

# LBW<sup>TM</sup>

COMMUNITY COLLEGE



Physical Therapist Assistant Program

Application - Summer 2023

Dear Prospective Student:

Thank you for your interest in the Physical Therapist Assistant Program at Lurleen B. Wallace Community College. Please read this entire packet carefully because an application that does not meet all of the requirements and include all of the required documentation will be considered incomplete. Individuals submitting incomplete applications will not be considered for program admission. Acceptance into the PTA Program is based on a point system; therefore, it is imperative that you pay particular attention to the point system structure and the manner in which your points will be calculated.

To assist your successful entry into Lurleen B. Wallace Community College's Physical Therapist Assistant Program, the Allied Health Division will provide an orientation date at the beginning of summer semester for students who have received acceptance letters. You may call the Physical Therapist Assistant Program Director at (334) 382-2133 Ext. 3212 if you have further questions regarding the PTA Program application process.

We are pleased that you have chosen Lurleen B. Wallace Community College's Physical Therapist Assistant Program to prepare you for a rewarding career as a Physical Therapist Assistant.

Sincerely,

T-Michael Dougherty, PTA, MPA  
Physical Therapist Assistant Program Director

#### **Nondiscrimination Policy**

It is the policy of Lurleen B. Wallace Community College that no individual shall be discriminated against on the basis of any impermissible criterion or characteristic including, without limitation, race, color, national origin, religion, marital status, disability, sex, age, or any other protected class as defined by federal and state law

#### **CAPTE Accreditation Statement**

The Physical Therapist Assistant Program at Lurleen B. Wallace Community College is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085; telephone: 703-706-3245; email: [accreditation@apta.org](mailto:accreditation@apta.org); website: <http://www.capteonline.org>. If needing to contact the program/institution directly, please call (334) 382-2133 Ext. 3212 or email [tdougherty@lbwcc.edu](mailto:tdougherty@lbwcc.edu).

**2023 PHYSICAL THERAPIST ASSISTANT PROGRAM APPLICATION**

Applications are due to the PTA Program Director no later than 5 pm on March 2, 2023.  
 Applications received after March 2 will be considered on a space available basis. Please contact  
 Mr. Dougherty 334-382-2133 ext. 3212 for any questions.

**A COPY OF AN UNOFFICIAL LBWCC TRANSCRIPT MUST BE ATTACHED TO THIS APPLICATION**

Date of Application: \_\_\_\_\_ Year Planning to Enter Program: \_\_\_\_\_  
Semester Year

LBWCC Student Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Maiden

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

**Previous Education**

Transcript Submitted	College Name	City/State	Diploma/Degree	Date
<input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Yes <input type="checkbox"/> No				

If you are applying to other allied health or nursing program(s), please list in order of preference for admission:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Have you completed a 2-year allied health patient care-related program?  Yes  No

If yes, which field? \_\_\_\_\_

Have you previously been admitted to a Physical Therapist Assistant program?  Yes  No

If yes, a letter from that program's Dean/Director must be sent to the LBWCC PTA Program Director indicating that you have not been dismissed for disciplinary or unsafe practice. Attach a separate page listing the college(s), dates attended, and reason for withdrawal.

## Physical Therapist Assistant Program Program Application Checklist

**Applications are due to the PTA Program Director no later than 5 pm on March 2, 2023. Applications received after 5 pm March 2 may be considered on a space-available basis.**

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TO COMPLETE APPLICATION TO THE PROGRAM, THE FOLLOWING MUST BE SUBMITTED:

### Submit to the ADMISSIONS OFFICE:

- LBWCC Application for Admission to the College. (Students must obtain Unconditional Admission status to the college)
- Official** transcripts from **all** colleges and universities previously attended. Courses taken outside of the Alabama Community College System will be evaluated by the Registrar for eligibility of transfer credit.
- Proof of high school graduation (transcripts) or GED certificate.
- Proof of **ACT** score, if taken.\*

