

State University of New York Downstate Medical Center

**College of Health Related Professions**

**Master of Science in Occupational Therapy**

Program of Study Acknowledgment for Summer **2018 Matriculants**

(It is the student's responsibility to maintain and update this advisement record and bring it to meetings with his/her advisor.)

Student ID No. \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City, State, ZIP Code \_\_\_\_\_

**Program Requirements**

This Program of Study form reflects the 81.5-89.5 credits required for the Master of Science degree. Students are responsible for familiarizing themselves with the most recent SUNY Downstate Medical Center **Student Handbook** and the **SUNY Downstate website** ([www.downstate.edu](http://www.downstate.edu)). In addition students are responsible for understanding all departmental requirements.

**Transfer Courses**

Graduate transfer credits may be awarded for courses comparable to those offered by the College. Please refer to the **most recent SUNY Downstate Medical Center Student Handbook** for specific information and guidelines.

**First Year - Summer Semester Courses (8 credits)**

| Term Planned | Term Completed | Grade Earned | Course #  | Course Title                          | Credits |
|--------------|----------------|--------------|-----------|---------------------------------------|---------|
| _____        | _____          | _____        | ANAT 5001 | Human Gross Anatomy                   | 6       |
| _____        | _____          | _____        | OTMS 5000 | Foundations of Occupational Therapy I | 2       |

**First Year - Fall Semester Courses (14 credits)**

| Term Planned | Term Completed | Grade Earned | Course #  | Course Title                            | Credits |
|--------------|----------------|--------------|-----------|---|---------|
| _____        | _____          | _____        | INDI 5002 | Kinesiology                             | 3       |
| _____        | _____          | _____        | INDI 5100 | Research Methods                        | 2.5     |
| _____        | _____          | _____        | OTMS 5002 | Kinesiology Lab                         | 1       |
| _____        | _____          | _____        | OTMS 5003 | Assistive Technology                    | 2       |
| _____        | _____          | _____        | OTMS 5005 | Group Process                           | 2       |
| _____        | _____          | _____        | OTMS 5008 | Introduction to Therapeutic Occupations | 2       |
| _____        | _____          | _____        | OTMS 5100 | Foundations of Occupational Therapy II  | 1.5     |

**First Year - Spring Semester Courses (16.5 credits)**

| Term Planned | Term Completed | Grade Earned | Course #  | Course Title                                   | Credits |
|--------------|----------------|--------------|-----------|--|---------|
| _____        | _____          | _____        | ANAT 5101 | Human Neuroanatomy                             | 2.5     |
| _____        | _____          | _____        | MSCI 5211 | Medical Sciences                               | 4       |
| _____        | _____          | _____        | OTMS 5102 | Neurophysiology                                | 1.5     |
| _____        | _____          | _____        | OTMS 5105 | Theory & Practice I: Psychosocial Intervention | 4       |
| _____        | _____          | _____        | OTMS 5108 | Activities of Daily Living                     | 2       |
| _____        | _____          | _____        | OTMS 5111 | Fieldwork I: Psychosocial Intervention         | 2       |
| _____        | _____          | _____        | OTMS 5112 | Master's Project I                             | 0.5     |

**Second Year - Summer Semester Courses (7 credits)**

| Term Planned | Term Completed | Grade Earned | Course #  | Course Title                                    | Credits |
|--------------|----------------|--------------|-----------|---|---------|
| _____        | _____          | _____        | OTMS 5205 | Cognition and Perception                        | 1.5     |
| _____        | _____          | _____        | OTMS 5206 | Community Practice I: Relationship & Assessment | 1       |
| _____        | _____          | _____        | OTMS 5208 | Designing Therapeutic Environments              | 2.5     |
| _____        | _____          | _____        | OTMS 5212 | Master's Project II                             | 2       |

**Second Year - Fall Semester Courses (13.5 credits)**

| Term Planned | Term Completed | Grade Earned | Course #  | Course Title  | Credits |
|--------------|----------------|--------------|-----------|---|---------|
| _____        | _____          | _____        | OTMS 5301 | Orthotics and Prosthetics                                   | 2       |
| _____        | _____          | _____        | OTMS 5303 | Theory & Practice II: Neurorehabilitation                   | 2       |
| _____        | _____          | _____        | OTMS 5305 | Theory & Practice III: Physical Rehabilitation & Geriatrics | 5       |
| _____        | _____          | _____        | OTMS 5306 | Community Practice II: Marketing & Resources                | 0.5     |
| _____        | _____          | _____        | OTMS 5311 | Fieldwork I: Adult & Geriatric Rehabilitation               | 2       |
| _____        | _____          | _____        | OTMS 5312 | Master's Project III  | 2       |

**Second Year - Spring Semester Courses (12.5 credits)**

| Term Planned | Term Completed | Grade Earned | Course #  | Course Title  | Credits |
|--------------|----------------|--------------|-----------|---|---------|
| _____        | _____          | _____        | OTMS 5401 | Administration / Professional Issues                    | 2.5     |
| _____        | _____          | _____        | OTMS 5406 | Community Practice III: Service                         | 1       |
| _____        | _____          | _____        | OTMS 5409 | Theory & Practice IV: Peds. Practice for Young Children | 3       |
| _____        | _____          | _____        | OTMS 5413 | Theory & Practice V: School Based Prac. & Adulthood     | 3       |
| _____        | _____          | _____        | OTMS 5411 | Fieldwork I: Pediatrics                                 | 2       |
| _____        | _____          | _____        | OTMS 5412 | Master's Project IV                                     | 1       |

**Electives**

|       |       |       |           |  |       |
|-------|-------|-------|-----------|--|-------|
| _____ | _____ | _____ | OTMS 5215 | Introduction to Early Intervention                   | 1.5   |
| _____ | _____ | _____ | OTMS 5315 | Topics in Early Intervention                         | 1.5   |
| _____ | _____ | _____ | OTMS 5107 | Occupational Therapy in Early Intervention           | 0.5   |
| _____ | _____ | _____ | OTMS 5612 | Independent Study in Occupational Therapy (Elective) | 1-2.5 |
| _____ | _____ | _____ | OTMS 6115 | Early Intervention Reflections Seminar               | 3     |

**Affiliation Year (10-15 credits)**

| Term Planned | Term Completed | Grade Earned | Course #  | Course Title  | Credits |
|--------------|----------------|--------------|-----------|---|---------|
| Summer       | _____          | _____        | OTMS 6011 | Fieldwork II: Affiliation I                             | 5       |
| Fall         | _____          | _____        | OTMS 6111 | Fieldwork II: Affiliation II                            | 5       |
| Spring       | _____          | _____        | OTMS 6211 | Fieldwork II: Specialty Affiliation Elective (Optional) | 2       |

Number of credits will be increased with the completion of elective course OTMS 6211 can be taken only in Spring semester in Year 3.

**TOTAL CREDITS REQUIRED 81.5-89.5**

**Anticipated Date of Graduation (Circle Month & Year):** May August December 2020 2021 2022

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I acknowledge that the courses listed above are the courses I am required to successfully complete to be awarded the degree of Master of Science in Occupational Therapy from the State University of New York Health Science Center at Brooklyn. The academic policies regarding the other components of the degree are published in the SUNY Downstate most recent Student Handbook, and should be reviewed to ensure my academic success.

Orientation:

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_ Signature of Faculty Advisor (Date) \_\_\_\_\_

Eff. **05/29/2018**

**Original: Office of the Registrar**

**Copy 1: Graduation Check Sheet / Faculty Advisor**

**Copy 2: Student**