

# Physical Therapist Assistant

Program Information and Application Packet
For Fall 2024

**DUE MAY 17th, 2024** 

### **Dear Physical Therapist Assistant Program Candidate:**

I am excited you are considering FVCC to pursue your physical therapist assistant degree. As a physical therapist for over 30 years, I have found physical therapy to be rewarding, challenging, flexible, and fun! Committing to a healthcare career in physical therapy will not prove to be just a job, but a lifelong fulfilling career.

The FVCC faculty, staff, and administration are committed to your success. FVCC's Physical Therapist Assistant Program will provide you with a solid foundation on which you can grow and develop a promising future as a physical therapist assistant. Our goal is to provide you with an up-to-date education and a wide variety of clinical experiences to prepare you for successful entry into the workforce. We accept up to 10 students per year into the PTA program. The small size is advantageous to our students, allowing more individualized attention and a greater amount of hands-on experience.

This program is designed for students with high levels of motivation, communication skills, and professionalism. The program coursework and clinicals are challenging, demanding, and time-consuming. It is your responsibility to reap full benefit from your coursework and clinical education by actively participating and dedicating your time and efforts to the program to be successful. We encourage students to work hard, provide the highest level of quality patient care and customer service possible to those they encounter, treat people with respect, and behave with integrity. The effectiveness of your education and skill is determined not only by constant practice and study but also by your attitude and behavior. A sense of professionalism should be incorporated into all classroom, laboratory, and clinical experiences.

Finally, part of our job at FVCC is to teach you that learning is a lifetime process. Graduation from this program, passing your licensing exams, and successfully working your first job isn't the end. Our profession is changing and growing rapidly. To best meet the changing healthcare needs and to provide quality patient care, you must keep learning. The faculty will work to teach you how to keep that process going and to use your resources by joining and using the APTA resources, participating in continuing education courses, reading journals, asking questions, and consulting with others. Develop a desire for learning!

Best wishes as you take the next step to enter the FVCC's Physical Therapist Assistant Program. I hope this will be an exceptional educational experience and that you find the resources gathered during your education at FVCC to be valuable throughout your lifetime.

Sincerely,



Janice Heil, PT, MAPT
FVCC PTA Program Director
(406)756-3373
<a href="mailto:jheil@fvcc.edu">jheil@fvcc.edu</a>
BC 123C

# **Program Application Deadline**

Applications may be obtained via the <u>PTACAS website</u> or the <u>FVCC PTA Website</u> and must be completed by the third Friday in May (May 17<sup>th</sup>, 2024). Once applicants have met all the program criteria, selected students will be interviewed by PTA faculty, objectively assessed on a rubric then notified of their admission status into the PTA Program by mid-June before fall start.

# **Class Schedule**

PTA coursework is offered for days only. Students are on the FVCC campus for 13 weeks of face-to-face academic content for the fall and spring semesters and one to two weeks in the summer for the final seminar. Students should be available M-F from 8:00 - 5:00.

# **Clinical Experiences**

FVCC PTA students will attend three clinical experiences (one 4-week experience, one 6-week, and a final 7-week experience) throughout the program. Clinical experiences occur at the end of the fall semester, at the end of the spring semester, and during the fall semester. During clinical experiences, students are expected to work the schedule of their clinical instructor which could vary according to patient care needs. Weekend work may be necessary during a student's clinical experience. All clinical experiences are full-time (40 hours per week). Although many clinical sites are local (within a 90-mile radius of FVCC), there are not enough of these facilities available during each full-time clinical experience period to accommodate all students. This may be due to the size of the class, competition for sites with other PT and PTA programs, and/or due to unexpected staffing changes that occur at the facilities. Therefore, all students entering the PTA program should expect to attend up to 2 of the 3 clinical experiences at a clinical site that is "distant." A distant site is defined as a site that is beyond a radius of 90 miles from FVCC. This may include out-of-state clinical sites. NOTE: Sites in Eureka, Polson, Ronan, and Libby are local, or within commuting distance. Costs for travel to and from the clinical site, room and board, and any other clinical costs are the responsibility of the student.

We are committed to supporting students while they work to complete their health sciences education during this complex time of a pandemic. FVCC is unable to guarantee students' access to clinical sites based on personal preferences, including vaccination status. Students who cannot complete clinical hours due to a clinical site-specific vaccine compliance requirement will not be dismissed from the FVCC programs due to their vaccination status. A temporary Incomplete (I) grade may be issued as Program Directors attempt to find alternative opportunities to complete those clinical hours before the beginning of the following semester.

# **Enrollment**

The FVCC PTA Program will accept up to a maximum of ten (10) students each year with two (2) placed on a waitlist if qualified. The maximum cohort size (not to exceed 10) will be established each year based on Advisory Committee feedback and clinical availability. A cohort size of fewer than 10 students may be necessary if clinical site availability or community needs are limited. Students will be notified of the final cohort size upon interview in late May or early June.

# **Degree Awarded**

Associate of Applied Science (AAS) Physical Therapist Assistant

# **Program Cost**

Costs are subject to change. Costs listed are estimates only. Costs include specific technical courses and requirements after formal acceptance into the PTA program. It does not include prerequisite course costs, any remedial courses needed for prerequisite courses, or any repeat courses. Appropriate attire, transportation costs, room and board, relocation costs to the Flathead Valley for class work, and other locations for clinical experiences including room and board are not included in the below costs. There may be other costs not included in this list. These costs are approximate.

# PTA Program Expenses: (Technical portion of program fall spring and summer)

(All costs based on In district, do not contain moving expenses and are approximate and subject to change)

| Tuition and Fees: Technical portion of program         | \$7660.00  |
|--|------------|
| Books: estimate  | \$ 730.00  |
| Immunization: estimate                                 | \$ 250.00  |
| Background Check/Drug Screen                           | \$ 100.00  |
| Program Fee (covers lab and program fees for the year) | \$ 1050.00 |
| Original License Fee to the MT Board of PT Examiners   | \$ 100.00  |
| Fee for National Licensing Exam through FSBPT          | \$ 485.00  |
| Fee for PROMETRIC to sit for NPTAE Exam                | \$ 100.00  |
| Total Cost of Technical Portion of Program             | \$10475.00 |

Completion of a degree in PTA is costly. In addition to tuition and fees, PTA students should be aware that the student should also plan for several out-of-pocket expenses related to health insurance, vaccinations, travel to clinical sites, and other costs related to course/program requirements. Program fees cover costs such as durable lab items, Clinical Performance Instrument Fees, Scorebuilders, and PEAT PTA Licensing Preparation Test and Course, as well as miscellaneous clinical/program/lab fees.