### Submit to the PTA PROGRAM DIRECTOR:

- Completed LBWCC PTA Program Application that includes the following in this order:
  - 2023 Physical Therapist Assistant Program Application
  - LBWCC Unofficial Transcript – coursework taken at other educational institutions must be evaluated and accepted by LBWCC's Admissions Office to be considered. It is the applicant's responsibility to make certain all relevant coursework is listed on the LBWCC transcript. Applicants **must** highlight those courses and respective grades on the LBWCC transcript that they intend to use for scoring, as indicated on the LBWCC Application Scoring Worksheet.
  - Documentation of Spring 2023 registration of pre-requisite courses, if applicable.
  - Proof of **ACT** score, if taken.\*

\*Not required if proof provided of completion of an AAS or AS Degree in a related healthcare field such as Nursing, Radiological Technology, etc. from an accredited institution or completion of a Bachelor or Master's Degree in any career field from an accredited institution.

- Documentation of eight (8) observation hours signed by the licensed Physical Therapist (PT) or Physical Therapist Assistant (PTA) at the facility.
- Two sealed letters of recommendations.
- Signed and dated Statement of Understanding.

- Certificate of Attendance of at least one PTA Program informational session.
- 2023 PTA Program Application Scoring Worksheet.

Make sure that you sign all forms and make copies for your records before submission.

**Submit to LBWCC FINANCIAL AID OFFICE:**

If seeking financial aid, please visit LBWCC's financial aid website for further assistance:  
<https://www.lbwcc.edu/financial-aid>

**Additional Information:**

Upon acceptance, all health science division students are required to submit to drug screening and a background check, in addition to providing evidence of current immunizations, physical exam, and personal health insurance coverage. Drug, and Background Check Policy is available for viewing online at [www.lbwcc.edu](http://www.lbwcc.edu).

**\*All** information must be included in the application packet in order for it to be considered complete. Any application packet with missing documentation will result in the application not being considered for admission. Information will not be accepted via fax or email – it must be delivered in person or via snail mail by the deadline date.

YOU SHOULD RETAIN COPIES OF YOUR SUBMITTED APPLICATION PACKET. If you reapply in the future, information will not be released from previous application packet(s).

**NOTE:** It is the responsibility of each applicant to ensure that the application is complete and that all information has been submitted to the appropriate department(s) and individuals by the due date. Incomplete applications will not be accepted.

You will be notified of your application status by mail and/or your LBWCC student email. As no information regarding individual admission status will be given via telephone, please do not call the Admissions Office or PTA Department to obtain your status.

## HELPFUL TIPS FOR APPLICANTS

- Read and follow all application instructions—do not ignore directions or try to be “innovative” when submitting the requested documentation.
- Make certain all parts of your application are neat and legible, and those documents requiring signatures and dates are appropriately completed.
- Do not wait until the last minute.
- Applications will be accepted beginning **January 9, 2023**. **Applications received after the deadline of March 2, 2023 may be considered only on a space-available basis.**
- A completed application is your responsibility – do not request health division staff to confirm that you have included all requested information in your application envelope.
- Contact the PTA faculty if you have any questions about the application process.
- Courtesy and professionalism are important factors in enrollment decisions.
- PLEASE DO NOT STAPLE APPLICATION COMPONENTS TOGETHER.
- Place documents in order according to the above PTA Checklist to submit to Program Director.

## IMPORTANT DATES

**Applications Released:** August 17, 2022

**Applications Accepted Beginning:** January 9, 2023

**Application Deadline:** March 2, 2023

**Applicant Interviews & Selection:** End of March/Beginning of April 2023

**Program Courses Start:** May 30, 2023

**Graduation Date:** May 10, 2024

**First Date Eligible for Licensure Exam:** July 2, 2024

## LBWCC PTA Program - Documentation of Observational Experiences

- Applicants for the Physical Therapist Assistant program at LBWCC are required to complete a minimum of eight (8) hours of observation in an inpatient or outpatient physical therapy setting.
- These observation hours must be completed before the deadline for the PTA application.
- Credit should only be given for actual time spent observing patient care (credit is not given for lunch, meetings, orientation, etc.). All observation hours must be completed within 2 years prior to the PTA application deadline, and the signed verification of observation hours must be included with the program application at time of submission.
- Paid employees of PT facilities may use their regular work hours to complete this requirement. These hours must be limited to patient therapy interactions.
- Hours will only be accepted if handwritten in ink and signed (no electronic signatures) by a licensed PT or PTA under whom the observation hours took place.

