



## PHYSICAL THERAPIST ASSISTANT PROGRAM APPLICATION PACKET

**For Admission Fall 2024**

**Program Director:** Cindy Lavine, PTA, MPH

**Phone:** 817.598.8873

**Email:** [clavine@wc.edu](mailto:clavine@wc.edu)

**PTA Program Website:** [www.wc.edu/PTA](http://www.wc.edu/PTA)

Please read all instructions before you begin, to familiarize yourself with the process. Information sessions will be held on Zoom throughout the year (please see the dates below for this academic year) that will cover basic information about the program and the application process. While these sessions are not mandatory, they are very helpful to attend. **Reservations are NOT required.** You can access a Zoom link on the PTA Program website [https://www.wc.edu/programs/all-programs/physical-therapist-assistant-program/information\\_sessions.php](https://www.wc.edu/programs/all-programs/physical-therapist-assistant-program/information_sessions.php). The information sessions will be held the second Tuesday of the month from August through February. Family and friends are welcome to attend these sessions as well. If after reviewing this packet you have questions, please feel free to contact Cindy Lavine by email [clavine@wc.edu](mailto:clavine@wc.edu) or phone (817) 598-8873 or Tammi White by email [twhite@wc.edu](mailto:twhite@wc.edu).

### Information Session Dates

August 8, 2023

September 12, 2023

October 10, 2023

November 14, 2023

December 12, 2023

Jan 9, 2024

Feb. 13, 2024

### Eligibility to Apply:

#### ➤ Texas State Initiative Requirements (TSI Complete):

You must be TSI complete to apply for the program, therefore any remediation courses required by TSI must be complete and you must be eligible to carry a full course load of all college-level courses. TSI requirements can be found in the WC Academic Catalog: <https://catalog.wc.edu/statemandated-testing-requirements>

#### ➤ English Proficiency Requirements

Applicants whose native language\* is not English must submit an acceptable score on the TOEFL-iBT. Additional information may be obtained from the Health Science Department or PTA Program. *\*A native language is a language that is acquired naturally during childhood and is usually spoken at home, as opposed to a language that is learned later in life; for example, as a part of a person's formal education.* English Proficiency Requirements can be found in the WC Academic Catalog: <https://catalog.wc.edu/english-proficiency-procedure>

### Things to know about the application Process:

## Acceptance into the Program:

Acceptance to the program is based on multiple criteria. Applicants will be ranked by points using information the student provides to the PTA Department. Only those students who have successfully completed the application procedure and have met all deadlines will be considered for admission. Acceptance into the program is determined by a point system based on:

- Admission exam score – Health Education Systems, Inc. admissions test (HESI – A2)
- Academic record: grade points earned by having the general education classes required for the PTA program completed, and anatomy and physiology grades (BIOL 2401 & 2402)
- Interview
- Writing sample – completed onsite
- County of residence

Applicants that reside in the Weatherford College service district are awarded up to 2 additional points in the final ranking. Students that reside in Parker County are given 2 points and students that reside in Jack, Palo Pinto, or Wise County are given 1 point. Additionally, students can lose a point if they fail to follow the instructions in the application packet or if they have negative comments in their references. The relative weighting of points for each component of the process can be found in the following chart.

Component	Percentage
HESI A2 Test Scores	25%
Interview	25%
Grades in Anatomy & Physiology	25%
Number of General Education Courses Completed (including A & P) must have a grade of "C" or better. (grades in courses included	15%
Writing Sample (completed at the interview)	10%
<b>Total</b>	<b>100%</b>

### ➤ Communication with applicants and Notification

All applicant notifications are made electronically through email. Therefore, it is important that we have a valid email address to reach you. After your application is received and your data reviewed, you will receive an email with a summary of the information received for your review to verify the information received is correct. If you have any corrections or concerns, you will need to notify us immediately. Email notifications of application status will be sent to all applicants. Applicants are advised to check their spam or junk email folders and contact the program director if the emails are not located.

