PHYSICAL THERAPIST ASSISTANT PROGRAM
The Profession and Program at College of DuPage

Fall Semester 2019

The Application Deadline Is:
June 4, 2019 at 5 pm

Please read this packet thoroughly as it contains all pertinent information for application to College of DuPage’s PTA Program. Early attendance of a group advising session and meeting with a Health Career Program Advisor is also recommended to answer application-related questions. While the PTA department is happy to address any remaining questions, prospective students are strongly encouraged to utilize available resources such as the group advising sessions, meeting with a Health Career Program Advisor and the PTA Admissions packet in order to more easily understand the admissions process for the program.

Note: Please see specific program registration or admission packets for detailed information on when to begin completing health requirements, drug tests, CPR, criminal background checks and proof of insurance submission. Timing varies depending upon either entrance to or participation in the clinical component of a given program. Funds paid to Edward Corporate Health or to a personal health care provider/ source, CastleBranch.com, insurance companies, and funds used towards CPR completion are not eligible for any sort of refund from College of DuPage if the required course(s) are not successfully completed.

Students are not accepted into this program until they receive an official acceptance letter from College of DuPage Office of Admissions & Outreach.
Physical Therapist Assistant (PTA) Profession

The physical therapist assistant is a health care provider who, under the direction of a licensed physical therapist, provides skilled, direct patient care in a variety of settings, including hospitals, out-patient clinics, skilled care facilities, rehabilitation hospitals, school systems and home health care agencies. The physical therapist assistant utilizes therapeutic exercise, massage and physical agents such as heat, cold, water and electricity in the treatment of patients with physical disease and disability.

Physical Therapist Assistant (PTA) Program at College of DuPage

The Physical Therapist Assistant (PTA) program at the College of DuPage is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE).

- The Commission on Accreditation in Physical Therapy Education
  1111 North Fairfax Street
  Alexandria, VA 22314
  Telephone: (703) 706-3245
  Email: accreditation@apta.org
  Web site: http://www.capteonline.org

The Physical Therapist Assistant (PTA) program at College of DuPage is an Associate in Applied Science (A.A.S.) degree program consisting of 26 to 28 semester credit hours of general education courses and 43 semester credit hours of physical therapist assistant core courses.

- The PTA program core courses are spread sequentially over five semesters. Each course is offered only once per year.
  - During the first three semesters, the PTA program core courses are scheduled primarily in the evening, beginning at 5 p.m. Mondays through Fridays. Because of this, applicants are able to work part-time, if desired, during the first academic year of the program.
  - Clinical experience during the second year of the PTA program are primarily during the day. Core courses will be scheduled around clinical experiences and offered during the day on non-clinical days or in the evenings.
- It is highly recommended that applicants complete as many general education requirements as possible prior to applying to the PTA program.
- Program graduates are eligible to take the state licensure exam in the state in which they plan to work. Applicants are expected to follow the guidelines established by the individual state’s Department of Professional Regulation to obtain licensure as a physical therapist assistant. In Illinois, a license is required and is issued (upon successful completion of the PTA licensure exam) by the Illinois Department of Financial and Professional Regulation (www.idfpr.com) to practice as a physical therapist assistant.
- An applicant/student found guilty of a felony, delinquent in complying with a child support order and/or defaulted on an educational loan or scholarship provided/guaranteed by the Illinois Applicant Assistance Commission or other governmental agency of the state may have difficulty with placement at clinical sites and/or obtaining a license to practice. Applicants may refer questions to the Illinois Department of Financial and Professional Regulation, Springfield, IL.

Program Information Disclaimer

This program information is published for that purpose only; however, the information in this packet is not to be regarded as an irrevocable contract between the student and the program. The program reserves the right to change, at any time, without notice, graduation requirements, fees and other charges, curriculum, course structure and content, and other such matters as may be within its control, notwithstanding any information set forth in this program information packet in accordance with College of DuPage policies and procedures.

Statement of Health

If accepted, the health requirements must be completed prior to the first clinical rotation. Please see the health requirement packet for details. Please do not complete these requirements until you are instructed to do so. The health examination is completed at the student’s expense. Students will still need to be “cleared” by Edward Corporate Health. Once given a “clearance form”, students will go to CastleBranch.com to upload their health documents to the medical document manager piece. Students will have unlimited access to personal health records beyond program completion. Along with the health record piece, the Drug Test and Background Check is completed through CastleBranch.com. Applicants may also be required to have written permission from a licensed physician stating they can perform all the duties of a Physical Therapist Assistant despite the presence of a specific medical condition (i.e., back problem).

If applicants do not submit the necessary paperwork, do not obtain the required examinations and vaccinations, and/or are unable to obtain clearance to participate in all the program’s clinical activities, without restrictions and/or precautions, they may be considered ineligible for the program and can be withdrawn from the program courses in which they are registered.
Program Admission Preference
Preference in admission is given to residents of District 502 who meet the stated minimum acceptance criteria for the program. Priority for admissions are a) In-district applicants; b) Out-of-district applicants working full-time in-district (proof of in-district employment will be required each semester); c) Out-of-district applicants including those students with a joint or chargeback agreement; d) International; e) Other. Presently, due to the high volume of qualified in-district applicants and the inception of this COD policy, 100% of the accepted applicants have been in-district residences.

