

Washtenaw Community College  
Physical Therapist Assistant (APPTA)  
Fall 2018 Entry (2018-19 Academic Year)  
Application Deadline: January 12, 2018 (or until all accepted and/or alternate seats are filled)  
**PROGRAM APPLICATION AND REQUIREMENTS CHECKLIST**

WCC Student ID: \_\_\_\_\_ Date: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Former/Previous Names: \_\_\_\_\_  
\*Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
WCC Email/netID: \_\_\_\_\_ Other Email: \_\_\_\_\_

\*The contact information provided above MUST match WCC's records. You can confirm and/or change your contact information at any time by logging into your *WCC Gateway* account and clicking on *MyWCC* and then *Personal Information*. Your address MUST match your current "*Basic*" address on record. (Your "*Mailing*" address is NOT sufficient for residency verification.)

### **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**

WCC has articulation agreements with four-year institutions. Copies can be obtained from the Counseling Office, a program advisor, or from the Curriculum and Assessment Office website:  
<http://www.wccnet.edu/curriculum/articulation/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. 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 Enrollment Steps for Health and Second Tier Program Students website at <http://www.wccnet.edu/studentconnection/admissions/health-second-program/>.

### **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.

### Requirement After Acceptance

Upon notification of acceptance to the program students must purchase an account from a college-designated vendor to obtain a criminal background check and to track their health records. The criminal background check must be submitted to the designated vendor before attending the first program mandatory orientation session. The health requirements must be completed within the dates provided in the acceptance letter and submitted to the designated vendor by the deadline provided in the acceptance letter.

### Extenuating Application Process

If there are not enough applicants to fill all accepted and/or alternate seats in the program by the initial application deadline, the application will remain available on the website after this deadline until all seats are filled. Once all seats are filled, the application will be removed from the website and applications will no longer be accepted for the current admission cycle.

**If the application remains available on the website after the initial application deadline**, students who anticipate meeting all program admission requirements by the end of the Winter 2018 semester are encouraged to submit an incomplete application to be considered for an accepted and/or alternate seat on a conditional basis. Students submitting an incomplete application after the initial application deadline will be considered for a seat based on the date the application was received by the Health and Second Tier Admissions Office. If multiple applications are submitted in a day, applicants will be chosen based on a lottery for their position. Please contact the Health and Second Tier Admissions Office for clarification of this process.

### Transcripts

**Only official transcripts will be evaluated for transfer credit and applied towards your application.** If course work (including prerequisites, support courses, and/or other applicable admission requirements/criteria) was completed at multiple institutions, an official transcript must be received from each institution. Incoming official transcripts must have appropriate signatures and/or official college seals. **Transcripts must be sent directly to WCC from an issuing institution or sealed if issued to the student.** Official transcripts are not needed for course work completed at WCC. Foreign high school transcripts will not be used for validation of course work when high school course work is applicable. For additional details regarding transfer credit and credit for prior learning (including foreign education, portfolio review, AP, CLEP, articulation, military, etc.) please visit WCC's website at <http://www.wccnet.edu/services/transferreresources/credittowcc/>.

### 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. **This includes all necessary official transcripts unless previously submitted and received by WCC's Records Office.** WCC transcripts are not required.

#### 1. Admission to WCC

An admission application to the school can be submitted on WCC's website at [www.wccnet.edu/apply](http://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, OLD SAT Math = 500, NEW SAT Math = 530, ALEKS = 30, or COMPASS Algebra = 46
- *Level I Prereqs (MTH 094): Academic Reading Level of 6; Academic Writing Level of 6 or Academic Writing Level of 3 with concurrent enrollment in ENG 090; Academic Math Level of 2*
- *Level I Prereqs (MTH 097): Academic Reading Levels of 4 or 5; No minimum Academic Writing Level; Academic Math Level of 2*
- *Level I Prereqs (MTH 160, 167, 169): Academic Reading and Writing Levels of 6; Academic Math Level of 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 level 0 two years 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). 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) with a minimum grade of C/2.0**

- *Level I Prereqs (HSC 101 & 124): Academic Reading and Writing Levels of 6*

\_\_\_ Course Completed: \_\_\_\_\_ School: \_\_\_\_\_

HSC 124 (Medical Terminology) may be substituted to meet this requirement.

