

Washtenaw Community College
Physical Therapist Assistant (APPTA)
2015-16 Academic Year
PROGRAM INFORMATION AND REQUIREMENTS CHECKLIST

THIS IS NOT AN APPLICATION PACKET. Application packets are only available during the application window indicated on WCC's Health Care Home page at www.wccnet.edu/health. However, this packet contains the information that will be provided in the application packet to help answer questions regarding the program and prepare students for applying.

Program Description

Physical Therapist Assistants (PTA's) are skilled health care providers who work under the supervision of physical therapists. PTA's perform components of physical therapy plan of care developed by a supervising physical therapist. PTA's assist physical therapists in providing services that help improve mobility, relieve pain, and prevent or limit permanent physical disabilities for people of all ages who have medical problems or other health-related concerns. Duties of the PTA include assisting the physical therapist in implementing treatment programs, providing interventions, and communicating with the physical therapist and other members of the health care team regarding the client's response to treatment and interventions. Clients may include accident victims, individuals with disabling conditions, and those requiring instruction in health promotion and wellness activities.

Articulation

Eastern Michigan University, BS degree.

Copies can be obtained from the Counseling Office, a program advisor, or from the Curriculum and Assessment Office website: <http://www4.wccnet.edu/departments/curriculum/articulation.php?levelone=colleges>

Important Information

The requirements below are based on the academic year stated on the top of this document. Prerequisite and program requirements along with WCC's point system and scales are reviewed annually and subject to change. Students are expected to meet the prerequisite and program requirements of the catalog term for the semester in which they **first begin** the program.

Admission Process

WCC has a competitive admission process. Applicants are required to meet all admission criteria and will be ranked based on a point system. The best qualified applicants will be selected for admission to the program. Student residency will be a weighted factor in the process. Details regarding WCC's ***Admission to High Demand Programs*** policy including priority levels can be found on WCC's website at <http://www.wccnet.edu/trustees/policies/2005/>. **Details regarding WCC's point scales that are used to calculate points can be found on WCC's Health Care Home page at www.wccnet.edu/health.**

Applying to the Program

Each semester, approximately 20 students are accepted to the program for a Fall semester start. A formal application to the program is required after the student has been accepted to the school. Completed applications can be submitted anytime during the application window. Students are encouraged to complete required support courses prior to beginning the program. This is a full-time program and no part-time option is available.

Transcripts

If any prerequisite and/or support courses were completed at another accredited college/university or high school, **sealed official transcripts must be submitted with your application**. If submitting foreign college/university transcripts, they must be evaluated by ECE or WES before they can be submitted and evaluated for transfer credit. Foreign high school transcripts will not be used for validation of requirement courses. For information regarding the submission of your official college/university transcripts and/or for requesting an official evaluation, please review the *Procedure to Request Evaluation of Other College Transcripts* by clicking on *Transfer Credit and Credit for Other Prior Learning* on WCC's website at www.wccnet.edu/transfer.

Course Clarification

All defined courses plus substitutions that are approved by the department prior to the application deadline will be used to meet prerequisite and/or support course requirements. If a course is not clearly stated on your transcript and/or the course cannot be determined an equivalent based on the course description, you must provide a course syllabus for further review by the application deadline. If two (2) or more transfer courses are completed to meet the equivalent of one (1) of WCC's required prerequisite or support courses, students **must** meet the minimum grade requirement in each course. **Grades will not be averaged**. WCC is not responsible for your application being delayed due to lack of clarification or approval of a substitution.

Required Checklist

All of the requirements below **must** be successfully completed before submitting an application to the program. All prerequisite courses must be successfully completed with grades posted to your transcript and all required forms and supporting documentation needs to be submitted with your application. **Incomplete applications will be returned by mail.**

___ 1. **Admission to WCC**

An admission application to the school can be submitted on WCC's website at www.wccnet.edu/apply.