Statement on Medical Care and Health Insurance
Students are responsible for their own medical care and health insurance while in the program. Students must possess health care insurance in order to train at the clinical affiliate. The student is responsible for any costs that may be incurred related to personal injuries he/she may acquire while performing activities at the clinical affiliate. The affiliating clinical facility and/or College of DuPage cannot be held liable for such injuries. Please visit the Center for Access and Accommodation website for additional details.

Students are required to provide evidence of current health insurance coverage. Please follow specific guidelines as instructed for submitting proof of insurance.

Statement on Medical Malpractice Insurance
Malpractice insurance is required and is included in the clinical education tuition costs on an annual basis. That is, the cost of the insurance is included with the tuition costs for PHYTA 2122. Students must be officially registered and listed on the instructor’s class roster to be covered by the malpractice insurance.

Statement on Transportation
Students are responsible for finding their own transportation to and from the College and Clinical Site. No special accommodations will be made for students with transportation problems. Students who accept a position in the program should be willing and able to travel to any site to which they may be assigned including those outside of District #502.

Statement on Health and Public Service Program Discipline Procedures
All students must have a signed acknowledgement of the Discipline Procedure (attached) on file with the Program upon admission. Students will also receive specific rules and policies for the Program to sign upon admission.

Non-Discrimination Policy
The College prohibits discrimination in its admissions, employment, and educational programs or activities on the basis of race, color, sex, religion, creed, national origin, age, ancestry, marital status, sexual orientation, gender identity and expression, arrest record, military status or unfavorable military discharge, citizenship status, and physical or mental disability. The College will protect an individual’s right to express their viewpoint or opinion, so long as it does not violate State or Federal law and is not detrimental to the College.

This Policy against discrimination applies throughout all College environments, whether on campus, at work assignments off campus, at College-sponsored social functions, or otherwise.

Procedures to facilitate the College’s prohibition of discrimination will be promulgated consistent with the Policy. (Board Policy 20-5).

Student E-Mail Policy
College of DuPage will send all official communications to you through your official COD email (dupage.edu). You will no longer be able to use a preferred email account. You do have the option to forward these communications to a personal email account if you wish.

Check out your COD email to get the message about:
- Official COD communications
- Financial aid communications
- Petition to graduate
- Transfer credit evaluation
- Prerequisite proof Sensitive
- FERPA-related communications
- Transcript order Important messages from instructors
Citizenship/Visa Status
If you are not a U.S. citizen or a permanent resident of the U.S., and if you have any questions or concerns regarding your eligibility to participate in health sciences programs, please contact the International Student Office, SSC 2225, (630) 942-3328, e-mail: intlstdt@cod.edu.
Qualified applicants will be considered out-of-district in the admissions ranking process if they are not a:
- U.S. citizens
- Permanent residents

Statement on Drug Testing and Criminal Background Testing
A drug test and Criminal Background Check are required prior to starting a clinical rotation in the Physical Therapist Assistant program. Several clinical affiliates also require finger printing. The costs of these requirements are the responsibility of the student. You will be informed by the Program Coordinator when you will need to complete these requirements. Please do not complete them until instructed to do so. Results of testing may result in inability to attend clinical experiences and therefore dismissal from the program.

Criminal Background Check Information
All health care workers and student health care workers are required to undergo a criminal background check in order to work in a clinical setting. A student with a positive background check containing disqualifying conditions as defined by Federal and State law will not be allowed to enter the clinical portion of the program. A student with a positive background check containing disqualifying conditions as defined by Illinois State Law (225ILCS46/25) and 77 Ill Adm. Code 955 Section 955.160 will not be allowed to enter the clinical portion of this program, thus preventing the student from obtaining mandated certification and/or licensure.

NOTE: You may have been convicted and not sent to jail. People are often fined or given probation or conditional discharge rather than jail time, but these are still considered convictions. If you are unsure as to whether an arrest resulted in a conviction, contact the county in which you were arrested and speak to a representative in the Circuit Clerk’s office, State’s Attorney’s office or your attorney.
Twenty four (24) applicants are accepted into the PTA program and begin the program each year in the fall semester

- Applicants may begin submitting application material on April 1, 2019
- Applicants must submit all application material by Tuesday June 4, 2019 to be considered for admission to the PTA program for Fall 2019
- Notification of the PTA Admissions Committee decision will be sent to applicants via email and postage mail by early July
- Applicants offered admission must respond in writing within 14 days or that offer is withdrawn
- Applicants who decline an offer of admission or accept but fail to register for classes are not guaranteed admission at a later date
- Applicants not accepted have the option of re-applying to the PTA program. Admission material submitted for Fall 2019 is not automatically carried over to the following year. Therefore, if an applicant reapplies, the applicant must meet all admission criteria and re-submit all new application material.
- Preference is given to College of DuPage In-District 502 applicants who fulfill all admission requirements, followed by out-of-district applicants working full time in-district 502 with proof who fulfill all admission requirements, followed by out-of-district students who fulfill all admission requirements, followed by international students, followed by ‘other.’
- Incomplete application packets are not considered for placement

Program General Education Course Requirements
Although not required, it is highly recommended that applicants complete all general education courses prior to applying to the PTA program.

