 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 Ms. Risa DeLucia at (979) 691-2075 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

<table>
<thead>
<tr>
<th>1st Year</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prerequisite Semester</strong></td>
<td></td>
</tr>
<tr>
<td>PTHA 1201 The Profession of Physical Therapy</td>
<td>2</td>
</tr>
<tr>
<td>ENGL 1301 Composition I</td>
<td>3</td>
</tr>
<tr>
<td>BIOL 2401 Anatomy and Physiology I</td>
<td>4</td>
</tr>
<tr>
<td>PSYC 2301 General Psychology</td>
<td>3</td>
</tr>
<tr>
<td><strong>12 Credit Hours</strong></td>
<td></td>
</tr>
<tr>
<td><strong>1st Semester</strong></td>
<td></td>
</tr>
<tr>
<td>PTHA 1409 Introduction to Physical Therapy</td>
<td>4</td>
</tr>
<tr>
<td>HITT 1305 Medical Terminology I</td>
<td>3</td>
</tr>
<tr>
<td>BIOL 2402 Anatomy and Physiology II</td>
<td>4</td>
</tr>
<tr>
<td>PTHA 1413 Functional Anatomy</td>
<td>4</td>
</tr>
<tr>
<td><strong>15 Credit Hours</strong></td>
<td></td>
</tr>
<tr>
<td><strong>2nd Semester</strong></td>
<td></td>
</tr>
<tr>
<td>PTHA 2205 Neurology</td>
<td>2</td>
</tr>
<tr>
<td>PTHA 2509 Therapeutic Exercise</td>
<td>5</td>
</tr>
<tr>
<td>PTHA 1321 Pathophysiology for the PTA</td>
<td>3</td>
</tr>
<tr>
<td>ENGL X3XX Any Humanities or Fine Arts Course as listed:</td>
<td>3</td>
</tr>
<tr>
<td>ENG 2322, 2323, 2327, 2328, 2332, 2333</td>
<td></td>
</tr>
<tr>
<td>PHIL X3XX OR Any Humanities or Fine Arts as listed:</td>
<td>3</td>
</tr>
<tr>
<td>PHIL 1301, 2306</td>
<td></td>
</tr>
<tr>
<td>XXXX X3XX OR Any Humanities/Fine Arts Course as listed:</td>
<td>3</td>
</tr>
<tr>
<td>Arts 1301, 1303, 1304; Dram 1310, 2361, 2362, 2366;</td>
<td></td>
</tr>
<tr>
<td>MUSI 1301, 1306, 1308, 1310</td>
<td></td>
</tr>
<tr>
<td><strong>13 Credit Hours</strong></td>
<td></td>
</tr>
<tr>
<td><strong>1st Summer Session</strong></td>
<td></td>
</tr>
<tr>
<td>PTHA 1431 Physical Agents</td>
<td>4</td>
</tr>
<tr>
<td>PTHA 2301 Essentials of Data Collection</td>
<td>3</td>
</tr>
<tr>
<td><strong>7 Credit Hours</strong></td>
<td></td>
</tr>
<tr>
<td>2nd Year</td>
<td>Hours</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>1st Semester</td>
<td></td>
</tr>
<tr>
<td>PTHA 1266 Practicum (or Field Experience) - PTA</td>
<td>2</td>
</tr>
<tr>
<td>PTHA 2341 Management of Neurological Disorders</td>
<td>4</td>
</tr>
<tr>
<td>PHTA 2435 Rehabilitation Techniques</td>
<td>4</td>
</tr>
<tr>
<td><strong>10 Credit Hours</strong></td>
<td></td>
</tr>
<tr>
<td>2nd Semester</td>
<td></td>
</tr>
<tr>
<td>PTHA 2266 Practicum (or Field Experience) - PTA</td>
<td>2</td>
</tr>
<tr>
<td>PTHA 2267 Practicum (or Field Experience) - PTA</td>
<td>2</td>
</tr>
<tr>
<td>PTHA 2239 Professional Issues</td>
<td>2</td>
</tr>
<tr>
<td><strong>6 Credit Hours</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Program Total</strong></td>
<td><strong>63 Credit Hours</strong></td>
</tr>
</tbody>
</table>

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](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, 2020

Application Packets can be submitted beginning January 1, 2020
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. 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 mail or hand deliver the test report to our Program Office:
  1425 Bryan Rd.
  Suite# 327
  Bryan, TX 77807.
• If applicant resides out of town/state, you are permitted 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
1425 Bryan Rd.
Suite #327
Bryan, Texas 77807
(call before stopping by: 979-691-2075)
(Note: this is NOT on the Villa Maria campus)