### ➤ Deadline to Apply is March 1 (Applications accepted between Dec. 1<sup>st</sup>- March 1<sup>st</sup> of each year)

### ➤ Prerequisites and General Education Courses

BIOL 2401 and BIOL 2402 are considered prerequisites for the program but are not considered prerequisites to apply to the program. If you are currently enrolled in any of the courses, credit will be granted for them provisionally for ranking. Students must complete both of the prerequisite courses with a minimum grade of C before the PTA Program begins in the fall semester in order to take his/her place in

the class. If you repeat any general education courses the grade points will be averaged for ranking purposes.

Course time limit: BIOL 2401 & 2402 must have been successfully completed within five years prior to program admission. Permission can be granted for credit for previous grades to be used for ranking purposes only, but the courses still must be repeated prior to admission to the program with a minimum grade of “C”. Certain circumstances allow for the program director to permit testing to be used in place of retaking both of the Anatomy and Physiology courses if completed within 7 years. Please contact the department director for this information.

There are three additional general education courses that are in the curriculum but are not considered “prerequisite courses” (ENGL 1301, PSYC 2314, and a 3-hour elective in creative arts, language, or philosophy). They are not required to be completed prior to admission. However, it is in your best interest to have these completed before applying to the program, as points are given to those applicants that have completed each course with a grade of C or better.

Admission decisions will be based on the applicant’s final grade in the course; therefore, upon completion of the course, applicants must provide a transcript or grade report as soon as possible.

### Application Instructions:

All materials **MUST** be included with your application (including your reference forms and HESI A2 test results), **do NOT submit materials separately** – Failure to submit all items in one application may result in a loss of points. **Print pages 8 – 22 of this packet.** They are the only pages that need to be printed and submitted with your application. The other pages provide instructions, information, and disclosures.

#### Step 1. Complete an online application to Weatherford College

Application to the PTA Program is not the same thing as applying to Weatherford College. To be eligible to apply to the PTA Program you must first apply to Weatherford College. This process can be done online through Recruit at:

<https://www.wc.edu/admissions/how-to-apply/new-student-checklist.php>

When you complete the colleges admissions process you will obtain a Weatherford College ID number and email address. Both of these are required on the Health and Human Science Application form. For more information/assistance, contact Student Services at 817-598-6241 for assistance with the admissions process.

#### Step 2. Take the HESI A2 Test

Allow time to take the HESI A2 test before the application deadline. You will need to take the test at the Testing Center on the Weatherford College main campus before the application deadline. The exam scores will be available to you immediately. There is no minimum passing *score on this exam*. We require 5 sections of the test: Reading Comprehension, Vocabulary, Grammar, Math, and Anatomy & Physiology. It is a timed exam and can take up to 5 hours to complete. Print your scores and submit them in your application materials.

The test times are limited so register early. You may register for the exam online through the WC testing center at <https://www.wc.edu/current-students/testing/weatherford-testing-center.php>. If you have difficulty scheduling the exam online the testing center can be reached by phone at 817-598-6383 or 817-598-6439; the cost is \$60.00.

You may take the test more than one time but the exams must be at least 60 days apart.

Resources for preparation for this test can be found at the Academic Resource Center (817-598-6278) located in the LART building or in the campus bookstore located in the Doss Student Center or online: <http://www.weatherfordbooks.com/Home> Go to textbook ordering, then study aids and click on Test Prep to locate the book.

For HESI FAQs visit the Elsevier Website: <https://evolve.elsevier.com/studentlife/faq.html#HESI>. Scroll down until you see the HESI questions.

### **Step 3. Health and Human Science Application Form**

Complete the application form making sure to include your Weatherford College email address and ID. Please fill in all items, including your personal and school email addresses. This way we have a second method of reaching.

### **Step 4 Observation Hours/Work Experience in Physical Therapy**

Complete forty (20) hours of observation/volunteer/work hours in a physical therapy clinic. These hours are required to be divided among two (2) different settings with 10 hours minimum per setting. These hours must be with a Physical Therapist or a Physical Therapist Assistant. Please have the appropriate supervising/observing Therapist verify your hours with the Verification Form included in this packet.

### **Step 5. Three Reference Forms**

Have three (3) people complete a Weatherford College Physical Therapist Assistant Program Reference Form. You should instruct the individual to place the completed form in a sealed envelope and sign over the seal and return it to you to include in your application submission. Be sure to include all three references with your program application.

