



SCHOOL OF NURSING AND ALLIED HEALTH
2021-2022
APPLICATION FOR ADMISSION
Physical Therapist Assistant PTA Program

Admission Application Procedures (Please read the following instructions.)

This is a **SELF-ASSEMBLED APPLICATION PACKET**, which requires that the applicant collect **ALL** application materials and then send in one complete packet to:

Louisiana College
Physical Therapist Assistant Program
1140 College Drive Box 531
Pineville, LA 71359

NOTE: If your application packet is incomplete, it will not be considered regardless of the date you submit it, so please follow the instructions below. All application materials must be received in the Louisiana College Physical Therapist Assistant Program **no later than February 8, 2021** complete and assembled as instructed. Read all questions carefully and answer completely. Please call the Louisiana College PTA Program Office at (318) 487-7162, or email: shaina.goudeau@lacollege.edu with any questions concerning the application process.

I. Application for Admission and Essential Requirement Form

- ❖ Physical Therapist Assistant Students must demonstrate, with or without appropriate academic adjustments or reasonable modifications to policies and practices (see Disability Accommodations below) the ability to perform safely, reliably and efficiently and in compliance with legal and ethical standards at minimum the functions listed while enrolled in the technical phase of the PTA program. Those essential functions are outlined in the **Essential Requirements Form** below.

All students admitted to the program will be offered the opportunity and encouraged to alert faculty to any limitations which might impact their accessibility and completion of the program. Any student who identifies or displays limitations with any of the above mentioned skills, should work with PTA faculty to determine realistic and acceptable accommodations or ways to compensate, so that the student can have potential for success in the program. Accommodations used in the program will be structured to be consistent with situations the student could expect in the clinical work environment.

The PTA Program at Louisiana College is in agreement with and adheres to the college's policy noted below on accommodations for individuals with disabilities:

"A student that qualifies under the Americans with Disabilities Act or Section 504 of the Rehabilitation Act of 1973 and who desires modifications or accommodations should contact the Director of the Program to Assist Student Success (PASS) at 487-7629 for information and guidance."

It is the student's responsibility to notify the department if there is any reason they cannot meet the standards for the PTA Program with or without reasonable accommodation.

II. Application Deadlines

Application due dates are as follows:

- ❖ **February 8, 2021** final deadline for receipt of all application materials

III. Official Transcripts

- ❖ In order to be considered as a candidate for the Louisiana College PTA Program, applicants must possess a **successful academic record as evidenced by a minimum cumulative GPA of 2.5 and grade of "C" or better in all prerequisite courses**. Applicants must submit official transcripts from each/every college/university attended. Due to the competitive nature of the application process, a higher overall GPA may be desirable. Application packets must include **TWO official (original) transcripts** from each/every university/college attended. Transcripts must be received by the student in a sealed envelope bearing the Registrar's signature on the envelope's back flap. All official transcripts are to remain in the sealed envelopes and submitted in the application packet. Courses and grades from one school printed on another college's transcripts are not acceptable. Applicants planning to enroll in classes during the Spring 2021 semester must have **additional** transcripts sent upon completion of the term.

PREREQUISITE COURSES

**Entering Class of 2021-
2022**

	<i>Hours</i>
College Connection (CC100)	1
Composition (EN101)	3
Anatomy and Physiology I w/ Lab (BI 231& 232)	4
Anatomy and Physiology II w/ Lab (BI 233& 234)	4
Chemical Principles for Allied Health (CH 131 & 132)	4
College Algebra (MA111)	3
First Aid and CPR (HP 203)	1
Public Speaking (CA112)	3
Developmental Psychology (PY 230)	3
Religion (RL 101 or RL 102)	3
Computer Science (CS 140)	1
Total Credit Hours	30

IV. Clinical Observation Form

Applicants are required to complete a minimum of 30 hours of observation in **two different types of physical therapy settings (minimum of 60 total hours)**. A **Clinical Observation Form** is to be completed by a licensed physical therapist in each setting in which at least 30 hours of observation were completed. Two **Clinical Observation Forms** are contained within this application packet (one for each clinical setting). Although a minimum of 60 hours of observation is required, additional hours increase the applicant's selection rating score thereby increasing his/her chance of being accepted.

Applicants are to complete **section A** of the **Clinical Observation Form** and provide a self-addressed stamped envelope along with the form to each physical therapist that will provide the documentation. Only **one** physical therapist per facility may complete a form. Each form should be submitted in the application packet in a **sealed** envelope with the therapist's signature written across the seal. **Clinical Observation Forms must** be submitted in this manner in order to be considered with the application.