Mail Application
Blinn PTA Program
ATTN: Risa DeLucia
P.O. Box 6030
Bryan, Texas 77805

PTA Program Website, Email, and Telephone
http://www.blinn.edu/physical-therapist-assistant/index.html
pta@blinn.edu
979-691-2075

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
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:

- Associate Degree in Nursing
- Licensed Vocational Nurse- Transition to ADN
- Vocational Nursing
- Physical Therapist Assistant
- Veterinary Technology
- Paramedic Academy
- Dental Hygiene
- Radiologic Technology
- Bryan
- Brenham
- Schulenburg

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 Blinn Admissions with an official transcript. You must also be a high school graduate or have obtained a GED to be admitted to any Allied Health Program.

<table>
<thead>
<tr>
<th>Type of School</th>
<th>Name of School</th>
<th>Location (Complete Mailing Address)</th>
<th>Number of Years/Hrs. Completed</th>
<th>Major &amp; Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School or GED</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>College</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Is your Hepatitis B series complete?**  ___Yes  ____No
**In Progress?**  ___Yes ___No

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

<table>
<thead>
<tr>
<th>Name of employer</th>
<th>Employment Dates</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>From</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>To</td>
<td></td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of employer</th>
<th>Employment Dates</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>From</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>To</td>
<td></td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of employer</th>
<th>Employment Dates</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>From</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip Code</td>
<td>To</td>
<td></td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MAY WE CONTACT YOUR PRESENT EMPLOYER?**
  ○ Yes  ○ No

## PLEASE LIST TWO CONTACTS IN CASE OF EMERGENCY

<table>
<thead>
<tr>
<th>Name: ____________________________</th>
<th>Name: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship: ____________________</td>
<td>Relationship: ____________________</td>
</tr>
<tr>
<td>Telephone: (Home)________________</td>
<td>Telephone: (Home)________________</td>
</tr>
<tr>
<td>(Cell)_________________ (Work)____</td>
<td>(Cell)_________________ (Work)____</td>
</tr>
</tbody>
</table>

## 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 ____________________________
Name: _________________________________            Date: ___________________________

Instructions: Please **print** legibly in the space provided.

1. What are your short-term goals? Long-term goals?

2. What are your strongest characteristics? Weakest characteristics?

3. In the event that you are not selected for this program, what is your alternate plan?

4. What motivated you to pursue a career as a Physical Therapist Assistant?

5. Describe your personal qualities that would contribute to your success as a Physical Therapist Assistant?
**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.

<table>
<thead>
<tr>
<th>Course</th>
<th>Course Description</th>
<th>Semester &amp; Year Completed</th>
<th>Course Title</th>
<th>College/ University</th>
<th>Course Description</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: PSYC 2301</td>
<td>General Psychology</td>
<td>Fall 2011</td>
<td>PSYC 107</td>
<td>Texas A&amp;M</td>
<td>Intro to Psychology</td>
<td>A</td>
</tr>
<tr>
<td>PTHA 1201</td>
<td>The Profession of Physical Therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENGL 1301</td>
<td>Composition I</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIOL 2401</td>
<td>Anatomy and Physiology I</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSYC 2301</td>
<td>General Psychology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HITT 1305</td>
<td>Medical Terminology I</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIOL 2402</td>
<td>Anatomy and Physiology II</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humanities or Fine Arts Course as Listed</td>
<td>ENGL 2322, 2323, 2327, 2328, 2332, 2333; PHIL 1301, 2306; ARTS 1301, 1303, 1304; DRAM 1310, 2361, 2362, 2366; MUSI 1301, 1306, 1308, 1310</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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
Attention: Risa DeLucia
P.O. Box 6030
Bryan, TX 77805

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."

<table>
<thead>
<tr>
<th>Area of Evaluation</th>
<th>Inadequate Opportunity to Observe</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual ability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to communicate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent thinking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooperativeness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
                                                              Attention: Risa DeLucia
                                                              P.O. Box 6030
                                                              Bryan, TX 77805

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."

<table>
<thead>
<tr>
<th>Area of Evaluation</th>
<th>Inadequate Opportunity to Observe</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual ability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to communicate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent thinking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coopativeness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
Attention: Risa DeLucia
P.O. Box 6030
Bryan, TX 77805

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."

<table>
<thead>
<tr>
<th>Area of Evaluation</th>
<th>Inadequate Opportunity to Observe</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual ability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to communicate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent thinking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooperativeness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

*Note: This information is also available 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](http://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!