**Example:**

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	# of Hours	Name of Facility	Location (City, State)	Telephone Number	In or Out Patient	Signature and License # of Supervising PT or LPTA
08/21/18	8:00 AM	11:30 AM	12:00 PM	5:00 PM	8.5	Robust Physical Therapy	Greenville, AL	xxx-xxx-xxxx	Outpatient	John Doe, LPTA #2323232

Types of Observation Settings	
In-Patient	Out-Patient
In-Patient Rehabilitation Unit Skilled Nursing Facility Extended Care Facility Acute Care Hospital	Out-Patient Clinic Private Practice Hospital based outpatient Out-Patient Rehabilitation Unit Home Health Athletics/Sports Medicine (School based) Pediatrics Wellness Clinic

LBWCC PTA Program - Documentation of Observational Experiences

**FORM A- Student Fills Out**

Program Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ LBWCC Student #: \_\_\_\_\_

- Applicants for the Physical Therapist Assistant program at LBWCC are required to complete a minimum of eight (8) hours of observation in an inpatient or outpatient physical therapy setting.
- These observation hours must be completed before the deadline for the PTA application.
- Credit should only be given for actual time spent observing patient care (credit is not given for lunch, meetings, orientation, etc.). All observation hours must be completed within 2 years prior to the PTA application deadline, and the signed verification of observation hours must be included with the program application at time of submission.
- Paid employees of PT facilities may use their regular work hours to complete this requirement. These hours must be limited to patient therapy interactions.
- Hours will only be accepted if handwritten in ink and signed (no electronic signatures) by a licensed PT or PTA under whom the observation hours took place.

Facility Name: \_\_\_\_\_ Facility Address: \_\_\_\_\_

Facility Phone Number: \_\_\_\_\_ Fax # \_\_\_\_\_

Email: \_\_\_\_\_

Supervisor(s): Name of Physical Therapist or Physical Therapist Assistant supervisor of observation (PLEASE PRINT):

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

I VERIFY THAT THE HOURS DOCUMENTED ON THE FOLLOWING PAGE(S) ARE TRUE AND ACCURATE:

Student Signature: \_\_\_\_\_ LBWCC Student Number \_\_\_\_\_



LBWCC PTA Program - Documentation of Observational Experiences

**FORM B- PT or PTA Signs**

I certify that the hours listed below were performed by me in physical therapy. I also certify that these are physical therapy (not occupational therapy) hours and are not being duplicated for any other LBWCC health program application. I understand that these hours may be verified for authenticity and realize that falsification of this document will result in my application to the PTA Program being withdrawn from consideration.

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

I certify that the hours listed below were spent under my supervision or the supervision of one of my licensed physical therapy coworkers and involves the direct observation of physical therapy patient care.

\_\_\_\_\_ Supervising Therapist Signature \_\_\_\_\_ License # \_\_\_\_\_ Date

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	# of Hours	Name of Facility	Location City State)	Phone Number	Inpatient or Outpatient	Signature and License # of Supervising PT or PTA

