



PHYSICAL THERAPIST ASSISTANT PROGRAM APPLICATION CHECKLIST

It is the student's responsibility to ensure that all application materials and requirements are received by the May 10, 2024, application deadline.

By initialing each of the following, I am confirming that I have completed all application requirements:

1. _____ **Application for Admission to MCC**
An application for admission to the college must be completed and applicants must be accepted for admission to MCC prior to applying to the PTA Program. An application for admission to the college can be completed online at www.MorganCC.edu
2. _____ **Application for Admission to the MCC Physical Therapist Assistant Program.**
Applicants must complete submit, by mail or email, an Application for Admission to the Morgan Community College Physical Therapist Assistant Program and it must be received by the May 10, 2023, application deadline. Email the application form to the Student Success Advisor for Health at shelli.crandall@morgancc.edu
3. _____ **Official Transcripts Sent to MCC**
Official college transcripts, indicating all prerequisite courses have been taken, are to be sent directly from each institution attended since high school to Morgan Community College Registrar's Office. For coursework taken in the spring 2024 term, unofficial grade reports will be accepted via email until official transcripts are available, but no later than July 1, 2024. Failure to report attendance and/or submit transcripts from all institutions attended since high school is grounds for denied admission to the PTA program.
4. _____ **ATI TEAS Test Scores Sent to MCC**
Applicants must take the ATI TEAS Test at their own expense and scores are to be sent to the Morgan Community College Physical Therapist Assistant Program. The test may be taken at the MCC testing center or at a testing center of the applicant's choice. More information can be found at ATITesting.com or on the PTA program web page at www.Morgancc.edu/PTA
5. _____ **Letters of Recommendation**
Two letters of recommendation are required. One letter must be from a physical therapist or physical therapist assistant, and one must be from another professional with whom you do not have a personal relationship such as an employer or instructor.

Only two letters will be accepted, and each must be emailed directly to the Student Success Advisor for Health at shelli.crandall@morgancc.edu from the person providing the recommendation.

6. _____ **Volunteer/Observation or Internship/Work Experience Documented**

Documentation of a minimum of 24 Work-Related, Internship or Volunteer Hours completed in the field of physical therapy within the past 2 years. A minimum of 12 hours each in at least two different settings is required. Hours must be documented on the workplace experience form provided in the application packet and must be submitted via email to the Student Success Advisor for Health at shelli.crandall@morgancc.edu

7. _____ **Essential Skills of a Physical Therapist Assistant Signature Form**

Your signature on this form confirms that you are aware of the minimum skill set required to perform the duties of a Physical Therapist Assistant. The completed form must be submitted via email to the Student Success Advisor for Health at shelli.crandall@morgancc.edu

I hereby certify that, to the best of my knowledge, the information furnished is true and complete without evasion or misrepresentation. I understand that, if found to be otherwise, it is sufficient cause for denied admission or dismissal. Further, I understand that I am expected to always conduct myself in a professional manner during the admissions process and that any evidence of unprofessional behavior (per PTA Program Policies and Procedures) may be cause for denial of admission to the program.

Signature

Date

Include this signed and dated form with your application packet and email all materials by May 10, 2024, to the Student Success Advisor for Health at shelli.crandall@morgancc.edu



PHYSICAL THERAPIST ASSISTANT PROGRAM
APPLICATION FOR ADMISSION
Fall 2024

Last Name:	First Name:
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Street Address:

City/State/Zip:

Date of Birth:

Email:	Cell Phone:
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College Attended	Dates	Degree (if applicable)

Official transcripts from each college attended since high school must be submitted and must match the colleges listed above. Failure to list all colleges attended is grounds for denial of program admission.

Submit by May 10, 2023, to shelli.crandall@morgancce.edu



**PHYSICAL THERAPIST ASSISTANT PROGRAM
LETTER OF RECOMMENDATION**

I, _____ (applicant print name) request that you complete this letter of recommendation form that will accompany my application for admission to the Physical Therapist Assistant program at Morgan Community College. In order for this recommendation to remain confidential, I ask that once completed, you scan and email it directly to the Student Success Advisor for Health at shelli.crandall@morgancc.edu

Please describe your relationship to the applicant: _____

Please rate the applicant on the following qualities using the following scale:

1	2	3	4	5	N/A
Poor	Fair	Good	Very Good	Excellent	Unable to Judge

	1	2	3	4	5	N/A
Responsibility						
Punctuality						
Self-Confidence						
Flexibility						
Interpersonal Communication Skills						
Time Management						
Maturity						
Ethics						

Additional Comments:

Name and Title: _____

Phone: _____

Completed letter must emailed directly to shelli.crandall@morgancc.edu



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LETTER OF RECOMMENDATION**

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Punctuality						
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Flexibility						
Interpersonal Communication Skills						
Time Management						
Maturity						
Ethics						

Additional Comments:

Name and Title: _____

Phone: _____

Completed letter must emailed directly to shelli.crandall@morgancc.edu



**DOCUMENTATION OF VOLUNTEER OR WORK EXPERIENCE
IN A PHYSICAL THERAPY SETTING**

Name of Applicant: _____

Name/Title of Supervising Clinician: _____

Name of Facility: _____

Address: _____

CITY

STATE

ZIP

Clinical Setting: Inpatient _____ Outpatient _____ Skilled/Rehab _____

Total Number of Hours: _____

Primary Clientele: Orthopedic _____ Neurologic _____ Pediatric _____ Other _____

This is to verify that the applicant named above has completed a minimum of 12 hours at our facility in the following capacity within the past two years:

- _____ Volunteer/Observation
- _____ Student Internship with Direct Patient Care
- _____ Paid Rehab Tech/Aide with Direct Patient Care

Comments:

Signature/Title: _____

Submit by May 10, 2024, to shelli.crandall@morgancce.edu



**DOCUMENTATION OF VOLUNTEER OR WORK EXPERIENCE
IN A PHYSICAL THERAPY SETTING**

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Comments:

Signature/Title: _____

Submit by May 10, 2024, to shellie.crandall@morgncc.edu



Essential Physical and Mental Functions of the PTA

The Advisory Board of the PTA program has determined the following abilities to be essential for the performance of the job duties of a PTA. These are meant to reflect the overall practice of a PTA, not the requirements of any one type of a clinical setting.

The PTA Student must be able to demonstrate the ability to:

1. Walk, bend, stand, and reach consistently throughout an 8-10 hour shift.
2. Lift frequently with the proper body mechanics throughout an 8-10 hour day and dead lift 35-50 pounds alone and ASSIST with the management of 150-350 pounds.
3. Complete an 8-10 hour shift including sustained activity of up to 3.5-4 hours at a time.
4. Transfer clients (patients) safely.
5. Guard and assist with ambulation (gait).
6. Assess a client from 10 feet away.
7. Administer physical agents or modalities.
8. Communicate effectively including ability to give and understand directions and replies.
9. Prepare legible and accurate reports, charting, scheduling, correspondence, and presentations.
10. Handle diagnostic or therapeutic equipment including the ability to manipulate objects required in job functions.
11. Push wheeled equipment in the facility and community.
12. Respond to emergencies including the ability to move fast enough to ensure client safety.

The Essential Physical and Mental Functions of the PTA performance standards are encountered and expected of physical therapist assistant students in classroom, lab, and clinical activities. I have read the above and understand the expectations of The Essential Physical and Mental Functions of the PTA in the PTA Program.

Applicant Signature

Date

Submit by May 10, 2024, to shelli.crandall@morgancc.edu