

PHYSICAL THERAPIST ASSISTANT PROGRAM APPLICATION PACKET

You are about to begin the application process for admission to the Physical Therapist Assistant Program at Madisonville Community College. This process requires that you, the applicant, obtain all necessary application materials and either mail or personally deliver the completed application packet to the following address:

Physical Therapist Assistant Program
Madisonville Community College
Health Campus
750 N. Laffoon St.
Madisonville, KY 42431

APPLICATION PACKET

Application materials ***must be received*** (except as otherwise noted) ***as one packet*** in the PTA Program office by October 1st. Application Packets may be hand-delivered or mailed. If received with insufficient postage, the Application Packet will be returned and not accepted. If hand-delivered, the PTA Program office must receive the Application Packet during normal business hours (8:00 a.m. - 4:00 p.m., Monday - Friday). ***NO EXCEPTIONS will be made to this policy.***

It is the applicant's responsibility to determine if an Application Packet has been received and to ensure that all application materials are complete. The PTA Program will provide applicants with written notification that an Application Packet has been received; information regarding whether an application packet is considered "Complete" or "Incomplete" will be included in this notice. Applicants that do not receive notice from the PTA Program are encouraged to contact the Program in person, via telephone or email, to inquire about the status of the Application Packet.

Applicants must make a good faith effort to submit a "Complete" Application Packet. Applicants with "Incomplete" packets are expected to submit any/all necessary materials in a timely manner. Applicants that fail to submit relevant materials by the mid-term deadline will **NOT** be considered qualified applicants and may not be admitted to the PTA Program.

Application Packet Materials/Documents (See Appendix)

- Application to Madisonville Community College
- Application Instructions
- Physical Therapist Assistant Program Application
- Academic Plan
- Clinical Experience Form
- Mid-Term Grade Evaluation Form
- Excerpts from KRS 327.070
- Pre-Admission Conference Attendance Verification Form
- Application Checklist

MADISONVILLE COMMUNITY COLLEGE APPLICATION

Each applicant not enrolled at Madisonville Community College during the Fall semester of the year of application must complete the Madisonville Community College Application, even if previously enrolled at MCC. Applications should be neatly printed or typed.

PHYSICAL THERAPIST ASSISTANT PROGRAM APPLICATION

The Physical Therapist Assistant Program Application must be completed by each applicant. Applications should be neatly printed or typed. A wallet size photograph, attached to the application, is preferred but not required.

TRANSCRIPTS

Applicants who have attended any post secondary institution **other than** Madisonville Community College (MCC) or another Kentucky Community and Technical College System (KCTCS) institution, must have an **official** transcript from all colleges attended on file at the Madisonville Community College Admissions Office, or request that an official transcript(s) be mailed directly to the PTA Program office at the address below:

Madisonville Community College
Physical Therapist Assistant Program
Health Campus, Academic Building
750 N. Laffoon St.
Madisonville, KY 42431

If enrolled at a KCTCS College other than MCC, the PTA Program will obtain all transcripts from the KCTCS PeopleSoft database.

TRANSFER STUDENTS

For students who wish to transfer credit for PTA prerequisite coursework from a non-KCTCS institution, calculation of the student's *Overall GPA* to be used in the Point System for Admission to the PTA Program will include all coursework completed at the transferring institution(s).

Students may request *Overall GPA Consideration* during the PTA Admissions process if you are a transfer student from a non-KCTCS institution, who...

Was admitted to a KCTCS institution after having remained out of higher education for a period of 2 or more years,
Completed at least 12 credit hours of PTA Program prerequisite or preferred coursework following admission to a KCTCS institution,
Maintained a GPA of 2.0 or better after admission to a KCTCS school.

If Overall GPA Consideration is approved, calculation of the student's *Overall GPA* to be used in the Point System for Admission to the PTA Program will include requested grades from the transferring institution for PTA prerequisite or preferred courses only, in addition to KCTCS grades.

Students must submit a *Request for Overall GPA Consideration Form*, along with their PTA Program Application Packet, by October 1.

If selected for admission, applicants currently completing their prerequisite or general education courses at institutions **other than** Madisonville Community College or another Kentucky Community and Technical College System (KCTCS) institution during the Fall semester of the year of application, should request transcripts be mailed as soon as final grades are posted at the end of the semester. Applicants who have completed all general education and/or prerequisite courses should request transcripts be sent immediately.

All transcripts for the Fall semester must be received **no later than January 3rd** for applicants selected for admission to the Program.

