

Physical Therapist Assistant Applicant Fees Form

You must pay two non-refundable fees in order to apply to the Physical Therapist Assistant (PTA) Program, \$50.00 application fee and \$11.00 Washington State Patrol Background check fee. Your application will not be processed until these fees are received. You may pay these fees in one of three ways:

- 1) By mailing a check **with this completed form** to WCC Business Office, ATTN: PTA Application Fees, Laidlaw Building, 237 W Kellogg Road, Bellingham, WA 98226. Make check payable to, "Whatcom Community College." **Do not mail your fees with your PTA application.**
- 2) In person at the WCC Cashier's office, located in the Laidlaw Building, **Mon – Thurs, 9:00am – 5:00pm (closed Friday)**, 237 W. Kellogg Road, Bellingham, WA 98226
- 3) Over the phone with a credit card at 360.383.3363, **Mon – Thurs, 9:00am – 5:00pm (closed Friday)**. You must provide your student ID number.

Note: These fees are non-refundable. If you are not admitted to this program with your initial application, there will be no refund of the fees. If you reapply to this program within nine months, you will not be required to pay the application fee again. You will be required to pay the background check fee with each application.

Student Name:

Last

First

MI

Student Identification Number:

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**Physical Therapist Assistant Program
Applicant Checklist**

Applicant Name: _____

Below is a checklist to ensure that all your PTA Program Application materials have been submitted. Please submit this checklist, your PTA Program Application and all required materials **in one complete packet**, by the stated deadline for best consideration of your application. It is your responsibility to ensure that the Selective Entry Coordinator has received all PTA Program Application materials.

The following has been submitted (if any of the below are missing, please explain why next to the item):

- WCC Application for Admission. If you have applied within the past year, but are not currently enrolled at WCC, please call 360.383.3030 to reactivate your account.
- Applicant Checklist – PTA program (this form)
- Application for Selective Entry Admission – PTA Program (2 pgs)
- Personal Statement – See application, pg 3
- Applicant Experience Verification Form(s). Go to the PTA website listed below for details about that will qualify as experience.
- Three (3) Applicant Recommendation Forms. References from family or friends will not be accepted.
- Official Transcripts from all previously attended colleges where you earned credits that may apply to the PTA degree* **WCC Official Transcripts are not required.**
- Receipt showing I have paid the Application & Washington background check fees through the WCC Cashier's Office.
- I have attended an information session, or contacted an Advisor to review application requirements **(Required)**.

Advisor signature and date: _____

*Please contact Entry & Advising at 360-383-3080 or by email at advise@whatcom.edu to speak with an Advisor for assistance in determining how courses taken from previous colleges will transfer. Advisors can also answer questions regarding substitutions for courses taken at another college that are not directly equivalent to a WCC prerequisite course.

For information regarding the PTA program, including Admission Selection Criteria, please go to the WCC website at www.whatcom.edu/programs and select the PTA link. If you have questions regarding your application contact Luanne Peel, PTA Program Assistant at lpeel@whatcom.edu or 360.383.3258.

Please send your completed application packet and have your official transcripts sent to:

**Whatcom Community College
PTA Program, HPEC 104
237 West Kellogg Road
Bellingham WA 98226**

**Physical Therapist Assistant Program
Application for Selective Entry – Page 1 of 3**

Applicant Name: _____

Thank you for applying to Whatcom Community College's Physical Therapist Assistant Program. Please fill out the following application completely and legibly. Return with the required materials to the address listed at the bottom of the Applicant Checklist page.

- I am applying for the online/hybrid program Spring Quarter 2020.**
Deadline for best consideration: **November 8, 2019** for application and all related materials.

Name		
First	MI	Last
Address		
City	State	ZIP
Phone		
Day Time		Evening
Email address		
WCC Student ID Number		
____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____		

This application has been completed to the best of my knowledge and I hereby authorize WCC to perform a Washington State Patrol background check (WATCH).

I understand that if I am accepted into the PTA Program, a national criminal background check is required.

WCC will maintain these records until I graduate or withdraw from the program and will share this information as requested by clinical sites.

Signature: _____

Date: _____

Whatcom Community College
PTA Program Application– Page 2 of 3

Name _____

WCC will evaluate **only the courses you list below** to see if they satisfy prerequisites for the PTA program. If you have questions about filling out this portion of the application, **please contact the Entry & Advising Center at 360-383-3080**. If accepted into the program, your entire transfer transcripts will be evaluated for transferrable courses.

- I have met or will meet the following PTA program requirements before the stated deadline.
Please refer to the PTA link at www.whatcom.edu/programs for Admission Selection Criteria.
- I have met the minimum grade of C+ (2.3) in each course.

PTA Prerequisites

Completed quarter/year	Prerequisite Course	Course title and number	Grade	Credits	College at which course completed	OFFICE USE ONLY	
						Credential Evaluator: Evaluated As Course	Program Coordinator: Satisfies Prerequisite
	MA 101 Medical Terminology I						
	BIOL& 241 Human Anatomy & Physiology I						

General Education Requirements

If you have an Associate degree or a Bachelor's degree, your general education requirements may be met; contact Entry & Advising if you have questions.

