



Labette
Community College

PHYSICAL THERAPIST ASSISTANT PROGRAM Application Packet

Admission Criteria

Students interested in the LCC Physical Therapist Assistant Program are admitted to the college on the same basis as other students, but admission to the college does not ensure admission into the PTA program. Selection into the Physical Therapist Assistant Program is based on the following factors:

High school graduate or equivalent

GPA of 2.5 (minimum) in general education requirements—send transcripts other than LCC to PTA Program Office

Completion of the TEAS assessment test

Three (3) references—one should be a current or former employer

Application essay questions (in your own handwriting)

Observation hours clinician rating sheets

Interview with the selection committee

Submit to a criminal background check (information page included in application packet)

Upon acceptance—student will present satisfactory physical evaluation, verified by a physician; immunization records; 2-step TB skin test; and CPR certification (for healthcare providers)

All general education courses that satisfy the Associate in Applied Science

Physical Therapist Assistant Degree requirements must be completed by June 1, 2017.

Note: All references and observation hours must be either mailed to the office by the person completing the reference or by the clinician being observed, or must be in a sealed envelope, initialed on the seal by the reference or clinician.

All references or observation hours not in a sealed envelope will not be accepted.

APPLICATION CHECKLIST

- ◇ Official college transcript(s) to PTA Program Office by 3/10/17
- ◇ Before March 10, 2017:
 - *Deliver forms to three (3) references and verify they were returned to the LCC PTA Program Office
 - *TEAS exam—testing dates can be found at:
<http://www.labette.edu/pta/assets/TEAS-Exam-Test-Dates.pdf>
 - *Complete observation hours and verify clinician sent paperwork to LCC PTA Program Office
 - *Complete background check online
(www.mystudentcheck.com)
- ◇ Deliver/send completed application packet to LCC PTA Program Office by 3/10/17

Labette Community College, PTA Program Office, 200 S. 14th Street, Parsons, KS 67357. For questions about the program, call 620-820-1157 or e-mail hannahj@labette.edu.

TEAS

You must take the TEAS for your application to be complete.

Create an account through the ATI website (www.atitesting.com). For more information, visit the “**How To Create An Account**” page on our website. Schedule your test by contacting Hannah Jack at hannahj@labette.edu or 620-820-1157. Test fees must be paid through the Business Office to schedule your exam (\$61). Contact the Business Office at 620-820-1282 or 620-820-1231.

Bring your username, picture ID and password to campus the day of your exam.

TEAS Study Guide is available to purchase at the LCC Bookstore.

For more information see the “About the TEAS Assessment Test” page of the application packet.

TO COMPLY WITH THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974 (FERPA)

No copies from the student file will be released once received in the PTA Program Office. Students should keep copies of all materials submitted to the program for their personal education records.

The Physical Therapist Assistant program at Labette Community College is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-706-3245; email: accreditation@apta.org
Website: <http://www.capteonline.org>



Dear Physical Therapist/Physical Therapist Assistant:

One of the prerequisites for consideration for admission to the Physical Therapist Assistant program at Labette Community College is observation of a minimum of 24 hours of physical therapy clinical practice under the supervision of a licensed physical therapist or physical therapist assistant. Applicants are required to observe eight hours in an out-patient setting, eight hours in an acute care setting and eight hours in a skilled care/nursing home setting. Please complete this form, place in an envelope, initial the seal, and send it to the address below. Upon completion of the observation the applicant should be able to give rationale for why he/she wants to become a Physical Therapist Assistant.

APPLICANT NAME: _____ **DATE:** _____

FACILITY OBSERVED: _____

TYPE OF FACILITY: _____

ADDRESS OF FACILITY: _____

Please consider the following and provide your overall impression of the applicant--

- ◆ Arrived promptly for observation and stayed the agreed upon amount of time.
- ◆ Was neat & appropriate in their appearance and behavior.
- ◆ Showed effective listening skills & good verbal communication.
- ◆ Observed attentively and with interest.
- ◆ Showed confidence & enthusiasm through their behavior.
- ◆ Asked questions/gave comments that indicated an attempt to learn about the field of Physical Therapy.

Please circle the number that represents your overall impression of this applicant.