### Financial Aid

Information on student <u>scholarships</u> and financial aid is provided by the Office of <u>Financial Aid</u>. Please refer to the FVCC College Catalog for complete information online at <u>www.fvcc.edu</u>.

FVCC Financial Aid Office 777 Grandview Dr. Kalispell, MT 59901 (406) 756-3849 Fax: (406) 756-3966

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# Prior to Applying for the Physical Therapist Assistant Program, the applicant should:

- 1. Apply to FVCC
- 2. Obtain the most current information and application packet for the Physical Therapist Assistant Program from the <u>FVCC PTA website</u> or through <u>PTACAS</u> a centralized application service. **Please be sure to use the most current application as updates are made for each year.**
- 3. **Review** the application requirements for the Physical Therapist Assistant Program.
- 4. **Compile** all of the requested material. Requesting official transcripts early as they can take time.
- 5. **Organize** your application in a way that allows for easy identification and review of content (separate tabs and/or table of contents are both very helpful for ease of content review)
- 6. **DO NOT rush** the application process. Make sure all requested material is present. Your application can be denied if incomplete.
- 7. MAKE COPIES of any documents or materials submitted. Application contents will remain property of the FVCC PTA program and copies will not be provided.
- 8. **Understand:** Admission to Flathead Valley Community College **does not guarantee** acceptance into the Physical Therapist Assistant Program. Students entering Flathead Valley Community College with the intent to become a PTA may declare an Associate of Applied Science (AAS) in PTA upon admission but are not accepted into the PTA Program until after a formal application, interview and selection process occurs in May.
- 9. Review Essential Performance Functions for the PTA and arrange accommodations if needed.
- 10. The FVCC PTA program assumes that students applying for the program have had experience with basic computer skills and keyboarding and have access to a computer and WIFI. Students are responsible for obtaining these skills independently if they do not meet this technical requirement.
- 11. **COVID Vaccine Requirements:** Flathead Valley Community College does not mandate the COVID Vaccine, but students in a health profession program are recommended to have the vaccine. Please be advised, if accepted into the PTA Program while the college will make a reasonable effort to place students in a clinical facility; clinical placement cannot be guaranteed in an unimmunized status. If the college cannot secure a clinical placement due to your unimmunized status, you will be unable to complete the program's clinical requirement. Thus, you will be unable to progress and will be unable to complete the requirements for graduation. This is subject to change based on State and Federal laws and regulations;
- 12. **COVID Vaccine Medical/Religious Exemption:** Students who cannot be vaccinated for COVID-19 because of a medical reason or religious belief will need to request an exemption from clinical sites that require COVID-19 vaccine. Exemptions or reasonable accommodations are not guaranteed. For religious exemption, students must submit a request for exemption to the clinical site. If the college cannot secure a clinical placement due to exemptions not being accepted, you will be unable to complete the program's clinical requirements. Thus, you will be unable to progress and will be unable to complete the requirements for graduation. This is subject to change based on State and Federal laws and regulations;

# **After Preliminary Acceptance into the PTA Program:**

- Once preliminarily admitted into the PTA program, students must provide proof of current personal health insurance policy before beginning the clinical portion of the program (November August).
- Students will be required to have a completed criminal background check and drug screen once they have been officially notified of preliminary acceptance into the program. This must be completed **before** the date provided in the acceptance letter through <a href="Castlebranch">Castlebranch</a>. If a student fails a drug screen or if a discrepancy exists, it may jeopardize the ability of the student to be placed at a clinical site. It is the student's responsibility to make an appointment with the Program Director to discuss available options.
- CPR training (AHA Healthcare Provider) is required but the course will be offered after formal acceptance into the PTA Program and verification uploaded through Castlebranch.
- Further information will also be provided to the student regarding mandatory requirements for Influenza
  Vaccination before beginning the fall clinical as well as other immunization requirements including 2-step
  TB testing and COVID Vaccination details.