## LBWCC PTA Program - Documentation of Observational Experiences

### **Student: READ AND OBSERVE THE FOLLOWING GUIDELINES**

1. Call the physical therapy department at least one week ahead of time to make an appointment to observe. Some facilities may require that you sign up to become a volunteer and attend an orientation program for volunteers.
2. Identify yourself as a prospective LBWCC PTA student.
3. Dress in a business casual manner: wear dress slacks, and comfortable walking shoes; no jeans, tight shirts, T-shirts, shorts, high heels or open-toed shoes. No dangling jewelry or visible tattoos. If you are not dressed appropriately, the clinic staff will not allow you to observe.
4. Arrive on time as arranged. Call to cancel if you are unable to keep the appointment.
5. Give the observation verification form to the PT/PTA you observe. Failure to bring the form may cancel the appointment. The clinic is under no obligation to reschedule your appointment.
6. Do not ask questions about the patients you see until you and the PT/PTA are alone.
7. Do not chew gum. Maintain a professional manner at all times.
8. Do not use your cell phone during the observation hours. Turn your cell phone off or on silent.
9. Do not wait until the last minute to schedule these observations. Clinics are busy and may not be able to schedule your visit.
10. All information requested on the observation evaluation form must be complete. This includes facility name, address, telephone number, the exact date and total number of hours of observation. Applicants/students will not be given credit for incomplete forms.
11. Be sure to thank the staff for their time and for allowing you to observe in their facility.
12. Submit the original signed and completed observation verification forms with your application form.

**Lurleen B. Wallace Community College  
PTA Program Applicant  
Professional Recommendation**

The applicant is required to turn in this professional recommendation with the PTA Application.

**When you have completed this confidential document, please fold, seal in a standard letter-size envelope, and sign across the seal before returning to the applicant. Thank you.**

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

1. How long have you known the applicant?  
\_\_\_\_\_ Through observational experience only      Number of Hours: \_\_\_\_\_  
\_\_\_\_\_ Less than 1 year  
\_\_\_\_\_ 1 - 3 years  
\_\_\_\_\_ More than 3 years

2. How do you know the applicant?  
\_\_\_\_\_ As a student  
\_\_\_\_\_ As an employee  
\_\_\_\_\_ Through Physical Therapy Observation Hours  
\_\_\_\_\_ Other, please describe \_\_\_\_\_

3. Using the following rating scale, please rate the applicant on the following behaviors using a 0-3 scale:

**3 – Above Average; 2 – Average; 1 – Below Average; 0 – Unable to rate**

- \_\_\_\_\_ Demonstration of ethical and professional behaviors and/or demeanor  
\_\_\_\_\_ Ability to manage stress  
\_\_\_\_\_ Acceptance of constructive criticism  
\_\_\_\_\_ Personal hygiene & attire appropriate to situation  
\_\_\_\_\_ Maturity  
\_\_\_\_\_ Relationships, conversation, and conduct appropriate to environment

**SUMMARY-1 Point Possible**

Using your judgement as a professional, choose **one** to indicate your level of recommendation for this applicant:

- \_\_\_\_\_ I highly recommend this applicant for the LBWCC PTA program. **(1 Point)**  
\_\_\_\_\_ I recommend this applicant for the LBWCC PTA program. **(.5 Point)**  
\_\_\_\_\_ I recommend this applicant, but with some reservations for the LBWCC PTA program.  
\_\_\_\_\_ I am not able to recommend this applicant for the LBWCC PTA program.

In the space below, please provide any comments you would like to include in regards to this applicant entering the professional component of the PTA program at Lurleen B. Wallace Community College.

This professional recommendation will be kept in strict confidence and only accessible to the PTA program faculty. This document will be destroyed following the admissions process.

**The applicant is required to turn in their professional recommendations with the PTA Application. When you have completed this confidential document, please fold, seal in a standard letter-size envelope, and sign across the seal before returning to the applicant. Thank you.**

**COMMENTS:**

\_\_\_\_\_  
Please Type or Print Name

\_\_\_\_\_  
Position or Title

\_\_\_\_\_  
Place of Employment

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Lurleen B. Wallace Community College  
PTA Program Applicant  
Professional Recommendation**

The applicant is required to turn in this professional recommendation with the PTA Application.