___ 2. **Program Prerequisite Courses**

___ a. **Academic Math Level 3* or MTH 160 (Basic Statistics) or MTH 167** (Math Applications for Health Sciences) or MTH 169 (Intermediate Algebra) or any Academic Math Level 4 or higher level course with a minimum grade of C/2.0**

- The following course/scores place you at level 3 if taken within expiration period*: MTH 097 or MTH 094 w/grade of C/2.0, ACT Math = 21, SAT Math = 500, or COMPASS Algebra = 46
- Level I Prereqs (MTH 094): Academic Reading and Writing Levels of 6; Academic Math Level 2
- Level I Prereqs (MTH 097): Academic Reading Levels of 4; No minimum Academic Writing Level; Academic Math Level 2
- Level I Prereqs (MTH 160, 167, 169): Academic Reading and Writing Levels of 6; Academic Math Level 3

___ Course Completed: _____ School: _____

___ ACT, SAT, or COMPASS score (within expiration period*): _____

*An acceptable math course will be used over an Academic Math Level to meet this requirement. Only in cases where the student does not have an acceptable math course to meet this requirement, will a student's Academic Math Level of 3 or higher be used.

*Academic Math Levels 1-3 expire to 0 one year after the calculation date (the date of COMPASS testing, the date the student's WCC Math Level was established based on an outside assessment, or based on successful course completion). ACT and SAT math scores expire to 0 two years after the date of completion. Math Levels 4-7 do not expire. **Students should meet with an advisor/counselor to discuss the timing of math courses.**

The program required math course to graduate from this program is MTH 160 (Basic Statistics). **All students are required to successfully complete MTH 160 even if they have completed another math course for the purpose of meeting prerequisites.

- ___ b. **HSC 101 (Healthcare Terminology) or HSC 124 (Medical Terminology) with a minimum grade of C/2.0**
 - *Level I Prereqs (HSC 101 & 124): Academic Reading and Writing Levels of 6*

___ Course Completed: _____ School: _____

- ___ c. **BIO 111 (Anatomy and Physiology – Normal Structure and Function) with a minimum grade of B-/2.7**
 - *Level I Prereqs (BIO 111): Academic Reading and Writing Levels of 6; high school chemistry or CEM 090 and high school biology or BIO 101 or BIO 102; minimum grade C/2.0 in all BIO, CEM, and high school requirements*

___ Course Completed: _____ School: _____

- ___ d. **ENG 111 (Composition I) with a minimum grade of C/2.0**
 - *Level I Prereqs (ENG 111): Academic Reading and Writing Levels of 6*

___ Course Completed: _____ School: _____

- ___ 3. **Minimum Cumulative Program Prerequisite GPA of 2.8**
The student's grade/GPA of all required program prerequisite courses will be included in the calculation. (Calculation of: MTH Prereq Course, HSC 101/124, BIO 111, & ENG 111)

- ___ 4. **Minimum Cumulative College GPA of 2.8**
The total cumulative GPA of all schools that provide a required program prerequisite course will be included in the calculation.

- ___ 5. **Program Application and Requirements Checklist (this form)**

- ___ 6. **Communication Acknowledgement Form**

- ___ 7. **Additional Information Form**

- ___ 8. **Abilities Statement**

- ___ 9. **Information Release Authorization Form**

- ___ 10. **20 Hours of Observations in a physical therapy setting with a minimum of 3 hours in at least 3 different types of physical therapy settings**
___ Must include completed **Clinical Observation Form(s)**.

- ___ 11. **Residency Verification**
For more information on WCC's policies and procedures regarding residency or to learn of additional documentation that can be submitted to verify residency, please visit WCC's website at www.wccnet.edu/residency.
___ Must include a copy of the front and back of your **Driver's License or State ID Card**.

Optional Checklist

The items below are not required to apply to the program. However, by successfully completing and/or meeting these items by the application deadline, you can earn additional points which could give you a more competitive edge.

- ___ 1. **Support Courses**
Please indicate the course(s) you have completed below. Students should consult with an advisor/counselor regarding the selection of elective credit.
 - ___ a. **MTH 160 (Basic Statistics) with a minimum grade of C/2.0**
 - *Level I Prereqs (MTH 160): Academic Reading and Writing Levels of 6; Academic Math Level 3*

___ Course Completed: _____ School: _____

- ___ b. **COM 101 (Fundamentals of Speaking) or COM 102 (Interpersonal Communication) with a minimum grade of C/2.0**
 - *Level I Prereqs (all COM courses): Academic Reading and Writing Levels of 6*

___ Course Completed: _____ School: _____

- ___ c. **HSC 147 (Growth and Development) with a minimum grade of C/2.0**
 - *Level I Prereqs (HSC 147): Academic Reading and Writing Levels of 6; ENG 107 or ENG 111 minimum grade C/2.0, may enroll concurrently*