# FVCC PHYSICAL THERAPIST ASSISTANT PROGRAM APPLICATION GUIDELINES AND STEPS

- 1. Complete the <u>FVCC Application for Admission</u> (degree seeking) and follow the steps for enrolling at Flathead Valley Community College and have all records on file. (this is a separate application from the PTA application).
- 2. Complete the FVCC PTA Application Form through <u>PTACAS</u> or through the FVCC PTA Website for 2024. We will transition to fully online application through PTACAS only in 2025.
- 3. Official transcripts must be on file in the FVCC Registrar's office **NOTE**: Please do not include official transcripts in the PTA Program application unless you are 100% sure that official transcripts have also been sent to the FVCC Registrar's office.
- 4. If completing an application through PTACAS, Unofficial transcripts must be uploaded to PTACAS from ALL schools you have attended, including FVCC. These can be copies of transcripts printed from your student portal. Applications without transcripts will be considered incomplete.
- 5. Completion of all required prerequisite courses within fifteen (15) years of application except Human Anatomy & Physiology I & II which must be within five (5) years of admission date unless approved by the program director;
- 6. Students may take up to 3 prerequisite course credits after the application deadline in the summer before fall start date upon approval of the Program Director. (Official Transcript must be sent after completion to the FVCC Registrar's Office for verification of completion)
- 7. Autobiographical Essay Submissions must be in a typed format no more than 3 pages long, double-spaced, no smaller than 11-point font. Applicants will be graded on the following content areas:
  - a. Interests/goals in pursuing a career as a physical therapist assistant,
  - b. Personal Experience in any health care field or in your life that directly relates to your knowledge of PT and interest in physical therapy
  - c. Knowledge of a variety of environments in which a PTA can work (visit <u>www.APTA.org</u> to research)
  - d. Personal strengths which will allow you to function effectively as a PTA
  - e. Structure spelling, grammar, punctuation & outline
  - f. Composition theme, thought process, & expression
- 8. Observation Verification Form: Please include documentation of at least 30 hours of volunteer/observation experiences in a minimum of 3 different clinical sites. A minimum of 10 hours need to be in an inpatient setting (acute, rehab, long-term care or sub-acute). Forms can be printed off via the FVCC PTA Website. With COVID, obtaining access to inpatient observation can be challenging. Please contact the Program Director at jheil@fvcc.edu with any questions or if you are having difficulties with obtaining inpatient observation opportunities.
- 9. Healthcare/Medical/Customer Service Work Experience Form: Please document your work experience on the form in this packet. It should include all health care or customer service experience.
- 10. Proof of Education Degree or Certification, copies will be accepted. (i.e. Bachelor's, Massage Therapy Certification, C.N.A. Certification, Personal Trainer, etc.)
- 11. <u>Professional recommendation</u> forms (2) sealed/signed in envelope. The form is provided in the application packet. If unsealed or unsigned, they will not be accepted. NOTE: These are confidential and will not be shared with the applicant.
- 12. Proof of required Immunizations
  - a. Immunizations Required:
    - i. Hepatitis B series with antibody titer results (you must show proof that you have at least started the series)
    - ii. Proof of two doses of measles, mumps, rubella (MMR) immunization, or lab titer for each
    - iii. Proof of chicken pox immunity by statement verifying year and age that student had chickenpox, or vaccination dates, or lab titer
    - iv. Proof of one dose of Tdap: Tetanus/ pertussis (whooping cough) vaccination as an adult.
  - b. Immunizations Recommended
    - i. COVID Vaccine: This is recommended not required, see above.

- 13. Completed Official Selective Prerequisite GPA calculations form. This is checked for accuracy. If you are completing classes for spring semester, please leave course grade blank and divide by the appropriate number of credits completed. (See example in packet) Remember courses not verified by transcripts will need to be verified by sending official transcripts with final grades to the FVCC registrar.
  - a. For students who have taken a higher level course than the pre-requisite course requirement, he/she may utilize the grade for that course for calculating their Selective Prerequisite GPA if the grade is higher than that of the required course and approved by the Program Director;
  - b. For students who have taken prerequisite courses more than one time, the highest grade will be used for Selective Prerequisite GPA calculation;
- 14. Read Essential Performance Functions and complete verification
- 15. Read Acknowledgement of Personal Effort and verify with signature
- 16. Applicants are no longer required to have their CPR completed before the application, this requirement will be verified or completed upon acceptance and admittance into the PTA program;
- 17. An objective Application Rubric will be used to determine final placement in the program will include: the completed application form, GPA, essay, observation hours, job verification, interview performance, recommendation forms and prior education, etc. (Rubric attached to application packet);
- 18. Any discrepancies in application criteria must be discussed and approved by the Program Director prior to assumption of meeting admission criteria;
- 19. The number of students accepted into the Physical Therapist Assistant Program is limited to ten (10) students with two (2) placed on the waiting list (a cohort size of fewer than 10 students may be necessary if clinical site availability or community needs are limited.
- 20. If the number of qualified applicants exceeds available spaces, not all qualified applicants are accepted and only qualified applicants will be accepted if the number of applicants is less than the cohort limit;
- 21. A tie will be broken down by combined rubric score of selective GPA and interview total followed by combined Anatomy and Physiology I and II GPA.
- 22. Completed application and requested materials must be postmarked or received by the third Friday in May.

  NO LATE APPLICATIONS WILL BE ACCEPTED unless the number of qualified applicants is not met by the deadline.

# FVCC Physical Therapist Assistant Application 2024

# FVCC Admissions Office/PTA Program 777 Grandview Drive Kalispell, MT 59901

# AN INCOMPLETE AND/OR UNSIGNED APPLICATION WILL NOT BE PROCESSED. Please Print Last Name First Name MΙ DOB Student ID# Mailing Address \*\*Notification of acceptance/non-acceptance/wait list will be sent to this address \*\* City State Zip Telephone Number Email \*PLEASE CAREFULLY READ THE FOLLOWING INFORMATION AND PLEASE INITIAL EACH ITEM ON LINE PROVIDED AND SIGN YOUR NAME CONFIRMING AGREEMENT I understand that I must submit with this application: Proof of Hepatitis B Series including antibody titer results. (you must show proof that you have at least started the series) Proof of two doses of measles, mumps, rubella (MMR) immunization, or lab titer for each; either by dates of two vaccinations after your first birthday, a physician diagnosis of disease history or laboratory verification of positive antibody titer, (need only one of these methods of verification). Proof of chicken pox immunity by statement verifying the year and age that the student had chickenpox, or vaccination dates, or lab titer from (need only one of these methods of verification). • Proof of one dose of Tdap: Tetanus/ pertussis (whooping cough) vaccination as an adult. • NOTE: Failure to complete or remain up to date on immunizations, drug screen, background check, and CPR can result in an inability to attend clinical experiences due to facility requirements. These items, if accepted into the FVCC PTA Program will be uploaded to Castlebranch after acceptance. I understand that I will be notified in writing by mid-June whether I have received placement in the PTA Program for the Fall Semester. Students will need to respond to the FVCC PTA Program Director <a href="mailto:iheil@fvcc.edu">iheil@fvcc.edu</a> in writing of their choice (email is preferred) to accept or decline admission into the PTA program. Students who are put on the waiting list will be offered a placement assignment if and only if an opening occurs. The waitlist is maintained only until the first week of the Fall Semester. Students who are not accepted may reapply for placement into a following-year program during the open application process. \_I understand that all placements in the Flathead Valley Community College PTA Program are dependent upon sufficient financial, faculty, and clinical resources. I have included the completed Selective Prerequisite GPA worksheet. I have evaluated my transcript(s) and academic standing and I am confident that I can complete or have

completed, with a grade of "C" or higher, all of the required prerequisite courses for the Physical Therapist Program placement by the end of Spring Semester before fall start date or up to 3 prerequisite course credits approved by the program director by Summer Semester before fall start date. My selective GPA in these

courses is at least 2.75 (on a 4.0 scale).