Completed quarter/year	Required Course	Course title and number	Grade	Credits	College at which course completed	OFFICE USE ONLY	
						Credential Evaluator: Evaluated As Course	Program Coordinator: Satisfies Prerequisite
	ENGL& 101						
	Science Lab (any Biology, Chemistry or Physics lab course)						
	PSYC& 100 or SOC& 101						
	MATH& 107 or BUS 100 or any class designated Computation						

Have Associate Degree (WA) <input type="checkbox"/> AA <input type="checkbox"/> AS	Degree GPA	College	State
			Washington
Have Bachelor Degree (US) <input type="checkbox"/> BA <input type="checkbox"/> BS	Degree GPA	College	State

Please have all transcripts and application materials sent to:
Whatcom Community College, PTA Program, 237 West Kellogg Road, Bellingham, WA, 98226

Office Use Only: Prelim Pre-Req Eval Date/By: _____	AG'd Date/By: _____
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**Whatcom Community College
PTA Program Application– Page 3 of 3**

PERSONAL STATEMENT

A personal statement is required of each applicant. It must be typed, no longer than two double-spaced pages, and in size 12 font.

The applicant’s answers to the following questions are required:

1. Why did you choose to pursue the profession of physical therapy?
2. What are your perceptions of the profession of physical therapy?
3. What are your personal strengths and weaknesses and how do these relate to your ability to be successful in the PTA program? Be specific.
4. What added value do you offer from your life experience, prior education or in relationship to cultural diversity (bilingual, etc.)?
5. **Online Program Applicants Only:** Go to (whatcom.smartermeasure.com) to take the SmarterMeasure Survey for online learning. The login is ‘PTA 2018’ and the password is ‘OrcaOnline’ be sure to allow at least 30 minutes to complete the assessment. Incorporate the information about your scores on the Survey including how the results reflect your preparedness for the Online PTA program.

Rubric for Personal Statement:

Category	5	4	3	2	1
Conventions: appropriate spelling, grammar, syntax, and punctuation.	No errors in grammar, punctuation or spelling that distract the reader from the content.	1-2 errors in grammar, punctuation or spelling that distract the reader from the content.	3-4 errors in grammar, punctuation or spelling that distract the reader from the content.	5 errors in grammar, punctuation or spelling that distract the reader from the content.	More than 5 errors in grammar, punctuation or spelling that distract the reader from the content.
Focus on Topic Concepts: effective articulation and application of relevant concepts.	Each of the questions is fully addressed. Main ideas stand out and are supported by detailed information.	Each of the questions is fully addressed. Main ideas are clear but the supporting information is general.	3 of the questions are addressed. Main ideas are clear but have minimal supporting information.	2 of the questions are addressed. Main ideas are not clear and have minimal supporting information.	1 of the questions are addressed. Main ideas are poorly supported.
Support for Topic (Content) Coherence: overall clarity, quality, consistency, rationality and logic.	Relevant, quality details provide important information that goes beyond the obvious or predictable.	Supporting details and information are relevant, but one key issue or portion is unsupported.	Supporting details and information are relevant, but several key issues or portions are unsupported.	Supporting details and information are typically unclear.	Supporting details are not related to the topic.
Sequencing Organization: clear thesis with supporting structure, development, sequence, transitions.	Details are placed in a logical order and questions are addressed very well.	Details are placed in a logical order and questions are addressed well.	Some details are not in a logical or expected order and/or questions are poorly addressed.	Many details are not in a logical or expected order.	Questions are not addressed.

Physical Therapist Assistant Program
Applicant Recommendation Form

Applicant Name _____

Applicant:

Please complete this section and give this form to the person completing your recommendation.

- I authorize Whatcom Community College to contact this evaluator for additional information if needed.
- I do not authorize Whatcom Community College to contact this evaluator for additional information if needed.

According to the Family and Educational Rights and Privacy Act of 1974, as amended, students are guaranteed access to education records concerning them, unless that right is waived. **Your signature below is optional.**

“It is my understanding that waiving my right to review the reference from the individual below is entirely voluntary. Accordingly, I hereby waive any and all rights to inspect this document once submitted to Whatcom Community College.”

Signature: _____ Date: _____

Evaluator:

Your evaluation of this applicant is respectfully requested for use by the Whatcom Community College Physical Therapist Assistant Program. This form will be used as a part of the process in selecting qualified applicants for the next Physical Therapist Assistant class. There is a rating scale on back for different qualities. Please complete this form and return it to the applicant in a **sealed envelope where the evaluator has signed across the seal.**

This applicant will not be considered for admission to the Physical Therapist Assistant Program unless this form is included in the application materials.

Thank you,
PTA Program Selection Committee

General Comments about the applicant:

Over →

PTA Applicant Recommendation Form Continued

How long have you known the applicant?			Have you worked with the applicant in a PT setting?			
Evaluate the applicant by checking the appropriate rating	Outstanding	Above Average	Average	Below Average	Very Poor	Unable to Evaluate
Ability to express thoughts in writing						
Ability to express thoughts verbally						
Character/Personality						
Conflict Resolution						
Cooperativeness						
Enthusiasm						
Intellectual Capacity						
Leadership/Initiative						
Originality						
Personal Appearance/Neatness						
Problem Solving						
Professional Interest						
Reliability						

Evaluator Signature _____ Date _____

Print Name _____ Phone Number _____

Title _____

Name of Organization _____