### **Step 6. Transcripts and General Education Course Worksheet**

Complete the General Education Course Worksheet (the last page of this packet) and submit transcripts from all colleges and universities you have attended. This includes all colleges and universities you are not transferring credits from for the PTA Program. Unofficial transcripts are acceptable to include in your application packet provided they are copies of your actual transcripts – not screenshots. You will still need to submit official copies of all transcripts to the office of the Registrar (Student Services) for the course to be transferred. If you fail to complete the worksheet and submit all transcripts your application will not be considered for admission.

### **Step 7. Information and Disclosure Forms – Require Acknowledgement Signature**

Please read through this entire application packet and the important disclosures and informational pages identified below. They contain information you need to know about the PTA program. Read

through them thoroughly, and after reading the information, initial and sign the acknowledgment form and submit it with your application. You do not need to print or submit these pages. Only the acknowledgment form needs to be signed and submitted.

Essential Functions of the PTA  
 Clinical Information and Assignments  
 Criminal Background Check and Release of Information  
 Drug Screens and Release of Information  
 Health Information and Release  
 Financial Aid Eligibility Disclosure  
 Student Informed Consent

**Step 8. Submit a resume or brief outline of your work/volunteer experience since high school.**

**Step 9. Immunizations Required for Application**

Provide documentation of the first Hepatitis B vaccine (three dose series) or a positive Hepatitis B titer.

**Step 10. Documentation of COVID Immunization**

You will need to provide documentation of a valid COVID immunization at the time of program interviews. You do not need to submit this document in your application packet.

**Step 11. Submit Application Materials by March 1<sup>st</sup> at 5:00 pm**

Application packets may be mailed or hand-delivered; however, all completed application packets must be received in the PTA Program Directors Office (Located in the business building in room 210 by 4:00 PM on **March 1<sup>st</sup>**. If you are hand delivering your application, please turn it in to Tammi White in the PTA office. Applications will be received between December 1 and March 1<sup>st</sup>. This PTA application packet requires that the applicant materials be submitted **in its entirety to:**

**Weatherford College  
 PHYSICAL THERAPIST ASSISTANT PROGRAM  
 225 College Park Rd.  
 I.B. Hand Building, Office 210  
 Weatherford, TX 76086**

After the above information has been reviewed, candidates will be ranked and interviews will be scheduled for mid-April to May. If you are granted an interview, you will be emailed an interview date and time. An onsite writing assignment will be given the day of the interview. All applicants will be notified by email if they are accepted for interview or not. This is why it is imperative we have a correct email address for you. The final decision will then be made as applicants will be numerically ranked and placed into available openings according to their rank. All applicants will then be notified of their acceptance, alternate status, or non-acceptance.

## Additional Requirements, if Accepted:

If accepted, students must comply with all school and physical therapist assistant program policies. Program policies are delineated in the Student Handbook. Liability insurance is required and is part of the college fee schedule. Information and specifics on completing the requirements listed below will be made available to the student upon acceptance into the program. Student costs for the requirements vary but could run as much as \$400. The cost of a urine drug screen, criminal background check, and document manager will be approximately \$109.00. Some facilities will require you to have additional drug screening and criminal background checks. You will be responsible for payment of these additional expenses which will vary between \$27.00 (for an updated criminal background check) and \$40-45 for a drug screen). You will also be required to upload your immunization and medical testing records to an online document manager. Instructions will be provided how to accomplish this when admitted to the program). Admission is conditional based on you providing the following:

- Immunizations and/or titers
- Remaining Hepatitis B vaccines
- TB screen test
- Medical clearance
- Urine drug screen\*
- Criminal background check\*
- Major medical health insurance
- American Heart Association Health Care Provider CPR certification (to be maintained throughout program)

*\* These are required for students to go to the various hospitals and agencies for clinical education. Additional background checks or urine drug screens may be required by individual facilities. A positive urine drug screen or a background check positive for certain offenses may prohibit students from participation in clinical experiences. These circumstances would require dismissal of the student from the program due to inability to meet clinical objectives.*

## Ability to Work During the Program:

Experience shows that it is very difficult for students to maintain good academic standing while working and attending school. It is strongly recommended that you do not work while in the PTA program, especially during the first year. Some students are able to keep part-time employment, but maintaining employment while attending the PTA program is strongly discouraged, especially during the first year of the program. It becomes increasingly difficult to continue employment as the program progresses to clinical rotations.

