

PHYSICAL THERAPIST ASSISTANT PROGRAM

BLINN COLLEGE

APPLICATION PACKET

Welcome Letter

Application Requirements

PTA Curriculum

Application Enhancements

ATI TEAS Test Information

Application

3 Documentation Forms

Website Information

Possible Volunteer Sites

APTA and PTA information website

A Letter from our Program Director

Dear Physical Therapist Assistant Program Candidate:

Thank you for inquiring about the Physical Therapist Assistant (PTA) Program. Enclosed you will find program information, including the admission requirements, and an admission application for the PTA Program at the Bryan Campus of Blinn College.

The PTA program begins in the fall semester each year, and is designed to be completed in two years. Although many students take their general education courses toward their degree prior to admission, sequencing of the physical therapist assistant classes will still require two years to complete the program.

If you wish to be considered for admission into the program, you must submit evidence of meeting all of the Application/Admission requirements. It is the applicant's responsibility to ensure that all Application information has been received at the Blinn College PTA Program office, and that their admissions file is complete.

It is recommended that all interested applicants attend an Information Session where you will learn about the application process, the Physical Therapy profession, the Blinn College PTA Program, and course scheduling options. Please e-mail pta@blinn.edu or call Mrs. Emily Baker at (979) 691-2010 with questions, or to sign up for an information session.

Best wishes in the pursuit of a rewarding career in Physical Therapy through the PTA program at Blinn College.

Sincerely,

Christy Gantt

Christy Gantt, DPT, PT
Program Director

APPLICATION REQUIREMENTS

The following are requirements for application to the Physical Therapist Assistant Program. All of these requirements must be fulfilled and evidence of their completion must be submitted. Failure to submit evidence of fulfilling ALL application requirements will exclude applicant's consideration for admission.

- Complete all admission requirements and be admitted to Blinn College.
- Complete all prerequisite courses as per PTA curriculum.
- Provide official transcripts from ALL colleges that you have attended in your application packet to the PTA office. Current Blinn College students may provide a current unofficial transcript for Blinn College hours.
- Submit a completed PTA Program Application. (Please note that admission to the PTA Program is a separate process from admission to Blinn College and requires separate application and transcripts.)
- Include an official passport-type photograph taken recently with your application.
- Take the ATI TEAS Test (previously the Health Occupational Basic Entrance Test or HOBET) administered by the Center for Student Development. Please see the ATI TEAS information form in this packet for further details. It is the student's responsibility to obtain a copy of their ATI TEAS score and provide to the PTA office. Do not rely on the testing center to send in your scores, as very often they are never sent.
- Submit the Documentation of Experience Form(s) included in the application packet for physical therapy work or volunteer hours verified by a physical therapist or physical therapist assistant. A minimum of 20 hours of work or volunteer experience is required; it is recommended that a combined minimum of 60 hours volunteer/work hours which will be obtained with 3 separate disciplines to include a minimum of 20 hours at each (i.e. acute care, rehab, outpatient, etc.). It is the applicant's responsibility to contact a physical therapist department to arrange for this observation of physical therapy. Most physical therapy departments are accustomed to student volunteers and will help you in obtaining these observation hours. It is advisable to start your physical therapy experience as soon as possible to be sure you are making the correct career choice for yourself. ***Please note, volunteer hours will be accepted within two years of application.*** Applicants will waive the right to review the completed volunteer form in order to afford an unbiased evaluation by the supervising therapist.

