PHYSICAL THERAPIST ASSISTANT PROGRAM BLINN COLLEGE DISTRICT APPLICATION PACKET

Welcome Letter

Application Requirements

PTA Curriculum

Application Enhancements

ATI TEAS Test Information Application

Documentation Forms

Website Information

Possible Volunteer Sites

APTA and **PTA** information website

^{*}Please check the website for program updates. Applications that were printed off prior to December 2021 will not be accepted.*

A Letter from the Blinn PTA Program

Dear Physical Therapist Assistant Program Candidate:

Thank you for inquiring about the Physical Therapist Assistant (PTA) Program. Enclosed you will find program information, including the admission requirements, and an admission application for the PTA Program at the RELLIS Campus of Blinn College.

The PTA Program begins in the Fall semester each year, and is designed to be completed in two years. Although many students take their general education courses toward their degree prior to admission, sequencing of the physical therapist assistant classes will still require two years to complete the program.

If you wish to be considered for admission into the program, you must submit evidence of meeting all of the application and admission requirements. It is the applicant's responsibility to ensure that all application information has been received at the Blinn College PTA Program office, and that their admissions file is complete.

It is recommended that all interested applicants attend an information session where you will learn about the application process, the physical therapy profession, the Blinn College PTA Program, and course scheduling options. Please e-mail pta@blinn.edu or victoria.parnell@blinn.edu with questions or assistance with the application process.

Best wishes in the pursuit of a rewarding career in physical therapy through the PTA program at Blinn College.

Sincerely,

Blinn PTA Program

APPLICATION REQUIREMENTS

The following are requirements for application to the PTA Program. These requirements must be fulfilled and evidence of completion must be submitted. Failure to submit evidence of fulfilling ALL application requirements will exclude applicant from being considered for admission.

- Complete all admission requirements and be admitted to Blinn College.
- Complete all prerequisite courses as per PTA curriculum.
- Provide official transcripts from <u>ALL</u> colleges that you have attended in your application packet to the PTA office. Current Blinn College students may provide a current unofficial transcript for Blinn College hours.
- Submit a completed PTA Program application. This application is currently still available as a hard paper copy but may be converted to an electronic version during this application process. Please note that admission to the PTA Program is a separate process from admission to Blinn College and requires a separate application and transcripts.
- Include an official passport-type photograph taken recently with your application.
- Take the ATI TEAS Test (previously the Health Occupational Basic Entrance Test or HOBET)
 administered by the Center for Student Development. Please see the ATI TEAS information form in
 this packet for further details. It is the student's responsibility to provide a copy of their ATI TEAS
 score to the PTA office. Ask the testing center how to best have those scores submitted to the PTA
 Program.
- <u>Submit any Documentation of Experience Form(s)</u>, included in the application packet, for physical therapy work or volunteer hours verified by a PT or PTA. A minimum of 20 hours of work or volunteer experience is required; it is recommended that a combined minimum of 60 hours volunteer/ work hours which will be obtained with 3 separate disciplines to include a minimum of 20 hours at each (i.e. acute care, rehab, outpatient, etc.). It is the applicant's responsibility to contact a physical therapist department to arrange for this experience. Most PT departments are accustomed to student volunteers and will help you in obtaining these observation hours. It is advisable to start your physical therapy experience as soon as possible to be sure you are making the correct career choice for yourself. *Please note, volunteer hours will be accepted within two years of application.* Applicants will waive the right to review the completed volunteer form in order to afford an unbiased evaluation by the supervising therapist.

Submit <u>completed</u> application packet to the Physical Therapist Assistant Program office by March 1.

<u>Application Packets can be submitted beginning January 1 of each year.</u>

NO packets or forms will be accepted before this time.

PTA CURRICULUM

1 st Year	Hours
Prerequisite Semester	
PTHA 1201 The Profession of Physical Therapy	2
ENGL 1301 Composition I	3
BIOL 2401 Anatomy and Physiology I	4
PSYC 2301 General Psychology	3
	12 Credit Hours
1st Semester	
PTHA 1409 Introduction to Physical Therapy	4
HITT 1305 Medical Terminology I	3
BIOL 2402 Anatomy and Physiology II	4
PTHA 1413 Functional Anatomy	4
	15 Credit Hours
2nd Semester	
PTHA 2205 Neurology	2
PTHA 2509 Therapeutic Exercise	5
PTHA 1321 Pathophysiology for the PTA	3
ENGL X3XX Any Humanities or Fine Arts Course as listed:	3
ENG 2322, 2323, 2327, 2328, 2332, 2333	
PHIL X3XX OR Any Humanities or Fine Arts as listed:	3
PHIL 1301, 2306	
XXXX X3XX OR Any Humanities/Fine Arts Course as listed:	3
Arts 1301, 1303, 1304; Dram 1310, 2361, 2362, 2366;	
MUSI 1301, 1306, 1308, 1310	
	13 Credit Hours
1st Summer Session	
PTHA 1431 Physical Agents	4
PTHA 2301 Essentials of Data Collection	3
	7 Credit Hours