___ Course Completed: _____ School: _____

- ___ d. **PSY 100 (Introduction to Psychology) with a minimum grade of C/2.0**
 - *Level I Prereqs (PSY 100): Academic Reading and Writing Levels of 6;*

___ Course Completed: _____ School: _____

- ___ e. **PHL 244 (Ethical and Legal Issues in Health Care) with a minimum grade of C/2.0**
 - *Level I Prereqs (PHL 244): Academic Reading and Writing Levels of 6*

___ Course Completed: _____ School: _____

- ___ f. **Computer and Information Literacy Elective (Any General Education Approved Course) with a minimum grade of C/2.0**

___ Course Completed: _____ School: _____

___ 2. **Employment Experience, Community Service/Volunteer Experience, and High School Health Science Technology Programs**

Students will only be awarded points for **one (1)** of the items below (sections a, b, or c). Points will not be awarded for experience that is required to meet prerequisite or program requirements. All experience is evaluated by the department after the application deadline. Details regarding the number of points awarded for the amount of experience can be found on WCC's Health Care Home page at www.wccnet.edu/health.

___ a. **Employment Experience**

Students must have **direct patient care** work experience in a **hospital or health care facility/agency** within 8 years of the application deadline.

___ Submit completed *Employment and Community Service/Volunteer Experience Form* or veterans must submit *Form DD-214*

___ b. **Community Service/Volunteer Experience**

Students must have **direct patient care** community service or volunteer experience in a **hospital or health care facility/agency** within 8 years of the application deadline.

___ Submit completed *Employment and Community Service/Volunteer Experience Form* and attach any necessary documentation

___ c. **High School Health Science Technology Programs**

Students must show successful completion of a high school health science technology program (minimum of 1 year) with a minimum grade of C/2.0.

___ Submit official high school transcripts

___ 3. **Veteran Status**

Students must verify status.

___ Submit form **DD-214**

___ 4. **Associate Degree or Higher Degree from an Accredited U.S. College or University**

___ Degree Completed: _____ School: _____

___ 5. **Alternate Candidate Status**

Students who made alternate candidate status and did not make admission to the program based on a previous application will be awarded additional points. Students will only be awarded points for this status under WCC's competitive admission process and not the old waitlist process.

___ Previous Alternate Candidate Semester(s): _____

Entrance Requirements

1. Mandatory attendance at two (2) new student orientation sessions upon acceptance into the program. Students who do not make admission but are given alternate candidate status will be required to attend the first orientation to be eligible to move to accepted status if a seat becomes available.
2. A second criminal background check may be conducted as well as drug testing prior to starting the program.
3. The requirements below must be completed and submitted **between April 6 and June 17**. Detailed information and required forms will be provided at the mandatory orientation. Students who do not make admission but are given alternate candidate status will be provided with this same information and must meet the same requirements to be eligible to move to accepted status if a seat becomes available.
 - a. Submit a completed Report of Medical History form (physical examination by licensed physician)
 - b. Submit proof of a negative TB skin test
 - c. Submit proof of a current vaccination record (you may be asked to update vaccines)
 - d. Submit proof of a current Flu vaccine
 - e. Submit proof of current health insurance (health insurance must remain active throughout the entire program)
 - f. Submit a current certification in BLS/CPR with First Aid for the professional
 - i. Certification must be from AHA (American Heart Association) or American Red Cross only. No other organizations will be accepted.
 - ii. Students can obtain CPR/AED/First Aid certification by completing **HSC 131** (CPR/AED for the Professional Rescuer and First Aid) at WCC.
4. Students who fail to comply or meet the above requirements will forfeit their seat in the program.

Continuing Eligibility Requirements

1. Additional criminal background checks may be conducted at any time during the program. Students may be required to have drug testing as well as additional criminal background checks and/or fingerprinting prior to the start of a clinical sequence as requested by specific clinical facilities. Failure to receive an acceptable drug test and/or criminal background/fingerprinting check at any time, will result in dismissal from the program.
2. Students will be required to submit health records annually while in the program and must complete any other health requirements as designated by the clinical sites.
3. Students will be required to purchase special uniforms and supplies throughout the duration of the program.
4. Students are required to demonstrate that they have maintained competency in all skills taught throughout their progression through the program. Failure to demonstrate continued competency will result in dismissal from the program.
5. Students must have reliable transportation to clinical education sites which may require a commute of up to one hour.
6. All Physical Therapist Assistant (PTA) courses and support courses to the program must be completed with a minimum grade of C/2.0.
7. Students who are dismissed from the program may not be eligible to reapply to the program.