\_\_\_ 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 101 and high school biology or BIO 101 or BIO 102 or BIO 161 or BIO 162; 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. **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)**.
- \_\_\_ 10. **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](http://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. **Please remember official transcripts must be submitted to verify these requirements unless previously submitted and received by WCC's Records Office. WCC transcripts are not required.**

- \_\_\_ 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. Experience

Students can 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. See the **Experience Form** for additional information. Details regarding the number of points awarded for the amount of experience can be found on WCC's Enrollment Steps for Health and Second Tier Program Students website at <http://www.wccnet.edu/studentconnection/admissions/health-second-program/>.

\_\_\_ a. Employment Experience

\_\_\_ Submit completed **Experience Form** or veterans must submit **Form DD-214**

\_\_\_ b. Community Service or Volunteer Experience

\_\_\_ Submit completed **Experience Form** and attach any necessary documentation

\_\_\_ c. High School Health Science Technology Program with grade of **C/2.0\*** (minimum of 1 year)

\_\_\_ Submit completed **Experience Form** and attach official transcript

*\*Articulated credit is only accepted with grade of B/3.0 or better.*

\_\_\_ 3. Veteran Status

\_\_\_ Submit form **DD-214** to verify status.

\_\_\_ 4. Associate Degree or Higher Degree from an Accredited U.S. College or University

\_\_\_ Graduation Date: \_\_\_\_\_ Degree: \_\_\_\_\_ 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. Upon acceptance to the program, a criminal background check must be obtained from the college-designated vendor before attending the first orientation. Specific information regarding the vendor will be included in the program acceptance letter.
3. Student's medical records will be collected and monitored through an online vendor. Students are required to complete the health records below between specific dates and submit these requirements online through the vendor by the provided deadline to begin the program. Detailed information regarding the dates, deadlines, required forms, and vendor information will be provided in the official letters and/or 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. **Please DO NOT complete the requirements below until AFTER the necessary dates, deadlines, and forms have been provided to you. (Documentation submitted with your application will not be reviewed.)**
  - 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 unless otherwise specified.
- 7. Students who are dismissed from the program may not be eligible to reapply to the program.

Students with questions or concerns regarding WCC's competitive admission process or submitting an application to the program should contact the Health and Second Tier Admissions Office.

Program applications along with all documentation needed to verify completion of requirements can be mailed to the address below or submitted to Student Connection located on the 2<sup>nd</sup> floor of the Student Center Building (SC 203).

Health and Second Tier Admissions Office  
Washtenaw Community College  
4800 E Huron River Dr  
Ann Arbor, MI 48105

I have successfully completed all required checklist items and I have included all documentation needed to verify these requirements.

Printed Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Washtenaw Community College  
Physical Therapist Assistant (APPTA)  
Fall 2018 Entry (2018-19 Academic Year)  
**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.
- \_\_\_\_\_ 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 2<sup>nd</sup> 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: \_\_\_\_\_