| Name of Institution                | <u>rsities you have attended:</u> Dates of Attendance (month/year)                          | Degrees earned (if applicable)   |
|------------------------------------|---|--|
|                                    |   |  |
| the FVCC Admission                 | ·   | ted above. Official copies of transcripts are on file intable to include with this application. (These are                                     |
| As a transfer studer               |   | om the college or university I attended to be sent to on to FVCCN/A  |
| Assistant (C.N.A), Lic             | •   | ertifications if applicable such as Certified Nursing<br>ner, etc. Professional certifications will need to be<br>rofession before submission. |
| I have included my                 | completed Observation Verification Forn   | n (See Website for additional copies)  |
| I have included my                 | completed Work Experience and Verifica  | tion Form  |
| I have included my                 | Autobiographical Essay (no more than th   | ree-page double spaced, minimum of 11-point font   |
| <del></del>                        | two Professional Recommendation forms signed across the seal by the person who              | s, which are unopened, sealed in a standard letter-completed the recommendation form.  |
| I understand that u<br>guaranteed. | pon withdrawal from the program for an  | y reason, re-entry into the program is not   |
|                                    | epending on clinical availability, I may be that I will be responsible for associated of    | assigned to clinical experiences outside of the costs.   |
| criminal background                |   | ngent upon transcript verification, completing a mentation of a current TB skin test and all ce before clinical experience.                    |
| I have signed the Es               | ssential Functions Verifications Form   |  |
|                                    | ppy of this application for my records (it is<br>at my application and its contents are pro | s my responsibility to make my copies of contents operty of the FVCC PTA program).   |
| I have included my                 | signed Acknowledgement of Requiremer  | nts for Personal Effort and Commitment for   |
| Success Form.                      |   |  |
| , , ,                              | ·   | rifiable. I understand that any misrepresentation of tion may disqualify my application for the PTA  |
| Student Signature                  |   | Date   |
|                                    |   |  |
| Printed Name of Applicar           | nt  |  |

# HEALTHCARE/MEDICAL/CUSTOMER SERVICE WORK EXPERIENCE VERIFICATION FORM

| LIST PLACES OF EMPLOYMENT MOST RECENT TO LEAST RECENT: |     |             |  |  |
|--|-----|-------------|--|--|
| Facility Name:   |     | Phone: ( )  |  |  |
| Address:   |     | Supervisor: |  |  |
| Job Title:   |     |             |  |  |
| Responsibilities:                                      |     |             |  |  |
| From: (Mo/Yr)  | То: |             |  |  |
| Facility Name:   |     | Phone: ( )  |  |  |
| Address:   |     | Supervisor: |  |  |
| Job Title:   |     |             |  |  |
| Responsibilities:                                      |     |             |  |  |
| From: (Mo/Yr)  | То: |             |  |  |
| Facility Name:   |     | Phone: ( )  |  |  |
| Address:   |     | Supervisor: |  |  |
| Job Title:   |     |             |  |  |
| Responsibilities:                                      |     |             |  |  |
| From: (Mo/Yr)  | To: |             |  |  |

### ESSENTIAL PERFORMANCE FUNCTIONS FOR THE PTA

There are several important factors for you to consider when you are determining your future career directions. To be successful in the PTA classroom and in your job following graduation, you should be able to meet all the following expectations:

- Attend class approximately 30-40 hours per week, including lecture, lab, and clinic, M F, 8 5;
- Complete all assignments on time; and meet class standards for successful course completion;
- Participate in classroom discussions. Use critical thinking in lectures, lab, and clinic;
- Perform or instruct others in the following procedures (learned in class) promptly: transfers, gait training, physical agents, and activities of daily living, therapeutic exercises or activities, and data collection procedures;
- Use sound judgment and safety precautions; exposure to blood-borne pathogens and/or infectious diseases may occur as part of the educational experience. Students are trained in safety/infection control and are expected to follow these guidelines to avoid contracting or transmitting disease;
- Behave in a competent, safe and professional manner; follow standards stated in PTA Student Handbook;
- Address problems or questions to the appropriate person at the appropriate time.
- Maintain classroom work area, equipment, supplies, personal appearance, and hygiene conducive to classroom, lab, or clinic setting as appropriate; and
- Travel to various locations required for internships, one of which may be outside of the Flathead Valley.

# PHYSICAL REQUIREMENTS FOR THE PTA PROGRAM include the need to occasionally, frequently, or continually

- Sit 1-4 hours per day with lecture blocks up to 3 hours
- Stand 1-6 hours with lab time blocks up to 3 hours
- Walk/travel to/from class/internships
- Lift/Push/Pull up to 50 pounds.
- Squat or stoop
- Use auditory, tactile, and visual senses to assess the physiological status of an individual.
- Demonstrate good standing and unsupported sitting balance
- Demonstrate good finger dexterity
- Coordinate verbal and manual instructions
- Communicate effectively with a variety of people through written and verbal methods
- Use hands repetitively
- Shift weight in sitting or standing
- Use a firm grasp
- Reach above shoulder level
- Kneel, kneel-stand, and half kneel
- Use equipment that emits electrical, ultrasonic, and thermal energy
- Physically move and transfer patients

Students who have concerns about the ability to perform any of these functions should contact the PTA Program Director at (406) 756-3373. Individuals with disabilities may request reasonable accommodations or information by contacting Disability Support at disability Support@fvcc.edu or (406) 756-3380.

