



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:

- Meet with a Labette Community College Health Science Advisor**
Text **#pta to 620-254-8938** or Email: healthscience@labette.edu
- High school graduate or equivalent (send official transcript to LCC's Admission Office)**
- GPA of 2.5 (minimum) in general education requirements—send college transcripts other than LCC to Labette Community College's Admissions Office**
- Medical Terminology and Anatomy & Physiology must be completed within 2 years of application (this may be waived with a TEAS score of 60 or above *in the science section*)**
- Completion of the TEAS assessment test, with a minimum overall score of 60**
- Three (3) references—one should be a current or former employer (one is included in this application, *you'll need to print 2 additional reference forms*)**
- Application essay questions (in your own handwriting)**
- Applicant Observation Hours COVID Substitution Plan - Clinical Video and Essay's**
- Submission of all application forms no later than application deadline**
- Interview with the selection committee** (Our Health Science Programs' Administrative Assistant will schedule interviews with each eligible applicant after the application deadline date.)

Upon Acceptance

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

Satisfactory physical evaluation, verified by a physician; immunization records; 2-step TB skin test; and CPR certification (for healthcare providers)

****APPLICATION DEADLINE****

All applications must be completed by

March 5, 2021

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>. The program's current status is probationary accreditation; for more information see <http://www.capteonline.org/WhatWeDo/RecentActions/PublicDisclosureNotices/>. If needing to contact the program/institution directly, please call 620-820-1007 or email pta@labette.edu.

Public Disclosure Notices Related to CAPTE Actions

Pursuant to requirements for recognition by the US Department of Education, below are brief statements about the reasons for decisions to place or maintain programs on probation and for final decisions to deny candidacy, withdraw candidacy, withhold accreditation, or withdraw accreditation. All programs are given the opportunity to provide comments in response to such decisions; official comments are included if provided.

[Read more...](#)



Selection Criteria

TEAS Score	Select Score	GPA	Select Score	Interview	Select Score	Observation Substitute Essay Score	Select Score	References	Select Score	Essay	Select Score
77 - 100	20	3.75 - 4.00	15	73 - 80	15	28 - 32	10	162 - 180	5	28 - 32	5
73 - 76	18	3.50 - 3.74	13.5	65 - 72	13.5	22 - 27	9	145 - 161	4.5	22 - 27	4.5
69 - 72	16	3.25 - 3.49	12	57 - 64	12	16 - 21	8	130 - 144	4	16 - 21	4
65 - 68	14	3.00 - 3.24	10.5	49 - 56	10.5	10 - 15	7	116 - 129	3.5	10 - 15	3.5
62 - 64	12	2.75 - 2.99	9	40 - 48	9	4 - 9	6	108 - 115	3	4 - 9	3
60 - 61	10	2.50 - 2.74	7.5	< 40	0	< 4	0	< 108	0	< 4	0

Each of the above application components are assigned a score. These are calculated to provide an overall score for the applicant.



Labette
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PHYSICAL THERAPIST ASSISTANT PROGRAM

Clinical Video and Essay

Applicant Observation Hours Substitution Plan

We are aware that during this current time, with so many restrictions due to the pandemic, it is/has been very difficult to find facilities that will allow you to meet the observation hour requirements. For this current application process for the March 2021 application deadline we have come to the conclusion that we are changing the observation hour requirements to where each applicant will be required to watch the videos below and then answer two separate questions that are related to the videos. There is a video for each of the setting types (Outpatient, Acute Care, Skilled Nursing) and you will be required to watch each video in its entirety and then answer the following questions in essay style. Your essay shall not exceed two pages and will be submitted with your application.

Outpatient video <https://youtu.be/SsLqoEFZfk8>

Acute care part 1 <https://youtu.be/wy0WgHTGxzw>

Acute care part 2 <https://youtu.be/FXKQttkDs6c>

Skilled Nursing video <https://youtu.be/1ATaUMU6VdU>

1. Identify the differences between each of the setting types in regards to patient population and the role that a PTA plays in that setting.
2. What setting do you believe would be the best fit for you and why?