EXCELLENT			GOOD			SATISFACTORY			FAIR			POOR		
15	14	13	12	11	10	9	8	7	6	5	4	3	2	1

COMMENTS:

The student waives all rights to view the completed observation documents by signing here:

Student Signature

Date

LCC ID# or SS#

Amount of time observed: _____ Date(s) of observation: _____

CLINICIAN SIGNATURE: _____ DATE: _____

PRINTED CLINICIAN NAME: _____ PHONE: _____

**The clinician who was observed should complete and return this form to:
Hannah Jack, Health Science Programs' Assistant, Labette Community College, 200 S. 14th St., Parsons, KS 67357.**

THANK YOU FOR YOUR TIME AND COOPERATION WITH THIS PROCESS—LCC PTA Program Staff



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PHYSICAL THERAPIST ASSISTANT PROGRAM Clinical Observation Hours Etiquette

General guidelines for a successful clinical observation experience:

Business casual attire is required—

- Khaki pants (clean and pressed); shirt or blouse (clean and pressed); closed toe shoes (clean)
- No jeans, ripped clothing, open toe shoes, shorts, hats or shirts with writing on them
- All clothing must fit properly without exposure of any inappropriate body part (even when bending over)
- Demonstrate good hygiene practices with long hair pulled back and well groomed facial hair
- Cover tattoos and remove piercings
- Conservative earrings/jewelry

Courtesy to the staff is required—

- You are a guest in their facility, act accordingly
- Be engaged in the process
- No cell phone usage during observation hours
- Be on time
- Display a positive attitude
- Ask questions in a sensitive manner
- Provide an envelope with the PTA Program's address and place appropriate postage on the envelope
- Thank the staff for their time



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PHYSICAL THERAPIST ASSISTANT PROGRAM

Statement of Confidentiality

I, the undersigned, as a prospective student of the Physical Therapist Assistant Program at Labette Community College, understand that I am assigned to the Physical Therapy Department of _____ for
(Observation Facility)
observation and that all information concerning patients is to be treated as “confidential”. Patient information is NOT to be discussed with anyone outside the confines of the Physical Therapy Department.

I understand that disregard for the above statements or any violation on my part will jeopardize my acceptance into the Labette Community College Physical Therapist Assistant Program.

Applicant Signature

Date



PHYSICAL THERAPIST ASSISTANT PROGRAM

Prospective Physical Therapist Assistant Student Reference Form

Applicant's Name _____
(please print)

I, _____, (PTA Program applicant), waive my right to view this reference form.

This reference is confidential. On a scale of one to five, with one (1) being the lowest possible rating and five (5) being the highest, please rate the applicant named above. If you cannot rate the applicant in all areas, please notify them so they can name another reference. Place this form in an envelope, seal the envelope, initial the seal and return/mail to Hannah Jack, Health Science Programs' Assistant, Labette Community College, 200 South 14th Street, Parsons, KS 67357.

	<u>Poor</u>	<u>Average</u>			<u>Excellent</u>
PERSONAL QUALITIES	1	2	3	4	5
Professional Appearance					
Cooperation					
Dependability					
Emotional Control					
Honesty					
Judgment					
Punctuality					
Flexibility					
Initiative/Motivation					
Leadership					
Communication Skills					
Organizational Skills					

Your relationship to the applicant: Employer Co-Worker Teacher Other
(Family member references will not be accepted.) If "Other", please identify relationship— _____

1. Would you endorse this applicant as a candidate for a health care career? Yes No
2. If you had the opportunity to employ this individual, would you do so? Yes No
3. Any additional comments about the applicant:

Please Print Name: _____ Date: _____

Signature: _____ Phone #: _____

Title/Occupation: _____

Address: _____
Street City State Zip



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PHYSICAL THERAPIST ASSISTANT PROGRAM
Application (p.1)

Name _____ SS# _____
Last First Middle Maiden

LCC Student ID# _____

Any other last names used _____ Home Phone _____

Mailing _____ Cell Phone _____
 Address Street/P.O. Box City State Zip

Work Phone _____

Physical _____ Date of Birth _____
 Address Street/P.O. Box City State Zip

E-Mail Address _____ Male Female

U.S. Citizen Yes No County of Residence _____

Ethnic Background: Native American African American Asian American Caucasian American International Other

Next of kin Name _____ Relationship _____
 or for emergency notification Address _____ Phone _____
Street City State Zip

Employed by _____ Phone _____

EDUCATIONAL BACKGROUND

Are you a high school graduate? If yes, year graduated _____
 Yes No

If no, do you have a high school Equivalent (GED)? Yes No If yes, year graduated _____

Have you ever attended or applied to any PTA program? Yes No

If yes, give name and location of school: _____

Dates attended: _____ Reason for leaving: _____

 High School: _____

 College(s): _____

 Degrees Earned: _____

 Degrees Earned: _____

 Degrees Earned: _____

 Degrees Earned: _____

Please indicate the year, grade and college of the following courses you have completed or mark an X in the "Currently Taking" box.

