TO: All Prospective Students

FROM: Physical Therapist Assistant Program

SUBJECT: PTA PROGRAM APPLICATION FORM

THE PHYSICAL THERAPIST ASSISTANT PROGRAM

Thank you for your interest in Union County College’s Physical Therapist Assistant Program. Our two-year, full-time program is accredited by the Commission on Accreditation in Physical Therapy Education. * It is designed to train individuals to perform basic physical therapy procedures under the on-site supervision and direction of a licensed physical therapist. Graduates are awarded an Associate of Applied Science Degree and are eligible for the state licensure examination.

Students wishing to become PHTA majors and begin clinical course work in January need to complete the attached entrance form and return it to the address below by October 31st of the Fall semester, along with a recommendation validating volunteer hours or work-related experience (form attached) and an unofficial copy of all college transcripts, including Union County College.

Send completed application package to:

Union County College
232 East 2nd Street
Plainfield, NJ 07060
ATTN: PTA Program

Enrollment consideration is as follows:

• First priority will be given to students who have completed all pre-requisite course work, with a GPA of at least 2.5, and submitted their application and verification of volunteer hours by October 31st.
• If there are still available seats, students who have submitted their application package by October 31st, but who are completing course work in the Fall semester, will be reviewed to determine their achievement of the entry qualifications.

Please note: Students accepted into the clinical phase of the program are required to have health clearance, including drug testing, by their physician/provider in order to participate in clinical experiences. In addition, federal and state laws exist that preclude persons with certain criminal backgrounds from being in contact with children and patients. A criminal background check through the specified vendor is required. A felony conviction may affect a student’s placement in clinic and a graduate’s ability to sit for and / or attain state licensure.

* Commission on Accreditation in Physical Therapy Education
American Physical therapy Association
1111 Fairfax Street
Alexandria, Virginia 22314
709-706-3245
CHECKLIST FOR APPLICATION TO UNION COUNTY COLLEGE – PHTA MAJOR

1. Submission of an application for admission to Union County College, identifying the liberal studies major and minor in PHTA.

2. Submission of official High School and College transcripts to the Admissions office on the Cranford campus. Note - High school transcripts are only required for students who have not attended college. Courses with grades of ‘C’ or better will be applied for transfer credit. Please have all official documents sent directly to the Admissions Office at:
   Union County College
   1033 Springfield Avenue
   Cranford, New Jersey 07016
   * It is the student’s responsibility to make sure that transcripts have been sent to the Admissions Office*

3. Completion of the College Placement Test for English and Math for students who have not attended College and taken college-level English and Math, with grades of ‘C’ or better. If developmental course work in English and/or Math is required, those courses must be completed before program enrollment.

4. Submission of an unofficial copy of all college transcripts, including Union County College, with this application directly to the PTA program.

NOTE:
Students can start taking the pre-requisite courses at any time but must have them completed by the October 31st deadline in order to be given priority consideration for Spring semester PTA course enrollment. It is beneficial for students to complete additional general education courses prior to the clinical phase, thereby making the summer PTA course load more manageable.

PTA application forms are available on the website at http://www.ucc.edu/academics/programs/phytheass.aspx or from:
Student Services  Recruitment
Plainfield  908-412-3580  Cranford  908-709-7158
Cranford  908-709-7091  Elizabeth  908-965-6050
Elizabeth  908-965-6051

Volunteer Hours:
All students need to complete a minimum of twenty-five hours of volunteer work in a physical therapy setting. A recommendation form is to be completed by the individual supervising you during your
volunteer or aide work. The grid at the back of the application packet must be completed and sent with the application to the program.

**Program Enrollment:**

There is a limit to the number of seats available in the clinical phase of the PTA Program. Admission into the program is a competitive process. If the number of qualified students who have completed the enrollment requirements and application by October 31st exceeds the available number of seats, the Program Coordinator and PTA Admissions Committee will make the final determination for admission to the program based upon the date the application packet is received, the students’ GPA, and grades in BIO 105/106. Please refer to the attached rubric for information of how the PTA Program Admissions Committee evaluates applicants.

