

SPOKANE FALLS COMMUNITY COLLEGE

Physical Therapist Assistant Program

For Admission: Fall 2012

Program Application Booklet



Community Colleges of Spokane
Spokane Falls Community College

Physical Therapist Assistant Program
2917 W. Fort George Wright Drive
Spokane, WA 99224



Community Colleges of Spokane

Spokane Falls Community College

APPLICANT CHECKLIST

Student Name _____ SFCC ID# _____

APPLICATION DEADLINE: Noon, Friday, April 6, 2012 (*or postmarked by April 6, 2012*)

- 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
 - 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 (**Total points possible: 10**)
 - 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: 10**)
 - 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 2012* Mid-quarter Anatomy and Physiology Grades
 - Copies of all of your transcripts
 - Letter(s) of recommendation (*optional*)
- Submit your application.**
 - **HAND DELIVER by Noon, Friday, April 6, 2012 to:**
PTA Admissions Committee
Office of the Dean of Business, Professional
Studies and Workforce Education
SFCC Campus, Building 19, Room 103
3410 W. Fort George Wright Drive
Spokane, WA 99224-5288
 - OR**
 - **POSTMARKED by April 6, 2012 to:**
PTA Admissions Committee MS 3190
Office of the Dean of Business, Professional
Studies and Workforce Education
Spokane Falls Community College
3410 W. Fort George Wright Drive
Spokane, WA 99224-5288

*PTA 16-003 checklist rev 07/2011



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DEMOGRAPHIC INFORMATION

Name _____ SFCC ID # _____

Address _____ Apt. No. _____

City _____ State _____ ZIP _____

Phone _____
(day) (evening)

E-mail _____ Signature _____

- 1) Do you meet the Special Requirements as outlined on Pages 4-5 of the Physical Therapist Assistant Program Information Booklet? yes no
- 2) Did you apply to our program last year? yes no
- 3) Are you currently enrolled at SFCC? yes no At SCC? yes no
- 4) Are you attending college Winter Quarter 2012? yes no What school: _____
- 5) What classes are you taking Winter Quarter 2012? _____
- 6) Are you attending college Spring Quarter 2012? yes no What school: _____
- 7) What classes are you taking Spring Quarter 2012? _____

COLLEGE EDUCATION

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



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

Student Name _____ SFCC ID# _____

Name of Supervisor: _____

Name of Facility: _____

Facility Address: _____

Facility Telephone Number: _____

I have served as a mentor for the above named PTA applicant in the field of:

- | | |
|--|--|
| <input type="checkbox"/> physical therapy | <input type="checkbox"/> nursing |
| <input type="checkbox"/> occupational therapy | <input type="checkbox"/> medical assistant |
| <input type="checkbox"/> sports training | <input type="checkbox"/> psychology |
| <input type="checkbox"/> massage therapy | <input type="checkbox"/> social services |
| <input type="checkbox"/> other, please state _____ | |

The above named PTA applicant has worked in the capacity of:

- volunteer
- employee
- other, please state _____

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.



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| <input type="checkbox"/> sports training | <input type="checkbox"/> psychology |
| <input type="checkbox"/> massage therapy | <input type="checkbox"/> social services |
| <input type="checkbox"/> other, please state _____ | |

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Supervisor Signature	Date	Title
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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.



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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, select 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, you must include signed Employment/Volunteer Experience Forms.

A. Employment in Physical Therapy Setting or Restorative Aide <i>(clinic, hospital, school, etc.)</i>	Points
1400 hours or more	10 points
700 to 1399 hours	8 points
230 to 699 <i>(If less than 230 hours, refer to Volunteer Section D)</i>	5 points

B. Employment as CNA, Nurse, Home Health Aide, Massage Practitioner, Medical Assistant, Special Education Aide or Occupational Therapy Aide	Points
1400 hours or more	7 points
700 to 1399 hours	5 points
230 to 699 hours	2 points

C. Employment in Health and Fitness, Sports Training, Psychology or Social Service	Points
1400 hours or more	3 points
230 to 1399 hours	1 point

D. Volunteer in Physical Therapy setting <i>(clinic, hospital, school, etc.)</i>	Points
150 or more hours	4 points
100 to 149 hours	3 points
40 to 99 hours	2 points
20 to 39 hours	1 point

Points for Employment/Volunteer Experience: Note: Only record highest score from either A, B, C, or D above	_____ / out of 10 possible points
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* PTA 16-003c rev 07/2011



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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 2012).

Table with 5 columns: PREREQUISITE, 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. Row 1: Biol 241: Human Anatomy and Physiology; 5cr. Row 2: School where taken: / Course No:

Table with 6 columns: 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. Rows include Math 92, 94 or 96; Engl 101; and Psyc 101.

Table with 4 columns: EXTRA ACADEMIC PREPARATION, B- or B 2.6 - 3.1, B+ or A- 3.2 - 3.7, A 3.8 - 4.0. Row 1: Biol 242: Human Anatomy and Physiology; 5cr. Row 2: School where taken: / Course No:

Table with 4 columns: PREVIOUS DEGREES, AA(S), BA / BS, MA / MS or PhD. Row 1: 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 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 _____

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

Signature

Date



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Community Colleges of Spokane does not discriminate on the basis of race, color, national origin, sex, disability, sexual orientation or age in its programs, activities and employment. Person(s) with a disability requiring any auxiliary aids or accommodations should contact the college. For TTY service, call 533-3838.

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PTA 16-003