

# NorthWest Arkansas Community College

## *Health Professions Division*

One College Drive  
Bentonville, AR. 72712  
(479) 619-4153

### **2010 Physical Therapist Assistant Application Packet and Checklist**

**This is the approved document for PTA Program admission and supercedes all other documentation.**

Dear Applicant,

This PTA Program application must be completed to be considered for acceptance into the technical phase of the PTA Program. We will accept 12 -14 qualified applicants into the technical phase of the PTA Program in June 2010. To qualify, applicants must complete all the pre-requisite courses by the end of the 2010 spring semester to be eligible for consideration for acceptance into the technical phase of the program. This application must be completed and turned in to the Health Professions PTA Program the first Monday of March 2010 – we will begin the process of ranking applicants based on their essay, and the pre-requisite courses they have taken, but the final rank will not occur until all pre-requisite course grades are obtained at the end of the spring 2010 semester.

**There are several parts to this application.**

**Section I:** provides information regarding what students need to submit to the NWACC registrar. Applicants that are not current NWACC students will need to provide an application to NWACC and send transcripts to the Registrar as part of the application process. Applicants that are currently a NWACC student have already completed the NWACC student application and will not need to provide another one for this process. If an applicant is using courses taken at another institution as part of the PTA Program pre-requisite courses they will need to provide the NWACC Registrar with an official transcript for those courses. Students must submit proof of immunizations to include (measles and rubella) if born January 1, 1957 or after to the NWACC Registrar AND the Health Professions Division PTA Program with the PTA Program Application. (Students taking PHTA 2105 Clinical Kinesiology in Physical Therapy in the spring 2010 semester will have to complete the NWACC college application to register for the course.)

**Section II:** contains the PTA Program Application form, Clinical Observation Form, and the Physician Certification of Essential Functions and Physical Abilities form. The application & forms should be submitted to the Health Professions Division Secretary or PTA Program Director by the first Monday in March 2010 along with a copy of the applicants immunization records, the applicants essay and the informed consent forms located in section III.

**Section III:** Provides a general overview of the requirements for application to the PTA Program, system used to rank applicants and forms applicants must complete and turn in with their application. The forms in section III are required by our accrediting agency, NWACC, and the clinical education sites we contract with. The forms are to ensure all applicants applying to the program have what we call “informed consent”. Informed consent means we have notified the applicant of important information that could affect their ability to be accepted into the program, complete the program, and become licensed if they do complete the program. Please read the informed consent forms carefully to ensure you understand the requirements an applicant must meet to be considered eligible for admission into the technical phase of the program, the ranking system used to select applicants, clinical education requirements, and licensure information. Submit the signed informed consent forms with the PTA Program Application. You are required to sign the “informed consent” forms to

prove you have been provided this information prior to application and acceptance into the PTA Program. Applicants should also have a witness sign the forms prior to turning in the application. **(A witness can be anyone that sees you sign the forms such as a friend, family member etc)** Submit the signed informed consent forms with the PTA Program Application by the first Monday in March 2010. Section II also contains several "SAMPLE" forms showing the criteria and point system used to rank the applicants essay, and the complete "APPLICANT SELECTION FORM". The sample forms do NOT have to be returned with the PTA Program application.

**Section IV:** Contains application and information regarding the William Nelson PTA Program Scholarship. All applicants may apply for this scholarship.

**ATTN: Please note:** Section III provides information regarding the ranking formula used to select the top 12 - 14 ranked applicants who will be offered a position into the technical phase of the PTA Program. The ranking system has changed for the 2010 applicants. We no longer require the HOBET exam or any other national exam. The final percentile score in the course PHTA 2105 Clinical Kinesiology in Physical Therapy will go toward 40% of the rank. See the ranking formula provided for details.

Applicants must also perform 9 hours of observation with 3 hours minimum at 3 different physical therapy sites as part of the application. We recommend applicants schedule the observations early to ensure they are completed prior to the due date of the PTA Program the first Monday in March. The applicant must write a, one page essay answering questions provided in this application.

Applicants must also undergo a physical by a medical doctor of their choice. The physician must sign the form titled "Physician Certification of Essential Functions and Physical Abilities after completing the physical. The student must turn the form in with their application.

A checklist is provided following this letter listing the PTA Program Application information and requirements included in this application packet. Please use the check list to assist you in completing all the required activities and forms for your application to the Physical Therapist Assistant Program at NorthWest Arkansas Community College. Organize the application and forms in the order they are listed on the check list form and submit them in that order . Applicants must complete each step of the admission process. Call the Health Professions Secretary (619-4153) if you have questions or email Beverly Mitchell at [bmitchell1@nwacc.edu](mailto:bmitchell1@nwacc.edu).

Final selection for applicants admitted will be made by the Physical Therapist Assistant Program Selection Committee. The Selection Committee has the right to make a final decision for student admission. Preference is given to applicants meeting all admission requirements and who submit the application packet by the first Monday in March.

Sincerely,

Dr. Rhonda Crider, PT, DPT  
PTA Program Director

**PHYSICAL THERAPIST ASSISTANT  
STUDENT APPLICATION AND SELECTION PROCESS**

**The flow chart below is for informational purposes only to inform applicants of the timelines regarding the PTA Program Application & Selection Process**

<b>DATE:</b>	<b>PROCESS:</b>
First Monday of March	PTA Program Application and application materials due to the Health Professions Division secretary by 4:00 pm.
First Monday of March	NWACC Application, transcript, and immunizations due (if not a current NWACC student or if you are a current NWACC student but you took some pre-requisite courses at a different institution you must have them sent to the NWACC Registrar by this date.
Third week of March	Application file checked for completeness by Health Profession Division secretary
Fourth week of March	Letter sent to applicant to inform applicant if their application is complete or if it is missing information
1 <sup>st</sup> week of April	PTA Program Director & selection committee will review applications, & grade essays.
End of Spring Semester	If applicant completed program pre-requisites at another institution in Spring 2010, they MUST have the course instructor fax the final grade to the PTA Program Director ASAP after the final is taken. NWACC students will not have to complete any grade form, their final spring grades will be available online to the PTA Program Director
10 working days after grades are due in the Registrar's Office for the 2010 spring semester	The applicants rank will be tallied and notification of acceptance or declination will go to applicants via email (if an email address was provided.)
Summer registration per catalog	Accepted applicants register for Summer 2010 PTA Program Courses which will begin in June 2010!
June 2010	PTA Program Technical Courses begin