2 nd Year	Hours
1st Semester	
PTHA 1266 Practicum (or Field Experience) - PTA	2
PTHA 2341 Management of Neurological Disorders	4
PHTA 2435 Rehabilitation Techniques	4
	10 Credit Hours
2nd Semester	
PTHA 2266 Practicum (or Field Experience) - PTA	2
PTHA 2267 Practicum (or Field Experience) - PTA	2
PTHA 2239 Professional Issues	2
	6 Credit Hours
Program Total	63 Credit Hours

It is required that students complete the courses in the prerequisite semester and it is strongly recommended that students complete as many of the other general education core courses as possible prior to applying to the PTA Program. Because admission to the program is extremely competitive, the students who will be more likely to be accepted are those that score highest on admissions criteria including the early completion of general education core courses in the degree plan with the highest grade possible (at least a "C" or higher).

Please go to the PTA Program website, <u>www.blinn.edu/physical-therapist-assistant</u>, to review the application packet or to find details on Information Sessions.

<u>APPLICATION ENHANCEMENT</u>

Students may enhance their application by:

- Evidence of completion of General Education Course (with a "C" or better)
 - o BIOL 2402 Anatomy and Physiology II
 - o HITT 1305 Medical Terminology
 - Any Humanities <u>OR</u> Fine Arts Course as listed below: ENGL 2322, 2323, 2327, 2328, 2332, 2333; PHIL 1301, 2306; ARTS 1301, 1303, 1304; DRAM 1310, 2361, 2362, 2366; MUSI 1301, 1306, 1308, 1310
- Providing letters of recommendation (up to 3).
- Completion of a post-secondary degree (i.e. Associate, Bachelor, Master, Doctorate) *Official Transcript is required denoting the degree to obtain the extra points.
- Certifications (such as CPR, First Aid, EMT-B, First Responder)
 *NOTE: ALL accepted students will complete the Healthcare Provider CPR training During the first week of class. Therefore, if you complete CPR for enhancement points, You will still be required to complete training again with the class.
- Evidence of community service, verified by letters of colleagues/supervisors (no specific form required).
- Minimum of a 2.5 grade point average is recommended, and student must have at least a "C" in all academic courses required in the program. Higher grades ("A's" and "B's") are given extra points in the application review.
- Additional Documentation of Experience Forms. It is recommended that in addition to the suggested 20 hours of work or volunteer experience, the applicant obtain as many observation hours as possible in separate disciplines. Volunteer hours will be accepted within two years of application.

Submit completed application packet to the Physical Therapist Assistant Program Office by March 1.

Application Packets can be submitted beginning January 1. NO packets or forms will be accepted before this time.

ATI TEAS TEST

PTA Applicant Information

ATI TEAS is a computerized test with 4 individually timed parts:

Reading: 64 minutes (53 questions)
Mathematics: 54 minutes (36 questions)
Science: 63 minutes (53 questions)
English: 28 minutes (28 questions)

Cost: \$73 total: All fees are non-refundable, non-transferable and must be paid before you begin the exam at Blinn.

\$15 Proctoring fee is payable at Enrollment Services prior to testing, M-F, 8:00 a.m. to 5:00 p.m., closed Saturdays. Location: 3125 South Texas Ave, in Bryan behind the H.E.B. Pay in cash, money order, credit or debit card. No personal checks. In order to register for a Saturday test, students must prepay M-F in Bryan. No money orders or any other forms of payment will be allowed on Saturday testing dates. *No Exceptions!*

\$58 Online fee on test day when assigned to a computer in the Testing Center (credit card, debit card, or cash card), this fee is separate from the proctoring fee.

What to bring on test day:

- Picture ID (No Testing without Picture ID)
- Receipt and Test Ticket (received from Enrollment Services office)
- \$58 Payment Card
- ATI ALLIED HEALTH Username and Password must be created:
 - 1. Log on to www.atialliedhealth.com
 - 2. Click on "Create an Account"; institution is Blinn College Bryan AH

PTA Program Instructions:

• Applicants may take this exam as many times as they wish.