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester Credit Hours</th>
<th>Suggested or Required Courses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Written</td>
<td>3</td>
<td>English 1101</td>
</tr>
<tr>
<td>Oral</td>
<td>3</td>
<td>Speech 1100 or 1120 or 1150</td>
</tr>
<tr>
<td>Physical/Life Sciences</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Anat. &amp; Phys. 1551 or 1571</td>
<td>4</td>
<td>Must be within 5 years of application deadline date (6/4/14-6/4/19), with a grade of “B” or better, if taken prior to admission to PTA program.*</td>
</tr>
<tr>
<td>Anat. &amp; Phys. 1552 or 1572</td>
<td>4</td>
<td>Must be within 5 years of application deadline date (6/4/14-6/4/19), with a grade of “B” or better, if taken prior to admission to PTA program.*</td>
</tr>
<tr>
<td>Mathematics</td>
<td>3-5</td>
<td>Math 1100 or higher listed in College of DuPage Catalog such as: Math 1102</td>
</tr>
<tr>
<td>Humanities/Fine Arts</td>
<td>3</td>
<td>Any Humanities/Fine Arts class (3 sem. hrs.) listed in College of DuPage Catalog such as: Philosophy 1112</td>
</tr>
<tr>
<td>Social &amp; Behavioral Sciences</td>
<td>3</td>
<td>Any Social &amp; Behavioral Sciences class (3 sem. hrs.) listed in College of DuPage Catalog such as: Anthropology 1100, Psychology 1100, or Sociology 1100</td>
</tr>
<tr>
<td>Global/Multicultural or</td>
<td>3</td>
<td>Biomedical Terminology, Health Sciences 1110 fulfills this requirement and is a required course for this degree. Must be within 5 years of application deadline date (6/4/14 – 6/4/19), with a grade of “B” or better, if taken prior to admission to PTA program.**</td>
</tr>
<tr>
<td>Contemporary Life Skills</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL General Education Semester Credit Hours 26-28

* If A&P is taken >5 years ago but applicants are able to demonstrate that they maintain active knowledge of the content with regular use, applicants may submit a waiver request to the Program Coordinator who will submit the request to the Admissions Committee. 1 of the 2 sequence courses must be within the 5 year date range.

** College of DuPage offers a proficiency exam for this course. If taken >5 years ago or if you hold active knowledge in this content area, you may contact the Program Coordinator and request information on the proficiency exam.
## Core PTA Program Sequence*

### First Year of Program

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester Credit Hours</th>
<th>Lecture Hours</th>
<th>Lab Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FALL</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intro to PT (PHYTA 1100)</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Basic Health Care Skills and Principles of Soft Tissues (PHYTA 1109)</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>PTA Total Patient Care (PHYTA 1114)</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>PTA Kinesiology (PHYTA 1205)</td>
<td>5</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td><strong>SPRING</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PTA Pathophysiology (PHYTA 1207)</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>PTA Therapeutic Assessment and Basic Intervention (PHYTA 1211)</td>
<td>4</td>
<td>2.5</td>
<td>4.5</td>
</tr>
<tr>
<td>PTA Therapeutic Modalities (PHYTA 1301)</td>
<td>4</td>
<td>2.5</td>
<td>4.5</td>
</tr>
<tr>
<td><strong>SUMMER</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PTA Special Patient Population (PHYTA 2104)</td>
<td>3</td>
<td>2.5</td>
<td>1.5</td>
</tr>
</tbody>
</table>

### Second Year of Program

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester Credit Hours</th>
<th>Lecture Hours</th>
<th>Lab Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FALL</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PTA Documentation (PHYTA 2110)</td>
<td>1.5</td>
<td>1.5</td>
<td>0</td>
</tr>
<tr>
<td>PTA Neuromuscular and Cardio Rehab (PHYTA 2103)</td>
<td>4</td>
<td>2.5</td>
<td>4.5</td>
</tr>
<tr>
<td>PTA Advanced Ortho Rehab (PHYTA 2112)</td>
<td>4</td>
<td>2.5</td>
<td>4.5</td>
</tr>
<tr>
<td>PTA Clinical Practicum I (PHYTA 2122)**</td>
<td>1.5</td>
<td>.5</td>
<td>1</td>
</tr>
<tr>
<td><strong>SPRING</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PTA Professional Issues (PHYTA 2214)</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>PTA Clinical Practicum II (PHYTA 2223)**</td>
<td>2.5</td>
<td>.5</td>
<td>2</td>
</tr>
<tr>
<td>(First 8 weeks)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PTA Clinical Practicum III (PHYTA 2224)**</td>
<td>3</td>
<td>.5</td>
<td>2.5</td>
</tr>
<tr>
<td>(Second 8 weeks)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PTA PROGRAM CORE COURSE CREDIT HOUR TOTAL: 43**

*College of DuPage reserves the right to revise curriculum without notice.

*This sequence does not include general education courses. Please refer to student handbook for this information.