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 Lori Weaver, 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



Labette
Community College

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 _____

Next of kin Name _____ Relationship _____

or for Address _____ Phone _____

emergency notification 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: _____

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
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Program Prerequisites

A & P (with lab)				
English Comp I				
Fund. of Speech				
College Algebra				
Gen. Psychology				
Dev. Psychology				
Comp. Elective				
Medical Term.				



Labette
Community College

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 _____



Labette
Community College

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. This can be purchased online through the ATI online store, or through another online retailer.

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 Lori Weaver at 620-820-1157 or loriw@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 at least 15 minutes before the test is scheduled to begin.**

NOTE: The TEAS is a proctored exam given at LCC. You must register and pay the \$75 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 Lori Weaver at 620-820-1157 or loriw@lafayette.edu for more information.

Health Science Programs TEAS Exam Dates for 2020-2021

How to Register for a TEAS Exam:

1. Prior to scheduling your proctored TEAS Exam, create an account with ATI, www.atitesting.com. When setting up the ATI Account, select Labette CC ADN as your institution. Students who do not have their account set up will not be allowed to test that day. A new test will need to be scheduled.
2. Scheduling your exam: Nursing: nursing@labette.edu or 620-820-1263 or Lori at loriw@labette.edu or 620-820-1157.
3. Please have a credit/Debit card ready when scheduling your exam. The \$75.00 non-refundable exam fee must be paid at the time you schedule your exam. Applicants who miss their scheduled test must reschedule and pay for a new test.
4. Seating will be limited to 20 students, so do not wait until the last minute to schedule your exam. **Masks will be required in the testing area and social distancing will be followed.**
5. Arrive no later than 15 minutes prior to the test. Bring your ATI log in information with you. A photo ID is required at sign in.
6. If you arrive to find the door closed, you have missed your opportunity to test and will need to reschedule.

ATI study guides can be purchased at www.atitesting.com or may be available for check out in the Student Success Center, 620-820-1147.

Test Prep Review has TEAS study type questions for the TEAS www.testprepreview.com.

TEAS scores will not be accepted after program application deadlines.

In the event of inclement weather, the exam will be rescheduled. You will be contacted for the new date.

Date:	Time:	Room:	
Thursday, November 12, 2020	1:00 p.m. to 5:00 p.m.	Z208	
Thursday, December 10, 2020	8:00 a.m. to 12:00 p.m.	Z208	
Thursday, January 7, 2021	9:00 a.m. to 1:00 p.m.	Z208	
Friday, January 15, 2021	11:00 a.m. to 3:00 p.m.	Z208	
Thursday, January 21, 2021	12:00 p.m. to 4:00 p.m.	Z208	
Friday, January 29, 2021	8:00 a.m. to 12:00 p.m.	Z208	
Thursday, February 4, 2021	11:00 a.m. to 3:00 p.m.	Z208	
Friday, February 12, 2021	9:00 a.m. to 1:00 p.m.	Z208	
Thursday, February 18, 2021	11:00 a.m. to 3:00 p.m.	Z208	
Thursday, February 26, 2021	9:00 a.m. to 1:00 p.m.	Z208	
Thursday, March 4, 2021	8:00 a.m. to 12:00 p.m.	Z208	Last chance for Nursing/PTA
Thursday, March 18, 2021	9:00 a.m. to 1:00 p.m.	Z208	Last chance for Radiography

Summer TEAS Exams for Respiratory Therapy and Dental Assistant

Wednesday, June 2, 2021	9:00 a.m. to 1:00 p.m.	Z208	Respiratory/DA
Wednesday, June 16, 2021	9:00 a.m. to 1:00 p.m.	Z208	Respiratory/DA
Thursday, July 7, 2021	9:00 a.m. to 1:00 p.m.	Z208	Respiratory/DA
Wednesday July 15, 2021	9:00 a.m. to 1:00 p.m.	Z208	Respiratory/DA (Last Chance)

Tests will not be scheduled outside of these dates for Respiratory and Dental Assisting. Applicants can still take the exam on any of the available dates from November to March.



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.



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 Lori Weaver, Health Science Programs' Administrative Assistant at 620-820-1157 or loriw@labette.edu.



Labette
Community College

PHYSICAL THERAPIST ASSISTANT PROGRAM

Please contact us if you have any questions...

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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, sex, 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.