Personal Letter of Application

Each applicant must submit a formal letter of application. Examples of what you might include in your letter include: your reasons for choosing this career and your plan after graduation; a summary of your experience in the PT profession; a summary of your experiences or personal qualities that will help make you a competent, caring physical therapy professional that is committed to excellence and dedicated to lifelong learning.

Letters are to be limited to 2 pages, type-written or computer-generated, 12 font size, and double-spaced.

ACT/SAT

ACT or SAT test scores must be included in the Application Packet. ACT or SAT test scores must be no more than 5 years old. Official scores may be submitted directly to the PTA Program office via ACT/SAT; however, official copies of high school or college/university transcripts which include a valid ACT/SAT score may be accepted.

If you have not taken the ACT/SAT, you may contact MCC's Counseling Office at (270)821-2250 or a counseling office nearest you to obtain information regarding the next testing date(s) available. You may also register online at www.act.org.

Application Packets that do not include a valid ACT/SAT score at the time the Admissions Committee considers applicants for admission will NOT be considered complete and the applicant will NOT be considered a qualified applicant.

Academic Plan

Each applicant must complete an Academic Plan and include this form in the Application Packet. This form should indicate the applicant's plan to successfully complete ***all academic prerequisites*** (BIO 137, BIO 139, ENG 101, MT 150, or MT 110, and PY 110 or PSY 100) with a grade of "C" or better, prior to enrollment in the technical aspect of the PTA Program.

All general education requirements must also be completed with a grade of "C" or better ***prior to the Fall semester*** of the technical aspect of the PTA Program. The Academic Plan should indicate the applicant's current fulfillment of this requirement, or plan for fulfilling this requirement.

Clinical Experience Form

To be considered for admission to the Physical Therapist Assistant Program at Madisonville Community College, applicants must complete a minimum of eight (8) clock hours [*with preference given for sixteen (16) or more clock hours*] of physical therapy observation or volunteer experience *under the supervision of a Physical Therapist or Physical Therapist Assistant*. A minimum of four (4) clock hours must be obtained in an acute care facility. Additional points will be granted for applicants completing up to 40 hours of volunteer/work experience and for applicants that complete their experience in more than one clinical setting.

The purpose of this experience is to assist the applicant in making an informed career choice based on their personal exposure to the clinical roles and responsibilities of a physical therapist assistant.

Volunteer Responsibilities

The volunteer should contact the clinical facility and make arrangements to complete their volunteer experience. The volunteer is expected to be prompt, courteous and professional, ask questions, demonstrate initiative, keep track of his/her volunteer hours and document the activities that he/she was able to observe.

Clinician Responsibilities

The Physical Therapist or Physical Therapist Assistant should:

- Explain the difference between the PT and the PTA
- Have the volunteer observe an evaluation
- Have the volunteer observe several different physical therapy interventions
- Have the volunteer observe patient/therapist interactions
- Discuss interesting patient diagnoses with the volunteer
- Initial the Clinical Experience Form following each observation experience
- Sign the Clinical Experience Form when the observation period is complete

The Clinical Experience Form is used to verify the applicant's fulfillment of this requirement. The form is to be completed and signed by the physical therapist (PT) or physical therapist assistant (PTA) responsible for supervising the applicant, and **must be placed in a sealed envelope with the PT's or PTA's signature across the seal**. The **sealed envelope** may then be placed, unopened, in the Application Packet or mailed directly to the Physical Therapist Assistant Program office.

The Clinical Experience Form **must be included in the Application Packet and/or received by the application deadline of October 1st**. **More than one form must be submitted** when completing observation hours, work or volunteer experience at more than one facility.

Mid-Term Grade Evaluation Form

A mid-term grade will be used for applicants enrolled in any of the following courses at the time of Application for Admission to the PTA Program to determine an applicant's eligibility for admission and/or to calculate the applicant's total number of points on the Point System for Admission: **BIO 137, BIO 139, ENG 101, MT 150, MT 110, PY 110, PSY 100, Medical Terminology and Physics**.

Applicants submitting a Mid-Term Grade Evaluation Form must complete the course with a grade of "C" or better. Withdrawal from the course may affect the applicant's eligibility for admission and/or selection status.

Midterm grades must be assigned by the **instructor of record** for the course. Midterm Grade Forms will only be accepted with the **instructor's signature** and must be received in a **sealed envelope** with the **instructor's signature across the seal**. Forms may be hand-delivered or mailed to the PTA Program office.

Because mid-term typically falls after the October 1st PTA Program application deadline, the Mid-Term Grade Evaluation Form(s) **must be filed** with the PTA Program Office **no later than October 21st**.