**These hours may be apportioned into 8-hour days or adjusted as the clinical facility sees fit.

The “lab” portion of all PTA Clinical Practicum (CP) courses is scheduled during the day, generally Mondays through Fridays.

In general, the lab portions of the clinical practicums are currently scheduled in the following manner (however, College of DuPage reserves the right to revise the number of CPs without changing the total number of hours):

- PTA Clinical Practicum (CP) I is scheduled for three 8-hour days per week for six (6) weeks.
- PTA Clinical Practicum (CP) II is scheduled for four 8-hour days per week for eight (8) weeks.
- PTA Clinical Practicum (CP) III is scheduled for five 8-hour days per week for eight (8) weeks.

**PTA Program Expectations of Applicants Accepted to the PTA Program**

- Once admitted, in order to continue in the PTA Program, a student **must** maintain an overall GPA of 2.0 and earn a minimum grade of “C” in **each** PTA program Core lecture course. A student **must** earn a minimum grade of “B” in each PTA Program Core course that contains a clinically based laboratory component (and “Satisfactory” in each Clinical Practicum). Therefore, acceptance to the PTA program does not guarantee successful completion of the PTA program.
- A student who withdraws or is dismissed from the program is not guaranteed readmission. (Details regarding the PTA program withdrawal policy may be obtained from the PTA program coordinator.)
Admissions Checklist

Applicants may begin submitting application material on April 1, 2019. Please submit all documents at once in an 8.5 x 11 envelope clearly marked with your name and student ID number.

It is the applicant’s responsibility to ensure that all material listed below have been completed and received by the designated office, by 5 pm on June 4, 2019.

NOTE: Admission Committees for all Health Science programs has the right to deny admission to any applicant that they feel is unable to fulfill these essential functions as described.

1. Register to attend a mandatory Physical Therapist Assistant Advising Session. It is required that an applicant attend an advising session within a 12 month period prior to the application deadline. A Photo ID is required for attendance at advising sessions. Successfully completion PHYTA 1100, Intro to PT between 6/4/18 – 6/4/19 will satisfy the requirement of attending an Advising Session.

2. If you have not been admitted to College of DuPage, please complete the non-refundable $20 College of DuPage General Admissions Application online. This application is for general admissions to College of DuPage only; it is not an application to the Health Sciences Limited Enrollment PTA program.

3. To ensure that all of your eligible credits are evaluated towards the admission requirements, turn in ALL official Transcripts from institutions that you have attended. Immediately:

   a. Submit your official transcript(s) to College of DuPage, Office of Student Records. If College of DuPage is the only institution you have attended, you do not need to request official transcripts.

   b. Verify receipt of your transcript(s). Log into myACCESS account, click on ‘myACCESS for Students’, select ‘My Profile’. The receipt status of your transcript will be listed under ‘Transcript Institutions’.

   NOTE: If you have an international transcript from high school or college, it must first be evaluated. Please visit the following website http://cod.edu/registration/records/trans_eval_listing.aspx for details.

4. Complete the non-refundable $50 Health Sciences Limited Enrollment Program Application online. Once term is selected and application submitted, you may not change the term or program.

   - Select Fall 2019 in “I plan to start”

   - Select Physical Therapist Assistant Degree when asked “What Health Sciences Limited Enrollment program are you applying for?”

If you do not have a credit card, you can purchase a prepaid credit card from your local retailer
5. Complete the College of DuPage Residency Verification form and provide 2 proofs of residency to the Office of Student Registration Services, Student Services Center (SSC) Room 2221 by the program application deadline date.
   Note:
   - If this residency requirement has not been submitted to Registration by the program application deadline date, you will not be considered for admission.
   - Separate Residency Verification Forms must be submitted for each program application.

6. Complete College of DuPage Physical Therapist Assistant Program Written Essay Questions (Only available April 1, 2019 through June 4, 2019) at the College of DuPage Academic Testing Center, BIC 2A006 or at the Addison, Carol Stream, Naperville or Westmont Learning Commons. Please note, essay question responses using a computer are only available at BIC 2A006. All other testing sites will use a handwritten format...Each applicant will be required to write a response to (2) questions. The specific questions will be supplied by the Academic Testing Center... Along with Essay guidelines, responses will be evaluated on content, grammar & spelling to determine total points. See merit evaluation for details.

7. Documentation of Physical Therapy Clinical Experience Hours (Forms found on pages 9-10). Submit to the Office of Admissions & Outreach, SSC 2207.
   - A separate form must be submitted for each experience, facility or setting
   - Forms must be completed by a Physical Therapist (PT) or Physical Therapist Assistant (PTA) documenting a minimum of 40 hours of Physical Therapy Clinical experience
   - A minimum of 20 hours in an Inpatient setting
   - A minimum of 20 hours in an Outpatient setting
   - Physical Therapy Clinical experiences involving a minimum of 20 hours must be gained via employment or volunteer experiences
   - Remaining Physical Therapy Clinical experience hours may be gained through work, volunteer or observation
   - Applicant response to knowledge gained must be legibly handwritten in the area provided
   - Clinical experience must occur within the last five (5) years (6/4/14 – 6/4/19)