V. Reference Evaluation Forms

Candidates must possess personal characteristics necessary to meet the program goals as evidenced by **Reference Evaluation Forms**. Applicants are required to provide three non-family members with Reference Evaluation Forms to be completed and returned to the applicant using the self-addressed envelope provided by the applicant. Form cannot be completed by the physical therapist completing the **Clinical Observation Form**. Completed **Reference Evaluation Forms** are to be returned in the application packet to the Louisiana College Physical Therapist Assistant Program office in a **sealed** envelope with the signature of the individual completing the form across the seal. Reference Evaluation Forms must be submitted in this manner in order to be considered with the application.

VI. Background Check and Drug Screening

The Joint Commission, which accredits healthcare facilities across the country, enforced background screening beginning September 2004 and has set requirements for students in the healthcare field to complete the same background check as hospital employees. A criminal history may also disqualify one from becoming licensed as a physical therapist assistant in the state of Louisiana.

A background investigation and drug screening must be completed prior to acceptance into the Louisiana College Physical Therapist Assistant Program. Applicants are responsible for the payment of \$123.00 to cover the cost of their background investigation and drug screening which must be conducted by **CastleBranch®**.

To initiate your background clearance and drug screening, go to the **CastleBranch®** website (<https://portal.castlebranch.com/LQ23>) and follow the step-by-step process. Only the background check and drug screen should be purchased and completed at this time; the **compliance tracker is not required** until full entry into the program has been granted. The profile information you input will be sent directly to the program office upon completion.

The following searches are required for students beginning the clinical rotation program through the Louisiana College Physical Therapist Assistant Program and are offered as a package through the CastleBranch Link above:

1. Parish Criminal History Record Search
2. Nationwide Record Indicator
3. 5 Hair Follicle Drug Testing
4. Social Security Alert
5. Residence History
6. Healthcare Fraud and Abuse

A copy of the registration form required for completion of the background check and drug screening which are available from the **CastleBranch®** website, must be included in the complete application packet. **Please initiate your background check as soon as possible to ensure all searches are completed by the deadline for application**

submission. If you should have any questions, please contact the PTA program office at (318) 487-7162.

VII. Passport Photos

Each applicant is required to submit to **2 passport photos** in the application packet.

VII. General Information

Information regarding our campus, tuition costs, and financial aid may be found by clicking on the following webpage:

<http://www.lacollege.edu>

If you have any changes regarding personal information, mailing address, or enrollment at the indicated college/university, after your application has been submitted, please contact the Louisiana College Physical Therapist Assistant Program Office at 318-487-7162.

APPLICATION AND ESSENTIAL REQUIREMENTS FORM

Louisiana College

School of Allied Health

Physical Therapist Assistant Program Application for the 2021-2022 Cohort

BIOGRAPHIC INFORMATION:

1. Name Last _____ First _____ Middle/Maiden _____

If transcripts are under any other names other than the above, enter here: _____

2. Preferred Name _____

3. Last 4 digits of Social Security Number xxx-xx- _____

Attach passport photo here
with double sided tape.

4. Mailing Address: _____

Street, Post Office Box, Rural Route

City

State

Zip Code

Parish or County

5. Permanent Address: _____

Street, Post Office Box, Rural Route

City

State

Zip Code

Parish or County

****If you will be moving prior to summer 2021 please provide an updated mailing address and telephone contact number that can be used. Your permanent address will be used as the default address.**

6. Home Phone (____) _____ - _____

7. Work Phone (____) _____ - _____

8. E-mail address: (required) _____

9. Cell Phone (____) _____ - _____

10. Date of Birth ____ / ____ / ____
Month Day Year

Place of Birth: _____
City State Country

11. Gender ___ Male ___ Female

12. Ethnic Origin:

___ White (not of Hispanic origin) ___ Asian ___ Black / Or African American
___ American Indian or Native Alaskan ___ Hispanic/Latino ___ Native Hawaiian/Other Pacific
Islander

EDUCATIONAL INFORMATION:

List in chronological order (most recently attended first) every college and university you have attended or will be attending prior to entering the Louisiana College Allied Health Program. Official transcripts must be provided from each institution listed.

1. College/University _____ City/State _____

Dates of Attendance (Month/Year): ____/____ to ____/____ Degree Earned (if applicable) _____

2. College/University _____ City/State _____

Dates of Attendance (Month/Year): ____/____ to ____/____ Degree Earned (if applicable) _____

3. College/University _____ City/State _____

Dates of Attendance (Month/Year): ____/____ to ____/____ Degree Earned (if applicable) _____

4. College/University _____ City/State _____

Dates of Attendance (Month/Year): ____/____ to ____/____ Degree Earned (if applicable) _____

WORK HISTORY:

List in chronological order previous work history in Physical Therapy Clinics (most recently employed first).

