

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 who wish to become PHTA Majors and want to begin the Clinical Course work in January need to complete the attached entrance form.

When completed, the application form may be delivered to Union County College (to the address below) between **September 1st and October 31st** of the Fall semester along with a recommendation validating your volunteer hours or work-related experience (see attached form) as well as an unofficial copy of all college transcripts, including Union County College. **No applications will be accepted earlier.**

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 fifty (50) 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.

All students need to complete volunteer work in two different clinic setting (acute care, outpatient orthopedics, pediatrics, nursing home etc). In each of the two setting 25 hours of volunteer work is required. Therefore each applicant will complete 50 hours total for volunteer work. under a Physical Therapist or a Physical Therapist Assistant. 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 students' GPA, BIO 105, applicant essay and letters of recommendation. 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 when delivered. 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 contact a Student Service Specialist in Student Services at the Plainfield Campus at 908-412-3580. After speaking with the Specialist, students who are still unclear about the admission process should e-mail the program administrative assistant at kathleen.wittrock@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.**

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

Program Contact Information: Kathleen Wittrock
908-791-4917
225 Roosevelt Avenue
Plainfield, NJ 07060
kathleen.wittrock@ucc.edu

Retention of Application Materials:

Application materials submitted to the PTA program become the property of Union County College and will not be returned to the applicant. These applications will be archived and will not be resubmitted for future years.

Union County College does not discriminate on the basis of race, color, national origin, sex, age or disability.

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 official transcripts have been sent to the Admissions Office – for a transcript evaluation with Union County College application.**

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 PTA 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>

Essay (required for all applicants):

The essay should be included with your application for the admission to the Physical Therapist Program (PTA). The essay should be no more than 2 pages in length, using size 12 font, no greater than single spaced to 1 ½ space typed and no greater than 1" margins. Please include your name on each page. Think of the attributes or characteristics that you look for in a health care professional. Next, identify the qualities that you feel YOU possess, and describe how they will enhance your role as a Physical Therapist Assistant.

Volunteer Hours:

Each applicant is required to demonstrate evidence of previous work/volunteer experience in two (2) physical therapy settings. Applicants may copy the attached work volunteer form for each facility visited. A total of fifty (50) hours is required with a minimum of 25 hours at each site.

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.

UNION COUNTY COLLEGE
 PHYSICAL THERAPIST ASSISTANT PROGRAM
 PTA PROGRAM ENTRANCE APPLICATION FORM
 (to be completed by applicant)

DATE _____

Please print or type

I. PERSONAL DATA

NAME (Mr., Mrs. & Ms.) _____
Circle one

ADDRESS _____

City State Zip

TELEPHONE _____
 (home)
 (cell) _____

Student ID # _____

EMAIL ADDRESS _____

ACADEMIC WORK: List the High school you attended and chronologically, every College, University, or Professional school that you attended or are attending. Enclose transcripts from each school. Do not enclose high school transcript if 12 or more College credits have been completed.

Name of Institution	City & State	From To (Month & Year)	Degree, Major, and Date Degree Earned	Enclosed	Sent Separately

NOTE:

The Admissions Office must perform an official evaluation of transfer credit. Please send all official transcripts in sealed envelope with a Union County College application to the Admissions Office at:

Union County College
 1033 Springfield Avenue
 Cranford, New Jersey 07016

*** It is the student's responsibility to guarantee all desired transfer credit has been applied***

Are you currently attending Union County College? _____yes _____no

II. ACADEMIC RECORD

For the following courses, please indicate (1) date of completion & grade received, (2) name of College or University where completed, (3) if you are currently taking course/courses, attach an official enrollment certificate.

	Semester Date Completed	Grade	Institution Name	Currently Taking
English Comp I or 111 & 112				
English Comp II				
Anatomy & Physiology I				
Anatomy & Physiology II				
Psychology 101				
College Algebra				
Psychology Adulthood & Aging				

I affirm that I have:

- 1) Taken and passed the Basic Skills exam
- 2) Have completed all remedial Basic Skills course work
- 3) Completed a waiver or N/A.