**Submit completed application packet
to the Physical Therapist Assistant Program office
by March 1.**

**Application Packets can be submitted beginning January 1 of each year
NO packets or forms will be accepted before this time.**

PTA CURRICULUM

<u>1st Year</u>	Hours
<u>Prerequisite Semester</u>	
PTHA 1201 The Profession of Physical Therapy	2
ENGL 1301 Composition I	3
BIOL 2401 Anatomy and Physiology I	4
PSYC 2301 General Psychology	3
	12 Credit Hours
<u>1st Semester</u>	
PTHA 1409 Introduction to Physical Therapy	4
HITT 1305 Medical Terminology I	3
BIOL 2402 Anatomy and Physiology II	4
PTHA 1413 Functional Anatomy	4
	15 Credit Hours
<u>2nd Semester</u>	
PTHA 2205 Neurology	2
PTHA 2509 Therapeutic Exercise	5
PTHA 1321 Pathophysiology for the PTA	3
ENGL X3XX Any Humanities or Fine Arts Course as listed:	3
ENG 2322, 2323, 2327, 2328, 2332, 2333	
PHIL X3XX OR Any Humanities or Fine Arts as listed:	3
PHIL 1301, 2306	
XXXX X3XX OR Any Humanities/Fine Arts Course as listed:	3
Arts 1301, 1303, 1304; Dram 1310, 2361, 2362, 2366;	
MUSI 1301, 1306, 1308, 1310	
	13 Credit Hours
<u>1st Summer Session</u>	
PTHA 1431 Physical Agents	4
PTHA 2301 Essentials of Data Collection	3
	7 Credit Hours

2 nd Year	Hours
1st Semester	
PTHA 1266 Practicum (or Field Experience) - PTA	2
PTHA 2341 Management of Neurological Disorders	4
PHTA 2435 Rehabilitation Techniques	4
	10 Credit Hours
2nd Semester	
PTHA 2266 Practicum (or Field Experience) - PTA	2
PTHA 2267 Practicum (or Field Experience) - PTA	2
PTHA 2239 Professional Issues	2
	6 Credit Hours
Program Total	63 Credit Hours

It is required that students complete the courses in the prerequisite semester and it is strongly recommended that students complete as many of the other general education core courses as possible prior to applying to the PTA Program. Because admission to the program is extremely competitive, the students who will be more likely to be accepted are those that score highest on admissions criteria including the early completion of general education core courses in the degree plan with the highest grade possible (at least a “C” or higher).

Please go to the PTA program website, <http://www.blinn.edu/physical-therapist-assistant/pdf/pta-application-packet.pdf>, to review the application packet or to find details on Information Sessions.

APPLICATION ENHANCEMENT

Students may enhance their application by:

- Evidence of completion of General Education Course (with a “C” or better)
 - BIOL 2402 Anatomy and Physiology II
 - HITT 1305 Medical Terminology
 - Any Humanities **OR** Fine Arts Course as listed below:
 - ENGL 2322, 2323, 2327, 2328, 2332, 2333;
 - PHIL 1301, 2306;
 - ARTS 1301, 1303, 1304;
 - DRAM 1310, 2361, 2362, 2366;
 - MUSI 1301, 1306, 1308, 1310
- Providing letters of recommendation (up to 3).
- Completion of a post-secondary degree(i.e. Associate, Bachelor, Master, Doctorate)
*Official Transcript is required denoting the degree to obtain the extra points.
- Certifications (such as CPR, First Aid, EMT-B, First Responder)
*NOTE: ALL accepted students will complete the **Healthcare Provider CPR training** During the first week of class. Therefore, if you complete CPR for enhancement points, You will still be required to complete training again with the class.
- Evidence of community service, verified by letters of colleagues/supervisors (no specific form required).
- Minimum of a 2.5 grade point average is recommended, and student must have at least a “C” in all academic courses required in the program. Higher grades (“A’s” and “B’s”) are given extra points in the application review.
- Additional Documentation of Experience Forms.
It is recommended that in addition to the required 20 hours of work or volunteer experience, the applicant obtain at least a combined minimum of 60 volunteer/work experience with 3 separate disciplines to include a minimum of 20 hours at each. Volunteer hours will be accepted within two years of application.

**Submit completed application packet
To the Physical Therapist Assistant Program Office
by March 1, 2019**

**Application Packets can be submitted beginning January 1, 2019
NO packets or forms will be accepted before this time.**

ATI TEAS TEST

PTA Applicant Information

ATI TEAS is a computerized test with 4 individually timed parts:

Reading: 64 minutes (53 questions)

Mathematics: 54 minutes (36 questions)

Science: 63 minutes (53 questions)

English: 28 minutes (28 questions)

Cost: \$73 total: All fees are non-refundable, non-transferable and must be paid before you begin the exam at Blinn.

