

SPOKANE FALLS COMMUNITY COLLEGE

Physical Therapist Assistant Program

For Admission: Fall 2018

Program Application Booklet



Community Colleges of Spokane

Spokane Falls Community College

Physical Therapist Assistant Program

2917 W. Fort George Wright Drive
Spokane, WA 99224-5202

www.spokanefalls.edu/PTA



Spokane Falls Community College PHYSICAL THERAPIST ASSISTANT PROGRAM APPLICATION

APPLICANT CHECKLIST

Student Name _____ SFCC ID# _____

APPLICATION DEADLINE: Hand delivered by Noon, Friday, April 6, 2018 or Postmarked by April 6, 2018
Preference will be given to on-time applications. Late applications following the acceptance date will be reviewed for alternate status only. Late applications will be accepted until the third Friday in August.

- Apply for admission to Spokane Falls Community College (SFCC).** Contact Admissions at 533-3503 or www.spokanefalls.edu.
 - If you are enrolled at Spokane Community College (SCC), you still must apply to SFCC.
 - If you have previously been enrolled at SFCC, you must reactivate your application.
- Complete this application booklet.**
 - Page 2:** Demographic Information and College Education (*Total points possible: 6*)
 - Request an **official transcript** from each college you have attended (*with the exception of SFCC and SCC*).
 - Have the transcript(s) sent directly to:
Spokane Falls Community College
Admissions Office MS 3011
3410 W. Fort George Wright Drive
Spokane, WA 99224-5288
 - Page 3:** Student Essay Form (*Total points possible: 10 — for Student Essay Form and cover letter*)
 - Pages 4-5:** Work/Volunteer Experience Form
 - Complete a separate form for each experience (*photocopy as necessary*).
 - Each form must be signed by your supervisor.
 - This form is not to be used as a letter of recommendation. Letters may be submitted but credit is only awarded for experience.
 - Page 6:** Experience Summary (*Total points possible: 5*)
 - Record your single highest score from category A, B, C, or D.
 - Page 7:** Coursework Summary (*Total points possible: 31*)
 - **Include an unofficial copy of all of your transcripts** (*including SFCC and SCC*). A Degree Audit is not acceptable. (*If you don't already have a copy, most schools have the information available online.*)
 - Use your transcripts to determine points you have earned for your coursework and highlight the appropriate courses.
- Prepare a cover letter.** (*Total points possible: 10 — for cover letter and Student Essay Form*)

The letter should be addressed to the Admissions Committee and should discuss what makes you an outstanding applicant for the PTA Program.
- Verify all parts of your completed application. Your application includes the following, in order:**
 - Cover letter
 - Pages 2–7 of this booklet
 - Optional page 8 – Permission for *Spring 2018* Mid-quarter Anatomy and Physiology Grades
 - Copies of all of your transcripts
 - Letter(s) of recommendation (*optional*)
- Submit your application.** It should appear professional and organized.
- HAND DELIVER** by Noon, Friday, April 6, 2018 to: **OR**
Spokane Falls Community College
PTA Program — Magnuson Building 27, Room 357
2917 W. Fort George Wright Drive
Spokane, WA 99224-5288
POSTMARKED by Friday, April 6, 2018 to:
Spokane Falls Community College
PTA Program — MS 3029
2917 W. Fort George Wright Drive
Spokane, WA 99224-5288
- INTERVIEW:** The top students will be invited for a mandatory interview in mid-May. (*Total points possible: 10*)
- If English is your second language, a total TOEFL Score of 74 is required after acceptance into the program. Please contact the program for more information.



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DEMOGRAPHIC INFORMATION

Name _____ SFCC ID # _____

Address _____

City _____ State _____ ZIP _____

Phone _____ (cell) _____ (alternate) _____ (text number)

E-mail _____

1) I have reviewed the Clinical Education requirements and the Essential Functions for Success as outlined on pages 4-6 of the *Physical Therapist Assistant Program Information Booklet* and believe I am able to meet the standards with or without reasonable accommodations.

yes no Signature _____

2) Have you previously applied to our program? yes no

3) Are you a veteran, on active duty, military, reserve service, or member of Washington National Guard? yes no

4) Are you currently enrolled at SFCC? yes no At SCC? yes no

5) Are you taking Anatomy and Physiology this Spring Quarter? yes no

6) Would you be willing to attend a five-week clinical experience in a small rural community (with housing available) while in the program? yes no

7) Would you be willing to be employed in a small rural community following graduation? yes no

COLLEGE EDUCATION

Institution	Location	Degree/Diploma	Dates Attended
1 _____	/ _____	/ _____	from ____ / ____ to ____ / ____
2 _____	/ _____	/ _____	from ____ / ____ to ____ / ____
3 _____	/ _____	/ _____	from ____ / ____ to ____ / ____
4 _____	/ _____	/ _____	from ____ / ____ to ____ / ____



Spokane Falls Community College PHYSICAL THERAPIST ASSISTANT PROGRAM APPLICATION

WORK/VOLUNTEER EXPERIENCE FORM *(photocopy as needed)*

Student Name _____ SFCC ID# _____

Name of Supervisor: _____

Name of Facility: _____

Facility Address: _____

Facility Telephone Number: _____

I give permission for the program to contact this Supervisor. _____

(Applicant Signature)

EMPLOYMENT

I have served as supervisor for the above-named applicant who was employed in the field of:

- physical therapy
- occupational therapy
- sports training
- massage therapy
- other, please state _____
- nursing
- medical assistant
- psychology
- social services

VOLUNTEER / OBSERVATION

The above-named PTA applicant has volunteered/observed in our physical therapy environment:

- volunteer/observer

Period: from ____ / ____ to ____ / ____

Hours per week: _____ Total hours volunteered or worked: _____

Duties and responsibilities performed or observed:

I certify that the above information is correct.