It is the applicant's responsibility to ensure that the Midterm Grade Evaluation Form has been received in the PTA Program office **by October 21st**. Applicants who have not submitted a Midterm Grade Evaluation Form, when required, **by the due date above** will **NOT** be considered a qualified applicant and may not be admitted to the PTA program.

The PTA Program reserves the right to confirm any grade submitted for review during the application process.

LETTERS OF RECOMMENDATION

Applicants may include no more than 3 letters of recommendation. Letters of recommendation should describe the applicant's personal/behavioral qualities that will assist them in successfully completing the PTA Program and/or adopting the ethical values of the physical therapy profession. Letters of recommendation may be included in the application packet or mailed directly to the PTA Program. Letters should be addressed to the PTA Admissions Committee. Letters of recommendation, in addition to the student's letter of application, may be used by the admissions committee for the selection of the applicants for admission to the program.

Pre Admission Conference Attendance Verification Form

All applicants must attend a Pre-Admission Conference. During the Pre-Admission Conference an overview of the Physical Therapist Assistant curriculum, application and admissions process, and other relevant information will be provided. The conference will be offered via an on-campus meeting the second Friday in March, May, August, and November of each year from 10:30 am – 12:00 pm. The conferences will be held in the Physical Therapist Assistant Classroom (Academic Building Room 112). Alternatively, a recorded version of the Pre-Admission Conference is available in CD format. Please call the PTA office at (270) 824-1805 to request a CD. In addition, **as of April 1, 2007, ALL APPLICANTS** must meet with their MCC PTA faculty advisor or must schedule a face to face meeting with a PTA Program faculty member prior to the application deadline. Documentation of this meeting must be included on the Preadmission Conference Verification Form. A face-to-face meeting with a PTA Program faculty member may be scheduled by calling the PTA Program Office at (270) 824-1805.

Application Checklist

The Application Checklist is designed to ensure that the Application Packet is complete prior to submission. The completed Checklist must be included in the Application Packet.

Madisonville Community College
Physical Therapist Assistant Program
APPLICATION FOR ADMISSION

Please print or type all responses. Illegible applications will not be processed.

Last Name	First Name	Middle Name	Maiden Name
Permanent Address		Present Address (if different than Permanent Address)	
Home Telephone Number: () -		Date of Birth: ___/___/___	
Work Telephone Number () -		Social Security Number ___ - ___ - _____	
Cell Phone Number () -	E-mail Address		
List all colleges, universities or professional schools attended or currently attending <i>including MCC</i>:			
Name of Institution	Major	Dates of Attendance	Degree Earned
Emergency Contact Information			
Name: _____		Phone: _____	
Name: _____		Phone: _____	

Please read carefully before signing:

I understand that:

- (1) It is my responsibility to ensure that all application materials are received by the deadline dates.
- (2) Withholding or giving false information will make me ineligible for admission and enrollment.

Applicant's signature

Date

Please attach wallet-sized photo to this application (preferred but not required.)

Physical Therapist Assistant Program Academic Plan

Name: _____

Please indicate for each of the following:

- (a) The number of credit hours granted for the courses you have completed, are currently enrolled, or plan to enroll.
- (b) The semester in which you completed, are currently enrolled, or plan to enroll each course
- (c) The grade you received for each course you have completed.
- (c) The institution in which you enrolled in a course, if other than Madisonville Community College

Course	Credit Hours	Semester/Year Completed	Grade	College
Prerequisite* BIO 137, Human Anatomy & Physiology I				
Prerequisite* BIO 139, <i>Human Anatomy & Physiology II</i>				
Prerequisite* (1 required)				
PY 110, <i>General Psychology</i>				
PSY 100, <i>Intro to Psychology</i>				
Prerequisite* (1 required)				
MT 110, <i>Applied Math</i>				
MT 150, <i>College Algebra</i>				
Prerequisite* English 101, <i>Writing I</i>				
General Education English 102, <i>Writing II</i>				
General Education Computer Literacy				
General Education PSY 223, <i>Developmental Psychology</i>				
General Education Heritage/Humanities/Foreign Language				
General Education Oral Communications				
Preferred Courses (Not Required)				
Physics				
Medical Terminology				

* Applicants must have completed or be currently enrolled in these courses to be considered for admission to the Physical Therapist Assistant Program.

Madisonville Community College
Physical Therapist Assistant Program

Clinical Experience Form

Instructions

Dear Physical Therapy Supervisor:

To be considered for admission to the Physical Therapist Assistant Program at Madisonville Community College, applicants must complete a minimum of eight (8) clock hours [with preference given for sixteen (16) or more clock hours] of physical therapy observation or volunteer experience under the supervision of a Physical Therapist or Physical Therapist Assistant. A minimum of four (4) clock hours must be obtained in an acute care facility. Additional points will be granted for applicants completing up to 40 hours of volunteer/work experience and for applicants that complete their experience in more than one clinical setting.