**YOUR APPLICATION FILE MUST CONTAIN THE FOLLOWING INFORMATION IN ORDER TO BE CONSIDERED COMPLETE. IF YOUR FILE IS NOT COMPLETE YOU WILL NOT BE CONSIDERED FOR ADMISSION.**

**All items should be submitted at the same time as one packet in the order they are listed on the checklist.**

**Deadline to submit the PTA Program Application is the first Monday of March by 4:00 pm**

**If you submit Application in person:  
NWACC Burns Hall Health Professions Division Secretary office # 2431**

**Or mail your application to NWACC Health Professions Division  
PTA Program  
One College Drive  
Bentonville, AR 72712**

**CHECKLIST:**

**1. Physical Therapist Assistant Program Application Packet:**

**Items to be submitted to the Health Professions Division:**

- Application to PTA Program
- Clinical Observation Form
- Essay
- Physician Certification of Essential Functions and Physical Abilities
- Copy of immunization records
- Compass ESL Listening Test Results if applicable (English as a 2<sup>nd</sup> language students only)
- Petition for Course Substitutions (if applicable – see course substitution information below)
- Course Substitutions Form if applicable

**Informed Consent Forms to be included with your application**

- Curriculum Informed Consent Form
- Curriculum work recommendations, ESL, & Notice of Nondiscrimination Form
- Essay & Observation Informed Consent Form
- PTA Program Selection Criteria Informed Consent
- Program and Admission Requirements Informed Consent Form
- Licensure/Certification Form
- Clinical Placement Informed Consent
- Clinical Placement Requirements Health insurance, background check, and urine drug screen informed consent form Informed Consent
- Additional Program Related Costs Informed Consent
- Student Health, Physical Condition, and Disability Policy/Informed Consent Form
- Physician Certification of Essential Functions and Physical Abilities Informed Consent
- Compass ESL Listening Test Results (English Second language students only) informed consent
- Health insurance, background check, and urine drug screen informed consent form
- Petition for Course Substitutions Informed Consent

**Students do NOT need to turn in with their application the following:**

- Sample essay criteria/grading form
- Sample selection/rank form
- Application Timeline form

**Course Substitution:** If a student took pre-requisite courses at another institution or is an NWACC student and has received permission to substitute a course that is equivalent or higher level than the pre-requisite requirement, then the student **must submit a Course Substitution request for EACH course they are substituting.** So, if for example you took English Composition I at another institution and the course number for that course differs from the NWACC course number, you must complete and submit a course substitution form for that course. A Course Substitution form is attached and may be copied if you are substituting more than one course.

## SECTION I: NWACC Application

The following items must be submitted to the NWACC Registrar's Office  
**NWACC Attn: Registrar Office**  
**One College Drive**  
**Bentonville, AR 72712**

- \_\_\_1. Application for Admission to the College. (IF not already enrolled at NWACC)
- \_\_\_2. Submit **official** college transcripts from all colleges attended. Transcripts must be sent directly from the Registrar's office of the College you attended to the NWACC Registrar's Office.
- \_\_\_3. Degree Audit Request – optional - In order to receive credit for prerequisite courses taken at another institution you can request a Degree Audit be performed by the Registrar's Office or you can perform a degree audit online. This is optional. See degree audit information below.
- \_\_\_4. Immunization records for (measles and rubella) if born January 1, 1957 or after.

### DEGREE AUDIT INFORMATION:

**If you are transferring credits from another institution and/or want to determine if you have met the pre-requisite courses for the PTA Program, you may request a degree audit.**

A degree audit identifies the progress a student has made toward an NWACC degree plan and determines the specific credits that NWACC will allow to a student from another institution.

There is no charge for a degree audit.

**Who should request an audit?** Students will want to request a degree audit **only** if they plan to receive a degree from NWACC. **When should a student request an audit?**

- If a student has completed coursework successfully at another institution or if a student believes that they are close to completing their degree requirements, they should request a degree audit.
- Before a degree audit can be completed, **official** transcripts from all institutions attended **must** be on file in the Student Records Office or Registrars office.

**You may request a degree audit in any of the following ways:**

1. **Obtain a Degree audit request form online.**
2. **Mail:** NWACC Student Records Office, One College Drive Bentonville, AR 72712
3. **Fax:** (479) 619-2229
4. **In person:** The Student Records Office is located on the second floor of the Student Center.
  - **No one else (including your spouse, parent, etc) may pick up your evaluation/degree audit without your written permission. Identify by name the person who is authorized to obtain your evaluation/degree audit and include your original written signature.**
  - **Phone or e-mail requests are not accepted.**

**NORTHWEST ARKANSAS COMMUNITY COLLEGE  
HEALTH PROFESSIONS DIVISION  
APPLICATION FOR ADMISSION  
PHYSICAL THERAPIST ASSISTANT PROGRAM**

**SECTION II PTA Program Application**

**Please read and complete the following to submit to the PTA Program.**

**Please submit the forms in the order listed.**

**The following items must be submitted with the PTA Program Application to the Health Professions Division, PTA Program either by mail or in person**

**Mailing Address:**

NWACC Health Professions Division  
PTA Program  
One College Drive  
Bentonville, AR 72712

**In Person**

Burns Hall NWACC  
Health Professions Division 2<sup>nd</sup> floor  
Beverly Mitchell, BH 2450

Section II: students should complete and turn in the following with their application. Students must also turn in the informed consent forms in Section III.