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 or attended the PTA Program at Union County College.

Attended: Yes _____ No _____ Date: _____

Applied: Yes _____ No _____ Date: _____

Signature _____

III. 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 with signature across the seal by the individual who supervised the potential student.

(Please note each applicant is only required to obtain one letter of recommendation). Include this documentation with your application.

PLEASE PRINT: NAME OF FACILITY _____

NAME OF SUPERVISOR _____

CONTACT # OF SUPERVISOR _____

ADDRESS OF FACILITY _____

NAME OF FACILITY _____

NAME OF SUPERVISOR _____

CONTACT # OF SUPERVISOR _____

ADDRESS OF FACILITY _____

PHYSICAL THERAPIST ASSISTANT PROGRAM
UNION COUNTY COLLEGE

DOCUMENTATION FORM FOR PHYSICAL THERAPY CLINICAL VOLUNTEER / OBSERVATION /
WORK RELATED EXPERIENCE

TO THE APPLICANT

(PLEASE TYPE OR PRINT)

Complete the items below and give the enclosed reference grid check off sheet to the individuals 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 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

In order to document volunteer / observation / work related experience, the reference grid check off 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 _____

STUDENT ID # _____

RIGHT OF ACCESS

The Federal Family Education rights &V 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
Admissions Committee

Name of person completing form _____
Please print

Professional Position/Title _____

Name of Clinical Facility _____

Address of Clinical Facility _____

Contact Number _____

**CONFIRMATION OF PHYSICAL THERAPY ASSISTANT
VOLUNTEER/WORK HOURS**

TO THE CLINICIAN

The Physical Therapist Assistant Program at Union County College requires applicants to our program to participate in volunteer/work hours in Physical Therapy prior to applying for admission. All applicants are required to spend time in a Physical Therapy setting, observing or working in two or more Physical Therapy practice settings. Students must complete a minimum of 25 total hours in each setting. The time spent in the Physical Therapy practice setting will allow students to make an informed decision regarding Physical Therapist Assistant as a career choice. Your support of our program is vital, and we value your perspective. Please complete the following information to verify the time the applicant has spent in direct observation of Physical Therapy practice in your facility.

I give my permission for the information below to be released to the Physical Therapist Assistant program at Union County College. This information is to be included in my application portfolio.

Signature of PTA Program Applicant: _____ Date: _____

Applicant Name (Printed): _____

Date(s) of Observation/Employment: _____

Total Number of Hours spent in observation/Employment: _____

Name and Address of Physical Therapy Setting: _____

Describe the activities the Applicant Observed/Performed: _____

Additional Comments: _____

Signature of Physical Therapy Supervisor: _____

Recommendation from a PT or PTA for Admission

(From where volunteer hours were completed)

Instructions to Applicant: Please complete the identifying information before delivering the recommendation for admission form to the individuals you have selected as recommenders. Each recommender is to complete the two-page form. Place it in a sealed envelope, sign the envelope on the outside over the seal, and return it to you. You should then submit the sealed recommendations with your application packet.

Waiver Statement: The waiver statement should be signed only if you waive the right, granted you by the family educational rights and privacy act of 1974, to read the reference.

I hereby freely and voluntarily waive my rights of access to any information contained on this recommendation form and agree that the statement shall remain confidential.

Applicant's Signature: _____

Applicant's Name: _____

Evaluator: _____ Title: _____

Circle One: PT PTA Institution: _____

Instructions to Recommender: Please check the appropriate boxes below that best describe the candidate as compared to other students at this level. Complete the reverse side of this form.

Skill	Outstanding	Excellent	Good	Average	Below Average	No Basis for Judgement
Commitment to Learning						
Interpersonal Skills						
Communication Skills						
Professional and Responsibility						
Problem Solving & Critical Thinking						
Use of Constructive Feedback						
Effective use of Time and Resource						
Stress Management						
Cooperation, Rapport, Sensitivity						

I Strongly Recommend Recommend Recommend with Reservations Do not recommend this applicant
On the reverse side, please provide any additional information that might relate to the candidate's potential as a
Physical Therapist Assistant.

