Application for PTA Program Admission

#### **Application Deadline**

PTA Program applications must be received by **January 15, 2016 4:00 PM Central.** Submit the packet in its entirety including observation forms.

#### Eligibility

Students who have completed the requirements and all application procedures prior to the deadline will be considered for admission. Qualified students are ranked for admission based on a point system for items on file at the time of the PTA application deadline. This includes: (1) Prerequisites - Completion of nine (9) prerequisite courses: BIO 201, BIO 202, ENG 101, PSY 200, PSY 210, MTH 100 or higher level math elective, SPH elective, HUM elective and Medical Terminology by the application deadline. (2) GPA - Students must currently possess a cumulative GPA of 2.50 or above on all college credit from all institutions. Students must also complete all required PTA general education courses with a grade of "C" or better with a GPA of 2.50 or above; (3) ACT - Students must provide proof of achieving a composite score of 21 or higher on the ACT examination. This must be achieved within three (3) years prior to the deadline. Scores must be included with the application and on file with enrollment services by the deadline; (4) Observation - The student must complete 75 hours or more in a physical therapy setting (at least 25 of the 75 hours must consist of exposure to an acute care, inpatient rehab, or skilled nursing facility setting). The hours must be documented on JSCC PTA observation forms and signed by a licensed PT or PTA by the deadline; (5) Specific coursework - Grades that are on file at the time of the application deadline for coursework in BIO 201, BIO 202, and MTH Elective are evaluated. (6) **Optional Points:** The program may choose to offer optional pts for specific items, see PTA website.

#### **Application Procedures**

- (1) Complete an Application for General Admission to Jefferson State Community College (JSCC) by the application deadline (hardcopy or via online application process).
- (2) Request official college transcripts from all schools attended to be sent to JSCC Enrollment Services by the deadline for evaluation. To ensure your transcripts have been received and evaluated, please contact Records at records@jeffstateonline.com.
- (3) Request official ACT scores to be sent to JSCC Enrollment Services by the deadline. For testing info, please call (205) 856-7922.
- (4) Submit a completed "Application for PTA Program Admission" by the deadline (including technical standards verification and documented observation hours). Make sure you sign all appropriate forms including the application certification and the application check list. Make copies of your application prior to submission.
- **(5)** Submit the PTA application by the deadline to:

#### JSCC PTA Program, GSB 316 4600 Valleydale Rd Birmingham, AL 35242

- **(6)** If you need to address course substitution procedures, please contact a PTA Program Advisor prior to the application deadline.
- (7) Students considering a request to implement the Health-Related Programs Academic Forfeit Policy must request, in writing, a declaration of academic forfeiture by the deadline. Please refer to the JSCC Catalog and Student Handbook to review qualifying criteria.
- (8) Students may need to contact the Alabama State Board of Physical Therapy regarding regulations on licensure if there is a history of treatment for chemical dependency, mental/emotional disorders or due to conviction of a criminal offense.

  (9) All PTA Program applicants should begin addressing all financial aid concerns prior to being admitted.

#### **Admission Decision**

All applicants will receive a letter notifying them of their status by **March 15, 2016.** 

#### Other Information

Incomplete or late applications will not be accepted or considered for admission to the program

If a student is completing prerequisite courses during Spring of 2016, they may still submit an application for consideration.

Submitting your application to the PTA Program **does not** guarantee admission.

Published guidelines and requirements are subject to change without notice. Updated information about the PTA Program is posted on the JSCC PTA website as available.

#### Questions

If you have questions regarding the application process or would like to make an advising appointment, please feel free to contact the dept:

Dr. Vanessa LeBlanc (205)983-5995 vleblanc@jeffstateonline.com

#### Accreditation

The Physical Therapist Assistant Program at Jefferson State Community College is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-706-3245; email: accreditation@apta.org; website: www.capteonline.org.

Application for PTA Program Admission

Carefully complete the application by filling in all blanks, responding to all questions, and signing the certification. Please print legibly in black ink or type your information.