*ALL AREAS* of the application must be completed in full. Incomplete applications will not be evaluated by the PTA Admissions Committee.

If there are questions about applying to the College, selecting courses, transferring credits, or enrolling in the program, please call Ms. Janet Rocco, Coordinator of Student Services on the Plainfield Campus. After speaking with Ms. Rocco, students who are still unclear about the admission process should e-mail the program coordinator at Kellish@ucc.edu. Please note that the program coordinator does not have the authority to approve courses that are being transferred into the College, as this is done through the Admissions Office.

**Notify Program Director:**
Allison Kellish PT, DPT, MPA
Union County College
232 East Second Street
Plainfield, New Jersey 07060
Kellish@ucc.edu
UNION COUNTY COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM
PTA PROGRAM APPLICATION FORM
(to be completed by applicant)

DATE ____________________

Please print or type

I. PERSONAL DATA

NAME ____________________________

ADDRESS ____________________________

City       State       Zip

TELEPHONE ____________________________
Home
Cell

STUDENT ID# ____________________________

E-MAIL ADDRESS ____________________________

II. TRANSFER CREDIT

If you have requested transfer credit from other colleges or Universities, please list all previous institutions attended.

<table>
<thead>
<tr>
<th>INSTITUTION</th>
<th>DATES OF ATTENDANCE</th>
<th>MAJOR/DEGREE &amp; DATE COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are you currently attending Union County College? Yes _____ No _____
### ACADEMIC RECORD

For the following courses, please indicate:

1. Date of completion and grade received,
2. Name of the College or University where completed,

PLEASE MAKE SURE TO COMPLETE THE ENTIRE GRID.

<table>
<thead>
<tr>
<th>Course</th>
<th>Date Completed</th>
<th>Grade</th>
<th>Institution Name</th>
<th>Currently Taking</th>
</tr>
</thead>
<tbody>
<tr>
<td>English Composition I</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>English Composition II</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anatomy &amp; Physiology I</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anatomy &amp; Physiology II</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychology 101</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>College Algebra</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychology of Adulthood &amp; Aging</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I affirm that I have:

1) Taken and passed the College Placement Test
2) Completed all developmental course work in English and/or Math
3) Received a waiver for developmental courses.

Please note: It is the student’s responsibility, if taking Fall semester classes at the time this application is submitted, to provide a written copy of all completed course work by the last day of final exams for the Fall semester.

Please indicate if you have previously applied to the PTA Program at Union County College.

Yes ____________   No ____________

Date ____________  Signature ____________________________________________
IV. DOCUMENTATION

Please identify the name(s) and contact information of those professional(s) supplying recommendations and verification of volunteer/observation/work related experience.

The enclosed reference sheet is the form that must be completed and returned in a sealed envelope, signed across the seal by the individual who supervised the potential student.

Only one letter of recommendation is required.
Include this documentation with your application.

PLEASE PRINT:   NAME ____________________________

                             CONTACT # ____________________________
                             ADDRESS ____________________________
DOCUMENTATION FORM FOR PHYSICAL THERAPY CLINICAL VOLUNTEER, OBSERVATION, OR WORK-RELATED EXPERIENCE

TO THE APPLICANT
(PLEASE TYPE OR PRINT)

Complete the items below and give the enclosed reference sheet to the individual(s) providing the verification of this experience. For his/her convenience, you should provide a stamped, self-addressed envelope. Have the evaluator complete the form, place it in the envelope and seal. The evaluator must sign across the seal. No recommendations will be accepted without a full signature across the seal.

PLEASE NOTE:
At least 25 hours of volunteer or observation experience are required. In order to document volunteer, observation, or work-related experience, the reference sheet must be completed by the physical therapist or other health care professional that supervised you during this period. If you worked/volunteered/observed in more than one facility, you may duplicate the form for each facility.