- Application to PTA Program
- Clinical Observation Form
- Essay
- Physician Certification of Essential Functions and Physical Abilities
- Immunization records
- Compass ESL Listening Test Results if applicable (English as a 2<sup>nd</sup> language students only)
- Petition for Course Substitutions (if applicable)
- Course Substitutions Form if applicable



Please list any professional licenses, registrations and/or certificates you hold.

Type \_\_\_\_\_ State Issued \_\_\_\_\_ Date \_\_\_\_\_ No. \_\_\_\_\_ Verif. \_\_\_\_\_  
\_\_\_\_\_

Have you had previous experience in the health field? \_\_\_\_\_ Please explain (include number of years)

OPTIONAL

NWACC provides equality of opportunity to all students. Ethnic and profile information is **only** used to complete reports required by the government or accrediting agencies. Completion of this section is optional and in no way will affect an applicants rank.

\_\_\_\_\_ Age \_\_\_\_\_ Native American / Alaskan Native  
\_\_\_\_\_ Black / African American (non-Hispanic) \_\_\_\_\_ White (non-Hispanic)  
\_\_\_\_\_ Asian / Pacific Islander Other: \_\_\_\_\_  
\_\_\_\_\_ Hispanic

**Physical Therapist Assistant Program Application Packet: Items to be submitted to the Health Professions Division:**

- \_\_\_\_\_ Application to PTA Program
- \_\_\_\_\_ Clinical Observation Form
- \_\_\_\_\_ Essay
- \_\_\_\_\_ Physician Certification of Essential Functions and Physical Abilities
- \_\_\_\_\_ Copy of immunization records
- \_\_\_\_\_ Compass ESL Listening Test Results if applicable (English as a 2<sup>nd</sup> language students only)
- \_\_\_\_\_ Petition for Course Substitutions (if applicable – see course substitution information below)
- \_\_\_\_\_ Course Substitutions Form if applicable

**Informed Consent Forms to be included with your application**

- \_\_\_\_\_ Curriculum Informed Consent Form
- \_\_\_\_\_ Curriculum work recommendations, ESL, & Notice of Nondiscrimination Form
- \_\_\_\_\_ Essay & Observation Informed Consent Form
- \_\_\_\_\_ PTA Program Selection Criteria Informed Consent
- \_\_\_\_\_ Program and Admission Requirements Informed Consent Form
- \_\_\_\_\_ Licensure/Certification Form
- \_\_\_\_\_ Clinical Placement Informed Consent
- \_\_\_\_\_ Clinical Placement Requirements Health insurance, background check, and urine drug screen informed consent form Informed Consent
- \_\_\_\_\_ Additional Program Related Costs Informed Consent
- \_\_\_\_\_ Student Health, Physical Condition, and Disability Policy/Informed Consent Form
- \_\_\_\_\_ Physician Certification of Essential Functions and Physical Abilities Informed Consent
- \_\_\_\_\_ Compass ESL Listening Test Results (English Second language students only) informed consent
- \_\_\_\_\_ Health insurance, background check, and urine drug screen informed consent form
- \_\_\_\_\_ Petition for Course Substitutions Informed Consent

**Return to: NWACC**

**Health Professions Division  
One College Drive  
Bentonville, AR 72712**

**Items to be submitted to NWACC Registrar's Office:**

- Application to NWACC (if you are not a current NWACC student)
- Official College Transcripts
- Degree Audit Request (if needed)
- Immunization Records

**Return to: NWACC Registrar's Office**

**One College Drive  
Bentonville, AR 72712**

**Signature Certification**

I certify that the information given is complete to the best of my knowledge. I understand that submission of false information is grounds for denial of admission or immediate suspension if enrolled.

Student Name (Print) \_\_\_\_\_

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## Physical Therapy Clinic Observation Confirmation Form

Thank you for allowing the applicants to the NorthWest Arkansas Community College Physical Therapist Assistant Program to observe the practice of physical therapy at your facility. This requirement may be met by observation, volunteer or work hours.

Applicant Name Print: \_\_\_\_\_

### Observation #1

Facility Name & Phone #: \_\_\_\_\_

Date/ Hours Spent: \_\_\_\_\_

PT or PTA Signature: \_\_\_\_\_

PT or PTA Name please print: \_\_\_\_\_

### Observation #2

Facility Name & Phone #: \_\_\_\_\_

Date/Hours Spent: \_\_\_\_\_

PT or PTA Signature: \_\_\_\_\_

PT or PTA Name please print: \_\_\_\_\_

### Observation #3

Facility Name & Phone #: \_\_\_\_\_

Date/Hours Spent: \_\_\_\_\_

PT or PTA Signature: \_\_\_\_\_

PT or PTA Name please print: \_\_\_\_\_

### Signature Certification

I certify that the information given is complete to the best of my knowledge. I understand that submission of false information is grounds for denial of admission or immediate suspension if enrolled.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**PHYSICIAN CERTIFICATION OF ESSENTIAL FUNCTIONS AND PHYSICAL ABILITIES  
PTA ESSENTIAL FUNCTIONS AND PHYSICAL DEMANDS**

**Physical Therapist Assistant (PTA)  
076.224-010**

**Job Responsibilities:** The PTA is an educated health care provider who assists the physical therapist in the provision of physical therapy including physical therapy procedures, patient assessment, and related tasks. Under the supervision of a physical therapist the tasks performed by the PTA may include but are not limited to effectively communicating through listening, speaking, reading & writing in English with a variety of patients, assessing patient progress, gathering patient information, performing data collection of muscle strength and patient function, taking vital signs, patient transfer and gait training, manipulation of exercise equipment, exercise instruction, application of various modalities, patient handling and facilitation skills, palpation, and wound care. The PTA may practice in a variety of settings including hospitals, outpatient clinics, home health, schools, research centers, industry, wellness & fitness centers, skilled nursing facilities, and long-term care.