## Performance of Program Graduates

Graduates of the PTA Program are eligible to take the National Physical Therapy Examination for Physical Therapist Assistants. As program development proceeds and graduates take the exam, pass rates for program graduates will be made available on the program web page. Graduation rates and employment rates will also be available.

## Education Options:

This two-year PTA associate degree does not fulfill the first two-year requirements of a degree for students wanting to pursue a doctorate in physical therapy degree and does not necessarily give an applicant

preference for acceptance into a physical therapy program. Applicants interested in becoming a licensed Physical Therapist are encouraged to investigate admission requirements for the individual physical therapy programs they are considering.

## Accreditation Status

The Physical Therapist Assistant Program at Weatherford College is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave., Suite 100, Alexandria, VA 22305-3085; telephone: 703-706-3245; email: [accreditation@apta.org](mailto:accreditation@apta.org); website: <http://www.capteonline.org> The most recent accreditation decision was made April 27, 2020, and is valid through June 30, 2030.

***This Application Packet contains information that is current when published. The College and/or Physical Therapist Assistant Program reserves the right to modify, amend or revise the program, courses, tuition, fees, and any information in this publication.***

***Weatherford College is an Equal Opportunity Institution that provides educational and employment opportunities on the basis of merit and without discrimination because of race, color, religion, sex, age, national origin, veteran status, or disability.***

## The HESI A2 Test and the PTA Program

1. It is important to remember that there is no minimum score. Your scores are going to be compared to the other applicant's scores. The scores of each section will be weighted the same and then averaged for an overall score.
2. There are 5 sections required (Reading, Vocabulary, Math, Grammar, and Anatomy and Physiology). Each section is weighted the same- each applicant's score will be compared to other applicants' scores. The HESI

Section	Score (example)
Reading comprehension	75
Vocabulary	73
Grammar	80
Math	68
Anatomy and Physiology	70
Overall Score (average of section scores)	73

So, what does that mean for your score? You can take your overall score and multiply it times .25 to calculate the number of points you will receive out of a possible 25 points in the PTA program ranking for admission. So, if you achieve an overall score of 73% on the test, you earn 18.25 points out of a possible 25 points in ranking for program admission ( $73 \times .25$ ). You can calculate the points you will earn by multiplying your score by .25. For example, if you have an overall score of 70%, you would earn ( $70 \times .25$ ) 17.5 points out of 25 possible points in the total ranking.

3. Each section of the test is one hour so plan for a 5-hour exam time.
4. If you take the test more than one time, the exams must be 60 days apart.
5. The best thing to do is to prepare for the exam by taking practice tests, determining your weak areas and then seeking tutoring in those areas.

### ➤ Resources for preparation

Resources for this test can be found at the Academic Resource Center (817- 598-6278) located in the LART building or in the campus bookstore located in the Doss Student Center or online:

<http://www.weatherfordbooks.com/Home>

For HESI FAQs visit the Elsevier Website: <https://evolve.elsevier.com/studentlife/faq.html#HESI>

6. If you have any other questions related to the test, the PTA Program, or the application process contact Cindy Lavine, PTA Program Director by phone at 817-598-8873, or by email at [clavine@wc.edu](mailto:clavine@wc.edu) or Tammi White, Health Science Division Secretary by phone at 817-598-6216 or by email [twhite@wc.edu](mailto:twhite@wc.edu)



WEATHERFORD COLLEGE  
PHYSICAL THERAPIST ASSISTANT PROGRAM  
**APPLICATION CHECK-LIST**

*Note: This check-list is for your use in completing the application process for the Physical Therapist Assistant Program. Please be advised that it is not a substitute for reading and understanding the information in the Physical Therapist Assistant Program Application Packet. Additionally, it does not address the State of Texas testing requirements for enrollment in college (Texas Success Initiative). All applicants are advised to carefully read the entire Application Packet and to seek advisement from the Counseling Center regarding TSI status.*

