



OTAC Student Delegate Application Form

Personal Information	
Name:	Email:
Address:	
Tel:	Cell:
Education	
University/College:	
Degree Level (OT/OTA) and Level (Master's, 1 st year/2 nd year):	
Expected Graduation Date (Month/Year):	
Professional Membership	
AOTA Membership ID:	OTAC Membership ID:
Brief Statement of Purpose	
<p>(Describe why you want to be a student delegate and what do you hope to achieve in this role. Please list your ideas for increasing OTAC student membership and involvement.)</p>	

Please submit forms via Faculty Mentor or directly to Gigi Smith, PhD, OTR/L at Studentchr1@otaonline.org or gigi.smith@sjsu.edu. Please include a letter of recommendation from a faculty member. This can be emailed to Dr. Smith.