**Essential Functions and Physical Demands:** In order to successfully perform the job of a PTA, the following are required:

- Skills: oral comprehension, oral expression, speech clarity, problem sensitivity, speech recognition, deductive reasoning, information ordering, written comprehension, static strength (ability to exert maximum muscle force to lift, push, pull or carry objects) and flexibility (the ability to bend, stretch, twist or reach with your body, arms &/or legs),
- Physical abilities include: standing, walking, sitting, lifting, carrying, pushing, pulling, and/or hand function. and
- Strength classification is Medium Work: Exerting 20 to 50 pounds of force occasionally, and/or 10 to 25 pounds of force frequently, and/or greater than negligible up to 10 pounds of force constantly to move objects.

NWACC strives to provide reasonable accommodation as necessary to allow a PTA student to be successful. If you feel you would need accommodation, please contact the NWACC Office of disAbility Services  
Dictionary of Occupational Titles. Available at: <http://www.occupationalinfo.org/07076224010.html>. Accessed September 3, 2008  
Occupational Information Network at: <http://online.onetcenter.org/link/summary/31-2021.00> Accessed September 3, 2008.

I certify that \_\_\_\_\_ is able to perform the essential functions and physical  
(Student Name) demands of a physical therapist assistant.

Clinic Name \_\_\_\_\_  
Physician Name Print \_\_\_\_\_  
Address \_\_\_\_\_  
Phone #: \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please sign and return with your application to:**

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Witness Signature Date

NORTHWEST ARKANSAS COMMUNITY COLLEGE

**AUTHORIZATION FOR COURSE SUBSTITUTIONS/NON-TRADITIONAL LEARNING EXPERIENCES**

DATE: \_\_\_\_\_

(Please print clearly or type)

NAME

\_\_\_\_\_  
(Last) (First) (Middle) (Student ID #)

Educational Objectives: \_\_\_ AA Degree \_\_\_ AS Degree \_\_\_\_\_ AAS Degree

**AUTHORIZATION FOR THE FOLLOWING:**

ACCEPT

\_\_\_\_\_  
Course, (if from another school state what school) Test or Learning Experience Credit hours

FOR: \_\_\_\_\_  
Course, Test or Learning Experience Credit hours

ACCEPT \_\_\_\_\_  
Course, Test or Learning Experience Credit hours

FOR: \_\_\_\_\_  
Course, Test or Learning Experience Credit hours

ACCEPT \_\_\_\_\_  
Course, Test or Learning Experience Credit hours

FOR: \_\_\_\_\_  
Course, Test or Learning Experience Credit hours

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURES:

APPROVED: \_\_\_\_\_  
(Department Head) (Date)

APPROVED: \_\_\_\_\_  
(Division Dean) (Date)

DOCUMENTATION MUST BE ATTACHED.

**ADMISSIONS & RECORDS USE**

Student Last Enrolled \_\_\_\_\_

Entered by \_\_\_\_\_

Date \_\_\_\_\_

**Please read and sign the following informed consent forms. Have a witness sign them, and turn them into the PTA Program with your application. Please submit the forms in the order listed. (A witness can be anyone that sees you sign the forms such as a friend, family member etc)**

**The following items must be submitted with the PTA Program Application to the Health Professions Division, PTA Program either by mail or in person**

**Mailing Address:**

NWACC Health Professions Division  
PTA Program  
One College Drive  
Bentonville, AR 72712

**In Person**

Burns Hall NWACC  
Health Professions Division 2<sup>nd</sup> floor  
Sherry Slay, office # 2431

**Informed Consent Forms to be included with your application**

- \_\_\_\_\_ Curriculum Informed Consent Form
- \_\_\_\_\_ Curriculum work recommendations, ESL, & Notice of Nondiscrimination Form
- \_\_\_\_\_ Essay & Observation Informed Consent Form
- \_\_\_\_\_ PTA Program Selection Criteria Informed Consent Form
- \_\_\_\_\_ Program and Admission Requirements Informed Consent Form
- \_\_\_\_\_ Licensure/Certification Form
- \_\_\_\_\_ Clinical Placement Informed Consent
- \_\_\_\_\_ Clinical Placement Requirements Health insurance, background check, and urine drug screen informed consent form
- \_\_\_\_\_ Additional Program Related Costs Informed Consent
- \_\_\_\_\_ Student Health, Physical Condition, and Disability Policy/Informed Consent Form
- \_\_\_\_\_ Physician Certification of Essential Functions and Physical Abilities Informed Consent
- \_\_\_\_\_ Compass ESL Listening Test Results (English Second language students only) informed consent
- \_\_\_\_\_ Health insurance, background check, and urine drug screen informed consent form
- \_\_\_\_\_ Petition for Course Substitutions Informed Consent

**PHYSICAL THERAPIST ASSISTANT PROGRAM**  
**Curriculum Informed Consent Form**

**A. Curriculum for entrance into the program for summer 2010**

1. The Physical Therapist Assistant degree program consists of 29 hours of general education courses and 50 hours of Physical Therapist Assistant technical core courses for a total of 79 credit hours in the Associate of Applied Science (A.A.S) degree in Physical Therapist Assistant.
2. A grade of “C” or above in ALL required pre requisite courses is required to be considered for acceptance into the PTA Program. Students must also earn a “C” or higher in all PTA Program Technical courses to remain in the PTA Program and graduate with an AAS in PTA.
3. All prerequisite courses must be completed by the end of the spring semester May 2010 to be considered eligible for consideration into the technical phase of the PTA Program that begins in June 2010.