**Include all of the following and submit the entire folder to the location below:**

- Check this box to identify you completed the online application to Weatherford College through Recruit.
- Completed Health and Human Sciences Application Form
- Printed copy of your HESI A2 exam scores.
- Completed General Education Course Worksheet
- Copies of transcripts for **all** colleges or universities attended (student copies are acceptable) including Weatherford College
- Three (3) completed Reference Forms (sealed in an envelope with their signature across the seal)
- Documentation of Observation Hours
- Proof of the **first** Hepatitis B vaccine (of the 2 or 3-dose series)
- Signed Information and Disclosures Form

**Submit the application in entirety to the PTA Program by March 1<sup>st</sup> :**

*Cindy Lavine  
Director, PTA Program  
Weatherford College  
225 College Park Dr.  
IB Hand Building, Room 210  
Weatherford, TX 76086*



### HEALTH & HUMAN SCIENCES APPLICATION

Answer **ALL** questions. **Please type or print.** Mail to appropriate campus listed on bottom of second page with **all** required paperwork.

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**SPECIALTY FOR WHICH APPLICATION IS MADE:**

=====

- ]-Associate Degree Nursing ]-Fall Class ]-Spring Class – Main Campus Weatherford
  - ]-Associate Degree Nursing ]-Fall Class – Wise County Campus
  - ]-Diagnostic Medical Sonography – Main Campus Weatherford
    - ]-Echocardiography Certificate – Main Campus Weatherford
    - ]-Vascular Certificate – Main Campus Weatherford
  - ]-Human Service Provider ] A.A.S. – Main Campus Weatherford ] - Wise County Campus Bridgeport
  - ]-LVN-RN Transition– ] - Main Campus Weatherford (summer class)
  - ]-LVN-RN Transition– ] - Wise County Campus Bridgeport (spring class)
  - ]-Occupational Therapy Assistant – Mineral Wells Education Center
  - ]-Phlebotomy Technology ]-Fall Class ]-Spring Class ]-Summer Class– Main Campus Weatherford
  - ]-Physical Therapist Assistant – Main Campus Weatherford
  - ]-Radiology Technology– Main Campus Weatherford
    - ]-CT Certificate – Main Campus Weatherford
    - ]-Mammography Certificate – Main Campus Weatherford
  - ]-Respiratory Care– Main Campus Weatherford
  - ]-Substance Abuse Counseling ] Certificate– Main Campus Weatherford ] - Wise County Campus Bridgeport
  - ]-Vocational Nursing ]-Fall Class - Main Campus Weatherford
- =====

Name: \_\_\_\_\_  
                                    First                                    Middle                                    Last                                    Maiden Name

Mailing Address: \_\_\_\_\_  
                                    Number & Street                                    City                                    State                                    Zip

Permanent Address (if different from above) \_\_\_\_\_

Texas County of Residence \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Social Security # \_\_\_\_\_ Country of Birth \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Weatherford College Student ID#: \_\_\_\_\_ WC E-mail address: \_\_\_\_\_

Other E-mail Address: \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_  
  Name  Relationship

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
                                    Number and Street City                                    State Zip

**Have you ever been arrested, convicted, or received deferred adjudication for a felony/misdemeanor?**  
\_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Note: If you pled “nolo contendere, or no contest,” you must answer “yes.”**  
If you answered “yes” to the above question, you must report charges and disposition to a certification or licensing agency in order to determine eligibility for taking certification or licensure examination.

**(Page 1 of 3-Please complete all pages of this application)**

**PROFESSIONAL LICENSES OR CERTIFICATION**

Type	Issued By	Number	Date
_____	_____	_____	_____
_____	_____	_____	_____

**EDUCATION – List ALL Colleges and Universities Attended**

NAME OF SCHOOL	LOCATION OF SCHOOL	DATES: FROM/TO	DIPLOMA/ DEGREE OR CERTIFICATE	MAJOR/MINOR
HIGH SCHOOL OR GED				
COLLEGE/UNIVERSITY				
COLLEGE/UNIVERSITY				
COLLEGE/UNIVERSITY				
TECHNICAL OR OTHER				

**\*\* The Weatherford College Registrar’s Office must receive official transcript(s) before this application can be processed.**

**WORK EXPERIENCE**

**List current or most recent job:**

1. Name of Company \_\_\_\_\_

Complete Address \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_

Dates Employed: From \_\_\_\_ to \_\_\_\_ Nature of Job Duties \_\_\_\_\_

Starting Salary \_\_\_\_\_ Final Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**(Page 2 of 3-Please complete all pages of this application)**

**FOLLOW UP INFORMATION**

It is important that we do a follow-up study of our students. Please provide the following information about two (2) people who will always know where to locate you.