1. Facility Name _____ City/State _____

Employment Date ____/____ to ____/____ Supervisor _____

2. Facility Name _____ City/State _____

Employment Date ____/____ to ____/____ Supervisor _____

3. Facility Name _____ City/State _____

Employment Date ____/____ to ____/____ Supervisor _____

Name: _____

SCHEDULED COURSES – SPRING 2021

Are you currently enrolled in or plan to enroll in courses for the Spring 2021 semester ___yes or ___no.
If yes, please complete the chart below.

Example: ABC University EN 101 Composition 3

COLLEGE/UNIVERSITY	DEPARTMENT CODE	COURSE NUMBER	TITLE	CREDIT HOURS

Please use this area if explanation is needed for any of the courses listed above:

❖ *Human Anatomy and Physiology I and II with the laboratory components must be taken within the last 5 years from application deadline.*

Cumulative GPA _____ Hours attempted _____ Hours earned _____

IF YOU HAVE ANY CHANGES TO THE ABOVE SCHEDULE AFTER REGISTERING FOR THAT TERM, PLEASE CONTACT THE LOUISIANA COLLEGE PHYSICAL THERAPIST ASSISTANT PROGRAM OFFICE IMMEDIATELY AT 318-487-7162.

OBSERVATIONAL EXPERIENCE

Louisiana College School of Nursing and Allied Health

Associate of Physical Therapist Assistant Program

Name: _____

1. Indicate the physical therapist(s) that will be completing the **Clinical Observation Form(s)**. Forms are to be completed only by licensed physical therapists with whom more than thirty hours of clinical observations were completed (paid or volunteer). **NOTE: Only one (1) therapist at each facility may complete a form.**

A. _____

Facility	Name of physical therapist	Street Address
_____	_____	_____
_____	_____	_____
City	State Zip	From _____ to _____
		Mo/Yr Mo/Yr Hrs/week
		Total Hours at facility

B. _____

Facility	Name of physical therapist	Street Address
_____	_____	_____
_____	_____	_____
City	State Zip	From _____ to _____
		Mo/Yr Mo/Yr Hrs/week
		Total Hours at facility

C. _____

Facility	Name of physical therapist	Street Address
_____	_____	_____
_____	_____	_____
City	State Zip	From _____ to _____
		Mo/Yr Mo/Yr Hrs/week
		Total Hours at facility

2. If an application has been submitted to the Louisiana College Physical Therapist Assistant Program in the past, list experience that was documented previously (and do not include in total hours above):

A. _____

Facility	Name of physical therapist	Total Hours at facility (exclude those listed above)
_____	_____	_____

B. _____

Facility	Name of physical therapist	Total Hours at facility (exclude those listed above)
_____	_____	_____

C. _____

Facility	Name of physical therapist	Total Hours at facility (exclude those listed above)
_____	_____	_____

3. On a separate page (8 ½ x 11"), indicate any other specific experiences you believe are relevant but are not included above (e.g. less than thirty hours of physical therapy. experience, observation in another hospital department, work at a camp, etc.).

4. Have you been employed during a semester in which you were enrolled in college (other than during vacations/breaks)?

[] Yes [] No If yes, indicate the semester(s), place(s) of employment, and approximate number of hours per week.

Name: _____

5. Have you ever been suspended or dismissed from any college or university for scholastic or disciplinary reasons?
[] Yes [] No If yes, give the name of the institution, date, and reason for this action:

6. Have you been a student at any time during the last twelve months? [] Yes [] No If yes, list school, college or university:

7. If you have ever been granted amnesty at any college or university, give the date and the institution that granted amnesty.

Date	Institution
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8. If you have ever claimed academic bankruptcy at any college or university, give the date and the institution that granted academic bankruptcy.

Date	Institution
------	-------------

9. Telephone numbers: Current day (_____) _____ Evening (_____) _____

10. E-mail Address: _____ FAX: _____

Signature of Applicant

Date

Mandatory Prerequisite Requirements:

- **Submission of a completed Application Packet including the following:**
 - Completed application including passport photos and Essential Requirements Form with signed Applicant Informed Consent
 - **Documentation of Experience** Forms sealed, with signature - (at least two different sites totaling a minimum of 60 hours). *Although a minimum of 60 hours of observation is required, additional hours increase the applicant's selection rating score thereby increasing his/her chance of being accepted.*
 - **Reference Forms** sealed, with signature - (three forms completed by non-family members; reference forms cannot be completed by the physical therapists completing the Documentation of Experience Forms)
 - Original **sealed transcripts** – **TWO** from each university/college attended-(cumulative GPA of 2.5 in all college coursework completed and grade of “C” or higher in all prerequisite courses is required for consideration). *Human Anatomy and Physiology I and II with the laboratory components must be taken within the last 5 years from application due date.*
 - Completion of **background check and drug screening** through CastleBranch®
- **Interview**
 - Those applicants who submit a completed application by the established due date and satisfy all mandatory prerequisite requirements (minimum GPA, Anatomy & Physiology within last 5 years and minimum number of hours of experience), will be **interviewed** by program faculty.
- **Minimum Physical, Intellectual/Communication, and Behavioral/Emotional Standards of Performance**
 - Physical Therapist Assistant students must demonstrate, with or without appropriate academic adjustments or reasonable modifications to policies and practices (see Disability Accommodations policy above), the ability to perform at least the functions listed below safely, reliably and efficiently, in compliance with legal and ethical standards while enrolled in the technical phase of the PTA program.

I. PHYSICAL CAPABILITIES

Students seeking to participate in the PTA program must:

- A. Be able to safely bend, lift, twist, push, pull, and transfer up to 200 lbs. to assist in moving a patient from one surface to another, using proper transfer techniques.
- B. Be able to move quickly in an emergency situation to protect the patient.
- C. Be able to stand for prolonged periods during didactic work (2-10 hours).
- D. Have the physical and emotional capacity to work a 40-hour week while on clinical rotations.
- E. Be able to safely and effectively resist, guide, facilitate or inhibit movement of another person’s body part(s) to elicit a desired outcome.

- F. Possess the ability to occasionally push, pull, hold, manipulate, extend, rotate, kneel and stoop in a manner necessary to safely and effectively engage in patient care activities.
- G. Have the manual dexterity to safely grasp and manipulate small objects.
- H. Be able to push and pull at least 50 pounds and manually adjust equipment found in a clinical setting.
- I. Possess the visual acuity necessary to see notes written on a whiteboard, videos and slide show/overhead presentations, set and read dials or displays on modality equipment, and view/observe a patient 20-30 feet away.
- J. Gather visual information from patients regarding movement, posture, body mechanics and gait to compare to normal standards as well as gather visual cues from the patient regarding tolerance of interventions.
- K. Demonstrate auditory acuity necessary to respond quickly to an auditory timer or verbal patient responses.
- L. Possess the ability to detect changes in patient's muscle tone, skin quality, joint play, temperature and kinesthesia.

II. INTELLECTUAL AND COMMUNICATION ABILITIES

Students seeking to participate in the PTA program must:

- A. Possess the ability to think critically in order to identify and solve problems; identify cause/effect relationships; to apply reading, lecture and laboratory information to case study preparation, to employ effective teaching, learning and test taking strategies.
- B. Be able to collect, interpret, remember and utilize data regarding patients to appropriately and safely make decisions in the clinical environment.
- C. Adjust the patient's daily treatment within their plan of care when necessary and report necessary changes to the supervising therapist.
- D. Follow directions accurately and efficiently, seeking clarification where necessary.
- E. Speak and express clearly in the English language; information to peers, faculty, patients, their families and other health care providers; to explain conditions and procedures and teach home programs.
- F. Comprehend information and exercise sound judgment in the classroom and clinic.
- G. Exercise appropriate interpersonal skills to work collaboratively; interact professionally, to establish a rapport with patients, colleagues and classmates; to resolve conflicts; with individuals from a variety of social, emotional, cultural and intellectual backgrounds; maintain confidentiality in all interactions.

III. BEHAVIORAL AND EMOTIONAL STANDARDS

Students seeking to participate in the PTA program must:

- A. Be flexible to adjust to a constantly changing and rigorous full-time schedule.
- B. Possess the ability to manage stress appropriately.
- C. Be able to show compassion to patients and their families regardless of their race, ethnic, or socioeconomic background and to place the patient's need above his/her own.

- D. Be able to accept and positively utilize constructive criticism.
- E. Maintain good health and appropriate hygiene.
- F. Cooperate as a team member of a team; develop positive and effective relationships with faculty, clinicians, peers and patients.
- G. Be willing to participate in laboratory activities including but not limited to serving as simulated patient while dressed in lab attire which allows for visualization and palpation of anatomical landmarks, joints, muscles, etc.