RETESTING WAITING PERIOD: 4 WEEKS

- You may submit the results electronically, deliver by mail, or hand carry the test report to our Program Office.
- If Applicant resides out of town/state, you are allowed to take the ATI TEAS at another community college. Please print & include the results with your application or have the college send the results to our mailing address.
- There is a Study Guide at the Bryan Campus Library, or you can go online to find a study guide, if you wish.

If you have any questions, please contact the Testing Center at 979-209-7250, or go to https://www.blinn.edu/testing/index.html for more complete information about the exam and testing dates.

PTA Program Contact Information

Hand Deliver Application

Blinn PTA Program
1425 Bryan Rd.
ACB1 Suite #206
Bryan, Texas 77807
(Call before stopping by: 979-691-2408)

Mail Application

Blinn PTA Program Ms. Victoria Parnell P.O. Box 6030 Bryan, Texas 77805

PTA Program Website, Email, and Telephone

www.blinn.edu/physical-therapist-assistant pta@blinn.edu 979-691-2408

Please note: Late Application Packets will not be accepted.

If you mail your application, make sure that you allow ample time for the Post Office to deliver it.

<u>Complete application packets and supporting documents including test scores, observation forms, transcripts, etc. must be received in the PTA Program office by March 1st.</u> Late application packets will not be accepted. The Blinn College PTA Program is not responsible for late or misdirected applications or any supporting documents such as transcripts, observation hours, etc.

Physical Therapist Assistant Program Application Checklist (Must be included with application)

Submit the completed application in the following order:

T	•			4
$\mathbf{P} \mathbf{O} \mathbf{O}$	HIIP	am.	nn	t a•
Req	ıuıı	СШ	СП	Lo.

	0	Application Checklist		
	0	Completed PTA program application		
	0	Passport Type photograph		
	0	Official transcripts from every college you have attended		
	0	ATI TEAS score sheet		
	0	Observation Hours (suggested 10 hours/alternate essay activity)		
		Facility:	Hours:	
Enha	nc	ements:		
	0	Observation Hours (additional hours recommended, if possible)		
		Facility:	Hours:	
		Facility:	Hours:	
	0	Letters of Recommendation		
	0	Certifications		
	O	Continentions		
	0	Community Service: Hours complete:		
I have 1	read	and understand all the requirements for the Physical Therapist Assista	nt Program application	
		Applicant Signature	Date	_



Select the program of your choice:

Nursing

Veterinary

Technology

Associate Degree

Vocational Nursing

Dental Hygiene

Blinn College Allied Health Programs

Student Application

o Licensed Vocational Nurse-Transition

Bryan

Brenham

Schulenburg

NOTE: YOU MUST MAKE APPLICATION TO BLINN COLLEGE FOR CONSIDERATION FOR ANY OF THE ALLIED HEALTH PROGRAMS.

o Physical Therapist Assistant

o Paramedic Academy

o Radiologic Technology

to ADN

			NTS CAN B			ECK WILL BE CONDUCTED. GRAM'S WEB-SITE AT
Name				.omm.eda/ewe.		
Last	F	irst	Middle	Maiden Name	e Previous Nan	ne
Mailing Address						
		Street	City	State	Zip	
			Cell Phor	ne ()		
Telephone ()						
Permanent Address	Number	Street		 City	State Zip	_
				•	-	
			Blinn ID#_			
WANT NO	NI PDEVIO	TICK NA A D				DATE AT THE PROOF AMO
HAVE YO				A BLINN CO		D HEALTH PROGRAM?
HAVE YO			PLIED TO	A BLINN CO	OLLEGE ALLIEI en?	D HEALTH PROGRAM?
Provide official tran	Which ascripts from e	one?every Colle	PREVIO ge/University dmissions with	A BLINN CO Wh US EDUCATIO y you have attenth an official train	OLLEGE ALLIED Len?ON Inded with this appl Inscript. You must all	
Provide official tran It is your responsibili	Which ascripts from e	every Colle ide Blinn A d to any All	PREVIO ge/University dmissions with ied Health Pro Location	A BLINN CO Wh US EDUCATIO y you have attenth an official train	OLLEGE ALLIEI nen?ON nded with this appl	ication.
Provide official tran It is your responsibili have obtained a GED	Which ascripts from e ity to also prov to be admitted	every Colle ide Blinn A d to any All	PREVIO ge/University dmissions with ied Health Pro Location	A BLINN CO Wh US EDUCATIO y you have attent th an official transpogram. (Complete	ON nded with this apple nscript. You must all Number of Years/Hrs.	ication. so be a high school graduate or
Provide official tran It is your responsibili have obtained a GED Type of School High School or GED	Which ascripts from e ity to also prov to be admitted	every Colle ide Blinn A d to any All	PREVIO ge/University dmissions with ied Health Pro Location	A BLINN CO Wh US EDUCATIO y you have attent th an official transpogram. (Complete	ON nded with this apple nscript. You must all Number of Years/Hrs.	ication. so be a high school graduate or
Provide official tran It is your responsibili have obtained a GED Type of School High School or	Which ascripts from e ity to also prov to be admitted	every Colle ide Blinn A d to any All	PREVIO ge/University dmissions with ied Health Pro Location	A BLINN CO Wh US EDUCATIO y you have attent th an official transpogram. (Complete	ON nded with this apple nscript. You must all Number of Years/Hrs.	ication. so be a high school graduate or