Washtenaw Community College
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COMMUNICATION ACKNOWLEDGEMENT FORM

WCC sends **all communications** regarding a student's Health and Second Tier Admissions Application Status, beginning with the application process through the admission process, directly to the WCC student email address **ONLY**. Therefore, it is extremely important that students check their WCC student email on a regular basis so they do not jeopardize their status. WCC assumes that any information sent to a student's WCC email has been received and reviewed by the student. Please complete this form to confirm acknowledgement of this information.

Please **carefully read** the statements below and **initial EACH ONE** to confirm you understand and acknowledge:

- _____ 1. I understand that from this point on, all future communication regarding my status will be sent directly to my **WCC student email address ONLY**.
- _____ 2. I agree to check my student email on a regular basis and review all information sent by the Health and Second Tier Admissions Office so I do not jeopardize my status.
- _____ 3. I understand that even though all communication will be sent to my student email address, WCC will occasionally send communications by mail for confirmation that I am maintaining a valid and current address on record.
- _____ 4. I understand that if my address on record is inactivated due to returned mail by the Post Office, WCC will inform me through my student email and I will be given a deadline by which I must update my address in order to maintain my status.
- _____ 5. I understand that if WCC is unable to contact me regarding my status and/or I fail to call/respond to any contacts made by the Health and Second Tier Admissions Office regarding my status, **my application will be closed**.
- _____ 6. I agree to keep all my contact information updated and current in the College system (including addresses, emails, and phone numbers). I understand that my contact information can be updated at any time through my *WCC Gateway* account by clicking on *MyWCC* and then *Personal Information*. Or, I may update this information at Student Connection located on the 2nd floor of the Student Center Building or by calling (734) 973-3543.

I have read, understand, and initialed **all** of the above statements.

Printed Name: _____ Student ID: _____

Signature: _____ Date: _____

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ADDITIONAL INFORMATION FORM

The additional information below is important and pertains to the program. **Please carefully read the statements below and initial each one to show you understand them.**

- ___ 1. You have read the **Admission to High Demand Programs** policy on WCC's website at <http://www.wccnet.edu/trustees/policies/2005/> and reviewed the competitive admission process **Point Scales for All Programs** on WCC's Health Care Home page at www.wccnet.edu/health.
 - ___ a. You have had all your questions and/or concerns pertaining to WCC's competitive admission process answered by the Health and Second Tier Admissions Office.
- ___ 2. Prerequisites and program requirements (including minimum grade and GPA requirements) including WCC's point system and scales are reviewed annually and subject to change.
 - ___ a. You understand that you will be expected to meet all prerequisites for the semester(s) in which you apply for and if accepted, you must meet all program requirements for the **catalog term** for the semester in which you **first begin** the program.
- ___ 3. Students will be sent an email approximately 2 weeks after the submission of their **completed** program application to confirm receipt and to inform the student they have met the minimum requirements for applying to the program. **However, all optional items completed for additional points will not be evaluated or processed until after the application deadline.**
- ___ 4. After all applications have been reviewed and processed, the class will be determined and the communications below will be sent depending on your status.
 - ___ a. If you are accepted or given alternate candidate status in the program, you will be sent an official letter by mail and email.
 - ___ i. All accepted and alternate candidate students will be required to attend a mandatory orientation session. The date, time, and location of this orientation along with other important information (including health requirements) will be provided in your official letter. **If you do not attend the mandatory orientation session, your application will be closed.**
 - ___ ii. An alternate candidate should be prepared to take the seat of any accepted student who is unable to start the program. Alternate candidates will be expected to meet the same requirements as an accepted student to be eligible to move to accepted status if a seat becomes available in the program.
 - ___ b. If you do not make the cut off for accepted or alternate candidate status in the program, a letter will be sent by mail and email to inform you of this and that **your application will be closed.**
- ___ 5. You must agree to an initial criminal background check in order to complete your application to the program and possibly a second check before entering the program. As a **courtesy**, WCC will conduct your initial and second background checks using the Michigan State ICHAT system which has limitations that may cause false positive or false negative records to be received.