# Flathead Valley Community College Physical Therapist Assistant Program Essential Functions Verification Signature Form

| Printed Name of Applicant  |  |                              |
|--|--|------------------------------|
| Student Signature  | Date   |                              |
|  |  |                              |
| ☐ I require the following reasonable accommodation   | on(s) to meet the Physical Requireme                                       | ent standard as specified:   |
| If you answered <b>No</b> to the question above:   |  |                              |
| Upon admission, a candidate who requests accomm<br>documentation of his or her disability to determine<br>curriculum, the candidate must be able to perform a<br>be directed to: Disabled Student Services Office or g | appropriate and reasonable accomn all the essential functions. Request for | nodations. To continue in th |
| ☐ Yes ☐ No I can meet the Physical Requirement reasonable accommodation to meet these requirem   |  | ified and do not require any |
| ☐ Yes ☐ No I have read, and understand the Est<br>College (FVCC) Physical Therapist Assistant Program  | sential Functions relative to the Flath                                    | nead Valley Community        |
| The Essential Function Verification signature form w   | vill need to be completed before pro                                       | gram entry.                  |

# ACKNOWLEDGEMENT OF REQUIREMENTS FOR PERSONAL EFFORT AND COMMITMENT FOR SUCCESS

FVCC's PTA Program, as with most PTA programs, requires a substantial time commitment to fulfill the intensive requirements of the program in the classroom, lab skills, and clinical settings. Student success is dependent upon a collaborative working partnership between students and faculty. The PTA program philosophy and faculty view learning as an interactive process with faculty facilitating learning. We are truly committed to assisting you to succeed in the program. However, learners must assume responsibility for their learning and participate in shaping their own learning experiences. Students must acknowledge and understand the expectations of the program:

- 1. There is a minimal study expectation of two hours of study per week for each credit enrolled. For example, a course that is 4 credits of lecture would require a minimum of 8 hours of study and a 2-credit laboratory 4 hours of study per week. Most students spend more time than the minimal study expectation.
- 2. Although we hold an appreciation for your possible need to work to support yourself and/or a family, most students find it extremely difficult to work full-time while attending classes for the PTA Program. Clinical internships are scheduled according to clinical instructor's schedules and are subject to change with short notice. Clinical hours may include some evenings, early mornings, and weekends.
- 3. Students are expected to attend all classes and clinicals. Missed clinical time may result in failure of courses and dismissal from the PTA program. Please do not make vacation plans that would affect attendance in class or clinical. Absences cannot be made up due to the fast pace of material presented in class and the limited availability of clinical experiences.
- 4. In general and given the same amount of student effort, PTA students may not achieve the grades they have received in non-PTA courses. You will be learning a "new language" and exposed to in-depth, comprehensive physical therapy concepts and principles which may require more effort on your part to learn and understand. Though grades may have been the primary focus of previous courses, the focus in the PTA program is learning, comprehension, and application of
  - information needed to deliver safe and competent care to patients/clients.
- 5. You are expected to be prepared for class, lab, and clinical. This will include extensive reading, pre-clinical preparation, and other assignments before your attendance in class, lab or clinical.
- 6. Most exams given in PTA courses are structured similarly to the PTA licensing exam. This means that most of the items on the exams are application, analysis, and synthesis-type questions rather than simple knowledge and recall. These questions require a higher order of thinking to answer correctly.
- 7. We provide you with learning and test-taking strategies to assist you in developing critical thinking skills necessary for success on the PTA course exams and the National licensure exam.
- 8. The PTA program is very different and much more difficult than past educational experiences. The curriculum is designed to deliver a quality program that prepares individuals to give safe and competent physical therapy care, to successfully pass the licensing exam, and to promote lifelong learning.

I certify that all of the statements in this application and all of the documents submitted with this application are true and accurate to the best of my knowledge. I acknowledge that I have read and understand the above statements and if I am accepted into Flathead Valley Community College's PTA Program, I agree to organize my time and personal affairs to meet the commitment necessary for success.

| <b>Printed Name of Applicant</b> |          |
|----------------------------------|----------|
|                                  |          |
| Signature of Applicant           | <br>Date |

### **OFFICIAL GPA Calculation Worksheet**

### Must be included with your other Application Material

Please fill in the information requested below and calculate your own Selective GPA.

\*If you are currently enrolled in pre-requisite courses listed below, simply indicate the semester you are taking the course and do not fill in a grade. If you are substituting a course that has different credits, please identify the correct number of credits.

### **Instructions for calculating selective GPA:**

- 1. Insert grade earned for classes taken and date taken through spring 2022.
- 2. If another course has been preapproved by the program director, please write the name of the course
- 3. Enter points based on grade as follows: A = 4; A = 3.7; B + 3.3; A = 3; A = 3.7; A =
- 4. Multiply points by credits for each class and enter in the last column.
- 5. Total number of credits completed.
- 6. Total last column.
- 7. Divide the last column by total credits to find GPA.

| Course                  | Name  | Semester/<br>Year | Grade<br>Received | Points | Credits | Points x<br>Credits |
|-------------------------|---|-------------------|-------------------|--------|---------|---------------------|
| M 140                   | College Math for Healthcare OR approved Math > 100 level (approved by program director) |                   |                   |        | 3       |                     |
| WRIT 101                | College Writing   |                   |                   |        | 3       |                     |
| PSYX 100 or<br>PSYX 230 | Developmental Psychology OR Introduction to Psychology will also be accepted            |                   |                   |        | 3       |                     |
| COMX 115 or<br>COMX 111 | Interpersonal Communication OR Public Speaking  |                   |                   |        | 3       |                     |
| BIOL<br>201 NL          | Human Anatomy and Physiology I  |                   |                   |        | 4       |                     |
| BIOL<br>211 NL          | Human Anatomy and Physiology II   |                   |                   |        | 4       |                     |
| AHMS 144                | Medical Terminology   |                   |                   |        | 3       |                     |
| AHPT 105                | Intro To Physical Therapist Assisting   |                   |                   |        | 3       |                     |
|                         | TOTAL   | I                 |                   |        |         |                     |
|                         | GPA (Total Points / Total Credits)  |                   |                   |        |         |                     |

## Selective GPA Calculation Worksheet EXAMPLE #1

Please fill in the information requested below and calculate your own Selective GPA.

\*If you are currently enrolled in pre-requisite courses listed below, simply indicate the semester you are taking the course and do not fill in a grade. If you are substituting a course that has different credits, please identify the correct number of credits.

### Instructions for calculating selective GPA:

- 1. Insert grade earned for classes taken through summer 2022.
- 2. If another course has been preapproved by the program director, please write the name of the course.
- 3. Enter points based on grade as follows: A = 4; A = 3.7; B + 3.3; B = 3; B = 2.7; C + 2.3; C = 2.1
- 4. Multiply points by credits for each class and enter in the last column.
- 5. Total number of credits completed.
- 6. Total last column.
- 7. Divide the last column by total credits to find GPA.