**PRE-REQUISITE COURSES**

BIOL 2214	Anatomy & Physiology I
BIOL 2224	Anatomy & Physiology II
CISQ 1103	Intro to Computer Information
ENGL 1013	English Composition I
ENGL 1023	English Composition I <b>OR</b> ENGL 2013 Technical Writing
PHYS 2003	General Psychology
AHSC 1001	Medical Terminology
MATH 1204	College Algebra <b>OR</b> MATH 1003 Math for AAS
PHTA 2105	Clinical Kinesiology in Physical Therapy

4. **Technical Core PTA Program Courses:** Students accepted into the PTA Program must complete all technical courses with a “C” or higher to remain in the program. Students must take all required courses each semester and attend full time. The Technical Courses begin in June 2010 and the student will complete the program in August 2011.

**Summer Session 2010 (10 credit hours)**

PHTA 2101	Basic Principles of Physical Therapy
PHTA 2121	Basic Principles of Physical Therapy Lab
PHTA 2222	Communication & Documentation
PHTA 2114	Basic PT Tests and Measures
PHTA 2112	Basic PT Tests and Measures Lab

**Fall Semester 2010 (17 credit hours)**

PHTA 2252	Life Span Development
PHTA 2231	Theory & Treatment Techniques
PHTA 2232	Theory & Treatment Techniques Lab
PHTA 2283	Physical Therapy Procedures I
PHTA 2202	Physical Therapy Procedures I Lab
PHTA 2271	Clinical Experience I
PHTA 2213	Pathophysiological Conditions
PHTA 2241	Gait Analysis
PHTA 2242	Gait Analysis Lab

**Spring Semester 2011 (17 credit hours)**

PHTA 2301	Physical Therapy Procedures II
PHTA 2302	Physical Therapy Procedures II Lab
PHTA 2362	Therapeutic Exercise
PHTA 2333	Therapeutic Exercise Lab
PHTA 2391	Neurophysiology
PHTA 2392	Neurophysiology Lab
PHTA 2332	Special Topics
PHTA 2352	Clinical Experience II
PHTA 2361	Pediatrics
PHTA 2371	Pediatrics Lab

**Summer Session 2011 (6 credit hours)**

PHTA 2403	Clinical Internship I
PHTA 2413	Clinical Internship II

I have received information regarding the curriculum & curriculum requirements to be considered eligible for acceptance into the PTA Program. I understand if accepted into the technical component of the PTA Program, I must take and pass all technical courses with a “C” or higher to remain in the PTA Program.

\_\_\_\_\_  
Student Signature & Date

\_\_\_\_\_  
Witness Signature & Date

**NWACC PTA Program Application  
Observation & Essay Requirements Informed Consent**

**Observation Requirements:** A minimum of nine (9) hours of observation of the practice of physical therapy is required. The total observation time is to be divided into a minimum of three hours at three different physical therapy facilities. The observation requirement may be met by observation, volunteer or paid working time. However, a minimum of three different locations and a three-hour block of time at each is mandatory.

**It is the student's responsibility to make arrangements with the physical therapy departments for this experience.**

The applicant should schedule the observation time with the physical therapy department director of the clinical site prior to the actual observation. Additionally, the applicant will need to inform the department director at the facility of the purpose of the observation. Applicants should inquire about specific dress and parking requirements. If the department does not have a specific dress requirement, the applicant is to dress in nice slacks (no jeans), a dress shirt and comfortable, clean walking shoes (with closed heel and toes).

**It is the student's responsibility to take the Clinic Observation Confirmation Form to the clinic and ensure the person they meet with and observe signs the confirmation form. It is the student's responsibility to provide the signed confirmation form with their PT Program Application.**

**ESSAY Requirements:** Following the 9 hours of observation, write a one page essay using the experience and knowledge gained during the 3 observations to respond to the following questions:

1. What did you learn about physical therapy from this experience?
2. What did you like best about the experience? Why?
3. What did you like least about the experience? Why?

The essay should be no more than one page, typed & double-spaced. All questions should be answered on the same one page essay. Students write only 1 essay total – not an essay for each clinical observation, Submit the essay and Observation Confirmation Form with the application packet. The essay will be graded on the following: following instructions, grammar & spelling, writing & terminology, and content. (See the enclosed "Essay & Observation Grading Rubric" for the detailed scoring form that will be used by the PTA Program selection committee to score the one page essay)

I have read and understand the above information regarding the observation and essay requirements. I understand I must complete the observation, turn in the signed observation form and essay along with my application to be considered eligible for selection into the PTA Program. I have reviewed the grading criteria/rubric included in this application.

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**\*This form is a SAMPLE only for applicant review to see the criteria for grading the essay.  
DO NOT return this form with your application packet.**

**PTA Program Admission**

**Name:**

**Essay & Observation Rubric: \_\_\_\_\_15 pts possible**

Following the observation write one – one page essay responding to the following questions:

1. What did you learn about physical therapy from this experience?
2. What did you like best about the experience? Why?
3. What did you like least about the experience? Why?

**Essay Requirements:** No more than one page, typed & double-spaced. Submit the essay and Confirmation Form with the application packet.

**OBSERVATION Requirement: if the applicant does not complete 9 hours of observation at 3 different physical therapy sites for 3 hours each, they will receive 0 points for the essay.**

**Essay Grading Rubric:**

\_\_\_\_\_/15 points possible: **Excellent:**

- \_\_\_\_\_ essay is no more than one page, typed, double spaced
- \_\_\_\_\_ 0 to 1 error in grammar or spelling
- \_\_\_\_\_ reflects college level work
- \_\_\_\_\_ utilizes physical therapy terminology
- \_\_\_\_\_ answers all questions with insight and relevance

\_\_\_\_\_ **12 points possible= Above Average/Good**

- \_\_\_\_\_ essay is no more than one page, typed, double spaced
- \_\_\_\_\_ 2-3 errors in grammar/spelling.
- \_\_\_\_\_ essay reflects college level work
- \_\_\_\_\_ utilizes physical therapy terminology
- \_\_\_\_\_ answers all questions and 2 of the 3 questions thoroughly with insight and relevance.