ADDITIONAL INFORMATION FORM continued for APPTA (2015-16 Academic Year)

- ___ a. If a false record is received through the Michigan States ICHAT system or you believe that the record received is a mistake or inaccurate, it will be **your responsibility** to clear the record which may accrue additional fees (see the *Information and Release Authorization Form*).
 - ___ b. If a conviction is found, the student may not be eligible for acceptance to the program.
 - ___ i. If a conviction is found as stated on the *Information Release Authorization Form*, you will **not be eligible for admission** and **your application will be closed**.
 - ___ ii. If another type of conviction is found on your background record that is not stated on the *Information Release Authorization Form*, you will be required to complete and sign additional forms before you will be eligible for admission to the program. However, if refused placement by a clinical facility, you may not be eligible to continue in the program at WCC and you will be dismissed from the program.
 - ___ c. The department has contracts with many facilities and some require additional screenings which may accrue additional fees to the student (i.e. fingerprinting, urine dip screens, drug testing, and additional background checks).
 - ___ d. If you are required to clear your criminal background record or sign a form in regards to your record, an email will be sent informing you of this. You must have your record cleared or form submitted by the deadline to maintain your status or **your application will be closed**.
- ___ 6. If your application is closed for any reason and you would like to reapply to the program, you must meet all current prerequisites and submit a new application during the application window before you will be considered for admission to a future semester.

I have read and initialed all statements listed above showing I understand them.

Printed Name: _____

Student ID: _____

Signature: _____

Date: _____

Washtenaw Community College
Physical Therapist Assistant (APPTA)
2015-16 Academic Year
ABILITIES STATEMENT

Admission into the Physical Therapist Assistant program is contingent upon students declaring that they have specific physical and cognitive abilities. These requirements are detailed below. WCC reserves the right to request that students successfully demonstrate the specific cognitive and physical abilities related to the PTA program.

Abilities Necessary for Attainment of Competencies in the PTA Program

The student MUST be able to:

1. Speak clearly in order to verbally communicate with patients, families, health care team members, peers, and faculty.
2. Stand and walk for six (6) to ten (10) hour per day.
3. Bend, squat, kneel, and climb stairs.
4. Possess sufficient strength to push/pull objects more than 50 pounds and to transfer objects of more than 100 pounds.
5. Perform CPR, i.e. move above patient to compress chest and manually ventilate patient.
6. Work with arms fully extended overhead.
7. Possess manual dexterity, i.e. use hands for grasping, pushing, pulling, and other fine motor manipulation, including legible writing and typing.
8. Demonstrate eye-hand coordination and arm-hand steadiness for manipulation of equipment, i.e. goniometers.
9. Possess tactile ability to differentiate changes in sensation as part of the patient assessment.
10. Possess auditory acuity to note slight changes in the patient's condition, i.e. lung sounds, vital signs, etc.
11. Possess auditory acuity to hear patient's calls for assistance without facing the patient.
12. Possess auditory acuity to interpret various equipment signals and alarms and use the telephone.
13. Possess visual acuity to read and distinguish colors, to read handwritten orders and other handwritten or printed patient data, i.e. medical records, equipment instructions.
14. Possess visual acuity to clearly see and read electronic monitors and scales in order to correctly interpret data.
15. Concentrate on details with moderate amount of interruptions and background noises, such as patient requests, IV pumps/alarms, etc.
16. Attend to tasks/functions for periods up to 60 minutes in length and to attend to tasks/functions for periods exceeding 60 minutes in length.
17. Possess sufficient emotional control to exercise independent judgment and discretion to ensure patient safety.
18. Understand and relate to specific ideas, concepts, and theories generated and simultaneously discussed.
19. Possess ability to read and understand written and spoken English for effective verbal and written communication with patients, family members, and health care providers.
20. Remember tasks and assignments given to self and others over both short and long periods of time.

I HAVE READ THESE STATEMENTS AND BELIEVE I MEET THE ABOVE REQUIREMENTS.

Printed Name: _____ Student ID: _____

Signature: _____ Date: _____

Washtenaw Community College
Physical Therapist Assistant (APPTA)
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CLINICAL OBSERVATION GUIDELINES

All applicants are required to complete a minimum of 20 hours of volunteer and/or clinical observations of a licensed physical therapist or physical therapist assistant in at least 3 different types of physical therapy settings. The purpose of this requirement is to give the applicant an understanding of the relationship between the physical therapist and the physical therapist assistant and of the role the physical therapist assistant in patient care.