8. FOUR (4) Recommendation Forms from individuals who can attest to the applicant’s clinical and/or academic ability. Forms completed by friends or relatives of the applicant are unacceptable. (pages 11-14). Submit to the Office of Admissions & Outreach, SSC 2207.
   - The enclosed forms must be used according to the instructions on the forms
   - One must be completed by one of the applicant’s college-level instructors or high school if no college credits have yet been earned. (pages 11-12)
   - Two must be completed by a Physical Therapist (PT) or a Physical Therapist Assistant (PTA) who can attest to the applicant’s clinical ability. This should come from a PT or PTA who has interacted with you during your work, volunteer, or observational experiences. (pages 13-14)
   - The fourth form may be completed by an additional college-level instructor, an additional PT or PTA who can attest to the applicant’s clinical ability or an employer/manager/supervisor of the applicant. Please issue the most appropriate evaluation form.

9. Take the HESI Admission Assessment exam at the Glen Ellyn Testing Center by the application deadline. Visit the Testing Center webpage register for upcoming test dates. The test will take approximately 4 hours to complete. Please plan accordingly. Please visit the Testing Center webpage for more information about your appointment.
After registering for your exam date, you will need to create an account with HESI prior to taking the exam. Visit http://cod.edu/admission/testing/tests/hesi.aspx and click on “Register for this Now” (orange box to the right). Click “Redeem/Checkout” (orange box). There is no cost to create an account. Complete the required fields, check the box next to “Yes”, and click Submit. You **MUST** bring your user name and password with you on the day of your exam. For more information about the exam and how to prepare, visit https://evolve.elsevier.com/studentlife/pdf/HESI-A2.pdf.

You will be tested in the following areas: *Reading Comprehension, Vocabulary & General Knowledge, Math, and Anatomy & Physiology*. You will also complete the Learning Style section, but this section will not be awarded any merit points. **A score of 50% or higher must be obtained on the Vocabulary & General Knowledge portion of the exam** to be considered eligible for admission.

When applying to the PTA programs at College of DuPage, the HESI A2 exam can be taken up to a total of 2 times with at least a 30-day interval between the two exams. Any additional repeat exams are not accepted for a period of at least 3 calendar years. Students should register early due to limited seats per session. HESI A2 testing must be completed within two years of applying to the program in order for it to be valid for application purposes. Applicants are able to sign into their HESI account to review their results at any time.

“All application documents delivered to the College of DuPage pertaining to a health sciences admissions file become the property of the College of DuPage and will not be returned to applicants. This includes but is not limited to transcripts, letters of recommendation, clinical evaluation forms or outside test reports.”

Requests for admission are **not** automatically carried over to the following cycle. Applicants who were not accepted for the cycle in which they originally applied are asked to pay the $50 non-refundable Health Science application fee and submit any/all supporting documents as listed on the Admissions Checklist of the Application Packet requirements (if applicable).
Admission Criteria and Procedure

The number of applicants admitted to the PTA program is limited by the availability of clinical sites. To be considered for admission, applicants must complete the minimum prerequisites listed in this packet and submit all accompanying documentation. Incomplete packets will not be reviewed. Selection for admission is competitive and is determined initially by a point system based on the following categories. Ultimate selection is determined by the PTA admissions committee. All admissions decisions are final.

- Cumulative or Overall Grade Point Average (G.P.A.) on all college coursework (based upon a 4.00 scale) pertaining to classes required for this degree or high school coursework if no college credits available
  - 1.0 points assigned for a GPA of 3.01 - 3.20
  - 1.5 points assigned for a GPA of 3.21 - 3.40
  - 2.0 points assigned for a GPA of 3.41 - 3.60
  - 2.5 points assigned for a GPA of 3.61 - 3.80
  - 3.0 points assigned for a GPA of 3.81 – 4.00

- Clinical/patient care experience in a physical therapy setting(s)
  - One (1) point assigned for gaining paid or work experience as an employee at a Physical Therapy setting

- Quality of written essay submitted (including clinical experience responses)
  - Zero (0) – three (3) points assigned for Excellent to Unsatisfactory content
  - Note: Points will be deducted for spelling errors &/or grammar errors on both the Documentation of Physical Therapy Clinical Experience Hours forms along with the Essay Question response

- Recommendation forms
  - Mean score of zero (0) – three (3) is calculated based on the rating scores on page 1 of Recommendation Forms
  - Points will be adjusted (deducted / added) based on comments, strengths and weaknesses noted
  - One (1) point deducted for each “Recommend With Reservation”
  - Applicant will not be considered for program placement if any “Do Not Recommend”
  - One (1) – two (2) points are deducted for patterns of withdrawals (“W”) noted within last 5 years on transcripts
  - Up to 1 point will be deducted for failure to follow directions regarding formatting, etc. on the application and forms

- Applicants can earn extra partial points for the following reasons:
  - For a college/university degree from an accredited college/university:
    - + .25 for Associate degree
    - + .5 for Bachelor degree
    - + .75 for a Master degree or Doctorate degree
  - For certification or licensure as a health care provider including, but not limited to Certified Athletic Trainer, Massage Therapist, & C.N.A./P.C.T:
    - + .5 for one licensure or certification as requested
  - For successful completion of College of DuPage Introduction to Physical Therapy (PHYTA 1100) within the past five (5) years:
    - + .25 for an “A” grade

- Applicants can earn extra credit points for progress toward fulfilling general education requirements
  - + 4.0 for completion of all general education courses (including A&P I & II and Biomedical Terminology)
  - + 2.0 for completion of all general education courses except for 1 course

- Note: If it has been greater than five (5) years since you completed Introduction to Physical Therapy (PHYTA 1100), you will be required to repeat Introduction to Physical Therapy (PHYTA 1100) if you are accepted to the PTA program.