\$15 Proctoring fee is payable at Enrollment Services prior to testing, M-F, 8:00 a.m. to 5:00 p.m., closed Saturdays. Location: 3125 South Texas Ave, in Bryan behind the H.E.B. Pay in cash, money order, credit or debit card. No personal checks. In order to register for a Saturday test, students must prepay M-F in Bryan. No money orders or any other forms of payment will be allowed on Saturday testing dates. *No Exceptions!*

\$58 Online fee on test day when assigned to a computer in the Testing Center (credit card, debit card, or cash card), this fee is separate from the proctoring fee.

What to bring on test day:

- Picture ID (No Testing without Picture ID)
- Receipt and Test Ticket (received from Enrollment Services office)
- \$58 Payment Card
- ATI ALLIED HEALTH Username and Password must be created:
 1. Log on to www.atialliedhealth.com
 2. Click on "Create an Account"; institution is Blinn College Bryan AH

PTA Program Instructions:

- Applicants may take this exam as many times as they wish.
RETESTING WAITING PERIOD: 4 WEEKS
- You may hand deliver the test report to our Program Office (HSC 2502).
- If Applicant resides out of town/state, you are allowed to take the ATI TEAS at another community college. Please print & include the results with your application or have the college send the results to our mailing address.
- There is a Study Guide at the Bryan Campus Library, or you can go online to find a study guide, if you wish.

If you have any questions, please contact the Testing Center at 979-209-7250, or go to http://www.blinn.edu/testing/teas_v.html for more complete information about the exam and testing dates.

PTA Program Contact Information

Hand Deliver Application

Blinn PTA Program
8441 Riverside Parkway, Room 2502 (second floor)
Bryan, Texas 77807
(call before stopping by – 979-691-2010)
(Note: this is NOT on the Villa Maria campus)

Mail Application

Blinn PTA Program
ATTN: Mrs. Emily Baker
8441 Riverside Parkway, Suite 2500
Bryan, Texas 77807

PTA Program Website, Email, and Telephone

<http://www.blinn.edu/physical-therapist-assistant/index.html>
pta@blinn.edu
979-691-2010

Please note: Late Application Packets will not be accepted.

If you mail your application, make sure that you allow ample time for the Post Office to deliver it. Complete application packets and supporting documents including test scores, observation forms, transcripts, etc. must be received in the PTA Program office by March 1st. Late application packets will not be accepted. The Blinn College PTA program is not responsible for late or misdirected applications or any supporting documents such as transcripts, observation hours, etc.

Physical Therapist Assistant Program

Application Checklist

(Must be included with application)

Submit the completed application in the following order:

Requirements:

- Application Checklist
- Completed PTA program application
- Passport Type photograph
- Official transcripts from every college you have attended

- ATI TEAS score sheet
- Observation Hours (required 20 hours)

Facility: _____ Hours: _____

Enhancements:

- Observation Hours (additional recommended 40 hours)

Facility: _____ Hours: _____

Facility: _____ Hours: _____

- Letters of Recommendation

- Certifications

- Community Service: Hours complete: _____

I have read and understand **all** the requirements for the Physical Therapist Assistant Program application

Applicant Signature

Date

PLEASE PRINT ALL
INFORMATION
REQUESTED EXCEPT
SIGNATURE

Blinn College
Allied Health Programs
Student Application

NOTE: YOU MUST MAKE APPLICATION TO BLINN COLLEGE FOR CONSIDERATION FOR ANY OF THE ALLIED HEALTH PROGRAMS.