Α	pplicant Inforn	nation						
Di	ate:	Name:						
JI	Number:	Social Security	Number: _		Date o	of Birth:		
Н	ome Address:	Number/Street						
		Number/street						
Cit				State			Zip Code	
Τe	elephone Numbers	- Home:		Cell:				
Pr	imary Email Addre	ss:		JSCC Ema	ail:			
Ra	ace – Please Circle	_ Other (optional): Caucasian Hispanic/Latino Other	Black	American In				
Er	nployer:		Work	Phone Num	ber:			
Er	mployer's Address:							
		applied for admission to the pplication:	_					
U	nder what name(s)	did you apply?						
E	mergency Cont	act Information						
		l in case of emergency:						
Fι	ıll Address and Con	itact Phone Number:						
Li: th se Bi <b>Er</b>	Other Colleges Attended List all formal education beyond high school. If any colleges, universities, or schools previously attended are not listed, the student may be subject to dismissal action for falsification of records. Request that all other colleges attended send official transcripts to the Enrollment Services, Jefferson State Community College, 2601 Carson Road, Birmingham, AL 35215. Official transcripts of all accredited colleges and universities attended must be on file in Enrollment Services by the application deadline. You may contact the Records office for transcript evaluation by calling (205)856-7704 or by email <a href="mailto:records@jeffstateonline.com">records@jeffstateonline.com</a> .							
	Dates To/From	Names of Institutions Attended Including Jefferson State	City and S	State	Major	Credentials (Diploma, Co Degree, Nun		
	Dates To/From	Attended Including	City and S	State	Major	(Diploma, Co	ertificate,	

Application for PTA Program Admission

#### **PTA General Education Requirements:**

List where and when these courses were taken or will be taken.

Course Number	Course Title	Semester Credit Hours Completed	Grade	Semester Taken	Year	College
BIO 201	Human Anatomy & Physiology I (4 u)					
BIO 202	Human Anatomy & Physiology II (4 u)					
ENG 101	English Composition I (3 u)					
PSY 200	General Psychology (3 u)					
PSY 210	Human Growth and Development (3 u)					
OAD 211	Medical Terminology (3 u)					
MTH 100	Intermediate College Algebra (or higher; 3 u)					
Humanities Elective	AAS Humanities and/or Fine Arts Elective (3 u)					
Speech Elective	SPH 106 or 107 (3 u)					

#### **Admission Examination**

All applicants must take the admissions test (ACT) to be considered for admission to the PTA Program. **THERE ARE NO EXCEPTIONS.** Request **official** ACT scores to be sent to Enrollment Services at Jefferson State Community College by the deadline. Please submit copies of your ACT scores with the application. If you need information on testing, please visit <a href="https://www.actstudent.org">www.actstudent.org</a> or call one of our testing offices - Jefferson: (205) 856-7896 Shelby: (205) 983-5908 St.Clair-Pell City: (205) 812-2712 or by email <a href="mailto:testing@jeffstateonline.com">testing@jeffstateonline.com</a>.

Date of Exam	Location	Composite Score	Reading Score	Math Score	Science Score	English Score

#### **Purpose and Self-Reflection**

On a separate document, please answer the questions below. Please use black ink or type your personal statement. Please answer each question carefully, do not skip any part of this segment.

- A. What motivating factors have led you to pursue the profession of physical therapy?
- B. What are specific examples that demonstrate how you are committed to learning, how you interact well with others, how you effectively use constructive feedback, how you can think critically and purposefully, and how you manage stressful situations?