**Name**

**Complete Mailing Address**

**Telephone No.**

1. \_\_\_\_\_

**Email Address** \_\_\_\_\_

2. \_\_\_\_\_

**Email Address** \_\_\_\_\_

**PLEASE READ AND SIGN THE FOLLOWING**

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information is cause for denial of admission or dismissal from the program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

“Weatherford College is an Equal Opportunity Institution that provides educational and employment opportunities on the basis of merit and without discrimination because of race, color, religion, sex, age, national origin, veteran status, or disability.”

**Please include all required paperwork with your application. Incomplete applications will not be accepted.**

Weatherford College  
Cindy Lavine  
Physical Therapist Assistant Program  
IB Hand Building, Room 210  
225 College Park Drive  
Weatherford, TX 76086

## General Education Course Worksheet

Name \_\_\_\_\_

Complete this form and turn it in with your application providing transcripts documenting completion or enrollment of each course. If you believe you completed a course that is equivalent but under a different course number or name, complete the line below the course you believe is the equivalent and a course match by student services will be requested. The following website can help you determine if your courses may work. It does not guarantee the transfer of those courses as the office of the Registrar determines the transferability of courses from other institutions. All grades must be a minimum of a "C: or better to be accepted. <https://www.tccns.org/>

If you repeated a course, list all attempts you received a grade. You do not have to include semesters you withdrew passing from the course.

**You need to also submit official transcripts from every college or university you have attended to the office of student services.**

Course Name and Title	College/University	Course Rubric and Number	Name of Course	Semester/Year Taken	Grade
BIOL 2401 Human Anatomy and Physiology I					
BIOL 2402 Human Anatomy and Physiology II					
ENGL 1301 English Composition					
PSYC 2314 Human Growth and Developmental Psychology					
X3XX Creative Arts Elective (use the list below) <b>Only one of the following courses is required</b>					

ARTS 1301 Art Appreciation	HUMA 1315 Fine Arts Appreciation
ARTS 1303 Art History Survey	HUMA 1315 Fine Arts Appreciation
ARTS 1304 Art History Survey	MUSI 1306 Music Appreciation
DRAM 1310 Introduction to Theater	MUSI 1310 American Music
DRAM 2361 History of Theater I	
DRAM 2362 History of Theater II	

WEATHERFORD COLLEGE  
PHYSICAL THERAPIST ASSISTANT PROGRAM  
**Verification of Volunteer/observation Hours or work experience**

*APPLICANT INFORMATION: To be completed by the applicant*

In order to provide adequate information as to my personal character and qualifications, I authorize the party receiving this form to contact Weatherford College Physical Therapist Assistant Program to discuss any information about me during these observation hours I agree that the information provided will become a part of my application file. I further agree that information will not be disclosed to me, but will be treated as confidential. I waive any right to see this information at any time either prior to, during, or subsequent to my application to the Weatherford College Physical Therapist Assistant Program. I hereby authorize the individuals I observed to be contacted and to speak freely regarding my qualifications. In that regard, I hold them harmless from any civil actions on my part regarding their comments.

\_\_\_\_\_  
*Please print name*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

*FACILITY INFORMATION:*

Facility Name\_      Phone # \_\_\_\_\_

Facility Address \_\_\_\_\_

Physical Therapy Setting    \_\_\_ acute    \_\_\_ OP    \_\_\_ Rehab    \_\_\_ SNF/LTC    \_\_\_ Home Health  
\_\_\_ Other \_\_\_\_\_ (school setting, hippotherapy, aquatics, Etc.)