Washtenaw Community College  
Physical Therapist Assistant (APPTA)  
Fall 2018 Entry (2018-19 Academic Year)  
**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. I understand admission to this program is based on WCC's *Admission to High Demand Programs* policy.
- \_\_\_\_\_ a. I have read the ***Admission to High Demand Programs*** policy on WCC's website at <http://www.wccnet.edu/trustees/policies/2005/>.
- \_\_\_\_\_ b. I have reviewed the competitive admission process ***Point Scales for All Programs*** on WCC's Enrollment Steps for Health and Second Tier Program Students website at <http://www.wccnet.edu/studentconnection/admissions/health-second-program/>.
- \_\_\_\_\_ c. I have had all my questions and/or concerns pertaining to WCC's competitive admission process answered by the Health and Second Tier Admissions Office.
- \_\_\_\_\_ 2. I understand admission requirements/criteria and program requirements (including courses, minimum grade, and GPA requirements) along with WCC's point system and scales are reviewed annually and subject to change.
- \_\_\_\_\_ a. I understand I am expected to meet all admission requirements/criteria for the semester(s) for which I apply, and if offered admission, I must meet all program requirements based on the **catalog term** of when I **first begin** the program.
- \_\_\_\_\_ 3. I understand students are sent an email upon receipt of their program application as confirmation their application was received. However, I understand that it may take anywhere from **2 weeks to 6 months** before my application will be reviewed and processed depending on the time of year and the number of health applications submitted at that given time. And, that applications are reviewed in the order they are received with consideration to all health program application deadlines and class determination dates.
- \_\_\_\_\_ a. I understand that after my application is reviewed, and if it is determined that I meet all minimum admission requirements to be considered for admission to the program during this admission cycle, I will be notified by email. However, I understand that all optional items completed to earn additional points towards my application will **not** be reviewed or processed until **after** the application deadline including experience which is evaluated by the department.
- \_\_\_\_\_ 4. I understand that after WCC has reviewed and processed all applications for this cycle, the class will be determined and the communications below will be sent depending on my status.
- \_\_\_\_\_ a. I understand that if accepted or given alternate candidate status in the program, I will be sent an official letter by email and mail. And, in this letter/email, I will be notified of the date, time, and location of the mandatory orientation sessions along with other important information and requirements needed to maintain my status and continue in the program.
- \_\_\_\_\_ i. I understand an alternate candidate should be prepared to take the place of any accepted student who is unable to start the program. And, to be eligible to move into the program if a seat becomes available, I must maintain my alternate status by meeting the requirements outlined in my official letter/email. I understand that if I maintain my status, I will remain an alternate for this admission cycle through the start of the semester. And, if a seat opens in the meantime, I will be accepted and informed by email.



\_\_\_\_\_ ii. I understand as an alternate candidate, if I am **not** offered admission to the program prior to the start of the semester or I do not meet requirements needed to maintain my status, **my application will be closed**.

\_\_\_\_\_ b. I understand that if I am **not** accepted or given alternate candidate status in the program, I will be notified by email. And, at that time, my application will remain open through the start of the semester. I understand that in the event that the alternate candidate list is exhausted, there is a chance I will be called into the program. However, I understand **my application will be closed** after the semester begins.

\_\_\_\_\_ i. I understand WCC strongly recommends that I meet with the Health Programs Counselor for advising to discuss ways to make my application more competitive.

\_\_\_\_\_ 5. I understand that program applications are semester specific and only valid for the semester for which I applied. And, that if my application is closed for any reason and I wish to be reconsidered for admission to the program, I must meet current admission requirements and submit a new program application.

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)  
Fall 2018 Entry (2018-19 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

Applicants who complete PTA 102 (Introduction to Physical Therapy) or have other physical therapy experiences may qualify for hours towards their total. Please contact the program director to discuss these experiences.

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.

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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)  
Fall 2018 Entry (2018-19 Academic Year)  
**EXPERIENCE FORM**

Students can be awarded additional points towards their program application for **direct patient care** employment, community service, or volunteer experience in a **hospital or health care facility/agency** if completed within 8 years of the application deadline or for completion of a health science technology program through high school. **This form needs to be attached to any experience submitted and a separate form must be submitted for each employer/organization.**

**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) or part-time (15 hours or more per week).**  
*Employer must complete section below or submit statement on organization letterhead. Attach necessary documents to this form.*
- I completed community service and/or volunteer hours.**  
*Supervisor must complete section below or submit certificate and/or statement on organization letterhead. Attach necessary documents to this form.*
- I completed a high school health science technology program with a minimum grade of C/2.0 (minimum of 1 year)**  
*Attach official transcript to this form.*

Students Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by employer/supervisor:**

Employer/Organization Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite/Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**DATES OF EXPERIENCE:** From (date): \_\_\_\_\_ To (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  
Physical Therapist Assistant (APPTA)  
Fall 2018 Entry (2018-19 Academic Year)  
**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** unless otherwise specified. (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>
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**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**