**When you have completed this confidential document, please fold, seal in a standard letter-size envelope, and sign across the seal before returning to the applicant.**

Thank you.

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

1. How long have you known the applicant?  
\_\_\_\_\_ Through observational experience only      Number of Hours: \_\_\_\_\_  
\_\_\_\_\_ Less than 1 year  
\_\_\_\_\_ 1 - 3 years  
\_\_\_\_\_ More than 3 years

2. How do you know the applicant?  
\_\_\_\_\_ As a student  
\_\_\_\_\_ As an employee  
\_\_\_\_\_ Through Physical Therapy Observation Hours  
\_\_\_\_\_ Other, please describe \_\_\_\_\_

3. Using the following rating scale, please rate the applicant on the following behaviors using a 0-3 scale:

**3 – Above Average; 2 – Average; 1 – Below Average; 0 – Unable to rate**

- \_\_\_\_\_ Demonstration of ethical and professional behaviors and/or demeanor  
\_\_\_\_\_ Ability to manage stress  
\_\_\_\_\_ Acceptance of constructive criticism  
\_\_\_\_\_ Personal hygiene & attire appropriate to situation  
\_\_\_\_\_ Maturity  
\_\_\_\_\_ Relationships, conversation, and conduct appropriate to environment

**SUMMARY-1 Point Possible**

Using your judgement as a professional, choose **one** to indicate your level of recommendation for this applicant:

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\_\_\_\_\_ I recommend this applicant, but with some reservations for the LBWCC PTA program.  
\_\_\_\_\_ I am not able to recommend this applicant for the LBWCC PTA program.

In the space below, please provide any comments you would like to include in regards to this applicant entering the professional component of the PTA program at Lurleen B. Wallace Community College.

This professional recommendation will be kept in strict confidence and only accessible to the PTA program faculty. This document will be destroyed following the admissions process.

The applicant is required to turn in their professional recommendations with the PTA Application. When you have completed this confidential document, please fold, seal in a standard letter-size envelope, and sign across the seal before returning to the applicant. Thank you.

**COMMENTS:**

\_\_\_\_\_  
Please Type or Print Name

\_\_\_\_\_  
Position or Title

\_\_\_\_\_  
Place of Employment

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Lurleen B. Wallace Community College  
Physical Therapist Assistant Program  
Statement of Understanding**

**1. Statement of Understanding of Policy**

I, \_\_\_\_\_, agree to abide by the rules and policies set forth by the PTA program, the State of Alabama Board of Physical Therapy, and my clinical affiliates that I visit during the course of my studies. I realize that I have access to and a personal obligation to become aware of these rules. I have also been advised and hereby indicate my understanding that the PTA program policy requires a 75% or better average in all coursework in any primary PTA course.

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

\_\_\_\_\_  
Date

**2. Physical Therapist Assistant Program Admission, Progression, and Graduation Contract**

***Initial each***

- a. \_\_\_\_\_ I understand that falsification and/or omission of information on the College and/or PTA application shall be grounds for dismissal from the program in accordance with College procedures.
- b. \_\_\_\_\_ I understand that enrolled students in healthcare programs are required to submit to a background check and drug screening by a vendor designated by the College to comply with clinical affiliate contracts. I understand that the background check and/or a confirmed positive drug screen may render me ineligible to participate in required learning experiences at clinical affiliates because I will be denied access. In this event, I understand that I will be dismissed from the program and a grade of "F" will be recorded for course(s) if I do not officially withdraw.
- c. \_\_\_\_\_ I understand that enrolled students in healthcare programs are required to submit to a preclinical health examination by a licensed physician or CRNP and to provide documentation of immunization to certain communicable diseases and to undergo tuberculosis screening.
- d. \_\_\_\_\_ I understand that I will be required to obtain CPR certification, sign a liability release, and must purchase malpractice insurance by a deadline provided by faculty prior to clinical education experiences.
- e. \_\_\_\_\_ In the clinical portion of the PTA program, I understand that I must attend my scheduled clinical rotations according to the program's clinical rules and regulations. Failure to comply fully with these rules will result in my being ineligible to complete my clinical training due to my non-compliance. I agree