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Optional Activities:	
Introduction to PTA  Have you attended an Introduction to PTA Seminar? (Circle When did you attend? Please write Month/Year  Verification of Completion Number (refer to your letter of a	· 
Physics or Physical Science  Have you completed a Physics course or Physical Science 1 accredited college (with transfer credit to Jefferson State C Course name and Prefix:	C)? (Circle) Yes or No College/University:
PTA 120 Introduction to Kinesiology  Are you currently enrolled in PTA 120 Introduction to Kines  Course Registration Number (CRN)	= :
Have you completed PTA 120 Introduction to Kinesiology w (Circle) Yes or No Semester and Year:	
Cardiopulmonary Resuscitation (CPR) Students must have appropriate and current CPR certification, please provide copies of the from must be certified annually at the Health Care Provider Leve obstruction and two-rescuer. This item is not required by the certification by deadlines established by the academic coordinates.	nt and back of your CPR card with this application. You el or Level "C", including one-rescuer, child, infant, airway
Tape copy of front of CPR card here	Tape copy of back of CPR card here
Health/Hospitalization Insurance Students must have in-force Health/Hospitalization insurar the front and back of your Health/Hospitalization Insuran application deadline; however, students must obtain Healt admitted to the program.	nce. If you have current insurance, please provide copies o ce with this application. This item is not required by the h /Hospital insurance by the first week of PTA school once
Tape copy of front of Insurance card here	Tape copy of back of Insurance card here

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#### **Technical Standards**

Becoming a physical therapist assistant requires the completion of a technical education program that is both intellectually and physically challenging. In the interest of student and patient safety, applicants possessing certain limitations may be requested to demonstrate abilities to perform clinical procedures and skills prior to or after admission to the PTA program. Students should be able to demonstrate abilities to perform procedures and skills safely, effectively, and without potential endangerment to self, other students, faculty, patients or other health care workers. Medical examination records and/or statements from physicians or other appropriate medical professionals may be required to assist in evaluating a student's ability to fully participate in the learning activities and responsibilities of the PTA program. If a student is unable to demonstrate abilities to perform procedures or skills safely, effectively, and without potential endangerment, the student may be denied admission or progression in the program. Program faculty will make the final determination regarding an applicant's eligibility for participation in program activities.

Prospective students who have questions or who would like to discuss specific accommodations should make an inquiry with the director of the physical therapist assistant program.

#### Directions - Please read carefully and complete pages 5-7 as part of the application:

- 1. Read each standard and the examples of behavioral criteria for each. Criteria listed are representative examples only of required behaviors and are not comprehensive.
- 2. Respond in the appropriate column that you either fully meet the criteria (100%) or are unable to fully meet the criteria (less than 100%). **Please initial the appropriate column**
- 3. If you respond **LESS than 100%** to any standard, you will need to schedule an appointment with the Physical Therapist Assistant Program Director, Vanessa LeBlanc by calling 983-5995 to discuss your situation.
- 4. This form must be completed and on file with the Physical Therapist Assistant Program Director. Please turn in pages 5-7 as part of the application.

Physical Therapy is considered a strenuous profession. In order to perform as a physical therapist assistant the student should meet the listed standards sufficiently to:

Technical Standards	Examples of Criteria	Able to meet standard 100%	Unable to fully meet standard
Cognitive and critical thinking abilities:	<ol> <li>Make clinical judgments</li> <li>Comprehend new knowledge and apply it in PTA practice</li> <li>Analyze situations and identify cause-effect relationships</li> <li>Organize, problem-solve and make appropriate decisions</li> <li>Meet competency requirements of the Alabama Board of Physical Therapy</li> <li>Compute mathematical problems</li> <li>Operate a computer</li> </ol>		
Interpersonal abilities:	<ol> <li>Interact purposefully and effectively with others</li> <li>Establish rapport with patients, caregivers, others</li> <li>Interchange ideas in a group</li> <li>Perceive emotions displayed by others</li> <li>Display emotions appropriate to the setting</li> <li>Convey sensitivity, respect, tact, and a mentally healthy attitude in interpersonal relationships</li> </ol>		

