



## **Pi Theta Epsilon Petition for Establishing a Chapter**

Membership in Pi Theta Epsilon, the National Occupational Therapy Honor Society, is available to students who are enrolled in an occupational therapy program at approved institutions who also meet the eligibility requirements for membership.

Please mail your completed petition to the Pi Theta Epsilon National Office at the below address.

American Occupational Therapy Foundation  
Pi Theta Epsilon  
4720 Montgomery Lane, Suite 202  
Bethesda, MD 20814

To expedite the approval process for your chapter, you may email your application to [PTE@aotf.org](mailto:PTE@aotf.org) prior to mailing a physical copy.

If you have any questions about Pi Theta Epsilon or the application process please contact the Pi Theta Epsilon National Coordinator by phone at (240) 292-1077 or via email at [PTE@aotf.org](mailto:PTE@aotf.org).



## Pi Theta Epsilon Petition for Establishing a Chapter

### **Section I.**

**Date** \_\_\_\_\_ **Name of Institution** \_\_\_\_\_

We, the undersigned representatives of the above academic unit, present these application materials to the Executive Committee and chapters of Pi Theta Epsilon, (PTE) for consideration in granting a Pi Theta Epsilon Honor Society affiliation: Chapter (chapter, individual membership).

#### **Request approved by:**

1. Administrative Officer of the Occupational Therapy Department or PTE Faculty Advisor

\_\_\_\_\_  
*Name of Administrative Officer of OT Department  
or PTE Faculty Advisor*

\_\_\_\_\_  
*Signature/ Date*

2. Academic Dean of the Occupational Therapy Department

\_\_\_\_\_  
*Name of Academic Dean*

\_\_\_\_\_  
*Signature/ Date*

3. President of the Institution

\_\_\_\_\_  
*President of the Institution*

\_\_\_\_\_  
*Signature/ Date*

#### **Faculty Member serving as the Advisor for Pi Theta Epsilon:**

First and Last Name \_\_\_\_\_

Position \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Telephone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Pi Theta Epsilon: Petition for Establishing a Chapter, Cont.

### **Section II.**

Name of the Institution \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date Founded: \_\_\_\_\_ Year Accredited: \_\_\_\_\_

Type of Institution (State, Private, Land Grant, Proprietary, Other): \_\_\_\_\_

Institution is accredited by the following national/regional agency:

\_\_\_\_\_

Current enrollment: \_\_\_\_\_ Undergraduate: \_\_\_\_\_ Graduate: \_\_\_\_\_

### **Section III. Occupational Therapy Program Enrollment and degree**

*Number of students currently matriculated for degree in any part of the occupational therapy program:*

Juniors \_\_\_\_\_ Seniors \_\_\_\_\_ Master's degree candidates \_\_\_\_\_

Doctoral degree candidates \_\_\_\_\_

*Number of student receiving degrees in the occupational therapy program for the prior year:*

Year \_\_\_\_\_ Master's \_\_\_\_\_ Doctoral \_\_\_\_\_

### **Section IV. Information about the occupational therapy faculty**

Number of faculty in the occupational therapy program:

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Full-time equivalents \_\_\_\_\_

List faculty members who were inducted into Pi Theta Epsilon Honor Society.