- to read and know the program's Clinical Practice Policies and Procedures outlined in my Student Clinical Handbook before entering any clinical area.
- f. \_\_\_\_\_ I understand that I am required to abide by the rules and regulations of the clinical agency in which the clinical component of each course is performed. Failure to do so will result in dismissal from the program and a grade of "F" for the course assigned in accordance with College procedures.
- g. \_\_\_\_\_ I understand that the clinical agency with which the program is affiliated has the right to request that a student be removed from their facility, as well as the right to refuse a student admission to their facility for clinical education.
- h. \_\_\_\_\_ I understand that evaluation materials, i.e., clinical evaluations with instructor notations and counseling forms, will be maintained in my student folder. I understand that upon my request, I have the right to see any information that is retained in my student folder.
- i. \_\_\_\_\_ Due to the nature of the training received in the PTA program, I understand that there are risks in demonstrating or receiving return demonstration in practical application of skills in the classroom segment. I also understand that there are certain risks involved in completing clinical rotations with clinical affiliates of the PTA program at LBWCC. I fully understand that I am not required to involve myself in any activity that, in my opinion, would be potentially dangerous to me. I will not hold LBWCC, any of its' employees, or other PTA students, any clinical instructor, or any PTA program clinical Affiliate responsible for any injury occurring as a result of 1) any classroom practical application or 2) performing clinical rotations.
- j. \_\_\_\_\_ I understand that during my PTA education that I will come in contact with infectious diseases. I further understand that my health and accident insurance and/or related expenses are my responsibility.
- k. \_\_\_\_\_ I understand that I am responsible for transportation, meals, health care expenses and any liability incurred during and while traveling to and/or from educational experiences.
- l. \_\_\_\_\_ I understand the application for licensure as a PTA will include a list of questions which ask, "Have you ever been convicted of a felony or of a crime involving moral turpitude?" and "have you ever been convicted of violating any state or federal narcotic law?" and that my application may be denied on the basis of this review.
- m. \_\_\_\_\_ I certify that I am of good moral character and that I have no known physical or mental difficulties that would prevent me from completing this training program.
- n. \_\_\_\_\_ I understand that failure to comply with legal, moral, and legislative standards which determine unacceptable behavior of the PTA and/or behavior which may be cause for denial of license to practice as a licensed PTA constitute grounds for dismissal from the program, regardless of course standing. A grade of "F" will be assigned for any PTA course from which the student is dismissed for unacceptable behavior.
- o. \_\_\_\_\_ I understand that the rules above apply to me in any PTA course I should take in the Physical Therapist Assistant program through Lurleen B. Wallace Community College, at the present or in the future.
- p. \_\_\_\_\_ I understand that it is my responsibility to read the College Catalog, each course syllabus, clinical evaluation forms and other materials that are provided to the class



which outline my responsibilities as a PTA student. I understand that failure to abide by these published materials will be grounds for dismissal from the program.

### **3. Statement of Understanding of Clinical Studies Component**

As a student enrolling in a clinical studies component of the Physical Therapist Assistant program at Lurleen B. Wallace Community College, I am aware that:

#### ***Initial each***

- a. \_\_\_\_\_ I will be enrolled in clinical courses that require my presence at one or more health care facilities;
- b. \_\_\_\_\_ I am not an employee of the College or of the health care facility and if I am an employee of the College or of the health care facility I must notify the PTA Program Director at the beginning of my PTA education coursework at LBWCC;
- c. \_\_\_\_\_ I do not expect and will not receive compensation from the College or health care facility for participation in the clinical course; and
- d. \_\_\_\_\_ I have not been promised and do not expect to be offered a job at the health care facility as a result of participation in the clinical course.
- e. \_\_\_\_\_ I may be required by the hospital/clinical site to submit proof of flu and/or Covid-19 vaccination as a precondition to beginning a clinical rotation. If unable to produce proof, I may be denied placement at the site. If placement at another site is unavailable, I would be unable to complete the clinical component of the program.
- f. \_\_\_\_\_ I am required by the hospital/clinical site to undergo drug and/or alcohol testing at any time as a precondition to beginning a clinical rotation or to continue a clinical rotation at the hospital/clinical site.
- g. \_\_\_\_\_ I will be required to purchase medical malpractice insurance at an approximate cost of \$20.00. This fee will be added to my class tuition the semester of my first clinical experience. If I am attending classes on loans or grants, which do not pay this fee, the fee will be added to my LBWCC tuition balance.