# \*\*\**EXAMPLE # 1\**\*\*

| College Math for Healthcare or approved Wath > 100 (approved by program director) W 141 Calculus (approved by Jheil 2/21) College Writing Developmental Psychology OR | $\mathcal{A}$ $\mathcal{B}$ | Points  4  | Credits  3-4  | Points x Credits  4 x 4 = 16   |
|---|-----------------------------|--|---|--|
| Math > 100 (approved by program director) M 141 Calculus (approved by Jheil 2/21) College Writing  Developmental Psychology OR  |                             | -  | <del>3</del> -4   | 4 x 4 = 16   |
| M 141 Calculus (approved by Jheil 2/21) College Writing Developmental Psychology OR   | В                           | 7  |   |  |
| College Writing  Developmental Psychology OR  | В                           | 7  |   |  |
|   |                             | )  | 3   | 3 x 3 = 9  |
| ntroduction to Psych (approved JH 3/4/21)   | A                           | 4  | 4   | 4 x 4 = 16   |
| nterpersonal Communication OR   | B+                          | 3.3  | 3   | 3.3 x 3 = 9.9  |
| Public Speaking   |                             |  |   |  |
| luman Anatomy and Physiology I  | A-                          | 3.7  | 4   | 3.7 x 4 =  |
|   |                             |  |   | 14.8   |
| Human Anatomy and Physiology II   | SPRING<br>2022              | TBA  | TBA   | ТВА  |
| Medical Terminology   | A                           | 4  | 3   | 4 x 3 = 12   |
| ntroduction To Physical Therapist Assisting   | A                           | 4  | 3   | 4 x 3 = 12   |
|   | ı                           |  | 24  | 89.7   |
|   |                             |  |   |  |
| V   | 1edical Terminology         | uman Anatomy and Physiology II  SPRING 2022  Medical Terminology | uman Anatomy and Physiology II  SPRING 2022  TBA  Medical Terminology  A  4 | uman Anatomy and Physiology II  SPRING 2022  TBA  TBA  Medical Terminology  A  4  3  Introduction To Physical Therapist Assisting  A  4  3 |

# **Selective GPA Calculation Worksheet EXAMPLE #2**

Please fill in the information requested below and calculate your own Selective GPA.

\*If you are currently enrolled in pre-requisite courses listed below, simply indicate the semester you are taking the course and do not fill in a grade. If you are substituting a course that has different credits, please identify the correct number of credits.

# Instructions for calculating selective GPA:

- 1. Insert grade earned for classes taken through spring 2022.
- 2. Enter points based on grade as follows: A = 4; A = 3.7; B + 3.3; B = 3; B = 2.7; C + 2.3; C = 2
- 3. Multiply points by credits for each class and enter in the last column.
- 4. Total number of credits completed.
- 5. Total last column.
- 6. Divide the last column by total credits to find GPA.

# \*\*\**EXAMPLE # 2\**\*\*

| Course                            | Name  | Grade | Points | Credits | Points x<br>Credits |
|-----------------------------------|---|-------|--------|---------|---------------------|
| MATH 140                          | College Math for Healthcare or approved Math > 100 (approved by program director) | A     | 4      | 3       | 4 x 3 = 12          |
| WRIT 101                          | College Writing   | В     | 3      | 3       | 3 x 3 = 9           |
| PSYX 100                          | Developmental Psychology OR<br>Introduction to Psychology                         | A     | 4      | 3       | 4 x 3 = 12          |
| COMX 115<br>COMX 111              | Interpersonal Communication OR Public Speaking                                    | B+    | 3.3    | 3       | 3.3 x 3 = 9.9       |
| BIOL<br>201 NL                    | Human Anatomy and Physiology I  | В     | 3      | 4       | 3 x 4 = 12          |
| BIOL<br>211 NL                    | Human Anatomy and Physiology II   | A-    | 3.7    | 4       | 3.7 x 4 = 14.8      |
| AHMS 144                          | Medical Terminology   | A     | 4      | 3       | 4 x 3 = 12          |
| AHPT 105                          | Introduction To Physical Therapist Assisting                                      | A     | 4      | 3       | 4 x 3 = 12          |
| TOTAL                             |   |       |        |         | 93.7                |
| GPA (Total Points/ Total Credits) |   |       |        | 93.7/26 | 3.60                |

