SPRING 2018 ELECTIVE REQUEST FORM

Student Name: ____________________________________________________________

Student ID #: (w/o dashes) ____________________________ Check one: MA1 ____ MA2 ____ OTD____

Contact Phone: ______________________________ Email: _______________________

SPECIALTY PRACTICE COURSES [Please select courses of interest and identify with an "X"]

_____ OT 560 (4 Units): Contemporary Issues in School-Based Practice
_____ OT 561 (4 Units): Occupational Therapy in Acute Care
_____ OT 562 (4 Units): Advanced Practice in Hand Therapy and Physical Agent Modalities¹
   (Must register for OT 573 Hand Rehab concurrently with OT 562 Advance Practice)
_____ OT 563 (2 Units): Occupational Therapy in Primary Care Environments
_____ OT 564 (4 Units): Sensory Integration
_____ OT 565 (4 units): Sensory Integration Intervention²
   (Must register for OT 564 SI Theory concurrently with OT 564 SI Intervention)
_____ OT 599 (4 Units): Special Topics in Sensory Integration
   (Must take OT 564 and OT 565 concurrently)
_____ OT 567 (4 Units): Contemporary Issues: Occupational Therapy in Early Intervention
_____ OT 571 (4 Units): Assistive Technology
_____ OT 572 (4 Units): Ergonomics
_____ OT 573 (4 units): Hand Rehabilitation
_____ OT 574 (4 Units): Enhancing Motor Control for Occupation
_____ OT 575 (2 Units): Dysphagia Across the Lifespan
_____ OT 577 (2 Units): Seminar in Occupational Therapy
_____ OT 578 (4 Units): Therapeutic Communication for the Healthcare Practitioner
_____ OT 579 (4 Units): Occupational Therapy in Adult Neurorehabilitation
_____ OT 583 (4 Units): Lifestyle Redesign

CLINICAL EXPERIENCES (OT 500) [Interview Required. Please indicate number of units.]

_____ OT 500 ____ Units: Faculty Practice Programs (Rice)
_____ OT 500 ____ Units: Optimal Living w/Multiple Sclerosis (Uyeshiro)
_____ OT 500 ____ Units: Family-Centered Care in a Residential Mental Health Setting (Heymann)
_____ OT 500 ____ Units: Community Engagement for Individuals with Autism (Ochi)
_____ OT 500 ____ Units: OT in Substance Abuse Treatment Service the Homeless (Bingamon)

DIRECTED RESEARCH (OT 590) [Interview Required. Please indicate number of units.]

_____ OT 590 ____ Units: Rancho Los Amigos Rehab Center: COPM Study (Berro)
_____ OT 590 ____ Units: Rancho Los Amigos Rehab Center: ETAC Study (Fanchiang)
_____ OT 590 ____ Units: Rancho Los Amigos Rehab Center: Driving Program (Okada)

INDEPENDENT STUDY (OT 590/OT 500) [Advisement Required.]
Please contact Deborah Pitts at pittsd@chan.usc.edu to obtain an Independent Study Application Form

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<th>Instructor</th>
<th>Units</th>
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DUE BY: 12:00 PM, October 18, 2017
Please return form to the Front Desk at CHP 133, or email to wittrock@chan.usc.edu, or fax to 323.442.1540