- Note: A&P I & II and Biomedical Terminology must be completed within 5 years of application deadline date (6/4/14-6/4/19), to PTA program, scoring at least a “B”, if completed prior to admission. Otherwise, it will have to be repeated upon admission to the PTA program.

- Note: The PTA program coordinator and admissions committee reserve the right to request interviews of eligible applicants if deemed necessary.
Merit Evaluation
Physical Therapist Assistant Program
(subject to change)
For your reference only; admissions committee completes this form. Do not fill out and submit.

Name:_________________ Student ID#:_________________ Date:_______

Proof of Residency: Yes or No (circle)

Attended a Physical Therapist Assistant Advising Session (6/4/18 – 6/4/19)

OR

Completed PHYTA 1100 (6/4/18 – 6/4/19)

Completed Written Essay Questions: Yes or No (circle)

Completed HESI A2 Exam: Yes or No (circle)

Submitted In-Patient Experience Hours Forms: Yes or No (circle)

Submitted Out-Patient Experience Hours Forms: Yes or No (circle)

Submitted 4 Recommendation Forms: Yes or No (circle)

<table>
<thead>
<tr>
<th>General Education Course Required to Graduate*</th>
<th>Credit</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGLI 1101*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPEEC 1100, 1120 or 1150*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HLTHS 1110**+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANAT 1551 or ANAT 1571**+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANAT 1552 or ANAT 1572**+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MATH 1100 or Higher*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humanities / Fine Arts (3 credit hrs.)*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social / Behavioral Sciences (3 credit hrs.)*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Must have a passing grade
**Must have "B" or higher
+Must be taken within the period of 6/4/14 – 6/4/19
A maximum of 3 courses may be coded as “satisfied” and will not be counted towards your GPA.

Points:

GPA (Scale A) ______________________

Gen Ed Course Completion (Scale A) ______________________

PHYTA 1100 (Scale A) ______________________

(Must have “C” or higher and completed within the period of 6/4/14 – 6/4/19)

Accredited College/University Degree (Scale B) ______________________

Health Care Provider Certification or Licensure (Scale B) ______________________

Points Earned: __________

11
Written Essay Questions and Experience Forms (Scale C)

HESI A2 Exam – Points based on PERCENTAGE (Scale D)

Vocabulary & General Knowledge
(Must earn 50% or higher in this category for eligibility)

Math

Reading Comprehension

Anatomy & Physiology

Recommendation Forms*

#1 Professor Evaluation – Average Score
#2 Clinical Evaluation – Average Score
#3 Clinical Evaluation – Average Score
#4 Other Evaluation – Average Score

*Applicant will not be considered for program placement if Summary of Recommendation indicates “Do Not Recommend”

Average Score Total =

TOTAL POINTS:

<table>
<thead>
<tr>
<th>GPA</th>
<th>SCALE A</th>
<th>SCALE B</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.01 – 3.20</td>
<td>= 1.0</td>
<td>Associates: = .25</td>
</tr>
<tr>
<td>3.21 – 3.40</td>
<td>= 1.5</td>
<td>Bachelor: = .5</td>
</tr>
<tr>
<td>3.41 – 3.60</td>
<td>= 2.0</td>
<td>Master or Doctorate = .75</td>
</tr>
<tr>
<td>3.61 – 3.80</td>
<td>= 2.5</td>
<td>Certification/Licensure = 0.5</td>
</tr>
<tr>
<td>3.81 – 4.00</td>
<td>= 3.0</td>
<td></td>
</tr>
</tbody>
</table>

Gen Ed Completion

0 courses needed = 4.0
1 course needed = 2.0
More than 1 course needed = 0.0

PHYTA 1100 = 0.25 if grade of “A” w/in 5 years

<table>
<thead>
<tr>
<th>SCALE C</th>
<th>Scale D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent = 3.0</td>
<td>90-100% = 3</td>
</tr>
<tr>
<td>Above Average = 2.5</td>
<td>80-89% = 2</td>
</tr>
<tr>
<td>Average = 2.0</td>
<td>70-79% = 1</td>
</tr>
<tr>
<td>Below Average = 1.5</td>
<td>0-69% = 0</td>
</tr>
<tr>
<td>Poor = 1.0</td>
<td></td>
</tr>
<tr>
<td>Unsatisfactory = 0.0</td>
<td></td>
</tr>
</tbody>
</table>

| 1-5 Spelling Errors, 1-3 Grammar Errors | = -0.1 |
| 6-10 Spelling Errors, 4-6 Grammar Errors | = -0.2 |
| 11-15 Spelling Errors, 7-9 Grammar Errors | = -0.3 |
| 16-20 Spelling Errors, 10-12 Grammar Errors | = -0.4 |
| 21-25 Spelling Errors, 13-15 Grammar Errors | = -0.5 |
| >25 Spelling Errors, >15 Grammar Errors | = -1.0 |
A minimum of 40 hours of Physical Therapy clinical experience must be documented with a minimum of 20 hours in an in-patient setting and a minimum of 20 hours in an out-patient setting.