\_\_\_\_\_ **9 points possible= Average:**

- \_\_\_\_\_ essay is no more than one page, typed, double spaced
- \_\_\_\_\_ 3 to 4 errors in grammar or spelling
- \_\_\_\_\_ essay reflects college level work
- \_\_\_\_\_ utilizes primarily layman terminology with minimal to no physical therapy terminology
- \_\_\_\_\_ answers at least 2 questions with some insight and relevance answers all questions.

\_\_\_\_\_ **6 points possible= Below Average:**

- \_\_\_\_\_ essay is no more than one page, typed, double spaced
- \_\_\_\_\_ 4 to 6 errors in grammar or spelling.
- \_\_\_\_\_ essay does not reflect college level work
- \_\_\_\_\_ does not utilize physical therapy terminology
- \_\_\_\_\_ answers are scanty with some to minimal relevance to the question

\_\_\_\_\_ **3 points possible= Poor:**

- \_\_\_\_\_ essay is no more than one page, typed, double spaced,
- \_\_\_\_\_ 6-8 errors in grammar or spelling
- \_\_\_\_\_ essay reflects pre college level work
- \_\_\_\_\_ inaccurate/ inappropriate utilization of physical therapy terms if they are used at all
- \_\_\_\_\_ does not respond to more than 1 question with minimal relevance and not at all or 2 or 3 with no

**PTA SELECTION CRITERIA Informed Consent &  
Course Substitutions Informed Consent**

Selection of qualified applicants into the PTA Program is based on a point system used to rank applicants. The 12-14 applicants with the highest points using the point ranking system will be offered a position in the PTA Program. Enrollment is limited by class size: The Physical Therapist Assistant Program may only admit 12 – 14 students per year in June. The top ranked 12 – 14 students who meet all the criteria will receive an invitation for admission into the Physical Therapist Assistant Program. If any of the students offered admission decline the invitation, applicants on the alternate list will be notified and offered a position beginning with the first alternate based on total points.

In the event of a tie in total points for the last space in the PTA Program class, the student with the highest grade and percentile score in PHTA 2105 Clinical Kinesiology will be offered the position.

All pre-requisite courses must be passed with a “C” or higher to meet the PTA Program requirements.

**Students are ranked based on the following Selection Criteria:**

100/247 = 40.5%	PHTA 2105 Clinical Kinesiology in PT
72/247 = 29.1%	A&P I, A&P II, Medical Terminology
60/247 = 24.3%	ENGL Comp I & II, General Psychology, Intro to Computers, & College Algebra or Math for AAS
15/247 = 6.1%	Essay/observation
<b>247/247 = 100%</b>	<b>Total points possible</b>

**Course Substitution:** If a student took pre-requisite courses at another institution or is an NWACC student and has received permission to substitute a course that is equivalent or higher level than the pre-requisite requirement, then the student **must submit a Course Substitution request for EACH course they are substituting.** So, if for example you took English Composition I at another institution and the course number for that course differs from the NWACC course number, you must complete and submit a course substitution form for that course. A Course Substitution form is attached and may be copied if you are substituting more than one course.

**Signature Certification**

I have read and understand the above statements relating to the PTA Program selection process and course substitutions. I have viewed the sample selection form worksheet available in this packet indicating how the points are tallied.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**This form is a SAMPLE only. DO NOT return with your application packet.  
HEALTH PROFESSIONS APPLICANT– Physical Therapist Assistant  
SELECTION FORM**

Name \_\_\_\_\_ ID# \_\_\_\_\_

Science Courses	Hours	Grade	Points Possible	Points Earned
BIOL 2214 Anatomy & Physiology I	4		32	
BIOL 2224 Anatomy & Physiology II	4		32	
AHSC 1001 Medical Terminology	1		8	
<b>TOTAL</b>	<b>( A=8 B=6 C=4)</b>		<b>72</b>	

General Education Courses	Hours	Grade	Points Possible	Points Earned
MATH 1003 Math for AAS <b>or</b> MATH 1204 College Algebra	3		12	
ENGL 1013 Eng. Composition I	3		12	
ENGL 1023 Eng. Composition II <b>or</b> ENGL 2013 Technical Writing	3		12	
PSYC 2003 General Psychology	3		12	
CISQ 1103 Introduction to Computer Information	3		12	
<b>TOTAL</b>	<b>( A=4 B=3 C=2)</b>		<b>60</b>	

Clinical Kinesiology Course	Final % Score	Points Possible	Points Earned
PHTA 2105 Clinical Kinesiology in PT		100	
<b>TOTAL</b>		<b>100</b>	

Essay	Score	Points Possible	Points Earned
Essay / Observation		15	
<b>Total</b>		<b>15</b>	

Summary	Points Possible	Points earned
Science Courses	72	
General Education Courses	60	
Clinical Kinesiology in PT	100	
Essay/Observation	15	
<b>Total Points</b>	<b>247</b>	

ESL Student: Score on Compass ESL Listening Test: \_\_\_\_\_ (This score is not considered in the total points considered for admission)

Student has been \_\_\_\_\_ Denied  
 \_\_\_\_\_ Accepted  
 \_\_\_\_\_ Provisional Acceptance

\_\_\_\_\_  
PTA Program Director

## Program and Admission Requirements Informed Consent

### **Student Records and Confidentiality:**

The PTA Program maintains all records in a confidential manner according to the Family Educational Rights and Privacy Act (FERPA) of 1974. See NWACC College Catalog for details.

### **PTA Program Curriculum:**

The PTA Program curriculum is very demanding with many hours of in- & out-of-class time required. It is recommended that students work no more than 10hr/week. Applicants accepted into the technical component of the PTA Program must take and pass all technical courses offered each semester with a “C” or higher to remain in the PTA Program. Students who do not meet the requirement of a “C” or higher in any course may be dismissed from the PTA Program subject to their right to appeal.