The purpose of this experience is to assist the applicant in making an informed career choice based on their personal exposure to the clinical roles and responsibilities of a physical therapist assistant.

Volunteer Responsibilities

The volunteer is expected to be prompt, courteous and professional, ask questions, demonstrate initiative, keep track of his/her volunteer hours and document the activities that he/she was able to observe.

Clinician Responsibilities

We would appreciate it if a Physical Therapist or Physical Therapist Assistant would:

- Explain the difference between the PT and the PTA
- Have the volunteer observe an evaluation
- Have the volunteer observe several different physical therapy interventions
- Have the volunteer observe patient/therapist interactions
- Discuss interesting patient diagnoses with the volunteer
- Initial the Clinical Experience Form following each observation experience
- Sign the Clinical Experience Form when the observation period is complete

Since preference for admission to the PTA Program may be based on the total number of observation hours obtained by this student, the authenticity of this information is critical. For this reason, we ask that you **place the completed form in an envelope and sign across the seal.** This envelope must be returned by the student to the PTA Program in their application package.

Thank you for allowing this prospective PTA applicant to obtain the required volunteer hours in your facility. If you have any questions, please feel free to contact me at any time.

Angie

Angie Moser, PT, MAE
Physical Therapist Assistant Program
Program Coordinator
Madisonville Community College

Revised 03/06/2009

(270) 824-1746

**Madisonville Community College
Physical Therapist Assistant Program**

Mid-Term Grade Evaluation Form

Due Date: October 21st

To the student:

Please present this form to your instructor if you are enrolled in any of these classes during the Fall semester: BIO 137, BIO139, ENG 101, MT 110 or MT 150, PY 110 or PSY 100, Physics, or Medical Terminology. It is your responsibility to provide the instructor with a stamped, pre-addressed envelope in which to mail the form to the PTA Program. The PTA Program reserves the right to confirm the grade submitted on the form with the instructor.

To the instructor:

The below named student has applied for admission to the Madisonville Community College Physical Therapist Assistant Program. Please provide the student's mid-term grade in your course. Your course is either a pre-admission requirement for the PTA Program or a course that may provide extra points for admission to the program. The student will provide you with a stamped, pre-addressed envelope in which to mail the form to the PTA Program. Please place the completed form in the envelope, sign across the seal, and place in the mail or return to the student for mailing. Thank you for your assistance.

Angie

Angie Moser, PT, MAE
PTA Program Coordinator
Madisonville Community College
750 N. Laffoon St.
Madisonville, KY 42431
(270) 824-1746
angie.moser@kctcs.edu

