

## V. Physical Therapist Assistant Program Application Form

## Student Identification

Complete shaded areas with all information currently available

First Name	JANE	Last Name	DOE	CPCC Student ID	123456
Street/Apt	1335 ELIZABETH AVE				
City	CHARLOTTE	State	NC	ZIP	28204
Home Phone	(704) 330-2727	Cell Phone	(704) 330-2722	CPCC Email	username@email.cpcc.edu
High School/GED Completion Date					NOTE: If you have not completed high school or obtained your GED prior to applying, you are not eligible to apply to the PTA program and your application will be declined.
Essential Functions Document	Please check the box to the right to indicate that you have reviewed and understand the criteria in the <a href="#">Essential Functions document</a> .				<input checked="" type="checkbox"/>

## Scores

Record scores for Items 1-3 in shaded areas with all information currently available according to the instructions below.

Item	Points Earned	Points Possible			
<b>1. TEAS Test Scores</b>	Reading Score (Minimum score 50.0)	50.0	(each score is multiplied by 0.1 to determine points earned)	5.00	(10)
	Math Score	60.0		6.00	(10)
	Total Score (Minimum score 60.0)	60.0		6.00	(10)
<b>2. Completed Academic Courses</b>  1. Select one course from each Category that you have completed and received a grade. Only high school AP courses in which the exam was taken for college credit and a score of 3 or greater was received can be counted. 2. Please note, no substitutions may be made. Only courses that have been completed by the application deadline may be counted and will be verified from your transcripts. 3. All courses must have a grade of "C" or better. 4. Course points computation: A=7 pts; B=4 pts; C=2 pts (For AP courses being counted, record the high school AP course grade accordingly)	Category I	ENG 111	A	7	(35 points total)
		High School AP English (only if AP score of 3 or greater earned on AP English Language & Comp. exam)	n/a	0	
	Category II	ENG 112, 113, or 114	A	7	
	Category III	MAT 110 or higher	A	7	
		High School AP Calculus or Statistics (only if AP score of 3 or greater earned on AP Calculus AB or BC or AP Statistics exam)	n/a	0	
	Category IV	BIO 168 (must be completed within 5 yrs of the application)	A	7	
Category V	BIO 169 (must be completed within 5 yrs of the application)	A	7		
<b>3. Related Work Experience, If applicable</b> Work experience (either FT or PT if applicable) must have occurred within five years of application under the direction of a physical therapist or physical therapist assistant and must be documented by a letter of verification on letterhead from the employer including: <ul style="list-style-type: none"> <li>Dates of employment</li> <li>Type of Employment (Part-time or Full-time)</li> <li>Job title</li> <li>Brief description of job responsibilities</li> <li>Signature and professional title of the applicant's supervisor</li> <li>Applicant's supervisor work phone and email address</li> </ul>	Physical Therapy Tech, Physical Therapy Aide, or Rehab Tech employed <u>full-time</u> for a minimum of six full calendar months		<input type="checkbox"/>	(2)	
	Physical Therapy Tech, Physical Therapy Aide, or Rehab Tech employed <u>part-time</u> for a minimum of six full calendar months		<input type="checkbox"/>	(1)	
<b>Total Application Points</b>				52.00	(67)

### VI. Required Preadmission Activities

It is important that all applicants become familiar with the field of physical therapy in order to make an informed decision to pursue this career. To be considered for admission to the Physical Therapist Assistant program, you must show evidence of having completed the following activities prior to the application deadline by submitting the appropriate verification.

#### Observations

Please follow directions as listed on page 3, complete the Observation Logs below, and submit with the application.

Complete shaded areas with all information currently available

First Name:	JANE	Last Name:	DOE	ID	123456
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#### Observation #1:

Printed Name of observed PT or PTA:	DONALD DUCK, PT	Title of observed PT or PTA:	PT <input checked="" type="radio"/> PTA <input type="radio"/>	
Facility Name:	DUCK REHABILITATION	Facility Phone #:	(123) 456-7890	
Facility Location:	CHARLOTTE, NORTH CAROLINA			
Type of Facility/Setting: Select from dropdown menu	Outpatient Clinic			
DATE	FROM:	TO:	HOURS	Signature of licensed PT or PTA
06/14/18	1:00 pm	7:00 pm	6.0	<i>Donald Duck, PT</i>

#### Observation #2:

Printed Name of observed PT or PTA:	DAISY DUCK, PTA	Title of observed PT or PTA:	PT <input type="radio"/> PTA <input checked="" type="radio"/>	
Facility Name:	DISNEY NURSING HOME	Facility Phone #:	(704) 123-4567	
Facility Location:	CHARLOTTE, NORTH CAROLINA			
Type of Facility/Setting: Select from dropdown menu	Home Health			
DATE	FROM:	TO:	HOURS	Signature of licensed PT or PTA
11/01/17	8:00 am	2:00 pm	6.0	<i>Daisy Duck, PTA</i>