- A minimum of 20 hours of Physical Therapy clinical experience must be gained through employment or as a volunteer
- The remaining hours may be gained through observation, volunteer or employment
- The clinical experience **must occur within the last five (5) years**
- Your response to knowledge gained must be legibly written in only the box below
- A separate form must be submitted for each facility, experience or setting

To Be Completed By the Applicant

<table>
<thead>
<tr>
<th>Applicant Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Facility:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City:</td>
</tr>
</tbody>
</table>

Check the type of PT clinical experience gained:  _____Employee  _____Volunteer _____ Observation

**Experience:** Check **ONE** of the following experiences / settings which best describes the experience.

- **Outpatient** Orthopedic  
- **Outpatient** Neurologic Rehab  
- **Outpatient** Pediatrics  
- **Outpatient** Varied Patient Population  
- **Outpatient** Industrial Rehab  
- **Outpatient** School Based Pediatrics  
- **Inpatient** Acute Care/Hospital  
- **Inpatient** Sub-Acute/Nursing Facility/Nursing Home  
- **Inpatient** Rehabilitation Hospital/Unit  
- **Inpatient** Home Health Care  
- **Other** (Please describe)

Describe the knowledge you have gained from this experience and how this experience has impacted your decision to apply to the PTA program through specific examples and explanations:

(Page 1 of 2)
To Be Completed By the PT or PTA Supervising the Applicant

- Thank you for allowing the applicant the experience provided
- Please verify the facility information above and complete the information below

The applicant named above completed ________ hours of clinical experience between the dates of:

_________________________________ AND ______________________
(mm/dd/yyyy)   (mm/dd/yyyy)

Please check all Duties/Tasks that the applicant performed during this experience.

<table>
<thead>
<tr>
<th>Patient Care Duties/Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Administer therapeutic massage, superficial cold/heat, traction &amp;/or electrical modality treatments, such as ultrasound, under direction of PT/PTA</td>
</tr>
<tr>
<td>☐ Instruct, motivate, safeguard and assist patients practicing exercises &amp; functional activities, under direction of PT/PTA</td>
</tr>
<tr>
<td>☐ Observe patients during treatment to compile data on patients’ responses and progress, and report to the PT/PTA</td>
</tr>
<tr>
<td>☐ Measure patient’s vital signs and report to the PT/PTA</td>
</tr>
<tr>
<td>☐ Help patients with limited mobility to/from the treatment area</td>
</tr>
<tr>
<td>☐ Transport patients to/from treatment areas, using wheelchairs or providing standing support</td>
</tr>
<tr>
<td>☐ Assist patients to dress, undress, and put on and remove supportive devices, such as braces, splints and slings</td>
</tr>
<tr>
<td>☐ Assist the PT &amp;/or PTA to physically support &amp;/or lift patients</td>
</tr>
<tr>
<td>☐ Other Patient Care tasks (please describe):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supportive Duties/Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Greeting patients</td>
</tr>
<tr>
<td>☐ Keep the treatment/office area clean and organized</td>
</tr>
<tr>
<td>☐ Arrange treatment/office supplies to keep them in order</td>
</tr>
<tr>
<td>☐ Change linens, such as bed sheets and pillow cases</td>
</tr>
<tr>
<td>☐ Order depleted clinic/office supplies</td>
</tr>
<tr>
<td>☐ Answering the phone</td>
</tr>
<tr>
<td>☐ Schedule patient appointments</td>
</tr>
<tr>
<td>☐ Handle paperwork such as insurance forms and other patient information</td>
</tr>
<tr>
<td>☐ Record treatment given &amp;/or equipment used</td>
</tr>
<tr>
<td>☐ Other Supportive tasks, please describe:</td>
</tr>
</tbody>
</table>

Name of Facility:

<table>
<thead>
<tr>
<th>Name of Evaluator (please print):</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Position (PT or PTA):</th>
<th>Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Evaluator Signature: | E-mail: |
---------------------|---------|

Please place page 1 & 2 of the completed form in an envelope, seal the envelope, sign your name across the seal, and return to the applicant. The applicant will submit the form in the sealed envelope to:

College of DuPage
Admissions & Outreach Office SSC 2207
425 Fawell Blvd.
Glen Ellyn, IL 60137-6599

(Page 2 of 2)
Section A: Must Be Completed By Applicant

Applicant’s Name: ________________________________________________________________

Applicant’s Street Address: _______________________________________________________

City: ______________________ State: ______ Zip Code: _______________________________

Applicant’s E-mail Address: _______________________________________________________

The Family Educational Rights and Privacy Act (PL 93-380) allows a candidate to waive his/her rights of access to recommendations written on his/her behalf if the recommendation is used solely for the purpose of admission. You are not required to waive access. Under the legislation, you have the option of signing a waiver.