Select the program of your choice:

<input type="radio"/> Associate Degree Nursing	<input type="radio"/> Licensed Vocational Nurse- Transition to ADN	<input type="radio"/> Bryan
<input type="radio"/> Vocational Nursing	<input type="radio"/> Physical Therapist Assistant	<input type="radio"/> Brenham
<input type="radio"/> Veterinary Technology	<input type="radio"/> Paramedic Academy	<input type="radio"/> Schulenburg
<input type="radio"/> Dental Hygiene	<input type="radio"/> Radiologic Technology	

APPLICANTS WILL BE TESTED FOR DRUGS AND A CRIMINAL BACKGROUND CHECK WILL BE CONDUCTED. SPECIFIC PROGRAM REQUIREMENTS CAN BE ACCESSED FROM EACH PROGRAM'S WEB-SITE AT www.blinn.edu/twe.

Name _____
Last First Middle Maiden Name Previous Name

Mailing Address _____
Number Street City State Zip

E-Mail _____ **Social Security No.** _____ - ____ - _____

Telephone (____) _____ **Cell Phone (____)** _____

Permanent Address _____
Number Street City State Zip

Blinn ID# _____

HAVE YOU PREVIOUSLY APPLIED TO A BLINN COLLEGE ALLIED HEALTH PROGRAM?
Which one? _____ **When?** _____

PREVIOUS EDUCATION				
Provide official transcripts from every College/University you have attended with this application.				
It is your responsibility to also provide <u>Blinn Admissions</u> with an <u>official</u> transcript. You must also be a high school graduate or have obtained a GED to be admitted to any Allied Health Program.				
Type of School	Name of School	Location (Complete Mailing Address)	Number of Years/Hrs. Completed	Major & Degree
High School or GED				
College				

Is your Hepatitis B series complete? ___ Yes ___ No
 In Progress? ___ Yes ___ No

EMPLOYMENT

(Begin with the most recent years or attach a resume.)

Name of employer Address City, State, Zip Code Phone Number	Employment Dates	Reason for Leaving
	From	
	To	
Name of employer Address City, State, Zip Code Phone Number	Employment Dates	Reason for Leaving
	From	
	To	
Name of employer Address City, State, Zip Code Phone Number	Employment Dates	Reason for Leaving
	From	
	To	
Name of employer Address City, State, Zip Code Phone Number	Employment Dates	Reason for Leaving
	From	
	To	

MAY WE CONTACT YOUR PRESENT EMPLOYER?

Yes **No**

PLEASE LIST TWO CONTACTS IN CASE OF EMERGENCY

Name _____	Name _____
Relationship _____	Relationship _____
Telephone: (Home) _____	Telephone: (Home) _____
(Cell) _____ (Work) _____	(Cell) _____ (Work) _____

SIGNATURE

I certify that the information, provided in this application, is correct and complete. I understand that omission or falsification of information is grounds for exclusion and dismissal. If accepted into the program, I agree to meet all entrance requirements and to conform and abide by the letter and spirit of the rules, regulations, and procedures of Blinn College and this program.

Signature: _____ Date: _____

Please indicate the manner in which you found out about this program:

- Career Fair(s) Community Contact(s) Family Member
- High School Counselor Movie Advertisement(s) Healthcare Workers in Practice
- Television Advertisement(s) Recruiting Presentation @ Your High School
- Other _____

PTA General Academic Courses Worksheet

Student: _____

Blinn I.D. (if applicable) _____

Please provide the required information. You are required to provide the PTA program Official transcripts from **ALL** colleges you have attended.

Indicate a class in progress by placing "IP" under the grade column.

Course	Course Description	Semester & Year Completed	Course Title	College/ University	Course Description	Grade
<i>Example: PSYC 2301</i>	<i>General Psychology</i>	<i>Fall 2011</i>	<i>PSYC 107</i>	<i>Texas A&M</i>	<i>Intro to Psychology</i>	<i>A</i>
PTHA 1201	The Profession of Physical Therapy					
ENGL 1301	Composition I					
BIOL 2401	Anatomy and Physiology I					
PSYC 2301	General Psychology					
HITT 1305	Medical Terminology I					
BIOL 2402	Anatomy and Physiology II					
Humanities or Fine Arts Course as Listed	ENGL 2322, 2323, 2327, 2328, 2332, 2333; PHIL 1301, 2306; ARTS 1301, 1303, 1304; DRAM 1310, 2361, 2362, 2366; MUSI 1301, 1306, 1308, 1310					

DOCUMENTATION OF EXPERIENCE FORM

To be completed by the applicant:

Name: _____ Date: _____

Email: _____ Phone Number: _____

Under the provisions of the "Family Education Rights and Privacy Act of 1974", you have the right to see recommendations for admission. Please choose the appropriate phrase and sign your name.