IV. Additional Requirements upon acceptance into the technical phase of the PTA program:

- A. Students may be required to complete one or more clinical rotations at an out-of-town site. Transportation and housing will be the responsibility of the student.
- B. Student will be required to submit to random drug / alcohol screening if faculty deem necessary.
- C. Upon acceptance to the PTA program, all students must have a history and physical completed by a physician or nurse practitioner. History and physicals are offered free of charge on the Louisiana College campus and can be scheduled through the Health Services office at 318-487-7750.
- D. In addition to the immunizations required for admission to Louisiana College (MMR, varicella, tetanus), students enrolled in the PTA program are required to complete the following immunization:
 - i. Hepatitis B Series with titer 3 months following last injection
 - ii. Hepatitis B titer if series completed in the past; if low must repeat the series
 - iii. TB skin test (Annually)
 - iv. Rubella titer
 - v. T-dap Tetanus within in last 10 years
 - vi. Varicella Titer
- E. Maintenance of CPR certification throughout duration of program as evidenced by valid CPR card from the **American Heart Association** is required.
- F. Successfully complete all coursework in the technical portion of the program with a grade of “C” or higher.
- G. Maintain health and professional liability insurance throughout the duration of the program.
 - a. Medical Health Insurance: All insurance companies have open enrollment periods in which individuals may choose an appropriate health plan that meets the individual’s needs. After open enrollment dates no new policies can be created. Therefore, it is the applicant’s responsibility to apply for and obtain medical insurance coverage and show proof of coverage at the **time of application** into the program.
 - b. Professional Liability: Professional Liability is offered through Louisiana College to full time students enrolled in the PTA Program. Payment for Professional Liability will be applied to the students "Statement of Student Account" for the fall semester (term 2) of the Physical Therapist Assistant Program.

APPLICANT INFORMED CONSENT

Important: You must read and sign the following section in order to complete your application.

I agree to the release of any transcript, reference, and information obtained during the background check/drug screening to this institution.

I understand that all records of my academic performance at other institutions sent to Louisiana College become the property of the college and will not be returned to me.

*I acknowledge that I have carefully reviewed the **Essential Requirements Form** for the Louisiana College Physical Therapist Assistant (PTA) Program and have the capacity to meet all of the aforementioned requirements if accepted into the program. I also understand that if I do require assistance to sufficiently and safely meet any of the requirements, assistance is available in accordance with Louisiana College’s Policy if I qualify under the Americans with Disabilities Act or Section 504 of the Rehabilitation Act of 1973.*

I understand that participation in the PTA Program at Louisiana College is on a voluntary basis. Furthermore, it is my responsibility to have a complete health examination prior to participation including all necessary medical clearance for participation in laboratory activity. I also understand it is my responsibility to provide my own medical insurance.

In consideration for being allowed to participate in this Physical Therapist Assistant Program, I agree to be used as a simulated patient in laboratory and to assume the risk of such participation. I understand that there are inherent risks in engaging in therapeutic training activities either as a simulated patient or as a PTA, including, but not limited to, shortness of breath, sweating, muscle strain, broken bones, blisters, and in rare circumstances, possible death. I further accept responsibility for ensuring my participation is at a level appropriate for my health and fitness level.

In an effort to further assist in the educational processes of the PTA Program, I hereby consent to, videotaping, audio taping, photographing, or other imaging of myself with the understanding that any material obtained will be used for instructional purposes only.

In signing this consent form, I affirm that I have read this form in its entirety. I further agree to hold harmless Louisiana College and staff members from any and all claims, suits, losses, or related causes of action for damages including, but not limited to such claims that may result from my injury, during, or arising in any way from, the program.

I hereby certify that I have not made any willful misrepresentations pertinent to this application and that the information given in this application is complete and accurate. I understand that to make false statements within this application may result in disciplinary action, denial of admission and invalidation of credits or degrees earned. If admitted, I hereby agree to abide by the policies and regulations of the Louisiana College. Should any of the information I have provided change prior to my matriculation at the College, I shall immediately notify the PTA Program Office.

Signature of Applicant (in black ink)

Date

For Office Use Only:

Application Received: _____

Assigned Student ID number: _____

Name: _____

LOUISIANA COLLEGE
Division of Allied Health
Physical Therapist Assistant (PTA) Program

Clinical Observation Form

Applicant's Name _____

As part of the program's admissions process, applicants are required to complete a minimum of 30 hours of observation in two different types of physical therapy settings (minimum of 60 total hours). Although a minimum of 60 hours of observation is required, additional hours increase the applicant's selection rating score thereby increasing his/her chance of being accepted. The clinical settings may include acute care, inpatient rehabilitation, outpatient clinic, and/or a skilled nursing facility. A Clinical Observation Form is to be completed by a licensed physical therapist in each setting in which at least 30 hours of observation are completed.

It is the responsibility of the applicant to contact a physical therapy department to consult with an office representative/administrator regarding a schedule for observations and to inquire about what should be worn to the facility.