### **4. Information for PTA Program Applicants**

I understand that completion of this application is a component of my student profile and does not in itself grant admission to the Physical Therapist Assistant program. I understand I must submit a new application if I am not selected and choose to apply in the future. I certify that the information given in this application is true and correct. I understand that providing false information may be deemed sufficient reason to dismiss a student and/or refuse admission to the PTA Program.

Minimum admission standards include:

- a. Unconditional admission to the College
- b. Completion of all PTA Program prerequisite courses with a "C" or higher
- c. Receipt of a completed PTA Application Packet
  - i. Including all documentation listed in the PTA Program Checklist

Admission to the Physical Therapist Assistant program is competitive, and the number of students enrolled is limited by the number of faculty and clinical facilities available. Meeting minimum requirements does not guarantee acceptance.

I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND THAT THE CRITERIA STATED  
HEREIN AND IN THE COLLEGE CATALOG APPLY TO ME AND THAT FAILURE TO ABIDE BY  
ANY STATED CRITERIA IS GROUNDS FOR DISMISSAL.

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Printed Student Name

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Student Signature

---

Date

**Lurleen B. Wallace Community College PTA**  
**Program Application Scoring Worksheet**

**Student Full Name:** \_\_\_\_\_ **LBWCC Student #:** \_\_\_\_\_

Students who have satisfied the requirements and completed all application procedures prior to the application deadline will be considered for admission first. Conditional admission may be considered for students who have completed all the requirements except for pre-requisite courses (if the student completes the courses spring semester with a “C” or higher and submits final grades to PTA program director at the end of spring semester). The following scoring guidelines will be used to determine eligibility for program admission for applicants whose completed applications have been received on or before 5:00 pm on March 2nd, 2022.

**A. Prerequisite Courses.** Using the spreadsheet below, input the requested prerequisite data. Do not input courses other than those listed.

Application points are awarded when the course and grade are **HIGHLIGHTED** on an enclosed LBWCC unofficial transcript. **If currently enrolled in a PTA prerequisite course Spring Semester 2023, do not circle a grade/points. Include a copy of spring semester registration indicating pre- requisite courses currently in progress.**

<b>Pre-requisite Course Name and Number</b>		<b>Circle earned grade and points</b>	<b>For Official Use Only: Course in Progress</b>	<b>For Official Use Only: Grade of Completed Course</b>
Points will not be allocated if not completed by application deadline.				
*BIO201 Human Anatomy & Physiology I (within last 3 years)		A=6 B=4 C=2		
*BIO202 Human Anatomy & Physiology II (within last 3 years)		A=6 B=4 C=2		
ENG101 English Composition I		A=4 B=2 C=1		
PHY112 Principles of Physics		A=4 B=2 C=1		
CIS146 Microcomputer Applications		A=3 B=2 C=1		
PSY210 Human Growth & Development		A=3 B=2 C=1		
BIO120 Medical Terminology		A=3 B=2 C=1		
ORI101 College Orientation		A=1 B=1 C=1		
Humanities /Fine Arts Elective: HUM101 Introduction to Humanities I, IDS102 Ethics, REL100 History of World Religions; ART100, MUS101, or	Name of Course:	A=3 B=2 C=1		
Mathematics Elective – MTH100, MTH110, MTH112, MTH113, MTH125, MTH126, MTH227, MTH238	Name of Course:	A=4 B=2 C=1		
<b>Maximum Prerequisite Points = 37</b>		<b>Total</b> _____		