APPLICANT

SOCIAL SECURITY #

RIGHT OF ACCESS
The Federal Family Education rights & Privacy Act of 1974 gives students the right to access their records. It is your option to waive your right to access. Please mark the appropriate phrase below indicating your choice and sign your name.

I DO     I DO NOT
waive my right to review this recommendation.

Signature    Date
APPLICANT NAME

TO THE SUPERVISOR

The above named applicant has applied to the Physical Therapist Assistant Program at Union County College. The Admissions Committee is anxious to select individuals whose accomplishments, personal attributes, and abilities have the greatest potential for physical therapist assistant education and practice. We appreciate your candid and objective assessment of the student’s qualifications.

COMPLETE ONLY IF THE APPLICANT HAS BEEN UNDER YOUR SUPERVISION FOR A MINIMUM OF TWENTY-FIVE HOURS

RETURN IN A SEALED ENVELOPE WITH YOUR SIGNATURE ACROSS THE BACK OF THE SEAL

Thank you in advance for your efforts!
PTA Admissions Committee

Name of person completing form

Please print

Professional Position/Title

Name of Clinical Facility

Address of Clinical Facility

Contact Number
### Reference Sheet

Please rate the applicant on the following categories:

<table>
<thead>
<tr>
<th></th>
<th>Outstanding</th>
<th>Good</th>
<th>Average</th>
<th>Below Average</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Knowledge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest/Knowledge of PT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professionalism</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responsibility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maturity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest / Enthusiasm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problem Solving Affairs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpersonal Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perseverance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication Abilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Approximately how many hours of volunteer/observation experience did the potential student complete?  ______________ hours

Please indicate how you would compare the applicant with other students who have performed volunteer/work-related hours for Physical Therapy/Physical Therapist Assistant Programs.

__________________________________________________________________________
__________________________________________________________________________

Comments:

__________________________________________________________________________

Signature: __________________________________________________________________

Date: ______________________
Volunteer Hour Log Sheet

Applicant Name: ______________________________________________

Clinic Site
Please have supervising individual initial hours completed

<table>
<thead>
<tr>
<th>Date</th>
<th>Time In</th>
<th>Time Out</th>
<th>Total Hours</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Hours
Physical Therapist Assistant Program
Admission Criteria Worksheet

Student ID #: ____________________________  *Please note that each section is weighed
Assigned #: ____________________________
Total Score: ____________________________

Biology Component

<table>
<thead>
<tr>
<th>Bio Grade</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>50</td>
</tr>
<tr>
<td>B+</td>
<td>40</td>
</tr>
<tr>
<td>B</td>
<td>30</td>
</tr>
<tr>
<td>C+</td>
<td>20</td>
</tr>
<tr>
<td>C</td>
<td>10</td>
</tr>
</tbody>
</table>

_______ pts x 50% = _______ pts

GPA = __________

<table>
<thead>
<tr>
<th>GPA</th>
<th>POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.0 – 3.7</td>
<td>30</td>
</tr>
<tr>
<td>3.6 – 3.3</td>
<td>25</td>
</tr>
<tr>
<td>3.2 – 3.0</td>
<td>20</td>
</tr>
<tr>
<td>2.9 – 2.7</td>
<td>15</td>
</tr>
<tr>
<td>2.6 – 2.5</td>
<td>10</td>
</tr>
</tbody>
</table>

_______ pts x 30% = _______ pts

Recommendation Sheet Worksheet

<table>
<thead>
<tr>
<th>Point Value</th>
<th>Area 1</th>
<th>Area 2</th>
<th>Area 3</th>
<th>Area 4</th>
<th>Area 5</th>
<th>Area 6</th>
<th>Area 7</th>
<th>Area 8</th>
<th>Area 9</th>
<th>Area 10</th>
<th>Area 11</th>
<th>Area 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Outstanding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Good</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Fair</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Below Average</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Not Observed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

_______ pts x 20% = _______ pts