Each form should be submitted in the program application packet in a sealed envelope with the therapist's signature written across the seal. **Clinical Observation Forms must** be submitted in this manner in order to be considered with the application.

A. Confidentiality Statement (to be completed by the applicant)

As an observer in a physical therapy practice, you will have access to protected health information (PHI). PHI is individually-identifiable information that includes, but is not limited to, patient's name, identification number(s), birth date, treatment dates, and photographs. PHI includes patient information based on examination, test results, diagnoses, responses to treatment, observation, or conversation with patients. It is policy of the Louisiana College PTA Program to keep PHI confidential and secure.

By my signature below I agree to keep PHI confidential. I understand that failure to comply with this policy will affect my applicant status. I understand that the confidentiality and security of PHI is protected through state and federal laws, and that unwarranted disclosure of patient information is in violation of legal authority, and may result in civil and criminal penalties.

Signature of Applicant

Date

B. Verification of Observations (to be completed by the physical therapist with whom observations are completed)

The applicant named above plans to apply for admission to the Louisiana College Physical Therapist Assistant Program and has completed a portion of the required observational experience at your facility. Proper selection of candidates for our program is of significance, not only to our institution but to the public as well, therefore, we ask that you provide us with information related to your interaction with this applicant in your clinic. Thank you for your willingness to assist this student and the Louisiana College Physical Therapist Assistant Program.

This is to verify that _____ (applicant name) visited the physical therapy facility of _____ (facility name) and completed _____ total hours of observation under the direction of _____ (physical therapist name).

Please provide your assessment of this applicant in the space below based on your interactions with him/her in your facility.

	(4) Outstanding	(3) Satisfactory	(2) Needs Improvement	(1) Unsatisfactory	Not Observed
Interpersonal skills					
Motivation/initiative					
Judgment/acts appropriately in clinic					
Dependability/reliability/promptness					
Flexibility/adaptability					

Physical Therapist's comments regarding this applicant: _____

- _____ a) I recommend this applicant for admission without reservation.
- _____ b) I recommend this applicant for admission with reservation.*
- _____ c) I do not recommend this applicant for admission.*

* Please specify reason for reservation or lack of recommendation:

 Signature Position/Title P.T. License#/State Date

Present Daytime Phone: () _____

This recommendation is to be returned to the applicant in the self-addressed stamped envelope provided by the applicant.
 Only one (1) therapist per setting, per facility should complete a form for this applicant

Name: _____

LOUISIANA COLLEGE
Division of Allied Health
Physical Therapist Assistant (PTA) Program

Clinical Observation Form

Applicant's Name _____

As part of the program's admissions process, applicants are required to complete a minimum of 30 hours of observation in two different types of physical therapy settings (minimum of 60 total hours). Although a minimum of 60 hours of observation is required, additional hours increase the applicant's selection rating score thereby increasing his/her chance of being accepted. The clinical settings may include acute care, inpatient rehabilitation, outpatient clinic, and/or a skilled nursing facility. A Clinical Observation Form is to be completed by a licensed physical therapist in each setting in which at least 30 hours of observation are completed.

It is the responsibility of the applicant to contact a physical therapy department to consult with an office representative/administrator regarding a schedule for observations and to inquire about what should be worn to the facility.

Each form should be submitted in the program application packet in a sealed envelope with the therapist's signature written across the seal. **Clinical Observation Forms must** be submitted in this manner in order to be considered with the application.

A. Confidentiality Statement (to be completed by the applicant)

As an observer in a physical therapy practice, you will have access to protected health information (PHI). PHI is individually-identifiable information that includes, but is not limited to, patient's name, identification number(s), birth date, treatment dates, and photographs. PHI includes patient information based on examination, test results, diagnoses, responses to treatment, observation, or conversation with patients. It is policy of the Louisiana College PTA Program to keep PHI confidential and secure.

By my signature below I agree to keep PHI confidential. I understand that failure to comply with this policy will affect my applicant status. I understand that the confidentiality and security of PHI is protected through state and federal laws, and that unwarranted disclosure of patient information is in violation of legal authority, and may result in civil and criminal penalties.

Signature of Applicant

Date

B. Verification of Observations (to be completed by the physical therapist with whom observations are completed)

The applicant named above plans to apply for admission to the Louisiana College Physical Therapist Assistant Program and has completed a portion of the required observational experience at your facility. Proper selection of candidates for our program is of significance, not only to our institution but to the public as well, therefore, we ask that you provide us with information related to your interaction with this applicant in your clinic. Thank you for your willingness to assist this student and the Louisiana College Physical Therapist Assistant Program.