Is your Hepatitis B series complete?No					
In Progress?YesNo	OYMENT				
	ent years or attach a resu	ıme.)			
Name of employer	Employment Dates	Reason for Leaving			
Address City, State, Zip Code	From				
Phone Number	То				
Name of employer	Employment Dates	Reason for Leaving			
Address City, State, Zip Code	From				
Phone Number	То				
Name of employer	Employment Dates	Reason for Leaving			
Address City, State, Zip Code	From				
Phone Number	То				
Name of employer	Employment Dates	Reason for Leaving			
Address City, State, Zip Code	From				
Phone Number	То				
MAY WE CONTACT YOU		R?			
○ Yes	O No				
PLEASE LIST TWO CONTAC	TS IN CASE OF E	MERGENCY			
Name	Name				
Relationship	Relationship				
Telephone: (Home)	Telephone: (Home)				
(Cell)(Work)	(Cell)	(Work)			
SIGNA					
I certify that the information, provided in this application, is correinformation is grounds for exclusion and dismissal. If accepted in conform and abide by the letter and spirit of the rules, regulations	nto the program, I agree to	meet all entrance requirements and to			
Signature:	Date:				
Please indicate the manner in which	you found out about this p	rogram:			
Career Fair(s) Community Contact(s)	Family Member	r			
© High School Counselor	S) C Healthcare W	Vorkers in Practice			
Television Advertisement(s)	n @ Your High School				
Other		-			

PTA

Blinn College Physical Therapist Assistant Program Questionnaire

Na	me: Date:
Ins	structions: Please write legibly in the space provided.
1.	What are your short-term goals? Long-term goals?
2.	What are your strongest characteristics? Weakest characteristics?
3.	In the event that you are not selected for this program, what is your alternate plan?
4.	What motivated you to pursue a career as a Physical Therapist Assistant?
5.	Describe your personal qualities that would contribute to your success as a Physical Therapist
	Assistant?

PTA General Academic Courses Worksheet

tudent:	
elinn I.D. (if applicable)	_
lease provide the required information. You are required to provide the PTA program Official transcript LL colleges you have attended.	ts from

Indicate a class in progress by placing "IP" under the grade column.

Course	Course Description	Semester & Year Completed	Course Title	College/ University	Course Description	Grade
Example: PSYC 2301	General Psychology	Fall 2011	PSYC 107	Texas A&M	Intro to Psychology	Α
PTHA 1201	The Profession of Physical Therapy					
ENGL 1301	Composition I					
BIOL 2401	Anatomy and Physiology I					
PSYC 2301	General Psychology					
HITT 1305	Medical Terminology I					
BIOL 2402	Anatomy and Physiology II					
Humanities or Fine Arts Course as Listed	ENGL 2322, 2323, 2327, 2328, 2332, 2333; PHIL 1301, 2306; ARTS 1301, 1303, 1304; DRAM 1310, 2361, 2362, 2366; MUSI 1301, 1306, 1308, 1310					