Supervisor Signature

Date

Title

Experience may be paid or volunteer; attach a page for each experience. Please refer to page 6 for the points you will receive for the experience. (PLEASE NOTE: Each individual form must be signed.)



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EXPERIENCE SUMMARY

Student Name _____ SFCC ID# _____

Review your *Work/Volunteer Experience Form(s)* (pages 4-5). Using the information from the Forms, circle the number of points in each area which are most appropriate for your experiences. After scoring all areas, choose the single highest score from one category only and record it below under *Points for Employment/Volunteer Experience*. **To receive any points or consideration of experience, you must include signed Employment/Volunteer Experience Forms.**

A. Employment in Physical Therapy Setting or Restorative Aide or Occupational Therapy Aide (<i>clinic, hospital, school, etc.</i>)	POINTS
1400 hours or more	5 points
700 to 1399 hours	4 points
230 to 699 (<i>If less than 230 hours, refer to Volunteer Section D</i>)	3 points

B. Current or past employment as a State certified/licensed/registered employee in healthcare (e.g CNA, Athletic Trainer, Nurse). MUST INCLUDE COPY OF STATE LICENSE/REGISTRATION/CERTIFICATE	POINTS
1400 hours or more	3 points
700 to 1399 hours	1 point

C. Current or past employment in Health and Fitness, Sports Training, Psychology, Social Service or Special Education Aide that is not State certified/licensed/registered.	POINTS
1400 hours or more	3 points
230 to 1399 hours	1 point

D. Volunteer in Physical Therapy setting (<i>outpatient orthopedic clinic, hospital, pediatric clinic, skilled nursing facility, etc.</i>)	POINTS
200+ hours in two or more settings	3 points
100 to 200 hours in one setting	2 points
40 to 99 hours	1 point

Points for Employment/Volunteer Experience: Note: Only record highest score from either A, B, C, or D above	_____ / out of 5 possible points
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COURSEWORK SUMMARY

Student Name _____ SFCC ID# _____

Based on your transcripts, circle the number of points you have earned for classes taken and total the points at the bottom of the page. Points are awarded for the highest grade (*or degree*) only.

NOTE: Points for academic work older than 5 years shall be evaluated on a case by case basis.

IMPORTANT: We must have a copy of your transcript(s) for points to be awarded (*this includes classes taken Winter Quarter 2018*). If you circle the number for points on this form, you must circle the corresponding grades on your unofficial transcript and include that with this application.

PREREQUISITE	C or C+ 2.0 - 2.5	B- 2.6 - 2.8	B 2.9 - 3.1	B+ 3.2 - 3.4	A- 3.5 - 3.7	A 3.8 - 4.0
Biol&241: Human Anatomy and Physiology; 5cr	2	4	6	8	10	12
School where taken: _____				Course No: _____		

GRADUATION REQUIREMENTS	Eligible to Enter	C or C+ 2.0 - 2.5	B- or B 2.6 - 3.1	B+ or A- 3.2 - 3.7	A 3.8 - 4.0
Math 92, 94, 96 or 97 (<i>or equivalent Elementary Algebra II class</i>); 5cr	1 ^a	1	2	3	4
School where taken: _____			Course No: _____		
Engl&101 (<i>or equivalent English Composition class</i>); 5cr	1 ^b	1	2	3	4
School where taken: _____			Course No: _____		
Psyc&100 (<i>or equivalent General Psychology</i>); 5cr	NA	1	2	3	4
School where taken: _____			Course No: _____		

EXTRA ACADEMIC PREPARATION	B- or B 2.6 - 3.1	B+ or A- 3.2 - 3.7	A 3.8 - 4.0
Biol 242: Human Anatomy and Physiology; 5cr	1	2	3
School where taken: _____		Course No: _____	

PREVIOUS DEGREES (<i>Points cannot be awarded unless the Degree has been completed</i>)	AA(S)	BA / BS	MA / MS or PhD
	2	3	4
School where awarded: _____			

^a Eligibility is defined as a grade of 2.0 or higher in Math 91, or as determined by placement exam.

^b Eligibility is defined as a grade of 2.0 or higher in Eng 99, or as determined by placement exam.

Total Points:



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PERMISSION FOR MID-QUARTER GRADES FOR ANATOMY AND PHYSIOLOGY

Student Name _____ SFCC ID# _____

If you are planning to take Anatomy and Physiology (Biol&241) during Spring Quarter, then you *must* complete this form in order for us to consider your mid-quarter grades in calculating your points for acceptance in the program. Please note that your final grades in anatomy and physiology must meet or exceed your mid-quarter grades to be assured a position in the program.

Course Name and Number _____

College Name _____

Instructor's Information:

- Name _____
- E-mail _____
- Phone Number _____
- Fax Number _____
- Date mid-term grade will be available _____

I give permission for my mid-quarter Anatomy and Physiology (Biol&241) grades to be reported to Spokane Falls Community College Physical Therapist Assistant Program at their request.

Signature

Date



Community Colleges of Spokane
Spokane Falls Community College

Please direct all inquiries regarding compliance with access, equal opportunity and/or grievances to chief administration officer, CCS, 501 N Riverpoint Blvd,
PO Box 6000, MS1004, Spokane WA 99217-6000 or call 509-434-5037, SCC TTY 533-8610/VP 866-948-2811, SFCC TTY 533-3838/VP 509-315-2310.
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