



# Physical Therapist Assistant Application Fall 2019 Forms Packet

## FORM 1 CONDITIONS FOR APPLICATION

Complete all portions of this form as directed. List name as indicated in [myLane](#)

L# \_\_\_\_\_ FIRST \_\_\_\_\_ LAST \_\_\_\_\_

E-mail - required \_\_\_\_\_ 1<sup>st</sup> Phone- \_\_\_\_\_ 2<sup>nd</sup> Phone \_\_\_\_\_

All courses were taken at LCC

Official Transcripts from other colleges have been submitted to Lane Enrollment Services – Attention: HP Transcript – Lane Community College - 4000 East 30<sup>th</sup> Ave, Eugene, OR 97405

### Application Conditions and Program Progression Completion Requirements

In submitting my PTA program application by email to [HPApplicationCenter@lanecc.edu](mailto:HPApplicationCenter@lanecc.edu) , I affirm the following:

- I took all of my prerequisite courses at Lane Community College,  
**OR** I have submitted official, sealed transcripts from colleges other than Lane to Lane Enrollment Services.
- I have completed the [LCC Credit Admission](#) process and have an L number.  
**OR** I have previously taken credit classes at Lane and have an L number.
- I have completed the [Physical Therapist Assistant On-line Application & Payment](#) process, including paying the **\$50 non-refundable** application fee.
- I understand all information in the Fall 2019 PTA Information Packet. **I am NOT considered an applicant to the program unless all required forms and documentation are completed and submitted according to application instructions prior to the application deadline.**
- My application will not be returned and I am responsible for making a personal copy. Points awarded from my Interview will not be available to me. Lane PTA program may contact agencies listed in Items 10 and 11 and Form 3 to verify hours and experience. Any evidence of falsifying hours or falsifying observation information will make my application invalid.
- My program eligibility is dependent on my attendance at a mandatory orientation.
- I have a 2.0 or higher accumulative GPA for courses at Lane Community College.
- My application information is accurate and authentic.
- Adverse outcomes on mandatory, pre-clinical drug/alcohol screen, criminal background check, or expired or insufficient CPR may prevent my ability to complete the second year clinical education program requirements.
- All required program courses must be completed with a grade of C or higher in order to continue program progression and completion.

**Be sure to use the latest version of Adobe Reader to complete this form and submit as a fillable pdf form.** Forms 1 and 2 that are submitted scanned, via Google docs, handwritten or delivered in person **will not be accepted.** Macintosh users – do not use “Preview” to view or complete this Form. Set Adobe Reader as the default PDF reader.

<b>FORM 2 POINT PETITION SHEET</b>		<b>Lane PTA Fall 2019</b>		Pass grades = C grade points; C- grades are ineligible			
Courses from transfer institutions and lane must use the following format: College, Course Number, Term and Year of course taken to meet item requirement <b>(e.g. MHCC, BI 121, Fall 2015 or SWOCC AH121, Fall 2017)</b>		<b>CR</b>	<b>C/P Point value</b>	<b>B Point value</b>	<b>A Point value</b>	<b>Points</b>	
<b>Section 1. Minimum Course Requirements to apply – Course Items 1-5.</b>							
Item 1 – PSY 201 (202, 215)		3/4CR	6	9	9		
Item 2 – HO 100		2+CR	6	9	9		
<b>Anatomy and Physiology course option – provide information for one option Fall 2012 or later</b>							
Item 3 –*HO 150 (152) BI 102I OR		3/4CR	6	9	12		
Item 3 –*BI 231 (232, 233)		4CR	8	12	12		
*Program requires completion of HO 152 or BI 233 prior to Winter term 2019.							
<b>English Composition – provide information for one option – one writing course or a Bachelor's degree</b>							
Item 4 – WR 121 (122, 123, 227) OR		3/4CR	8	12	16		
Item 4: Bachelor's Degree on transcript	Include Name of Institution, State and term/year degree granted:	0	0	0	16		
<b>Science course or approved equivalent course – provide information for one option – required to apply, no point value</b>							
Item 5 - GS 104 OR		4CR	Required				
Item 5 - PH 101 (102) OR		4CR	Required				
Item 5 - PH 201		4CR	Required				
<b>Section 2: Extra Points Option – provide information for one Math course option or list approved equivalent course</b>							
Item 6 – MTH 065 – MTH 095 OR		4/5CR	10	15	20		
Item 6 – Higher than MTH 095		4/5CR	20				
<b>Section 3: Experience Points – Documentation Required</b>							
Item 7 – Honorable Military	Include documentation of Military service and military status in email with forms packet (DD214)				8		
Item 8 – Prior Interview Participation	Participating in one prior interview (3 pts) OR two or more prior interviews (6 pts max) for Lane's PTA Program in last 3 years				3 or 6		
Item 9 – Observation Hours	16 hours of observation in at least two sites. Complete and submit Form 3 and Form 4.				Required		
Item 10 – Work History	PTA Aide Hours, Fall 2012 or later as defined. Complete and submit Form 3 and Form 5.				4		
<b>Points possible from Items 1-10: Range is 26 to 84</b>			<b>Subtotal Points from Items 1-10</b>				
<b>Section 4: Remaining Categories – evaluated and scored by the HP Application Center</b>							
Item 11 – Interview	Be available to be interviewed the dates listed on page 1 of the application information packet.		Score from 0 – 20 after Interview				
<b>Points possible from Items 1-11: Range is 26 to 104</b>			<b>Total Points from Items 1-11 (Office Use Only)</b>				

**Form 3 OBSERVATION/WORK TRACKING SHEET**

**Observation Hours:** You must provide information for at least 16 hours of observation in two or more clinical settings to complete this form. Agency Information must be complete and meet requirements to qualify.

**Must include scanned copy of signed Form 4 – Verification of Observation/Work Experience for each location to count for Observation Hours in Item 10.**

**Work Points:** Applicants who have a recent work history (Fall 2012 or later working at a PTA Aide as defined in Oregon Administrative Rules) are eligible for 4 additional points – Check “Form 5 Completed” box if meets this requirement.

**Must include scanned copy of signed Form 5 – PT Aide Work History Verification for each location to count for Work History points in Item 11.**

Agency Name and Address including City and State	Therapist Name, Phone with(area code) and email	Date Range		# of Hours
Agency Name:  Agency Address:	Therapist Name:  Therapist Phone:  Therapist Email:	Start Date:	End Date:	Form 5 Completed:
Agency Name:  Agency Address:	Therapist Name:  Therapist Phone:  Therapist Email:	Start Date:	End Date:	Form 5 Completed:
Agency Name:  Agency Address:	Therapist Name:  Therapist Phone:  Therapist Email:	Start Date:	End Date:	Form 5 Completed:
Agency Name:  Agency Address:	Therapist Name:  Therapist Phone:  Therapist Email:	Start Date:	End Date:	Form 5 Completed:
Agency Name:  Agency Address:	Therapist Name:  Therapist Phone:  Therapist Email:	Start Date:	End Date:	Form 5 Completed:
Total of Observation/Work Experience Hours				

**Applicant Notes:**

<p><b>Submit all supporting documentation attached to ONE e-mail by the deadline:</b></p> <p><b>Health Professions Application Center</b>  <a href="mailto:HPApplicationCenter@lanecc.edu">HPApplicationCenter@lanecc.edu</a></p> <p><b>Subject:</b>          Student Name L Number PTA Application</p> <p><b>Change file name to:</b>          PTA2019LastNameLNumber</p>	<p><b>On the same date or before:</b></p> <p><b>Lane Transcript and/or submitted transcripts to <a href="#">Enrollment Services</a> reflect courses and degree(s) listed on Point Petition Sheet.</b></p> <p><b>Online PTA Program Admissions Application and Payment has been submitted.</b></p>
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