DOCUMENTATION OF EXPERIENCE FORM

To be completed by the app	<u>licant:</u>						
Name:	ne: Date:						
	Phone Number:						
Under the provisions of the "I recommendations for admissi	•	•		_	e		
I waive	I do n	ot waive the righ	t of access tha	at I have to this for	m.		
Applicant's signature							
To be completed by a licens	ed Physical Therapist or	Physical Theran	ist Assistant:				
Please complete as thoroughl		Blinn Colleg	ge Physical Ti toria Parnell/l 030	herapist Program PTA Program			
I verify that the applicant has	(check one):						
volunteered at our faci	lity worked	at our facility					
Please fill in number of hours	volunteered or months/yea	ars worked at faci	ility				
number of hours/years	Hours completed (month	h/year)	throug	h (month/year)			
Please evaluate the applicant the knowledge to make a defi	nite rating, please check "I	nadequate Oppor	tunity to Obs	erve."	-		
Area of Evaluation	Inadequate Opportunity to Observe	Below Average	Average	Above Average	Superior		
Intellectual ability							
Ability to communicate							
Independent thinking							
Motivation							
Integrity							
Professional interest							
Cooperativeness							
If you had an opening at your	facility, would you hire th	is person as a PT	A?	yes	no		
Please add any comments tha Therapist Assistant Program. Comments:				nt's admission to tl	he Physical		
Name/Position (Print)		Signature					
Facility Name:							
Address:			Phone:	.			

DOCUMENTATION OF EXPERIENCE FORM

To be completed by the app	<u>licant:</u>							
Name:		Da	ate:					
	mail: Phone Number:							
Under the provisions of the "recommendations for admissi					e			
I waive	eI do n	ot waive the righ	nt of access tha	at I have to this for	m.			
Applicant's signature								
To be completed by a license Please complete as thoroughl		Blinn Colle	ge Physical Ti toria Parnell/F 030	herapist Program				
I verify that the applicant has	(check one):							
volunteered at our faci	lity worked a	at our facility						
Please evaluate the applicant the knowledge to make a defi	Hours completed (month by placing a check in the clinite rating, please check "I	n/year)olumn that most nadequate Oppo	throug nearly represe rtunity to Obse	ents your opinion. erve."	If you lack			
Area of Evaluation	Inadequate Opportunity to Observe	Below Average	Average	Above Average	Superior			
Intellectual ability								
Ability to communicate								
Independent thinking								
Motivation								
Integrity								
Professional interest								
Cooperativeness								
If you had an opening at your	facility, would you hire th	is person as a PT	TA?	yes	no			
Please add any comments tha Therapist Assistant Program. Comments:				nt's admission to tl	ne Physical			
Name/Position (Print)		Signature						
Facility Name:								
A dduogg.			Dhono					

DOCUMENTATION OF EXPERIENCE FORM

To be completed by the app	<u>licant:</u>						
Name: Date:							
Email: Phone Number:							
Under the provisions of the "recommendations for admissi					e		
I waive	I do n	ot waive the righ	nt of access tha	at I have to this for	m.		
Applicant's signature							
To be completed by a license Please complete as thoroughl		Blinn Colle	ge Physical Tl toria Parnell/P 030	herapist Program			
I verify that the applicant has	(check one):						
volunteered at our faci	lity worked a	at our facility					
Please fill in number of hours	s volunteered or months/yea Hours completed (month			h (month/year)			
Please evaluate the applicant the knowledge to make a defi					If you lack		
Area of Evaluation	Inadequate Opportunity to Observe	Below Average	Average	Above Average	Superior		
Intellectual ability							
Ability to communicate							
Independent thinking							
Motivation							
Integrity							
Professional interest							
Cooperativeness							
If you had an opening at your	facility, would you hire the	is person as a PT	TA?	yes	no		
Please add any comments tha Therapist Assistant Program. Comments:				nt's admission to th	he Physical		
Name/Position (Print)		Signature					
Facility Name:							
A ddwggg,			Dhono				

<u>List of Possible Volunteer Sites for Physical Therapy/Physical Therapy</u> <u>Assistant Experience in the Bryan-College Station Area (info can be found online or in the phone book)</u>

Observation experience must be completed with a licensed PT or PTA.

- CHI St Joseph Health (multiple sites)
 - You must go through volunteer services to be able to volunteer in the PTA department. You may access the application on their website at www.st-joseph.org. Click on "Join our Team" > "Volunteer" > "Apply to volunteer". The volunteer phone number is 979-776-2923.
- College Station Medical Center
- Brazos Valley Rehabilitation Center
- Listings under "Physical Therapists" (Yellow Pages or online; are dozens in the area). Any may provide you with volunteer hours, including the below:
 - Peak Performance in Motion
 - WellPoint Physical Therapy
 - o Brazos Orthopedic Physical Therapy
 - Lampstand Skilled Nursing Facility

Volunteer / observation hours <u>do not</u> have to be completed in Bryan/College Station area.

Note: all volunteer schedules tend to fill very early in any semester; you need to be proactive in scheduling your volunteer hours!