Course	Year	Grade	Currently Taking	College Initials
Program Prerequisites				
A & P (with lab)				
English Comp I				
Fund. of Speech				
College Algebra				
Gen. Psychology				
Dev. Psychology				
Comp. Elective				
Medical Term.				



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PHYSICAL THERAPIST ASSISTANT PROGRAM
Application (p.2)

I certify that all information contained in this application is true and correct to the best of my knowledge.

WORK EXPERIENCE (within the last ten years)

Employment Dates

Type of Work	Name of Employer	Location	From	To	Reason for Leaving

Have you ever been cited for Academic Dishonesty? YES NO If yes, explain:

Have you ever been charged or convicted of a misdemeanor or felony? YES NO If yes, explain:

Please submit copies of documentation of the disposition of charges. Be advised that any adverse results from a background check may disqualify you from admittance to some of the program's clinical sites and therefore keep you from successfully completing the program.

Signature: _____ Date: _____

IF ANY INFORMATION CONTAINED HEREIN IS FOUND TO HAVE BEEN FALSIFIED, THIS APPLICATION WILL BE WITHDRAWN AND APPLICANT WILL BE ASKED TO WITHDRAW FROM THE SCHOOL.

A statement of race and financial status is used only for the statistical information required on state and federal forms. Applicants are advised that disclosure of their social security number, date of birth, and information regarding conviction of crimes/infractions is required information for certification requirements as set forth by CAPTE, and not used to determine a student's eligibility for the PTA Program.

Labette Community College is committed to a policy of educational equity. Accordingly, the College admits students, grants financial aid and scholarships, and conducts all educational programs, activities, and employment practices without regard to an individual's race, color, religion, gender identity, sexual orientation, national origin, age, marital status, ancestry, or disabilities. Any person having inquiries concerning the College's compliance with regulations implementing Title VI, Title VII, Title IX, or Section 504 of the Rehabilitation Act of 1973 is directed to contact the Director of Human Resources, Janice Every, Labette Community College, Parsons, KS 67357, telephone 620-421-6700.

For Office Use Only

Entrance Exam Fee Received _____ Date received _____



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**PHYSICAL THERAPIST ASSISTANT PROGRAM
Application Essay**

Please answer the following questions in **essay form** (in your own handwriting) using the space provided—

1. Why do you want to become a Physical Therapist Assistant?

2. What personal attributes do you possess that would assure your success in the PTA field?

ABOUT THE TEAS...

TEAS is a multiple-choice assessment of basic academic knowledge in reading, math, science and English and language usage. Schools use this assessment to determine readiness for an allied health program and to ensure your success. The objectives assessed on the TEAS exam are those which allied health educators deemed most appropriate and relevant to measure entry level skills/abilities of healthcare students.

TEAS Study Manual: Official TEAS resource specifically written to address each objective that could potentially be addressed on the TEAS exam including Reading, Math, Science and English/Language Usage. Each study guide comes with two additional paper/pencil practice tests with rationales for correct answers. Available in the LCC Bookstore.

To Register for the TEAS: Go to www.atitesting.com and create an account by clicking on “Create an account” under the Secure Sign on section or at the very top of the page. You’ll only be required to fill out areas designed as “required” with a red asterisk (*). Make sure to select “Lafayette CC ADN” as your institution. Once you’ve created your account, contact Hannah Jack at 620-820-1157 or hannahj@lafayette.edu to register for the exam. You must pay for the test while registering to reserve your place. **There are no refunds for the test, so please be sure to show up on your test date 20 minutes before the test is scheduled to begin.**

NOTE: The TEAS is a proctored exam given at LCC. You must register and pay the \$61 testing fee to be scheduled for the exam. Seating is limited. We recommend you take the exam as early as possible to ensure you have ample opportunity to retest if you choose. There is no limit on the number of times you may test, but you must wait a week between tests.

Contact Hannah Jack at 620-820-1157 or hannahj@lafayette.edu for more information.



INSTRUCTIONS FOR OBTAINING YOUR BACKGROUND CHECK FOR CLINICAL EDUCATION PROGRAM

Labette Community College PTA Program

The hospitals associated with our clinical education program require background checks on incoming students to insure the safety of the patients treated by students in the program. You will be required to order your background check prior to the application deadline. A background check typically takes 3 normal business days to complete. The background checks are conducted by PreCheck, Inc., a firm specializing in background checks for healthcare workers. Your order must be placed online through StudentCheck.