### **Clinical Placement:**

For students to be placed in the clinical setting for the clinical experiences and clinical internships, they must have and provide proof of health insurance, criminal background check, urine drug screen, annual TB skin test, Immunizations, and CPR Certification. Students will be required to follow other clinical facility policies. In addition, students may be required to go to health care institutions outside Northwest Arkansas for clinical internships at the student’s expense.

### **NOTICE OF NONDISCRIMINATION:**

NorthWest Arkansas Community College is committed to a policy of nondiscrimination involving equal access to education and employment opportunity to all regardless of sex, race, age, religion, color, national origin, handicap or veteran status. The Administration further extends its commitment to fulfilling and implementing the federal, state and local laws and regulations as specified in Title IX and Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. NWACC provides services to allow persons with disabilities to participate in educational programs and activities. If you desire services, contact the Director of Disability Services or the Vice President for Learner Support Services.

### **ESL Student Requirements:**

**All English as a second language (ESL) students** seeking admission into program tracks in Health Professions are **required** to complete the **COMPASS ESL Listening Test**. The ESL listening test is a component of the COMPASS test which is a college placement and diagnostic test in mathematics, reading and writing skills in addition to the ESL placement component. Interested students can receive more information and/or schedule to take this test through the NWACC testing center. The ESL listening test is designed to assess a student’s ability to understand Standard American English. **A level 4 score is required for ESL students seeking entrance into Health Professions Programs at NWACC.** The level 4 score indicates the ability to understand linguistically complex discussions, including academic lectures and factual reports. **All ESL students seeking career paths in health professions scoring below a level 4 are required to meet with the Program Director in their specific health professions career track for advisement and assistance in finding resources to enhance this necessary skill.**

**Signature Certification:** I have read and understand the above statements relating to the PTA Program curriculum requirements, clinical placement requirements, notice of nondiscrimination, and ESL COMPASS Listening Test Requirement for students for whom English is their second language.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**Northwest Arkansas Community College  
Health Professions Division  
Licensure/Certification Informed Consent Form**

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**\* INFORMATION REGARDING POSSIBLE PROHIBITION OF TAKING LICENSURE, REGISTRY, AND CERTIFICATION EXAMINATION FOR HEALTH PROFESSIONS STUDENTS\***

Individuals who have been convicted of a felony, have been involved with or convicted of illegal drug use or substance abuse, or who have been declared judicially incompetent, may not be allowed to sit for the examination leading to credentialing/licensure even with successful completion of the PTA Program requirements. Graduates of the program would have to request permission to the licensing board. The licensing board may not grant the graduates request to sit for the licensure examination resulting in the inability to obtain a license and therefore the inability to practice as a Physical Therapist Assistant. Applicants who have any questions about their admissibility to the Health Professions programs may contact the Director of each department for further information.

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I have read and understand the above statement relating to licensure, registry, and certification.

\* Please sign and return with your application to:

**NorthWest Arkansas Community College  
Health Professions Division  
One College Drive  
Bentonville, AR 72712**

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**NorthWest Arkansas Community College  
Health Professions Division  
Clinical Placement Informed Consent Form**

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**\* INFORMATION REGARDING POSSIBLE PROHIBITION OF SECURING CLINICAL PLACEMENT FOR CLINICAL COURSES.**

Individuals who have been convicted of a felony, have been involved with or convicted of illegal drug use or substance abuse, been declared judicially incompetent, or receive a positive urine drug screen may not be allowed to attend the clinical component of the Physical Therapist Assistant Program. Failure to participate in a clinical rotation will result in failure to meet the clinical objectives and result in dismissal from the program subject to the student's right to appeal.

Students are responsible for paying for the urine drug screen and background check which will be required **AFTER** acceptance into the program, but prior to clinical placement. The urine drug screen will cost approximately \$50.00; the background check will cost \$50.00.

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I have read and understand the above statement relating to clinical placement.

\* Please sign and return with your application to:

**NorthWest Arkansas Community College  
Health Professions Division  
One College Drive  
Bentonville, AR 72712**

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**NorthWest Arkansas Community College**  
**Health Professions Division**  
**Additional Clinical Placement Requirements Informed Consent Form**

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\* INFORMATION REGARDING POSSIBLE PROHIBITION OF SECURING CLINICAL PLACEMENT FOR CLINICAL COURSES.

Students will be required to carry health insurance throughout the PTA Program, undergo a TB test, and provide proof of immunizations in order to attend clinical courses. Students will also be required to provide a background check and urine drug screen upon acceptance into the PTA Program but prior to clinical placement. The procedure will be provided to students following admission. Students who receive a positive urine drug screen may not be allowed to attend the clinical component of the Physical Therapist Assistant Program. Students who do not secure health insurance, receive a TB test, and provide proof of immunizations may also not be allowed to attend the clinical component of the PTA Program. Failure to participate in a clinical rotation will result in failure to meet the clinical objectives and result in dismissal from the program subject to the student's right to appeal.

-----  
I have read and understand the above statement relating to clinical placement.

\* Please sign and return with your application to:

**NorthWest Arkansas Community College**  
**Health Professions Division**  
**One College Drive**  
**Bentonville, AR 72712**

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**NorthWest Arkansas Community College  
Health Professions Division  
PTA Program**

**Additional Program Related Costs Informed Consent**

Books (for the professional core courses of the PTA program) are approximately \$1,400.00. Lab coats, name badge, and miscellaneous items cost approximately \$200. Liability (malpractice) insurance is approximately \$15 to \$22.00 each summer semester and provided by NWACC via student fees. Lab courses each semester may have a lab fee associated with it of approximately \$15.00 to \$20.00. Students are responsible for paying for the urine drug screen and background check which will be required **AFTER** acceptance into the program, but prior to clinical placement. The urine drug screen will cost approximately \$50.00; the background check will cost \$50.00. The physical exam cost varies based on physician. Students are responsible for obtaining and paying for their health insurance. Clinical education experiences may require students to travel to clinical education sites out of the local area. Students are responsible for costs associated with travel to clinical sites.