**B. Official ACT Score (OPTIONAL).** ACT Scores below eighteen (18) receive zero (0) points.

ACT Score	Circle Earned Points	For Official Use Only: Course and Grade
18	5	
19-21	6	
22-25	7	
26-29	8	
30-36	9	
<b>OR</b> *Completion of an AAS or AS Degree in a related healthcare field such as Nursing, Radiological Technology, etc. from an accredited institution or completion of a Bachelor or Master's Degree in any career field from an accredited institution.	7	
<b>Maximum ACT Points = 9</b>	<b>Total</b>	

**C. Interview** – Interview score will be based upon the interview rubric, which awards points on a scale from 1-4 across 5 domains, including dress, eye contact, knowledge, speaking skills and motivation. 1 point is awarded for “poor” responses, 2 points for “fair”, 3 points for “good”, and 4 points for “exceptional.” A maximum of 4 points will be awarded based on the average of the point values for all 5 domains from each interviewer's score sheet.

Interview	Points Earned	For Official Use Only:
<b>Maximum Points = 4</b>	<b>Total _____</b>	

**D. Professional Recommendations-** Two (2) sealed, confidential professional recommendations using the form supplied are required when applying to the PTA program. Teachers and employers are good professional resources for recommendations, not friends or someone who is related to you.

Professional Recommendations	Points Earned	For Official Use Only:
<b>Maximum Points = 2</b>	<b>Total _____</b>	

**E. Observation hours-** Documentation of eight (8) observation hours signed by the licensed Physical Therapist (PT) or Physical Therapist Assistant (PTA) at the facility.

<b>Observation Hours</b>	<b>Points Earned</b>	<b>For Official Use Only:</b>
<b>Maximum Points = 2</b>	<b>Total _____</b>	

**F. Information Sessions Attendance-** Certificate of Attendance of at least one PTA Program informational session

<b>Information Sessions Attendance</b>	<b>Points Earned</b>	<b>For Official Use Only:</b>
<b>Maximum Points = 2</b>	<b>Total _____</b>	

**G. Signed Statement of Understanding-** Signed and dated Statement of Understanding

<b>Statement of Understanding</b>	<b>Points Earned</b>	<b>For Official Use Only:</b>
<b>Maximum Points = 2</b>	<b>Total _____</b>	

**H. Score Sheet Total -** Enter the total points from each section above. All points are final on date of deadline for applications.

<b>Area</b>	<b>Total Points</b>	<b>Program Verification Do not write in this area.</b>
<b>A. Prerequisite Total Points</b>		
<b>B. Official ACT Score</b>		
<b>C. Interview</b>	Do not write in this area.	
<b>D. Professional Recommendations</b>	Do not write in this area.	
<b>E. Observation hours</b>		
<b>F. Information Sessions Attendance</b>		
<b>G. Statement of Understanding</b>		
<b>TOTAL SCORE</b> (Highest possible score = <b>58</b> or ___ points)	Do not write in this area.	

*In the event of a tie, the applicant with the highest cumulative GPA will be accepted. If this does not fully resolve the tie, the program will then consider highest composite ACT score.*

## Interview Rubric

Student Name: \_\_\_\_\_ Evaluator: \_\_\_\_\_

<b>Competency</b>	<b>Poor (1)</b>	<b>Fair (2)</b>	<b>Good (average) (3)</b>	<b>Exceptional (4)</b>	<b>Score</b>
<i>Professional Dress</i>					
<i>Eye Contact</i>					
<i>Knowledge about healthcare, the PTA profession, &amp; the institution</i>					
<i>Communication Skills (verbal and non-verbal)</i>					
<i>Motivation to apply for and succeed in the Program</i>					
	<b>Interview Sum</b>				
	<b>Interview Average</b>				