

Physical Therapist Assistant Application Fee Form

You must pay two non-refundable fees in order to apply to the Physical Therapist Assistant (PTA) Program, \$50.00 application fee and \$10.00 Washington State Patrol Background check fee. Your application will not be processed until these fees are received. You may pay these fees in one of two ways:

1) In person at the WCC Cashier's office, located in the Laidlaw Building, 237 W. Kellogg Road, Bellingham, WA 98226

2) By mailing a check **with the completed form below** to WCC Business Office, ATTN: PTA Application Fee, Laidlaw Building, 237 W. Kellogg Road, Bellingham, WA 98226. Make check payable to, "Whatcom Community College." **Do not mail your fees with your PTA application.** Applications should be sent or delivered to the Registration Office.

Note: The application fee is non-refundable. If you are not admitted to this program with your initial application, there will be no refund of the fee. If you reapply to this program within one year, you will not need to pay the fee again.

Student Name:

Last First Middle

Student SID:

- - - - -

(9 digit number received after WCC general application)

**Physical Therapist Assistant Program
APPLICANT CHECKLIST**

Applicant Name: _____

Below is a checklist to ensure that all your PTA Program Application materials have been submitted. Please submit this checklist, your PTA Program Application and all required materials **in one complete packet**, by the stated deadline for best consideration of your application.

The following has been submitted:

- WCC Application for Admission. If you have applied within the past year, but are not currently enrolled at WCC, please call 360.383.3030 to reactivate your account.
- Applicant Checklist – PTA program
- Application for Selective Entry – PTA Program
- Official Transcripts from all previously attended colleges where you earned credits that may apply to the PTA degree* **WCC Official Transcripts are not required.**
- Applicant Experience Verification Form(s). Go to the PTA website listed below for details about what will qualify as experience.
- Three (3) Applicant Recommendation Forms. References from family or friends will not be accepted.
- Personal Statement – See application, pg 3
- Application & Washington background check fees. **Purchase through WCC Cashier's Office.**

*If you have any questions regarding courses taken at another college or the process of transferring credits to WCC, please contact Entry & Advising at 360.383.3080 or by email at advise@whatcom.ctc.edu. Advisors can also answer questions regarding substitutions for courses taken at another college that are not directly equivalent to a WCC prerequisite course.

Please send your completed application packet and have your official transcripts sent to:

**Whatcom Community College
PTA Program Entry, LDC 102
237 West Kellogg Road
Bellingham WA 98226**

For information regarding the PTA program, including Admission Selection Criteria, please go to the WCC website at www.whatcom.ctc.edu/programs and select the PTA link. If you have questions regarding your application contact Luanne Peel, PTA Program Assistant at lpeel@whatcom.ctc.edu or 360.383.3258.

**Physical Therapist Assistant Program
APPLICATION FOR SELECTIVE ENTRY ADMISSION – Page 1**

Applicant Name: _____

Thank you for applying to Whatcom Community College's Physical Therapist Assistant Program. Please fill out the following application completely and legibly. Return with the required materials to the address listed at the bottom of the Applicant Checklist page.

- I am applying for the on-campus program Fall Quarter 2014.** Deadline for best consideration: **April 24, 2014** for application and all related materials.
- I am applying for the online program Spring Quarter 2015.** Deadline for best consideration: **November 13, 2014** for application and all related materials.

Name		
First	MI	Last
Address		
City	State	ZIP
Phone		
Day Time	Evening	
Email address		
WCC Student ID Number		
_____ - _____ - _____ - _____ - _____ - _____ - _____ - _____		

Please list all previous experience (*paid or volunteer*) in a health or human services related field. Include sites of all physical therapy experiences from Experience Verification Forms.

Agency/Organization	City	State	Dates of Service (Mo/Year)	Position Held

This application has been completed to the best of my knowledge and **I hereby authorize WCC to perform a Washington State Patrol criminal background check**, maintain the record until I graduate or withdraw from the program and share the information as requested by clinical sites.

Signature: _____

Date: _____

**Whatcom Community College Physical Therapist Assistant Program
APPLICATION FOR SELECTIVE ENTRY ADMISSION – Page 2 of 3**

Name _____

WCC will evaluate *only the courses you list below* to see if they satisfy pre-requisites for the PTA program. If you have questions about filling out this portion of the application, **please contact either David Knapp or Jackie Landsem in Entry & Advising Center (360-383-3080)**. If accepted into the program, your entire transfer transcripts will be evaluated for transferrable courses.

I have met the following PTA program requirements. **Please refer to the PTA link at www.whatcom.ctc.edu/programs for Admission Selection Criteria.**

I have met the required minimum grade of C+ (2.3) in each course.

PTA Prerequisites

Prior course disciplines/numbers are in parentheses. These course ID's changed as a result of the Common Course Numbering project.

Check appropriate box		Prerequisite Course	Course title and number	Grade	Credits	College at which course completed	OFFICE USE ONLY	
Completed quarter/year	Not Completed - Plan to complete in quarter/year						Credential Evaluator: Evaluated As Course	Program Coordinator: Satisfies Prerequisite
<input type="checkbox"/>	<input type="checkbox"/>	MA 101 Medical Terminology						
<input type="checkbox"/>	<input type="checkbox"/>	BIOL& 241 Anatomy & Physiology I						

General Education Requirements

If you have an Associate degree or a Bachelor's degree, your general education requirements may be met; contact Advising if you have questions.