_____ I waive _____ I do not waive the right of access that I have to this form.

Applicant's signature _____

To be completed by a licensed Physical Therapist or Physical Therapist Assistant:

Please complete as thoroughly as possible and return to: Blinn College Physical Therapist Program
Texas A&M Health Science Center--Clinical Building I
8441 State Highway 47--Suite #2500
Bryan, TX 77807

I verify that the applicant has (check one):

_____ volunteered at our facility _____ worked at our facility

Please fill in number of hours volunteered or months/years worked at facility

_____ number of hours/years Hours completed (month/year) _____ through (month/year) _____

Please evaluate the applicant by placing a check in the column that most nearly represents your opinion. If you lack the knowledge to make a definite rating, please check "Inadequate Opportunity to Observe."

Area of Evaluation	Inadequate Opportunity to Observe	Below Average	Average	Above Average	Superior
Intellectual ability					
Ability to communicate					
Independent thinking					
Motivation					
Integrity					
Professional interest					
Cooperativeness					

If you had an opening at your facility, would you hire this person as a PTA? _____ yes _____ no

Please add any comments that might assist the department in assessment of the applicant's admission to the Physical Therapist Assistant Program. If additional space is needed, attach a separate page.

Comments:

Name/Position (Print) _____ Signature _____

Facility Name: _____

Address: _____ Phone: _____

DOCUMENTATION OF EXPERIENCE FORM

To be completed by the applicant:

Name: _____ Date: _____

Email: _____ Phone Number: _____

Under the provisions of the "Family Education Rights and Privacy Act of 1974", you have the right to see recommendations for admission. Please choose the appropriate phrase and sign your name.

_____ I waive _____ I do not waive the right of access that I have to this form.

Applicant's signature _____

To be completed by a licensed Physical Therapist or Physical Therapist Assistant:

Please complete as thoroughly as possible and return to: Blinn College Physical Therapist Program
Texas A&M Health Science Center--Clinical Building I
8441 State Highway 47--Suite #2500
Bryan, TX 77807

I verify that the applicant has (check one):

_____ volunteered at our facility _____ worked at our facility

Please fill in number of hours volunteered or months/years worked at facility

_____ number of hours/years Hours completed (month/year) _____ through (month/year) _____

Please evaluate the applicant by placing a check in the column that most nearly represents your opinion. If you lack the knowledge to make a definite rating, please check "Inadequate Opportunity to Observe."

Area of Evaluation	Inadequate Opportunity to Observe	Below Average	Average	Above Average	Superior
Intellectual ability					
Ability to communicate					
Independent thinking					
Motivation					
Integrity					
Professional interest					
Cooperativeness					

If you had an opening at your facility, would you hire this person as a PTA? _____ yes _____ no

Please add any comments that might assist the department in assessment of the applicant's admission to the Physical Therapist Assistant Program. If additional space is needed, attach a separate page.

Comments:

Name/Position (Print) _____ Signature _____

Facility Name: _____

Address: _____ Phone: _____

DOCUMENTATION OF EXPERIENCE FORM

To be completed by the applicant:

Name: _____ Date: _____

Email: _____ Phone Number: _____

Under the provisions of the "Family Education Rights and Privacy Act of 1974", you have the right to see recommendations for admission. Please choose the appropriate phrase and sign your name.