List the Applicant's Strengths: _____

List the Applicant's Weaknesses: _____

Additional Comments: _____

Recommendation from a PT or PTA for Admission

(From where volunteer hours were completed)

Instructions to Applicant: Please complete the identifying information before delivering the recommendation for admission form to the individuals you have selected as recommenders. Each recommender is to complete the two-page form. Place it in a sealed envelope, sign the envelope on the outside over the seal, and return it to you. You should then submit the sealed recommendations with your application packet.

Waiver Statement: The waiver statement should be signed only if you waive the right, granted you by the family educational rights and privacy act of 1974, to read the reference.

I hereby freely and voluntarily waive my rights of access to any information contained on this recommendation form and agree that the statement shall remain confidential.

Applicant's Signature: _____

Applicant's Name: _____

Evaluator: _____ Title: _____

Circle One: Work Supervisor Professor/Teacher Health Professional Institution: _____

Instructions to Recommender: Please check the appropriate boxes below that best describe the candidate as compared to other students at this level. Complete the reverse side of this form.

Skill	Outstanding	Excellent	Good	Average	Below Average	No Basis for Judgement
Commitment to Learning						
Interpersonal Skills						
Communication Skills						
Professional and Responsibility						
Problem Solving & Critical Thinking						
Use of Constructive Feedback						
Effective use of Time and Resource						
Stress Management						
Cooperation, Rapport, Sensitivity						

I Strongly Recommend Recommend Recommend with Reservations Do not recommend this applicant
On the reverse side, please provide any additional information that might relate to the candidate's potential as a
Physical Therapist Assistant.

List the Applicant's Strengths: _____

List the Applicant's Weaknesses: _____

Additional Comments: _____

Criminal Background History:

Have you been convicted of a crime involving the abuse, neglect, or Mistreatment of an individual? Check the appropriate box. A Conviction does not necessarily disqualify you. If yes, attach an explanation of offense, date, place, and disposition.

I understand that I will be responsible for completing a Criminal Background check if I am admitted to the PTA program to verify the information above. Please sign below to acknowledge this understanding.

Applicant's Signature: _____ Date: _____

Performance Essentials:

I have received and read the Physical Therapist Assistant program performance essentials document and believe that I can fulfill these functions with or without reasonable accommodation as outlined in this document. (Please sign below to acknowledge your understanding of these performance essentials.)

Applicant's Signature: _____ Date: _____

Honesty Statement:

I hereby certify that the information provided in this application is complete and accurate.

Applicant's Signature: _____ Date: _____

Additional Information: How did you hear about Union County College PTA Program?

- PTA Web Page
- Career day at your school
- Open house
- Alumnus/Alumna
- High School Day
- Other (Please specify) _____

**Physical Therapist Assistant Program
Admission Criteria Worksheet**

For PTA Admission Committee use only

Student ID # _____

*Please note each section is weighed

Assigned # _____

Total Score: _____

Biology Component GPA= _____pts x 45%= _

Bio105 Grade	Points
A	50
B+	40
B	30
C+	20
C	10

PRE REQ Component GPA= _____pts x 35%

Course	Grade
MAT 119	
ENG 101	
PSY 101	
PSY 212	
Cumulative GPA	

GPA	POINTS
4.0 – 3.7	30
3.6 – 3.3	25
3.2 – 3.0	20
2.9 – 2.7	15
2.6 – 2.5	10

Personal Essay= _____pts x10%

	0 Very Poor	2 Below Average	4 Average	6 Above Average	8 Excellent
Content Focus					
Organization					
Vocabulary					
Mechanics, Format					

Recommendation Grid Worksheet

Point Value	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
5 Outstanding								
4 Excellent								
3 Good								
2 Average								
1 Below Average								
No Basis for Judgement								

_____pts x 5% = _____pts

Recommendation Grid Worksheet

Point Value	Area 1	Area 2	Area 3	Area 4	Area 5	Area 6	Area 7	Area 8
5 Outstanding								
4 Excellent								
3 Good								
2 Average								
1 Below Average								
No Basis for Judgement								

_____pts x 5% = _____pts