| Categories   | FVCC PTA PROGRAM APPLICATION RUBRIC  |   |   |   |   | Score         |
|--|--|---|---|---|---|---------------|
| Application Contents   | Completed fully and<br>on time, organized<br>and easy to process<br>including tabs and<br>dividers   | Completed fully and on time, content present but not as well organized.   | Submitted on time but content not complete. Average organization that required frequent verifications of content.   | Submitted on time and not complete with poor organization or submitted late and complete.   | Not submitted on time,<br>application not complete,<br>errors in calculations of<br>GPA, etc.<br>(0 - 2 points)   | Max 10<br>pts |
| Autobiographical Essay: Content Specifically Addresses: 1. Interests/goals in pursuing a career as a PTA, 2. Personal Experience in any health care field or in your life which directly relates to your knowledge of PT and interest in physical therapy. 3. Knowledge of variety environments in which a PTA can work (visit www.APTA.org to research) 4. Personal | (10 points)  Excellent Good Structure (no spelling or grammar errors); Composition (well thought out and good expression); Content (addressed all 4 areas thoroughly)                      | (8 points)  Average Average Structure (1-2 grammar or spelling errors); Addresses 3 of the 4 content components; essay is clear in most paragraphs, but has minor flow or organizational issues.          | (6 points)  Below Average Less than Average Structure (3-4 grammar or spelling errors); Addresses 2 out of the 4 content components; Essay is confusing or disjointed.                    | (4 points)  Poor Informally written note or in letter format, Addresses content areas but with minimal depth or addresses none of the content components, multiple grammar or spelling errors; Essay lacks discernible organization | No Essay Submitted,<br>more than 10 errors in<br>spelling and grammar   | Max 40<br>pts |
| strengths which will allow you   | (36 - 40 points)   | (26 – 35 points)  | (16 – 25 points)  | (10- 15 points)   | (0 points)  |               |
| Interview - Candidate is observed upon interpersonal communication skills, knowledge and commitment to the PTA field; Professionalism and Self-Confidence  | Excellent interpersonal communication skills, professionalism in behavior and dress, self- confidence, knowledge and commitment to the PTA field, highly ranked by panel. (41 – 50 points) | Above average interpersonal communication skills, professionalism in behavior and dress, self- confidence, knowledge and commitment to the PTA field, moderately high ranking by panel.  (26 – 40 points) | Average interpersonal communication skills, professionalism in behavior and dress, self-confidence, knowledge and commitment to the PTA field, average ranking by panel  (16 – 25 points) | Below average interpersonal communication skills, professionalism in behavior and dress, self-confidence, knowledge and commitment to the PTA field, below average ranking by panel (6–15 points)                                   | Not Acceptable Poor interpersonal skills, behavior, professionalism, inappropriate dress, poor attitude and self-confidence, poor knowledge and commitment to PTA field. Ranked poorly by panel (0 –5 points) | Max 50<br>pts |
| Observation Hours – min of 30 hours, recommended min of 10 hours inpatient,  | Minimum of 30<br>hours in 3 different<br>sites; met by<br>application deadline   | 30 hours; minimum<br>hours met in 2<br>different sites; met by<br>application deadline.   | < 30 hours; minimum not<br>met  | NA NA   | NA  | Max 20<br>pts |
| 3 different clinical sites  Professional  Recommendation forms (2) received in   | (20 points)  2 excellent recommendations  (20 points)  | (15 points)  2 above average recommendations  (15 points)   | (0 points)  2 average recommendations  (10 points)  | 2 below average recommendations (5 points)  | Unsealed/unsigned, poor, not included  (0 points)   | Max 20<br>pts |
| sealed/signed envelope  GPA in Selective PTA prerequisites   | Range 3.5 - 4.0  | Range 3.25-3.49   | Range 3.0-3.24  | Range 2.75 - 2.99   | Less than 2.75  | Max 50        |
| (see form on p. 16)  | (40 - 50 points)   | (30 - 39 points)  | (20 - 29 points)  | (10 – 19 points)  | (0 - 9 points)  | pts           |
| GPA in Human A & P I and II  | Range 3.5 - 4.0<br>(40-50 points)  | Range 3.25-3.49<br>(30-39 points)   | Range 3.0-3.24<br>(20 - 29 points)  | Range 2.75 - 2.99<br>(10-19 points)   | Less than 2.75<br>(0 - 9 points)  | Max 50<br>pts |
| Previous Degrees or Health<br>related Certifications<br>(C.N.A., LMT, CPT,<br>Personal Trainer, etc.)  | Bachelors (BA or<br>BS), Master's<br>Degree (MA or MS)<br>or higher  | Associate of Applied<br>Science (AAS) in<br>Health Care Related<br>Field  | Associate of Arts (AA) or<br>Associate of Science (AS)<br>in Non-Health Care<br>Related Field   | Health Related<br>Certification including<br>paid experience (C.N.A.,<br>CPT, LMT, etc.)  | C.N.A, CPT, LMT without<br>paid experience or High<br>School Degree Graduate<br>with proof of graduation<br>with Honors   | Max 30<br>pts |
| Work Experience in<br>Healthcare Field or<br>Customer Service Field  | (30 points)  Paid experience in health care setting greater than 12 months in last 5 years  (30 points)  | (25 points)  Paid experience in health care setting; 6-12 months in last 5 years  (20 points)   | (20 points)  Paid experience in health care setting; < 6 months in last 5 years or paid experience in Customer Service Field greater than 12 months in last 2 years.  (10 points)         | (15 points)  Paid experience in health care setting, but none in last 5 years or paid experience in Customer Service Field greater than 12 months in the last 5 years.  (5 points)  | (10 points)  No experience  (0 points)  | Max 30<br>pts |
| Applied to FVCC PTA Program within last 2 years  | Yes, met all requirements, placed on waiting list or was accepted  | Yes, met all requirements but not placed on waiting list  | Yes, but application not complete upon review and withdrawn   | No No   | NA  | Max 10<br>pts |
| ,  | (10 points)  | (5 points)  | (2 points)  | (0 points)  | (0 points)  |               |
|  |  |   |   |   | TOTAL   | /310pts       |

# FVCC PHYSICAL THERAPIST ASSISTANT PROGRAM APPLICANT PROFESSIONAL RECOMMENDATION FORM

| Applicant Name:   |   |  |
|---|---|--|
| <ul><li>1. How long have you known the</li><li>☐ Less than 30 hours of obse</li><li>☐ Less than 6 months</li><li>☐ 6 months to 1 year</li></ul>   |   | <ul><li>□ 1 - 3 years</li><li>□ 3 - 5 years</li><li>□ Greater than 5 years</li></ul>   |
| <ul><li>In what capacity have you beer</li><li>☐ As a student</li><li>☐ As an employee</li></ul>  | ☐ Through   | icant's attitude and personal behaviors? physical therapy observation hours lease specify  |
| 4 - Outstanding 3 - GoDemonstration of etAbility to manage strAcceptance of constructionsPersonal hygiene & aMaturityRelationships, commMotivation and enthProblem SolvingSense of ResponsibilInitiativePotential for successPotential for successPotential for successPotential for successI recommend this application in the supplication in t | od 2 - Average 1 – Be hical and professional be ress ructive criticism attire appropriate to situation and interperso usiasm ity  in an intense, fast paced in a health care field. plicant for admission to to my highest recommendation and with confidence. cant. cant with some reservation this candidate for admissional comments per additional comments per | nal skills  college program.  he FVCC PTA Program?  ion.  ns.  sion  tinent to applicant. All information on this document is kept |
| ·   | this confidential documer   | ndations with their FVCC PTA Program Application.  at, please fold, seal in a standard letter-size envelope,                       |
| lease print name  |   | Phone Number   |
| lace of employment  |   | Position or Title  |
| gnature   |   | Date   |



document may disqualify me from application to the FVCC PTA program.