Check appropriate box		Required Course	Course title and number	Grade	Credits	College at which course completed	OFFICE USE ONLY	
Completed quarter/year	Not Completed Plan to complete in quarter/year						Credential Evaluator: Evaluated As Course	Program Coordinator: Satisfies Prerequisite
<input type="checkbox"/>	<input type="checkbox"/>	ENGL& 101						
<input type="checkbox"/>	<input type="checkbox"/>	Science Lab (any Biology, Chemistry or Physics lab course)						
<input type="checkbox"/>	<input type="checkbox"/>	PSYC& 100 or SOC& 101						
<input type="checkbox"/>	<input type="checkbox"/>	MATH 111 or BUSAD 100 or any class designated Q/SR						

Have Associate Degree (Wash) <input type="checkbox"/> AA <input type="checkbox"/> AS	Degree GPA	College	State
			Washington
Have Bachelor Degree (US) <input type="checkbox"/> BA <input type="checkbox"/> BS	Degree GPA	College	State

**Please have all transcripts and application materials sent to:
Whatcom Community College, PTA Program Entry, LDC 102, 237 West Kellogg Road Bellingham, WA 98226**

Office Use Only: Prelim Pre-Req Eval Date/By: _____	AG'd Date/By: _____
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Whatcom Community College
PTA Program Application– Page 3 of 3

PERSONAL STATEMENT

A personal statement is required of each applicant. It must be typed, no longer than two double-spaced pages, and no smaller than size 12 font.

The applicant's answers to the following questions are required:

1. Why did you choose to pursue the profession of physical therapy?
2. What are your perceptions of the profession of physical therapy?
3. What are your personal strengths and weaknesses and how do these relate to your ability to be successful in the PTA program? Be specific.
4. What added value do you offer from your life experience, prior education or in relationship to cultural diversity (bilingual, etc.)?
5. **Online Program Applicants Only:** Go to (www.whatcom.smartermeasure.com) to take the SmarterMeasure Survey for online learning. The login is 'WCC-Students' and the password is 'orca1'. Be sure to allow at least 30 minutes to complete the assessment. Incorporate the information about your scores on the Survey including how the results reflect your preparedness for the Online PTA program.

The following overall criteria will also be evaluated in the personal statement:

1. Ability to follow directions.
2. Ability to organize thoughts.
3. Ability to express oneself in writing.

Physical Therapist Assistant Program
Applicant Recommendation Form

Applicant Name: _____

Please complete this section and give this form to the person completing your recommendation.

- I authorize Whatcom Community College to contact this evaluator for additional information if needed.
- I do not authorize Whatcom Community College to contact this evaluator for additional information if needed.

According to the Family and Educational Rights and Privacy Act of 1974, as amended, students are guaranteed access to education records concerning them, unless that right is waived. **Your signature below is optional.**

“It is my understanding that waiving my right to review the reference from the individual below is entirely voluntary. Accordingly, I hereby waive any and all rights to inspect this document once submitted to Whatcom Community College.”

Signature: _____ Date: _____

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Evaluator:

Your evaluation of this applicant is respectfully requested for use by the Whatcom Community College Physical Therapist Assistant Program. This form will be used as a part of the process in selecting qualified applicants for the next Physical Therapist Assistant class. There is a rating scale on back for different qualities. Please complete this form and return it to the applicant in a **sealed, letterhead envelope**, plain white envelopes will not be accepted when submitted by the student.

This applicant will not be considered for admission to the Physical Therapist Assistant Program unless this form is included in the application materials.

Thank you,
PTA Program Selection Committee

General Comments about the applicant:

PTA Applicant Recommendation Form Continued

How long have you known the applicant?			Have you worked with the applicant in a PT setting?			
Evaluate the applicant by checking the appropriate rating	Outstanding	Above Average	Average	Below Average	Yes Very Poor	No Unable to Evaluate
Ability to express thoughts in writing						
Ability to express thoughts verbally						
Character/Personality						
Conflict Resolution						
Cooperativeness						
Enthusiasm						
Intellectual Capacity						
Leadership/Initiative						
Originality						
Personal Appearance/Neatness						
Problem Solving						
Professional Interest						
Reliability						

Evaluator Signature _____ **Date** _____

Print Name _____ **Phone Number** _____

Title _____

Name of Organization _____

**Physical Therapist Assistant Program
Applicant Experience Verification Form**

Applicant Name _____

Applicant: If you are obtaining the 25 hours of experience at more than one physical therapy clinic please provide a copy of this form to the supervisor at each facility.

Clinician: Thank you for taking the time to complete the following Experience Verification form for this applicant to the Physical Therapist Assistant Program at Whatcom Community College. Applicants must submit documentation of at least 25 hours of observation or experience in a physical therapy work setting. This form will be used as a part of the process in selecting qualified applicants for the next Physical Therapist Assistant class. Please complete this form and return it to the applicant in a **sealed, letterhead envelope**, plain white envelopes will not be accepted when submitted by the student:

This applicant will not be considered for admission to the Physical Therapist Assistant Program unless this form is included in the application materials.

Clinician Name _____ Title _____

Facility Name _____

Type of Facility _____ Dates of experience _____ **Total hours** _____

Applicant status (please circle): volunteer job shadow informational interview
employee other: _____

Would you hire this applicant? **Yes** **No**

Additional Comments:

Clinician Signature _____ **Date** _____

PT/PTA License # _____ **Facility Phone** _____