A minimum of 3 hours in at least 3 different physical therapy settings is required. Some facilities or organizations may contain more than one type of setting (i.e. acute care hospital with out-patient clinic). In that case, **submit one form for EACH area** in which at least 3 hours have been spent. Choose at least 3 different types of settings from the list below:

- Hospital, Adult, Acute, In-patient
- Hospital, Pediatric, Acute, In-patient
- Extended Care Facility (long term care, sub-acute/skilled care)
- Other (i.e. Therapeutic Riding, Burn Camp, Pediatrics)
- In-patient Rehabilitation
- Out-patient
- Home health
- School

It is the responsibility of the applicant to locate and schedule observation experiences. Please contact the PTA Department before attempting to schedule observations with a University of Michigan or Saint Joseph Mercy Hospital site as there are specific guidelines for those facilities.

If the applicant is currently working in the field or is undergoing physical therapy treatment themselves, he/she may contact the PTA Program Director to determine if and how many hours of this experience will qualify towards your total required observation hours.

Steps for Arranging Observations

1. Call physical therapy sites. Explain that you are applying to a PTA program and that you would like to observe either a PT or PTA at their facility.
2. Dress appropriately. Ask if there are specific dress requirements. No shorts, jeans, T-shirts, sandals (open toe or heel), excessive perfumes, body piercing or dangling jewelry. Slacks, shirt, and tennis shoes are usually acceptable.
3. Be punctual. Be sure to contact the department/clinician if you unable to keep the appointment.
4. Remember this is an observation. You are NOT allowed to assist with treatment. Do NOT ask personal questions about the patient during the physical therapy treatment. The PT or PTA may choose to share relevant information with you before or after the treatment sessions. Maintain confidentiality. Never mention a patient's name, or medical diagnosis outside of the facility.
5. Complete the ***Clinical Observation Form***.
6. Have the clinician complete their section of the form.
7. Thank the clinician for allowing you to observe at their facility.
8. Form(s) should be submitted with your completed program application.

Washtenaw Community College
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CLINICAL OBSERVATION FORM

Student's Printed Name: _____ Student ID: _____

The above student is interested in apply to the Physical Therapist Assistant program at Washtenaw Community College. As part of the admission requirements, he/she must **observe the activities of a Licensed Physical Therapist or Physical Therapist Assistant** (no other health care provider will be accepted) for a minimum of three (3) hours in at least three (3) different types of physical therapy settings for a minimum total of twenty (20) hours. A Clinical Observation Form must be completed for **EACH** facility. No more than two PT/PTA's can sign a single form for an individual facility.

Type of Setting:

- Acute care (in-patient hospital)
- Extended Care Facility (skilled care, Sub-acute, long term)
- Other → If the type of setting you observed is not listed above, **write the word "Other" in the "Type of Setting" box below and state the type of setting you observed.** (i.e. Other: Therapeutic Riding Program, Burn Camp, Pediatrics)
- In-patient rehabilitation
- Home-health
- Out-patient
- School

Date	Hours*	PT/PTA Printed Name	Type of Setting (Choose from list above)

*All hours should be calculated in half hours (i.e. 4 hours and 30 minutes = 4.50)

I certify that the above information is accurate.

Student's Signature: _____ Date: _____

To be completed by PT or PTA(s):

Facility Name: _____

-Tape Business Card(s) Here-

Address: _____

1. Credentials (circle one): **PT** or **PTA** Date: _____

Phone Number: (____) _____

Printed Name: _____

Signature: _____

2. Credentials (circle one): **PT** or **PTA** Date: _____

Phone Number: (____) _____

Printed Name: _____

Signature: _____

Washtenaw Community College
Physical Therapist Assistant (APPTA)
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EMPLOYMENT AND COMMUNITY SERVICE/VOLUNTEER EXPERIENCE FORM

WCC has a competitive admission process and students with **direct patient care** work experience or community service/volunteer experience in a **hospital or health care facility/agency** within 8 years of the application deadline can be awarded additional points towards their program application. If you have worked or completed community service/volunteer hours for more than one employer/organization, you **must** submit a separate form for **each** one.

