you must provide the date issued and be prepared to varify) | |
| O - Other visa (specify) _____ | | | |

13. Enter your ethnic identity code (optional): _____

- | | | |
|---|---------------------------|----------------------------|
| 1 - American Indian or Alaskan native;tribe | J - Japanese | G - Guamanian |
| 2 - Black; non Hispanic, including African - American | K - Korean | H - Hawaiian |
| 3 - Mexican - american, Mexican, Chicano | R - Asian Indian | N - Samoan |
| A - Central American | 5 - Other Asian | 6 - Other Pacific Islander |
| B - South American | M - Cambodian | 7 - White |
| Q - Cuban | L - Laotian | F - Filipino |
| P - Puerto Rican | V - Vietnamese | 8 - Other |
| 4 - Other Latino, Spanish - origin, Hispanic | T - Thai | 9 - No response |
| C - Chinese | S - Other Southeast Asian | |
| D - Decline to state | | |

14. If you have a physical, psychological, or learning disability, enter a Y here (optional) _____
 You may be notified of special services available to accommodate your disability.

15. List your first language: _____
 Indicate your proficiency in other languages in which you have competence. Rate yourself
 E - Excellent, G - Good, F - Fair, P - Poor

Language	Reading	Writing	Speaking

16. Print the name and locations of all colleges and universities attended and degree received.

All Institutions

School Name	Location	Degree Received	Date Received

17. Provide your G.P.A. for the most recent 60 units of college classes attended _____

18. Provide an official or unofficial transcript of all college courses.

19. Academic honors (scholarships, awards, publications) _____

20. List all applicable employment. Include military service but omit summer and part - time work not relevant to your career or academic goal. Indicate your present employer, if now employed.

Employer	Nature of Work	Inclusive dates

21. Provide (3) letters of recommendation; (1) from an instructor, (1) from someone employed in the O&P field and (1) one from your employer.

Name	Address	Position and Institution

22. Letter of Intent: Write a statement of your reasons for pursuing the Orthotic & Prosthetic Certificate Program. Include any additional information concerning your preparation, which is pertinent to the field of Orthotics & Prosthetics. You may use this sheet for your statement; attach additional sheets if necessary.

Applicant Name: _____

Please complete the form below to show completion of the required prerequisite classes. You must possess a Baccalaureate degree before starting the Certificate Program and must have the following minimum prerequisites at the Baccalaureate level with a grade of “C” or higher.

- * Anatomy and Physiology (**lecture and laboratory**) **6 units**
- * Algebra or Higher Math **3 units**
- * Physics **3 units**
- * Biology **3 units**
- * Chemistry **3 units**
- * Psychology **3 units**

Prerequisite	Course Number & Name	Name of Institution	Units	Grade	Date completed
Anatomy and Physiology					
Physics					
Chemistry					
Biology					
College Algebra or Higher Math					
Psychology					

ORTHOTICS & PROSTHETIC PROGRAM

Notice of Interest

I do not intend to apply to the California State University Dominguez Hills Orthotic and Prosthetic Program for the Spring 2008 Class, but would like to remain on your mailing list. Please return this form to the California State University Dominguez Hills Orthotics & Prosthetics Program, 27402 Aliso Viejo Parkway, Aliso Viejo, CA. 92656.

Please check one of the options below:

_____ Please keep me on your mailing list for the Fall 2008 Prosthetic Certificate Program.

_____ Please keep me on your mailing list for future Certificate Programs.

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE: _____

EMAIL: _____