This is to verify that _____ (applicant name) visited the physical therapy facility of _____ (facility name) and completed _____ total hours of observation under the direction of _____ (physical therapist name).

Please provide your assessment of this applicant in the space below based on your interactions with him/her in your facility.

	(4) Outstanding	(3) Satisfactory	(2) Needs Improvement	(1) Unsatisfactory	Not Observed
Interpersonal skills					
Motivation/initiative					
Judgment/acts appropriately in clinic					
Dependability/reliability/promptness					
Flexibility/adaptability					

Physical Therapist's comments regarding this applicant: _____

- a) I recommend this applicant for admission without reservation.
- b) I recommend this applicant for admission with reservation.*
- c) I do not recommend this applicant for admission.*

* Please specify reason for reservation or lack of recommendation:

Signature _____ Position/Title _____ P.T. License#/State _____ Date _____

Present Daytime Phone: () _____

This recommendation is to be returned to the applicant in the self-addressed stamped envelope provided by the applicant. Only one (1) therapist per setting, per facility should complete a form for this applicant

REFERENCE EVALUATION FORM

To the **APPLICANT**: Complete the name and date below as well as the section below the double lines on page 3 before sending this form along with a self-addressed stamped envelope to three persons selected by the applicant to complete the evaluation form. The person providing the reference must not be a relative or one of the physical therapist completing the Documentation of Experience forms included in the application packet.

Applicant's name: _____

Date: _____

The above applicant to the Physical Therapist Assistant Program of Louisiana College has given your name as a **reference**. The proper selection of applicants for our program is of significance, not only to this college but to the public as well. In this sense, the persons asked to write on behalf of the applicant act as members of our Admissions Committee. In order to be fair to all applicants, we need to have as much information as possible. Please mark (X) in the box that best describes the applicant and return as soon as possible. We greatly appreciate your assistance.

CHARACTERISTIC

A) Work Habits	1) Lazy, little or no effort. Lacks diligence. "Good enough is good enough"	
	2) Inconsistent completion of work. Does not complete work in a timely manner.	
	3) May take pride in completed work. Completes work without prompting in a timely manner.	
	4) Does not need reminders, works independently. Occasionally does extra work when asked.	
	5) Does extra work. Performs multiple tasks simultaneously	
B) Thoroughness	1) Careless. Work is always incomplete.	
	2) Work is sometimes careless and inaccurate.	
	3) Work is generally completed and reasonably accurate.	
	4) Careful work. Accurate. Offers own thoughts and ideas.	
	5) Very careful and thorough. Accepts responsibility for actions and outcomes.	
C) Initiative	1) Never tries anything new.	
	2) Seldom originates own ideas. Follower.	
	3) Sometimes attempts new ideas.	
	4) Often initiates undertakings. Demonstrates dependability – considered by others to be responsible.	
	5) Marked ability to think independently. Carries out ideas. Accepts responsibility for actions and outcomes.	
D) Reliability/Trust	1) Dishonest. Neglects obligation; irresponsible	
	2) Often needs supervision. Equivocates or lacks ability to hold self-responsible for own actions.	
	3) Has to be prompted. Sometimes reliable. Usually can be trusted to take responsibility for own actions.	
	4) Assumes obligations. Demonstrates dependability. Considered among others to be responsible.	
	5) Thoroughly dependable. Demonstrates honesty, compassion, courage and continuous regard for all.	

E) Interpersonal Skills	1) Disagreeable. Antagonistic. Disrespects others; Impolite	
	2) Slow to respond. Not willing to help; concerned with self more than with the needs of others.	
	3) Tends to be agreeable and willing to help. Reaches out to others.	
	4) Does well in teamwork. Agreeable; motivates others to achieve.	
	5) Always willing to help others. Demonstrates a positive attitude toward learning and teaching.	
F) Emotional Control	1) Very poor control of emotions.	
	2) Occasionally loses self-control.	
	3) Fairly well balanced. Good Control.	
	4) Well balanced. Poised. Established outlets to cope with stress.	
	5) Unusual poise. Recognizes own stressors. Seeks assistance as needed.	
G) Intellectual Capacity	1) Very slow to learn.	
	2) Needs to make extra effort to keep up.	
	3) Average. Quick to catch on with instruction.	
	4) Learns easily – grasps new concepts.	
	5) Sees beyond immediate information presented. Asks questions. Thinks critically.	
H) Recommendation	1) Not recommended	
	2) Recommended with reservations	
	3) Recommended	
	4) Recommended with confidence	
	5) Very highly recommended	

How long have you known this applicant? _____

In what capacity have you been associated with this applicant? _____

Comments: _____

Evaluator's Name: _____

Title: _____

Address: _____

Phone: _____

TO BE COMPLETED BY THE APPLICANT PRIOR TO COMPLETION BY THE INDIVIDUAL PROVIDING REFERENCE:

Name: _____

The Family Educational Privacy Act of 1974 and its amendments guarantee students access to educational records concerning them. Students are permitted to waive their right to access these recommendations. The following statement indicates the wish of the applicant regarding this recommendation:

I waive my right to inspect the contents of this recommendation.