To be completed by student:

Students Name (printed): _____ WCC Student ID: _____

Please check one (1):

- I am/was employed full-time (30 hours or more per week) I am/was employed part-time (15 hours or more per week)
Employer/supervisor must complete section below. *Employer/supervisor must complete section below.*

- I completed community service and/or volunteer hours
Employer/supervisor must complete section below unless submitting certificate and/or letter to verify hours.

- CHECK HERE if submitting a certificate and/or letter to verify hours (employer/supervisor section does not need to be completed).
All documentation verifying hours completed must be attached to this form.

Students Signature: _____ Date: _____

To be completed by employer/supervisor:

Employer/Organization Name: _____

Street Address: _____ Suite/Apt: _____

City: _____ State: _____ Zip: _____

Dates of employment/community service/volunteer experience: From (date): _____ Until (date)*: _____

*If currently employed, completing community service, or volunteering, please put in today's date.

Please check one (1) and fill in the hours:

- The above student is/was employed for _____ hours per week between the dates listed above.
 The above student completed a total of _____ hours of community service between the dates listed above.
 The above student completed a total of _____ hours of volunteer service between the dates listed above.

Job Duties/Services Performed: _____

Supervisor's Name*: _____

-Tape business card here-

Job Title: _____

Phone Number: (_____) _____

Signature: _____

Date: _____

*Please attach your **business card** or a statement on **organization letterhead** to verify the information on this form is accurate.

Washtenaw Community College
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COURSE SEQUENCE

The Physical Therapist Assistant (PTA) courses will span over four (4) semesters and are sequential and complemented with required support courses, which fulfill the general education associate degree requirements at WCC. Students are encouraged to take all support courses (*) before they begin the program. Support courses (*) may be taken prior to the scheduled semester, but **no later than** the scheduled semester below. All Physical Therapist Assistant (PTA) courses must be taken in the scheduled semester below. This is a full-time program and no part-time option is available.

Students should meet with an advisor/counselor to discuss the timing and selection of prerequisite and support courses.

Support courses (*) and Physical Therapist Assistant (PTA) courses **must** be successfully completed with a minimum grade of **C/2.0**. (All grades are based on a 4.0 GPA scale)

Major/Area Requirements (Prerequisites Required to Apply to Program)		10 credits
BIO 111	Anatomy and Physiology – Normal Structure and Function	5 credits
ENG 111	Composition I	4 credits
HSC 101	Healthcare Terminology (or HSC 124)	1 credit

Major/Area Requirements (Support Courses Required Before Graduation)		4 credits
<i>MTH 160</i>	<i>Basic Statistics*</i>	<i>4 credits</i>

Semester 1 (Fall)		15 credits
PTA 100	Fundamentals of Physical Therapy	2 credits
PTA 150	Therapeutic Procedures I	3 credits
PTA 180	Clinical Kinesiology	4 credits
<i>COM 101 or</i>	<i>Fundamentals of Speaking*</i>	
<i>COM 102</i>	<i>Interpersonal Communication*</i>	<i>3 credits</i>
<i>HSC 147</i>	<i>Growth and Development*</i>	<i>3 credits</i>

Semester 2 (Winter)		16 credits
PTA 160	Therapeutic Procedures II	2 credits
PTA 195	Introduction to Disease	2 credits
PTA 200	Therapeutic Modalities	4 credits
PTA 220	Therapeutic Exercise I	4 credits
PTA 230	Clinical Education I	1 credit
<i>PSY 100</i>	<i>Introduction to Psychology*</i>	<i>3 credits</i>

Semester 3 (Fall)		14 credits
PTA 198	Soft Tissue Management	2 credits
PTA 225	Therapeutic Exercise II	4 credits
PTA 240	Clinical Education II	2 credits
<i>PHL 244</i>	<i>Ethical and Legal Issues in Health Care*</i>	<i>3 credits</i>
<i>Elective(s)</i>	<i>Computer and Information Literacy (any general education approved course)*</i>	<i>3 credits</i>

Semester 4 (Winter)		6 credits
PTA 250	Clinical Education III	5 credits
PTA 280	Clinical Concepts	1 credit

TOTAL CREDITS REQUIRED FOR PROGRAM	65 credits
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*Support course(s).