Student's Name: _____

Instructor's Name: _____

Instructor's Phone Number: _____

Instructor's E-mail: _____

Course Name/Number: _____

Mid-Term Grade: _____

Instructor's Signature

KRS 327.070 - REFUSAL, SUSPENSION, REVOCATION OF LICENSE, PROBATION OF LICENSE AND ADMINISTRATIVE WARNING TO LICENSEE

- (1) The board, after due notice and an opportunity for an administrative hearing conducted in accordance with KRS Chapter 13B may take any one (1) or a combination of the following actions against any licensee, certificate holder, or applicant:
 - (a) Refuse to license or certify any applicant;
 - (b) Refuse to renew the license or certificate of any person;
 - (c) Suspend or revoke or place on probation the license or certificate of any person;
 - (d) Impose restrictions on the scope of practice of any person;
 - (e) Issue an administrative reprimand to any person;
 - (f) Issue a private admonishment to any person; and
 - (g) Impose fines for violations of this chapter not to exceed two thousand five hundred dollars (\$2,500).
- (2) The following acts by a licensee, certificate holder, or applicant may be considered cause for disciplinary action:
 - (a) Indulgence in excessive use of alcoholic beverages or abusive use of controlled substances;
 - (b) Engaging in, permitting, or attempting to engage in or permit the performance of substandard patient care by himself or by persons working under his supervision due to a deliberate or negligent act or failure to act, regardless of whether actual injury to the patient is established;
 - (c) Having engaged in or attempted to engage in a course of lewd or immoral conduct with any person.
 1. While that person is a patient of a health care facility defined by KRS 216B.015(10) where the physical therapist or physical therapist's assistant provides physical therapy services; or
 2. While that person is a patient or client of the physical therapist or physical therapist's assistant;
 - (d) Having sexual contact, as defined by KRS 510.010(7), without the consent of both parties, with an employee or coworker of the licensee or certificate holder;
 - (a) Sexually harassing an employee or coworker of the licensee or certificate holder;
 - (b) Conviction of a felony or misdemeanor in the courts of this state or any other state, territory, or country which affects his ability to continue to practice competently and safely on the public. "Conviction," as used in this subsection, shall include a finding or verdict of guilt, an admission of guilt, or a plea of nolo contendere;
 - (c) Obtaining or attempting to obtain a license or certificate by fraud or material misrepresentation or making any other false statement to the board;
 - (e) Engaging in fraud or material deception in the delivery of professional services, including reimbursement, or advertising services in a false or misleading manner;
 - (f) Evidence of gross negligence or gross incompetence in his practice of physical therapy;
 - (g) Documentation of being declared mentally disabled by a court of competent jurisdiction and not thereafter having had his rights restored;
 - (h) Failing or refusing to obey any lawful order or administrative regulation of the board;
 - (1) Promoting for personal gain an unnecessary device, treatment, procedure, or service, or directing or requiring a patient to purchase a device, treatment, procedure, or service from a facility or business in which he has a financial interest; and
 - (2) Being impaired by reason of a mental, physical, or other condition that impedes his or her ability to practice competently.
 - (3) A private admonishment shall not be subject to disclosure to the public under KRS 61.878(1)(l). A private admonishment shall not constitute disciplinary action but may be used by the board for statistical purposes or in subsequent disciplinary action against the same licensee, certificate holder, or applicant.

KRS 327.070 - REFUSAL, SUSPENSION, REVOCATION OF LICENSE, PROBATION OF LICENSE AND ADMINISTRATIVE WARNING TO LICENSEE

Madisonville Community College
Physical Therapist Assistant Program
APPLICATION CHECKLIST

Applicant Name: _____

Use this checklist to verify that your application materials are complete and **return the completed Checklist within your Application Packet**. Applications will be rejected if they are incomplete, illegible, or if they do not conform to the instructions provided. Complete instructions are provided with the application packet.

1. MADISONVILLE COMMUNITY COLLEGE APPLICATION

_____ Enclosed

_____ N/A

(NOT required if enrolled at MCC during the Fall semester of application)

2. PTA PROGRAM APPLICATION

(Wallet size photo, preferred but not required)

_____ Enclosed

3. TRANSCRIPTS

(Required for all coursework completed outside KCTCS)

_____ PeopleSoft

_____ Enclosed

_____ N/A

4. PERSONAL LETTER (OF APPLICATION)

_____ Enclosed

5. ACT/SAT TEST RESULTS

(Current within last 5 years)

_____ PeopleSoft

_____ Enclosed

_____ Forwarded
by
ACT/SAT

6. ACADEMIC PLAN

_____ Enclosed

7. CLINICAL EXPERIENCE FORM(S)

_____ Enclosed

_____ # Forms

8. PRE-ADMISSION CONFERENCE VERIFICATION FORM

_____ Enclosed

9. Courses for which a MIDTERM EVALUATION FORM will be submitted:

None _____

BIO 137 _____ BIO 139 _____ PY 110 _____ PSY 100 _____ MT 110 _____ MT 150 _____ ENG 101 _____

Physics _____ Medical Terminology _____ OTHER _____

**Madisonville Community College
Physical Therapist Assistant Program
Transfer Student Request for Overall GPA Consideration**

Instructions

1. You may request Overall GPA Consideration during the PTA Admissions process if you are a transfer student from a non-KCTCS institution, who...
 - Was admitted to a KCTCS institution after having remained out of higher education for a period of 2 or more years,
 - Completed at least 12 credit hours of PTA Program prerequisite or preferred coursework following admission to a KCTCS institution,
 - Maintained a GPA of 2.0 or better after admission to a KCTCS school.

2. Calculation of the student's *Overall GPA* to be used in the Point System for Admission to the PTA Program will include requested grades from the transferring institution for PTA prerequisite or preferred courses only in addition to KCTCS grades.

I, _____, request that only the following grades of my previous college coursework transferred from _____ be considered in the calculation of my *Overall Grade Point Average* according the _____ Point System for Admission for the Physical Therapist Assistant Program.

I understand that my *Overall Grade point Average* on the Point System for Admission will be calculated utilizing grades for the coursework requested below in addition to my grades for KCTCS coursework I have completed following my transfer.

Name of 4-Year Institution

Courses Requested for Overall Grade Point Average Calculation

Course Number/Title	Grade	Credit Hours

Student's Name _____ Date _____

Student's Signature _____

Approved:

Name/Title _____ Date _____