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Technical Standards	Examples of Criteria	Able to meet standard 100%	Unable to fully meet standard
Communicati on abilities:	<ol> <li>Convey thoughts in verbal and written form in the English language so that they are understood by others</li> <li>Understand printed materials, classroom lectures, instructional, medical or other directives and patient questions/responses presented in the English language</li> <li>Appropriately use the language of medicine and health care in verbal and written communications</li> <li>Teach a concept, test for understanding, and interpret feedback</li> <li>Display appropriate nonverbal communication</li> <li>Discriminate between appropriate and inappropriate nonverbal communication in patients and others</li> </ol>		
Physical mobility:	<ol> <li>Maintain balance in any position</li> <li>Move from room to room and/or maneuver in small spaces</li> <li>Extend hands and arms in any direction</li> <li>Move hands/arms and feet/legs coordinately with each other</li> <li>Achieve certification in cardiopulmonary resuscitation at the professional rescuer level</li> </ol>		
Strength (gross motor skills) and endurance:	<ol> <li>Stand and walk for 6 hours or more in a clinical setting</li> <li>Position, lift and transfer patients without injury to patient, self, or others</li> <li>Push or pull heavy objects, such as an occupied hospital bed without injury to patient, self, or others</li> </ol>		
Fine motor skills and eye/hand coordination:	<ol> <li>Manipulate small objects and dials on equipment without extraneous motions, tremors, or jerking</li> <li>Write the English language legibly, using correct grammar and syntax</li> </ol>		
Auditory acuity:	<ol> <li>Communicate effectively with others</li> <li>Monitor and assess patient status (hear weak cries of infants and weak calls for help)</li> <li>Hear high and low frequency sounds such as telephones, monitor alarms, emergency signals</li> </ol>		

Application for PTA Program Admission

Technical Standards	Examples of Criteria	Able to meet standard 100%	Unable to fully meet standard				
Visual acuity:	<ol> <li>Monitor and assess patient status</li> <li>Discern the full spectrum of colors and distinguish color changes</li> <li>Accurately read numbers and letters in fine print such as would appear on therapy or monitoring equipment in varying levels of light (daylight to very dim light)</li> <li>Read for long periods of time</li> <li>Read cursive writing such as would be found in patients' charts</li> <li>Detect changes in the environment</li> </ol>						
Tactile acuity and sense of smell:	<ol> <li>Discern tremors or vibrations in various body areas</li> <li>Palpate and count pulses</li> <li>Discern physical characteristics (skeletal landmarks and/or changes in body tissues) through touch such as texture, temperature, shape, size and location</li> <li>Smell body and environmental odors such as infected wounds or burning electrical equipment</li> </ol>						
Disclaimer  The above statement of criteria is not intended as a complete listing of behaviors required in physical therapy. It is a sampling ONLY of the types of abilities needed by the physical therapist assistant student to meet program objectives and requirements. The Physical Therapist Assistant Program or its affiliated agencies may identify additional critical behaviors or abilities needed by students to meet program or agency requirements and therefore reserves the right to amend this list based on the identification of additional standards or criteria for physical therapist assistant students.							

### need to make an appointment with the Program Director at (205)983-5995. Please sign and date below. Option 11 have read the technical standards and to the best of my knowledge I currently have the ability to fully meet these standards. Option 2 I have read the technical standards and to the best of my knowledge I am currently unable to fully meet the items indicated without accommodations. I am requesting the following reasonable accommodation(s): Option 3 I have read the technical standards and to the best of my knowledge I am currently unable to fully meet the items indicated without accommodations. I wish to forfeit my placement in the PTA Program should I be accepted. Student's Name (Print) Student's Signature Date

Application for PTA Program Admission

**Application Certification** 

Please read all items listed carefully, and then provide your signature confirming your understanding of the application material and procedures/guidelines.