I have read and understand the above statement relating to program costs. I realize I am responsible for payment for the above if admitted into the PTA Program

\* Please sign and return with your application to:

**NorthWest Arkansas Community College  
Health Professions Division PTA Program  
One College Drive  
Bentonville, AR 72712**

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

## **Student Health, Physical Condition, and Disability Informed Consent Form**

Students who are accepted into a Health Professions program must be able to perform course related physical activities. A copy of the essential functions and physical tasks required for the program is included in this packet. **The student is required to have a physical and submit certification from a physician that the student is able to perform the related essential functions and physical tasks required for this profession. Proof of physical and the student's ability to perform the essential functions and physical tasks of a physical therapist assistant is to be submitted with the application packet. A copy of the essential functions and physical demands is included for the student to take to the physician.**

In the event a student becomes pregnant, a written statement is required from a medical doctor stating that the physical exertion required during the course work and clinical work is not contraindicated. After the delivery, written notice is required from a medical doctor that releases the student to return to the normal course related activities of that particular program.

In the event of an extended (anything beyond four days) illness, injury, or surgery, two letters must be submitted by a medical physician. The first letter is due upon the onset and should state the problem, restrictions, and prognosis. The second letter should state fitness to return to normal course related activities and should be submitted prior to returning to the program.

The faculty and/or the advisory committee of individual programs reserve the right to make the final decision regarding a student's return to the program after a medical leave.

**Students who are admitted to the Program are required to submit proof of health insurance during the first summer session.**

NWACC strives to provide reasonable accommodation as necessary to allow a student to be successful. If you have a documented disability that would require reasonable accommodation, please contact the Office of disAbility Services.

I have read and understand the above statement relating to student health, physical condition, and disability. s. I realize I am responsible for seeing a physician and submitting the physician signed Essential Functions & Physical abilities form with my application.

Please sign and return with your application to:

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Student Name (Print)

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Student Signature

Date

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Witness Signature

Date

## SECTION IV: WILLIAM NELSON SCHOLARSHIP APPLICATION

### William Nelson Physical Therapist Assistant Scholarship

#### General Information:

The William Nelson Physical Therapist Assistant Scholarship is designed to aid a deserving student further their education as a physical therapist assistant (PTA) Recipients must be accepted in the technical phase of the PTA Program at NWACC. The number of scholarships will vary from year to year.

#### Eligibility Criteria:

 Applicants must be

- accepted and enrolled in the technical portion of the PTA Program at NWACC,
- have at least a 3.0 GPA in PTA prerequisite course work, and
- demonstrate financial need
- Students must complete the FAFSA by the first Monday in March 2009 to be considered for this scholarship. See Financial Aide for information on deadline for completing the FAFSA to be considered for other financial aide.

#### Application Submission:

- Applications are due along with the Application for the PTA Program the first Monday in March 2009.

#### Continued Eligibility:

 Recipient must

- be a student in good standing and have met all requirements of the previous semester in the NWACC PTA Program, and
- maintain a cumulative 2.75 in the PTA technical courses

If a student should lose eligibility for a semester they may request reconsideration for subsequent semester by

- submitting a request in writing for reconsideration to the selection committee,
- being a student in good standing in the NWACC PTA Program, and.
- maintaining a cumulative 2.75 in the PTA technical courses.

#### Disbursement Policy:

- The PTA Program director will notify the NWACC Foundation to disperse a check to the students account pending continued eligibility: ¼ first summer, fall, spring & second summer

**Selection Committee:** The selection committee will consist of two or three Health Professions Division faculty members excluding faculty from the PTA Program.

## Awarding Criteria for the William Nelson Physical Therapist Assistant Scholarship

### Criteria Total Possible Points

- GPA (prerequisites from Selection Form) 5
  - 3.0 – 3.19      1 pt
  - 3.2 – 3.39      2 pts
  - 3.4 – 3.59      3 pts
  - 3.6 – 3.79      4 pts
  - 3.8 – 4.0        5 pts
- PTA Program Selection Score 4
  - 60 – 70          1 pt
  - 71 – 80          2 pts
  - 81 – 90          3 pts
  - 91 – 100        4 pts
- Number of Other Scholarships 2
  - 2+                0 pts
  - 1                  1 pt
  - 0                  2 pts
- Financial Need 4
  - # of Family Members
  - Planned # of Work Hours
  - Income Levels
- Essay 5
  - Content
  - Grammar & Spelling
  
- Total Possible Points 20

**NWACC Scholarship Application**  
**William Nelson Physical Therapist Assistant Scholarship**

**Name:**

**SS#:**

**Home Address**

**Telephone Number(s)**

Have you completed the FAFSA for 2009-2010? Yes No If yes, date completed: \_\_\_\_\_

Number of hours you plan to work during the PTA Program \_\_\_\_\_

Number of family members in your household (include yourself) \_\_\_\_\_

If you live with your parents, indicate the level of your parents' gross income:

0 = \$10,000  \$10 – 20,000  \$20 – 30,000  \$30 – 40,000  \$40 – 50,000

What is your projected gross income for the coming year? (Include your spouse's income if you are married)

0 = \$10,000  \$10 – 20,000  \$20 – 30,000  \$30 – 40,000  \$40 – 50,000

Have you received or are you going to receive any other scholarships for the technical phase of the PTA Program?  Yes  No  Not Sure

Title of Scholarship	Source of Scholarship	Amount/Year
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Title of Scholarship	Source of Scholarship	Amount/Year
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Essay: Write a one page essay including information on your

- financial need,
- how you will use the money, and
- about a time that you were successful.

Completed PTA Selection Form will be attached by the PTA Program Director.

I certify that the information provided in this application is true to the best of my knowledge. I understand that any false or misleading statements will invalidate my application.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's Signature (If under 18 years of age) Date