_____ I waive _____ I do not waive the right of access that I have to this form.

Applicant's signature _____

To be completed by a licensed Physical Therapist or Physical Therapist Assistant:

Please complete as thoroughly as possible and return to: Blinn College Physical Therapist Program
Texas A&M Health Science Center--Clinical Building I
8441 State Highway 47--Suite #2500
Bryan, TX 77807

I verify that the applicant has (check one):

_____ volunteered at our facility _____ worked at our facility

Please fill in number of hours volunteered or months/years worked at facility

_____ number of hours/years Hours completed (month/year) _____ through (month/year) _____

Please evaluate the applicant by placing a check in the column that most nearly represents your opinion. If you lack the knowledge to make a definite rating, please check "Inadequate Opportunity to Observe."

Area of Evaluation	Inadequate Opportunity to Observe	Below Average	Average	Above Average	Superior
Intellectual ability					
Ability to communicate					
Independent thinking					
Motivation					
Integrity					
Professional interest					
Cooperativeness					

If you had an opening at your facility, would you hire this person as a PTA? _____ yes _____ no

Please add any comments that might assist the department in assessment of the applicant's admission to the Physical Therapist Assistant Program. If additional space is needed, attach a separate page.

Comments:

Name/Position (Print) _____ Signature _____

Facility Name: _____

Address: _____ Phone: _____

**List of Possible Volunteer Sites for Physical Therapy/Physical Therapy
Assistant Experience in the Bryan-College Station Area
(info can be found online)**

Observation experience must be completed with a licensed PT or PTA.

- CHI St Joseph Health (multiple sites)
 - You must go through volunteer services to be able to volunteer in the PTA department. You may access the application on their website at www.st-joseph.org. Click on “Join our Team” > “Volunteer” > “Apply to volunteer”.
 - The volunteer phone number is 979-776-2923.
- College Station Medical Center
- Brazos Valley Rehabilitation Center
- Listings under “Physical Therapists” (Search online; are dozens in the area). Any may provide you with volunteer hours, including the below:
 - Peak Performance in Motion
 - WellPoint Physical Therapy
 - Brazos Orthopedic Physical Therapy
 - Lampstand Skilled Nursing Facility

**Volunteer / observations hours do not
have to be completed in Bryan/College Station area.**

Note: all volunteer schedules tend to fill very early in any semester; you need to be proactive in scheduling your volunteer hours!

Video on Physical Therapy Career at <http://www.apta.org/YouCanBeMe/>

The screenshot shows a Windows Internet Explorer browser window displaying the APTA website. The address bar shows the URL <http://www.apta.org/YouCanBeMe/>. The website header includes the APTA logo (American Physical Therapy Association) and navigation links for 'Join/Renew', 'Find a PT', 'APTA Communities', 'Related Organizations', 'Store', 'Login', and 'Profile'. A search bar is also present.

The main navigation menu includes: 'About Us', 'Careers & Education', 'Practice & Patient Care', 'Payment', 'Advocacy', 'News & Publications', and 'For the Public'. The 'Careers & Education' section is expanded to show: 'Prospective Students', 'Current Students', 'New Professionals', 'PTAs', and 'Educators'.

On the left side, there is a sidebar for 'For Prospective Students' with a list of links: 'PT Careers', 'PTA Careers', 'PT Education', 'PTA Education', and 'Admissions'.

The main content area features the video title 'Video: You Can Be Me: A Career in Physical Therapy'. Below the title is a short paragraph: 'Do you want to become a physical therapist (PT) or a physical therapist assistant (PTA)? Watch the following video to get a sampling of the wide variety of ways that PTs and PTAs help their patients restore and improve motion to achieve long-term quality of life...'. A video player is embedded with the title 'Physical Therapist Careers Video from APTA' and a play button. To the right of the video are social media sharing options: Print, Email, Like (127), Facebook, Twitter, LinkedIn, and More Options.

Below the video player, there is an advertisement for 'The Benefits of the Tru W-G Family' with the text 'Quality, Innovation, Performance, Value & Safety' and a 'LEARN MORE' link.

At the bottom of the page, it says 'Last Updated: 3/5/2011' and 'Contact: education@apta.org'. There is also a 'Members Only' icon.