- I have read all of the material contained in the PTA application packet and understand the Application. An
  application packet that is incomplete or does not meet application/program requirements will not be considered
  for admission.
- I understand that after my application is accepted and verified, it is my responsibility to notify the PTA Program and Enrollment Services immediately of any change in my address, telephone number or status.
- I understand it is my responsibility to: follow proper application procedures, provide transcripts in the required time line, and keep informed on revisions regarding degree requirements, program requirements, progression requirements, selection process, and I will ensure course equivalency by following guidelines established in the student handbook for verification.
- I understand that the general education requirements for the A.A.S. Degree are subject to change with the publication of each year's Jefferson State Community College catalog. Jefferson State Community College reserves the right to make revisions in the PTA program requirements and/or in selection procedures.
- I understand that the PTA program admission policies are based on published college policies, subject to change.
- I understand that if I am notified of being admitted into the program, my failure to submit "Confirmation of Acceptance" or continued interest letter with the Program Director in the allotted time frame constitutes grounds to withdraw my name from the eligibility list.
- I understand that all program students will be required to take a random drug screen and obtain a background check during the Program. Details regarding these procedures will be provided during the orientation.
- According to the Alabama Physical Therapy Practice Act, application to practice as a Licensed Physical Therapist Assistant may be denied if a person has been convicted of a felony or a crime of moral turpitude, or has used drugs or intoxicating liquors to an extent which affects the individual's professional competency. Many other states have similar rules regarding licensure. Questions regarding eligibility for licensure should be directed to the Alabama State Board of Physical Therapy.
- I certify that all information provided in this application is accurate to the best of my knowledge. Once submitted this application packet becomes the property of Jefferson State and cannot be returned. I understand that if I am applying for a scholarship and a copy of my application is required, it is my responsibility to make copies of the application prior to submitting to Jefferson State.

Student's Name (Print)	Student's Signature	Date
by or pursuant to Title VI of the Civi person in the United States shall, or be denied the benefits of, or be oth this institution. It is also the policy of Amendments of 1972 which provide	erwise subjected to discrimination under if Jefferson State to be in accordance we se that "no person in the United States is benefits of, or be subjected to discrimi	s issued thereunder, to the end that no origin, be excluded from participation in er any program or activity sponsored by ith Title IX of the Education shall, on the basis of sex, be excluded
institutions under the control of the grounds of race, color, disability, see	a State Department of Postsecondary E Alabama State Board of Education, tha k, religion, creed, national origin, or age ted to discrimination under any prograr	it no person in Alabama shall, on the , be excluded from participation in, be
For Office Use Only: Date A	pplication Received:	Initials:
<b>Technical Standards:</b> Accommodation provided (Ex	plain)Unable to provide acco	mmodation (Explain)
Signature	Title	Date

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# Jefferson State Community College Application for PTA Program Admission

PTA Application Checklist Please read each item carefully, initial and sign/capplication.	late the bottom of the form. S	ubmit this form with your
I have completed a Jefferson State Commu admission procedures.	nity College general admission	application and completed general
I have requested all other colleges I have at: State Community College, 2601 Carson Road, Birn by the application deadline. I have requested an e	ningham, AL 35215) so that all t	ranscripts are on file for evaluation
I have an overall <b>2.5 GPA</b> or greater on all cocoursework.	ollege credit and an overall <b>2.5</b>	<b>GPA</b> or greater on PTA prerequisite
I have taken, am enrolled in, or will complet 201, BIO 202, MTH 100, OAD 211(or equivalent), S		
I have taken the ACT with a passing <b>compos</b> years of the application deadline.	ite score of 21 or higher. My A	ACT score was achieved within 3
I have requested my official ACT scores be s Community College, 2601 Carson Road, Birmingha		
I have included documentation, signed by a therapy settings via observation, volunteer work, the 75 hours consisted of exposure to an acute ca setting and completed within one year of the applications.	and/or work experience by the re (hospital based), inpatient re	application deadline. At least 25 of
I am eligible for <b>or</b> have included proof of Counter the health care provider level (one-rescuer CPR-acrescuer CPR).		
I have submitted proof of health insurance (	(copy of both sides of card) <b>or</b> v	vill have insurance by the start of
IF APPLICABLE: I have contacted the Alabar concerning treatment for chemical dependency of offense.		
IF APPLICABLE: I have contacted Jefferson S filed appropriate paperwork to receive financial at		cial Aid office (205) 856-8511 and
IF APPLICABLE: Course substitution procedu	res have been initiated with an	advisor before the deadline.
I have retained a copy of the application page	cket I have submitted (including	g this form) for my own records.
I have completed and submitted the official entirety and understand that the decisions for administration		· · · · · · · · · · · · · · · · · · ·
Student's Name (Print) S	tudent's Signature	 Date