Check one and sign:  _____ I waive my right of access to this recommendation.
                      _____ I do not waive my right of access to this recommendation.

Applicant’s Signature: ____________________________________________________________

* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *

Section B: Must be completed by applicant’s instructor or clinical supervisor. Please proceed only if Section A has been completed and signed by the applicant.

The above individual is applying for admission to the Physical Therapist Assistant (PTA) program. The PTA program requires the completion of four recommendation forms. Recommendation forms completed by friends or relatives of the applicant are unacceptable. Please rate the applicant on the following characteristics by checking the appropriate boxes. N/A does not affect score either way.

<table>
<thead>
<tr>
<th></th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>(N/A) Unable to Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Above</td>
<td>Average</td>
</tr>
<tr>
<td>Academic Ability</td>
<td></td>
<td></td>
<td>Average</td>
<td>Below Average</td>
</tr>
<tr>
<td>Written Language Skills</td>
<td></td>
<td></td>
<td></td>
<td>(N/A) Unable to Assess</td>
</tr>
<tr>
<td>Oral Language Skills</td>
<td></td>
<td></td>
<td></td>
<td>(N/A) Unable to Assess</td>
</tr>
<tr>
<td>Maturity</td>
<td></td>
<td></td>
<td></td>
<td>(N/A) Unable to Assess</td>
</tr>
<tr>
<td>Respect for others</td>
<td></td>
<td></td>
<td></td>
<td>(N/A) Unable to Assess</td>
</tr>
<tr>
<td>Motivation</td>
<td></td>
<td></td>
<td></td>
<td>(N/A) Unable to Assess</td>
</tr>
<tr>
<td>Dependability</td>
<td></td>
<td></td>
<td></td>
<td>(N/A) Unable to Assess</td>
</tr>
<tr>
<td>Punctuality</td>
<td></td>
<td></td>
<td></td>
<td>(N/A) Unable to Assess</td>
</tr>
<tr>
<td>Critical Thinking</td>
<td></td>
<td></td>
<td></td>
<td>(N/A) Unable to Assess</td>
</tr>
<tr>
<td>Leadership</td>
<td></td>
<td></td>
<td></td>
<td>(N/A) Unable to Assess</td>
</tr>
</tbody>
</table>

How long have you known the applicant?

Did you supervise the applicant? (Please circle one)  YES  NO

How well do you know the applicant? (Please circle one)  Very well  Fairly well  Not very well

(Page 1 of 2)
Please check observed STRENGTHS demonstrated WITH DISTINCTION by this applicant:

- Critical Thinking
- Communication
- Problem Solving
- Interpersonal Skills
- Responsibility
- Professionalism
- Use of constructive feedback
- Effective use of time & resources
- Stress Management
- Commitment to Learning

Explain / list examples of strengths indicated:


Please check observed WEAKNESSES demonstrated by this applicant:

- Critical Thinking
- Communication
- Problem Solving
- Interpersonal Skills
- Responsibility
- Professionalism
- Use of constructive feedback
- Effective use of time & resources
- Stress Management
- Commitment to Learning

Explain / list examples of weaknesses indicated:


Summary of Recommendation (Please check one)

- [ ] Recommend
- [ ] Recommend with reservation (Please explain)

- [ ] Do not recommend (Please explain)

Name of person completing this form:

Date:

Signature/Title:

Institution or Facility:

Address:

Phone/E-mail:

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_____ I do not waive my right of access to this recommendation.

Applicant’s Signature: ___________________________ __________________________________________________________________________

* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *

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<th>2</th>
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</thead>
<tbody>
<tr>
<td>Clinical Ability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written Language Skills</td>
<td></td>
<td></td>
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<tr>
<td>Punctuality</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Kinesthetic Awareness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Critical Thinking</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How long have you known the applicant?

Did you supervise the applicant? (Please circle one) YES NO

How well do you know the applicant? (Please circle one) Very well Fairly well Not very well

(Please 1 of 2)
Please check observed **STRENGTHS** demonstrated WITH **DISTINCTION** by this applicant:

- Critical Thinking
- Communication
- Problem Solving
- Interpersonal Skills
- Responsibility
- Professionalism
- Use of constructive feedback
- Effective use of time & resources
- Stress Management
- Commitment to Learning

**Explain / list examples of strengths indicated:**

<table>
<thead>
<tr>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Please check observed **WEAKNESSES** demonstrated by this applicant:

- Critical Thinking
- Communication
- Problem Solving
- Interpersonal Skills
- Responsibility
- Professionalism
- Use of constructive feedback
- Effective use of time & resources
- Stress Management
- Commitment to Learning

**Explain / list examples of weaknesses indicated:**

<table>
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<tbody>
<tr>
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</tr>
</tbody>
</table>

Summary of Recommendation (Please check one)

- Recommend

- Recommend with reservation (Please explain)

- Do not recommend (Please explain)

Name of person completing this form: 

Date: 

Signature/Title: 

Institution or Facility: 

Address: 

Phone/E-mail: 

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