*\*These courses may be taken before admission to the program. (It is strongly recommended that students complete the general education courses before entering the program). Students may transfer or substitute equivalent general education courses or a healthcare terminology course required for the program.*

Washtenaw Community College  
Physical Therapist Assistant (APPTA)  
Fall 2018 Entry (2018-19 Academic Year)  
**ESTIMATED COSTS**

Tuition rates and fees listed below are estimates based on the 2017-2018 academic year and are only valid through the Spring/Summer 2018 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](http://www.wccnet.edu/tuition). All fees below are estimates and subject to change.

<b>TUITION &amp; COLLEGE FEES</b> (includes \$7 enrollment/technology fee per credit hour)	<b>COST</b>
65 credits @ \$102 ( <i>in-district rates</i> )	\$6,630
65 credits @ \$165 ( <i>out-district rates</i> )	\$10,725
65 credits @ \$221 ( <i>out-state rates</i> )	\$14,365
65 credits @ \$255 ( <i>international rates</i> )	\$16,575
Contact Hour Fee (labs & clinicals)	\$1,890
Graduation Fee (cap & gown)	\$45

<b>PROGRAM FEES</b>	<b>COST</b>
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 = \$137; out-district = \$200; out-state = \$256; international = \$290	\$137 - \$290
Vendor Fee for Collecting & Monitoring Medical Records	\$50-\$75
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	\$200
PTA Licensure Practice Exam	\$90
PTA Licensure Exam	\$500
Criminal Background Check (through college-designated vendor) NOTE: Any Additional Background Check = \$31	\$46

<b>ADDITIONAL COSTS TO CONSIDER</b>	<b>COST</b>
Student Health Insurance (must maintain throughout program)	
Transportation to and from campus and distant clinical sites	
Parking fees for clinical sites	
Lunches at clinical sites	
Supplies: notebooks, paper, pens, pencils, calculator, etc...	
Childcare	

<b>TOTAL COSTS*</b> (tuition & college fees + program fees based on residency status)	<b>COST</b>
<b>In-District Residents</b>	\$11,397 - \$11,522
<b>Out-District Residents</b>	\$15,555 - \$15,680
<b>Out-State Residents</b>	\$19,251 - \$19,376
<b>International Residents</b>	\$21,495 - \$21,620

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

Washtenaw Community College  
Physical Therapist Assistant (APPTA)  
Fall 2018 Entry (2018-19 Academic Year)  
**CONTACT INFORMATION AND ACCREDITATIONS**

Accreditation and helpful contact information is provide below.

**Health Programs at WCC**

Website: <http://health.wccnet.edu>

**Health and Second Tier Admissions**

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

Email: [healthadmissions@wccnet.edu](mailto:healthadmissions@wccnet.edu)

Website:

<http://www.wccnet.edu/studentconnection/admissions/health-second-program/>

**Student Connection**

Phone: (734) 973-3543

Email: [studrec@wccnet.edu](mailto:studrec@wccnet.edu)

**Transcript Evaluation**

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

Email: [transcripteval@wccnet.edu](mailto:transcripteval@wccnet.edu)

Website: [www.wccnet.edu/transfer](http://www.wccnet.edu/transfer)

**Financial Aid**

Phone: (734) 973-3523

Email: [finaid@wccnet.edu](mailto: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](http://www.wccnet.edu/about-us/visiting)

**WCC Room Locator**

Website: [www.wccnet.edu/about-us/room-locator](http://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](mailto:pshill@wccnet.edu)

**Kathy Cook**

Physical Therapist Assistant Program Faculty

Phone: (734) 477-8502

Email: [kacook@wccnet.edu](mailto:kacook@wccnet.edu)

**Sue Travis**

Health Programs Counselor

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

Phone: (734) 973-3358 – by appointment only

Email: [stravis@wccnet.edu](mailto: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](http://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](http://www.ncahlc.org)

**Michigan State Police**

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

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