# Verification of Observation Experience in Physical Therapy

Each applicant to the Flathead Valley Community College Physical Therapy Assistant program is required to complete a **minimum of 30** observation hours in at least **3 different** clinical settings.\* A minimum of 10 hours must be in an inpatient setting. We highly encourage candidates to exceed this number of hours and different clinical settings if he/she wishes. The supervisor must be a licensed PT or PTA unless approved by the PTA program director. The student is to complete these observation hours before acceptance into the program. This form must be submitted to comply with the requirements for application to the program. It is the applicant's responsibility to be sure the form is complete, accurate, and submitted to the FVCC PTA program director with the PTA program application. This information may be subject to verification. Please maintain a copy for your records.

| Applicant'  | 's Name   |   |                |                                  | <del></del>                     |
|-------------|---|---|----------------|----------------------------------|---------------------------------|
| Date        | Physical Therapy Setting Please specify name of facility/clinic AND type of setting: Inpatient (Acute Care, SNF, Extended Care, Inpatient Rehabilitation), Outpatient (private practice, hospital based outpatient, rehabilitation unit outpatient), Home Care, Pediatrics/School System, Sports fitness center, Cardiac Rehabilitation, Other (please specify) | Contact<br>Phone<br>Number and<br>Email | Hours          | Name of<br>Supervising<br>PT/PTA | Signature of Supervising PT/PTA |
| Example     | Anyplace Hospital:  | 123-456-7891                            | 3              | Jane Lovespt, DPT                | Jane Lovespt, DP7               |
| 4/10/21     | Inpatient Acute Care PT   | anyplaceDus.org                         |                |                                  |                                 |
|             |   |   |                |                                  |                                 |
|             |   |   |                |                                  |                                 |
|             |   |   |                |                                  |                                 |
|             |   |   |                |                                  |                                 |
|             |   |   |                |                                  |                                 |
| Total Hou   | rs of all settings combined   | Total Hours Inpatient                   |                |                                  | Total Hours                     |
|             |   |   |                |                                  | Outpatient                      |
| I hereby ce | ertify that the above statements are t  | true and correct to the bes             | t of my knowle | edge. I understand that a fa     | alsifying this                  |

Applicant Signature: \_\_\_\_\_\_ Date: \_\_\_\_\_

|                                      | Physical Therapy   |   |               |                                  |                                 |
|--------------------------------------|--|---|---------------|----------------------------------|---------------------------------|
| Date                                 | Setting  Please specify name of facility/clinic  AND type of setting: Inpatient (Acute Care, SNF, Extended Care, Inpatient Rehabilitation), Outpatient (private practice, hospital based outpatient, rehabilitation unit outpatient), Home Care, Pediatrics/School System, Sports fitness center, Cardiac Rehabilitation, Other (please specify) | Contact<br>Phone<br>Number and<br>Email | Hours         | Name of<br>Supervising<br>PT/PTA | Signature of Supervising PT/PTA |
|                                      |  |   |               |                                  |                                 |
|                                      |  |   |               |                                  |                                 |
|                                      |  |   |               |                                  |                                 |
|                                      |  |   |               |                                  |                                 |
|                                      |  |   |               |                                  |                                 |
|                                      |  |   |               |                                  |                                 |
|                                      |  |   |               |                                  |                                 |
|                                      |  |   |               |                                  |                                 |
|                                      |  |   |               |                                  |                                 |
|                                      |  |   |               |                                  |                                 |
|                                      |  |   |               |                                  |                                 |
|                                      |  |   |               |                                  |                                 |
|                                      |  |   |               |                                  |                                 |
| Total Hours of all settings combined |  | Total Hours Inpatient                   |               |                                  | Total Hours Outpatient          |
| I hereby ce                          | ertify that the above statements are t   | rue and correct to the bes              | t of my knowl | edge. I understand that a fa     | Isifying this                   |

|                                      | Physical Therapy   |                                |                |                            |                                 |
|--------------------------------------|--|--------------------------------|----------------|----------------------------|---------------------------------|
| Date                                 | Setting  Please specify name of facility/clinic  AND type of setting: Inpatient (Acute Care, SNF, Extended Care, Inpatient Rehabilitation), Outpatient (private practice, hospital based outpatient, rehabilitation unit outpatient), Home Care, Pediatrics/School System, Sports fitness center, Cardiac Rehabilitation, Other (please specify) | Contact Phone Number and Email | Hours          | Name of Supervising PT/PTA | Signature of Supervising PT/PTA |
|                                      |  |                                |                |                            |                                 |
|                                      |  |                                |                |                            |                                 |
|                                      |  |                                |                |                            |                                 |
|                                      |  |                                |                |                            |                                 |
|                                      |  |                                |                |                            |                                 |
|                                      |  |                                |                |                            |                                 |
|                                      |  |                                |                |                            |                                 |
|                                      |  |                                |                |                            |                                 |
|                                      |  |                                |                |                            |                                 |
|                                      |  |                                |                |                            |                                 |
|                                      |  |                                |                |                            |                                 |
|                                      |  |                                |                |                            |                                 |
|                                      |  |                                |                |                            |                                 |
| Total Hours of all settings combined |  | Total Hours Inpatient          |                |                            | Total Hours                     |
|                                      |  |                                |                |                            | Outpatient                      |
| I hereby so                          | artify that the above statements are t   | true and correct to the hos    | t of my knowle | adge Lunderstand that a fa | leifying this                   |

| I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a falsifying this document may disqualify me from application to the FVCC PTA program. |       |  |  |  |  |  |
|---|-------|--|--|--|--|--|
| Applicant Signature:  | Date: |  |  |  |  |  |

# **FVCC PTA Program Applications Due**

# Third Friday in May MAY 17<sup>TH</sup>

Mail, Hand Deliver, Postmarked by deadline to:
FVCC Admissions and Registrar
Learning Resource Center
PTA Program Application
777 Grandview Drive
Kalispell, MT 59901

Any Questions, Contact:
Janice Heil, PT, MAPT
PTA Program Director
(406) 756-3373
BC 123C
jheil@fvcc.edu