NOTE: This waiver is not required as a condition for admission to the PTA program or receipt of financial aid or any other services and benefits from Louisiana College.

Signature of Applicant: _____ Date: _____

This reference is to be returned to the application in the self-addressed stamped envelope provided by the applicant.

Please seal and sign across the seal to ensure confidentiality.

REFERENCE EVALUATION FORM

To the **APPLICANT**: Complete the name and date below as well as the section below the double lines on page 3 before sending this form along with a self-addressed stamped envelope to three persons selected by the applicant to complete the evaluation form. The person providing the reference must not be a relative or one of the physical therapist completing the Documentation of Experience forms included in the application packet.

Applicant's name: _____

Date: _____

The above applicant to the Physical Therapist Assistant Program of Louisiana College has given your name as a **reference**. The proper selection of applicants for our program is of significance, not only to this college but to the public as well. In this sense, the persons asked to write on behalf of the applicant act as members of our Admissions Committee. In order to be fair to all applicants, we need to have as much information as possible. Please mark (X) in the box that best describes the applicant and return as soon as possible. We greatly appreciate your assistance.

CHARACTERISTIC

A) Work Habits:	1) Lazy, little or no effort. Lacks diligence. "Good enough is good enough"	
	2) Inconsistent completion of work. Does not complete work in a timely manner.	
	3) May take pride in completed work. Completes work without prompting in a timely manner.	
	4) Does not need reminders, works independently. Occasionally does extra work when asked.	
	5) Does extra work. Performs multiple tasks simultaneously	
B) Thoroughness:	1) Careless. Work is always incomplete.	
	2) Work is sometimes careless and inaccurate.	
	3) Work is generally completed and reasonably accurate.	
	4) Careful work. Accurate. Offers own thoughts and ideas.	
	5) Very careful and thorough. Accepts responsibility for actions and outcomes.	
C) Initiative:	1) Never tries anything new.	
	2) Seldom originates own ideas. Follower.	
	3) Sometimes attempts new ideas.	
	4) Often initiates undertakings. Demonstrates dependability – considered by others to be responsible.	
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	5) Sees beyond immediate information presented. Asks questions. Thinks critically.	
H) Recommendation: Based on the rating on this form, this student is	1) Not recommended	
	2) Recommended with reservations	
	3) Recommended	
	4) Recommended with confidence	
	5) Very highly recommended	

How long have you known this applicant? _____

In what capacity have you been associated with this applicant? _____

Comments: _____

Evaluator's Name: _____

Title: _____

Address: _____

Phone: _____

TO BE COMPLETED BY THE APPLICANT PRIOR TO COMPLETION BY THE INDIVIDUAL PROVIDING REFERENCE:

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Phone: _____

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Signature of Applicant: _____ Date: _____

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CHECKLIST

For the Applicants Use Only:

- [] LC PTA Application and Essential Requirements Form with **signed Applicant Informed Consent**
- [] **Two passport photos**
- [] **Clinical Observation Forms- (at least two) – sealed with signature**
- [] Original Sealed Transcripts – **TWO** from each university/college attended
- [] **Reference Evaluation Forms (three non-family) – sealed with signature**
- [] A copy of the registration form from **CastleBranch®** indicating proof of the background check and drug screen purchase
- [] Proof of Medical Insurance Coverage

ALL THESE MATERIALS MUST BE RECEIVED AT ONE TIME IN ONE PACKET BY THE APPLICATION DEADLINE. February 8, 2021. PLEASE SEND COMPLETED PACKET TO THE FOLLOWING:

**Louisiana College
Physical Therapist Assistant Program
Box 531
Pineville, LA 71359**

Any packet that does not include every piece of required material will be considered **INCOMPLETE**.

Louisiana College accepts applications for admission from students of accredited secondary schools and students transferring from accredited colleges without regard to race, sex, color, handicap, age, creed or national origin. Also, special criteria have been established to receive applications from students from unaccredited high schools and non-graduates of high school. (Louisiana College Catalog, pg.34)

The Physical Therapist Assistant Program at Louisiana College is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-706-3245; email: accreditation@apta.org; website: <http://www.capteonline.org>. If you need to contact the program/institution directly, please call 318-487-7162 or shaina.goudeau@lacollege.edu.