## Jefferson State Community College DOCUMENTATION OF PHYSICAL THERAPY OBSERVATION

Applicant:	_ J Number or SS:
Applying for Semester Beginning: Summer 2017	

Candidates for the Physical Therapist Assistant program at Jefferson State Community College are required to complete seventy-five (75) hours of observation/volunteer experience under the supervision of a licensed Physical Therapist or Physical Therapist Assistant within one year prior to the application deadline; qualifying hours must be achieved between Jan 1, 2015 and Jan 15, 2016 for the next deadline. Twenty-five (25) of these hours must be completed in an inpatient setting. Applicants must provide Documentation of Physical Therapy Observation (Pages A and B) for each clinical facility in which hours are completed. Documented hours will not be credited without both of these forms. It is the applicant's responsibility to be sure the form is complete, accurate, and submitted with the JSCC Physical Therapist Assistant Application by the deadline: January 15, 2016. Different forms will not be accepted; this form may be reproduced as necessary. Please type or print legibly in black ink.

Facility Name:		
Facility Address:		
Facility Phone Number:	Fax:	Contact Email:
Supervisor(s): Name of Physical The	rapist or Physical Therapist Assis	tant supervisor of observation ( PLEASE PRINT):
Name:		License Number:
I VERIFY THAT THE HOURS DOCUME	ENTED ON THE FOLLOWING PAG	GE(S) ARE TRUE AND ACCURATE:
Student Signature		Date

# Jefferson State Community College DOCUMENTATION OF PHYSICAL THERAPY OBSERVATION

Applicant: _					J N	lumber or SS:		
Applying fo	r Semester B	Beginning: <u> Sເ</u>	<u>ummer 2017</u>					
The Physical 7	Therapist Assist	tant program a	at Jefferson Sta	te Community	College re	equires applicants to complet	e a minimum of seventy-five	(75) hours o
observation/\	olunteer expe	rience; a minim	num of <mark>twenty</mark> -	-five (25) hours	MUST be	from an inpatient setting. We	e suggest the hours documen	ted represen
quality observ	vation experier	nces. Credit sho	ould not be give	en for anything	outside o	f patient care activities (i.e., l	unch, administrative duties, o	organizationa
orientation, e	etc.) Hours of	observation i	must be perfo	rmed under t	he superv	ision of a licensed physical	therapist or physical therap	ist assistant
Different forn	ns will not be a	ccepted; this fo	orm may be rep	produced as ne	cessary. C	Qualifying hours must be achie	eved between Jan 1, 2015 and	l Jan 15, 2016
Date	IN Time HR : MIN AM/PM	OUT Time HR : MIN AM/PM	IN Time HR : MIN AM/PM	OUT Time HR : MIN AM/PM	Number of Hours	Type of Experience Observed*	Supervising Therapist (Signature)	Supervising Therapist License Number

Types of Observation Experience\*

Inpatient Settings	Outpatient/Other Settings	
A - A b No.	Outpatient clinic	Pediatrics/Early intervention/School-based program
Acute care hospital	Trivate procede	Industrial Medicine/Occupational Health
Skilled Nursing Facility  Rehabilitati Home Heal	Hospital-based outpatient Rehabilitation unit – outpatient	Aquatic Rehabilitation
	Home Health Sports Medicine/Athletics	Wellness/Prevention/Fitness
Rehabilitation unit – inpatient Other:		Other: