Physical Therapist Assistant Application Fall 2020 Forms Packet (Forms 1-3)

Form 1

PTA Fall 2020

L# (including L):	First Name:	Last Name:	Phone:	County:	Lane Email Address:

TRANSCRIPTS:

- ◯ All courses and requirements were taken at Lane Community College. I have no outside official transcripts to be reviewed.
- ◯ Courses and requirements are from a combination of Lane Community College and official transcripts submitted to Lane Enrollment Services.
- ◯ All courses and requirements are from official transcripts submitted to Lane Enrollment Services, and not from courses at Lane Community College.

Transcripts Mailed To: Enrollment Services – HP Transcript, Lane Community College, 4000 East 30th Ave, Eugene, OR 97405

APPLICATION CONDITIONS AND PROGRAM PROGRESSION COMPLETION REQUIREMENTS:

In submitting my PTA program application by email to 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 Enrollment Services.
- I have completed the Lane Credit Admission process and have an L number,
  OR I have taken credit classes at Lane within the last two years and have an active 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 2020 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 Form 3-5 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.

FORM PACKET SUBMISSION:

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.

Submit all supporting documentation attached to ONE e-mail by the deadline to HPApplicationCenter@lanecc.edu :

Subject: Student Name L Lumber PTA Application

Form 1-3 File Name: PTA2020LastNameLNumber

Form 1-3 file name should not have your first name, spaces, or symbols. All other file names should include Last Name and L Number.

Form 2 Point Petition Sheet

PTA Fall 2020

Required Courses	College Name, Course #, Course Name as it appears on transcripts OR N/A on each line below is required (See sample line below) ALL FIELDS REQUIRED (use N/A in text fields or 0 in # fields if you do not have information to input)	Term/Year (required)	Quarter Credits Taken	C or Pass	B	A	Points
SECTION 1: Required Courses to Apply							
SAMPLE LINE:	*UofO, HPHY 321 & HPHY 322 Human A&P w/Lab*	*F/W 16*	*4*	*8*	*16*	*16*	*16*
PSY 201 or 202 or 203 or 215 (**4** Credits)				6	9	9	
HO 100 (**2+** Credits)				6	9	9	
HO 150 or HO 152 or BI 102I (**3-4** Credits)				6	9	12	
OR **BI 231 or 232 or 233** (**4** Credits)				8	12	12	
WR 121 or 122 or 123 or 227 (**3+** Credits)				8	12	16	
OR Bachelor's Degree on transcript				16			
GS 104 (**4** Credits)				No Point Value - Required to Apply			
OR **PH 101 or 10**2 (**4** Credits)							
OR **PH 201** (**4** Credits)							
SECTION 2: Extra Course Related Points Optional							
MTH 065 - MTH 095 (**4+** Credits)				10	15	20	
OR **Higher than MTH 095** (**4+** credits)				20			
(Minimum 26 to Maximum 66 points)	**Course Points Subtotal:**						0
Anatomy & Physiology Completion Additional point for completed series **Maximum of 1 point**	BI 231, BI 232 & BI 233 Completed (12 credits) HO 150 & HO 152 Completed (6 credits) BI 102I Completed (4 credits)					1	
Each course must meet the minimum credit requirement, as shown in column 1 **Verify all courses from other institutions are equivalent by checking the Transfer Tool as listed in the application instruction packet.**							
SECTION 3: Required Items to Apply							
Observation Hours (Waived for Fall 2020)	16 hours of observation in at least two sites. Complete and submit Form 3 and Form 4.					☐	
Cover Letter	One page cover letter attached with forms packet. Complete and submit Cover Letter.					☐	

Form 2 Point Petition Sheet (cont) — PTA Fall 2020

SECTION 4: Experience Points Optional (All blanks must be filled in to receive points. See application information packet for details.)				
Bachelor's Degree in Related Field OR Allied Health License/Certification		2 pts	**Degree OR License/Certification Point:**	
Bachelor's Degree in Related Field				
Transcript must indicate degree awarded and be from an accredited institution. Degree information must be entered and official transcript must be received in order to receive points.	***Accepted Degrees:*** *University of Oregon - Human Physiology* *Oregon State University - Kinesiology (formerly Exercise and Sport Science)* *Western Oregon University - Exercise Science* *Eastern Oregon University - Exercise Science* *Portland State University - Applied Health and Fitness* *George Fox - Exercise Science*			
Name of Institution, Type of Degree, Term/Sem & Year Completed (required):				
Allied Health License/Certification				
Must be a current, unencumbered license or certificate. Certification information must be entered and documentation received to receive points.	***Accepted Licenses/Certifications:*** *CNA, LPN, MA, RT, EMT, PARA, DA, DH, X-ray Tech, EKG Tech, LMT, ATC, ACSM-CPT Certification or higher, Pharmacy Tech, Surgical Tech or Phlebotomist* ***ONLY*** *.*			
License/Certification:				
State, License # & Date Issued:				
Military Service	Veteran - Active or Honorable Discharge ***Must provide scanned copy of DD-214 .***	1 pt	**Military Service Points:**	
Work History	PTA Aide Hours, Fall 2013 or later as defined. ***Must provide completed copy of Form 3 and Form 5.***	2 pts	**Work History Points:**	
Prior Lane PTA Interview Participation	Participating in one prior interview in last 3 years Participating in two prior interviews in last 3 years Qualifying 66-69 points in Fall 2019 application	3 pts 6 pts 3 pts	**Prior Interview Points:** **Maximum of 6 points**	
(Minimum 26 to Maximum 78 points)	**Applicant Submission Point Subtotal:**			0
SECTION 5: Interview Points (Evaluated and scored by the HP Application Center.)				
PTA Program Fall 2020 Interview	Be available to be interviewed the dates listed on page 1 of the application information packet.	0-20 pts	**Interview Points:**	
(Minimum 26 to Maximum 98 points)	**Total Application Points:**		Office Use Only	0

Form 3 Observation/Work Tracking Sheet

PTA Fall 2020

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. **Update 3/16/2020: This item has been waived for Fall 2020.**

Must include scanned copy of signed Form 4 – Verification of Observation/Work Experience for each location to count for Observation Hours in Section 3

Work Points: Applicants who have a recent work history (Fall 2013 or later working at a PTA Aide as defined in Oregon Administrative Rules) are eligible for 2 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 Section 4

	Agency Name and Address including City and State. Therapist Name, Phone with(area code) and Email.											
1	**Agency Name:**			**Agency Address:**								
	Therapist Name:		**Therapist Phone:**			**Therapist Email:**						
	Start Date:		**End Date:**		**# of Hours:**		**Form 5 Completed:**					
2	**Agency Name:**			**Agency Address:**								
	Therapist Name:		**Therapist Phone:**			**Therapist Email:**						
	Start Date:		**End Date:**		**# of Hours:**		**Form 5 Completed:**					
3	**Agency Name:**			**Agency Address:**								
	Therapist Name:		**Therapist Phone:**			**Therapist Email:**						
	Start Date:		**End Date:**		**# of Hours:**		**Form 5 Completed:**					
4	**Agency Name:**			**Agency Address:**								
	Therapist Name:		**Therapist Phone:**			**Therapist Email:**						
	Start Date:		**End Date:**		**# of Hours:**		**Form 5 Completed:**					
5	**Agency Name:**			**Agency Address:**								
	Therapist Name:		**Therapist Phone:**			**Therapist Email:**						
	Start Date:		**End Date:**		**# of Hours:**		**Form 5 Completed:**					