Go to www.mystudentcheck.com and select your School and Program from the drop down menus for School and Program. It is important that you select your school worded as Labette Community College PTA.

Complete all required fields and hit Continue to enter your payment information. The payment can be made securely online with a credit or debit card. You can also pay by money order, but that will delay processing your background check until the money order is received by mail at the PreCheck office. **Texas** residents will pay **\$53.58** and **New Mexico** residents will pay **\$53.09**. Residents in **all other states** will pay **\$49.50**. For your records, you will be provided a receipt and confirmation page of your background check order placed through PreCheck, Inc.

PreCheck will not use your information for any other purposes other than a background check. Your credit will not be investigated, and your name will not be given out to any businesses.

If you need assistance, please contact PreCheck at StudentCheck@PreCheck.com.

FREQUENTLY ASKED QUESTIONS:

- How long does the report take to complete? Most reports are completed within 3 business weekdays.
- Do I get a copy of the report? Yes. Log into www.mystudentcheck.com and select students. Click on "here", put in your SSN and DOB. If your application is complete, then you click on the application number to download and print a copy of your report. This feature is good for 30 days after submittal.
- Does PreCheck need every street address where I have lived over the past 7 years? No. Just the city and state.
- I have been advised that I am being denied entry into the program because of information on my report and that I should contact PreCheck. Where should I call? Call PreCheck's Adverse Action hotline at 800-203-1654. Adverse Action is the procedure established by the Fair Credit Reporting Act that allows you to see the report and to dispute anything reported.
- I have a criminal record. What should I do? Disclose the crime on your application.

If you need further assistance, please contact PreCheck at StudentCheck@PreCheck.com.



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PHYSICAL THERAPIST ASSISTANT PROGRAM

Please contact us if you have any questions...

Jimmie Wilson MSPT, DPT
PTA Program Director
620-423-3349
jimmiew@labette.edu

Trent McGown, CPTA
PTA Program Clinical Coordinator
620-423-3411
trentm@labette.edu

Susan Brouk
CTE Director
620-820-1271
susanb@labette.edu

Hannah Jack
Health Science Programs Assistant
620-820-1157
hannahj@labette.edu

FAX: 620-423-3336

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Health Science Programs Background Check Permission and Release

LCC Health Science Programs' *Background Disclosure Statements* outline how criminal history may impact the admission, progression and licensure/certification of incoming and current health science students. Incoming students are expected to truthfully and accurately share any information related to their criminal record as part of the admission and enrollment process. Current students are expected to notify their respective program director if any change in their criminal history occurs while enrolled in an LCC Health Science Program.

Please review the disclosure statement included in the program application packet and sign below indicating the following:

I have truthfully and accurately reported my criminal record and any pending charges (if any) to the LCC Physical Therapist Assistant Program Director.

I understand that my criminal history may impact my admission to the LCC Physical Therapist Assistant Program, progression in the program, and/or ability to be licensed/certified in my field of study.

I agree to notify the LCC Physical Therapist Assistant Program Director if a change in my criminal record occurs while attending the LCC Physical Therapist Assistant Program.

The LCC Physical Therapist Assistant Program for which I am applying has informed me of the state licensure/certification requirements for that program.

I, _____, have read and understand that completing a criminal background check is a condition of my application to the LCC Physical Therapist Assistant Program and a requirement to participate in education courses that include clinical placement.

I authorize Labette Community College to release the results of any background and criminal history check to any site where I will be placed for any legitimate educational purpose and I waive my privacy rights under the Family Educational Rights and Privacy Act (FERPA) and consent to a background check for this limited purpose.

I hereby release Labette Community College from any liability in the event:

I am not cleared for placement by the clinical sites and therefore cannot proceed in the application process.

I am unable to obtain the necessary credits to continue in the program due to a criminal case that occurred after being accepted into the program

I am unable to obtain licensure/certification in my field of study due to adverse results on a criminal background check.

I understand that I cannot be guaranteed placement at a clinical site and if I cannot complete the clinical requirements, I will not be able to graduate from the program.

Signature: _____ Date: _____

Please submit this signed form as part of your application to the LCC Physical Therapist Assistant Program.

For additional information please contact Hannah Jack, Health Science Programs' Assistant at

620-820-1157 or hannahj@labette.edu.