Washtenaw Community College
Physical Therapist Assistant (APPTA)
2015-16 Academic Year
ESTIMATED COSTS

Tuition rates and fees listed below are estimates based on the 2014-2015 academic year and are only valid through the Spring/Summer 2015 semester. If a change is made in the tuition rates and/or fees for any future semester, these changes would go into effect beginning in the fall semester of each year. To view the current tuition rates and fees, please visit WCC's website at www.wccnet.edu/tuition. All fees below are estimates and subject to change.

TUITION & COLLEGE FEES (includes \$7 enrollment/technology fee per credit hour)	COST
65 - 67 credits @ \$100 (<i>in-district rates</i>)	\$6,500 - \$6,700
65 - 67 credits @ \$156 (<i>out-district rates</i>)	\$10,140 - \$10,452
65 - 67 credits @ \$204 (<i>out-state rates</i>)	\$13,260 - \$13,668
65 - 67 credits @ \$232 (<i>international rates</i>)	\$15,080 - \$15,544
Contact Hour Fee (labs & clinicals)	\$1,890
Graduation Fee (cap & gown)	\$40

PROGRAM FEES	COST
Physical Exam (including lab tests & immunizations)	\$150 - \$250
CPR Certification (based on taking WCC's HSC 131 Course) (Includes tuition for 1 credit hour & \$35 Red Cross CPR Card Fee) in-district = \$135; out-district = \$191; out-state = \$239; international = \$267	\$135 - \$267
Required Text Books & Course Packs	\$1,000
Optional Books	\$300
Lab Supplies and Equipment	\$130
Uniform Costs	\$135
WCC Patches/Name Badges	\$4
APTA Student Membership	\$90
PTA Licensure Application	\$250
PTA Licensure Exam	\$450

ADDITIONAL COSTS TO CONSIDER	COST
Student Health Insurance	
Transportation to and from campus and clinical sites	
Parking fees for clinical sites	
Lunches at clinical sites	
Supplies: notebooks, paper, pens, pencils, calculator, etc...	
Childcare	

TOTAL COSTS* (tuition & college fees + program fees based on residency status)	COST
In-District Residents	\$11,074 - \$11,374
Out-District Residents	\$14,770 - \$15,182
Out-State Residents	\$17,938 - \$18,446
International Residents	\$19,786 - \$20,350

*Total cost does not include "Additional Costs to Consider".

Washtenaw Community College
Physical Therapist Assistant (APPTA)
2015-16 Academic Year
CONTACT INFORMATION AND ACCREDITATIONS

Accreditation and helpful contact information is provide below.

Health and Second Tier Admissions

Phone: (734) 973-3596 or (734) 477-8998

Email: healthadmissions@wccnet.edu

Website: www.wccnet.edu/health

Student Connection

Phone: (734) 973-3543

Email: studrec@wccnet.edu

Transcript Evaluation

Phone: (734) 973-3590 or (734) 477-8969

Email: transcripteval@wccnet.edu

Website: www.wccnet.edu/transfer

Financial Aid

Phone: (734) 973-3523

Email: finaid@wccnet.edu

Counseling

(Advising **before** admission to the program)

Phone: (734) 677-5102

WCC Campus Map & Driving Directions

Website: www.wccnet.edu/about-us/visiting

WCC Room Locator

Website: www.wccnet.edu/about-us/room-locator

Regular Office Hours (Student Services)

Monday - Thursday: 8:00am – 7:00pm

Friday: 8:00am – 5:00pm

Saturday: 9:00am – 1:00pm

Pat Hill

Physical Therapist Assistant Program Director

Phone: (734) 477-8918

Email: pshill@wccnet.edu

Kathy Cook

Physical Therapist Assistant Program Faculty

Phone: (734) 477-8502

Email: kacook@wccnet.edu

Sue Travis

Health Programs Counselor

(Advising **after** admission to the program)

Phone: (734) 973-3474 – by appointment only

Email: stravis@wccnet.edu

**Commission on Accreditation in Physical
Therapy Education**

(Program Accreditation)

American Physical Therapy Association

1111 N Fairfax St

Alexandria, VA 22314

Phone: (703) 706-3245

Website: www.captionline.org

**The Higher Learning Commission of the
North Central Association**

(Institution Accreditation)

230 N LaSalle St, Ste 7-500

Chicago, IL 60604

Phone: (312) 263-0456

Website: www.ncahlc.org

Michigan State Police

Lansing Criminal Justice Info Center Phone: (517) 322-5531

Website: <http://www.michigan.gov/msp/>