Dates of Observation \_\_\_\_\_

Total # of hours \_\_\_\_\_

**or**

Dates of Employment \_\_\_\_\_

Total # of hours \_\_\_\_\_

**Please estimate the hours in each setting if employed in a multi-setting PT environment above.**

*Observing Physical Therapist or Physical Therapist Assistant: If there is any information or concerns you would like to share regarding these observation hours or this candidate please contact Cindy Lavine, PTA Program Director by email at [clavine@wc.edu](mailto:clavine@wc.edu), or by phone at (817)598-8873.*

\_\_\_\_\_  
*Please Print Name*

PT / PTA  
*circle one*

Phone # \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

WEATHERFORD COLLEGE  
PHYSICAL THERAPIST ASSISTANT PROGRAM  
**Verification of Volunteer/observation Hours or work experience**

*APPLICANT INFORMATION: To be completed by the applicant*

In order to provide adequate information as to my personal character and qualifications, I authorize the party receiving this form to contact Weatherford College Physical Therapist Assistant Program to discuss any information about me during these observation hours I agree that the information provided will become a part of my application file. I further agree that information will not be disclosed to me, but will be treated as confidential. I waive any right to see this information at any time either prior to, during, or subsequent to my application to the Weatherford College Physical Therapist Assistant Program. I hereby authorize the individuals I observed to be contacted and to speak freely regarding my qualifications. In that regard, I hold them harmless from any civil actions on my part regarding their comments.

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

*FACILITY INFORMATION:*

Facility Name\_      Phone # \_\_\_\_\_

Facility Address \_\_\_\_\_

Physical Therapy Setting    \_\_\_ acute    \_\_\_ OP    \_\_\_ Rehab    \_\_\_ SNF/LTC    \_\_\_ Home Health  
\_\_\_ Other \_\_\_\_\_ (school setting, hippotherapy, aquatics, Etc.)

Dates of Observation \_\_\_\_\_      Total # of hours \_\_\_\_\_

**or**

Dates of Employment \_\_\_\_\_      Total # of hours \_\_\_\_\_

**Please estimate the hours in each setting if employed in a multi-setting PT environment above.**

*Observing Physical Therapist or Physical Therapist Assistant: If there is any information or concerns you would like to share regarding these observation hours or this candidate please contact Cindy Lavine, PTA Program Director by email at [clavine@wc.edu](mailto:clavine@wc.edu), or by phone at (817)598-8873.*

\_\_\_\_\_  
Please Print Name

PT / PTA  
circle one

Phone # \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

WEATHERFORD COLLEGE  
PHYSICAL THERAPIST ASSISTANT PROGRAM  
**REFERENCE FORM**

The applicant identified below is applying to the Weatherford College Physical Therapist Assistant Program and is requesting a personal reference from you. Please complete the form, place it in an envelope and sign the back of the envelope over the seal, then return to the applicant.

*APPLICANT Information: To be completed by the applicant*

\_\_\_\_\_  
*Name (Print)*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

In order to provide adequate information as to my personal character and qualifications, I authorize the party receiving this form to give full and complete information as requested by the Weatherford College Physical Therapist Assistant Program. I agree that the information requested will become a part of my application file. I further agree that the information will not be disclosed to me, and will be treated as confidential. I waive any right to see this information at any time either prior to, during, or subsequent to my application to the Weatherford College Physical Therapist Assistant Program. I hereby authorize my references to be contacted and to speak freely regarding my qualifications. In that regard, I hold them harmless from any civil actions on my part regarding their comments.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

Applicant: Please submit both pages of this form with your application materials.



**Reference Form, page 2****Printed Name of Applicant** \_\_\_\_\_

Considering your knowledge of the applicant, please indicate how much you agree or disagree with each of the statements below by placing a mark in the appropriate space. Feel free to add comments, if you desire.

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1. Rarely becomes discouraged in a difficult situation <i>Comments:</i>					
2. Accepts responsibility & follows through with assigned tasks <i>Comments:</i>					
3. Consistently responds appropriately to constructive criticism <i>Comments:</i>					
4. Behaves in an ethical manner <i>Comments:</i>					
5. Maintains poise in extremely difficult situations <i>Comments:</i>					
6. Is tactful, considerate, and gets along well with others <i>Comments:</i>					
7. Expresses self in an appropriate, clear & concise manner <i>Comments:</i>					
8. Makes decisions after careful & logical gathering of relevant facts <i>Comments:</i>					
9. Writes clearly & legibly with good organization of thoughts <i>Comments:</i>					
10. Is self-motivated with strong leadership qualities <i>Comments:</i>					

General Comments:

\_\_\_\_\_  
*Signature*\_\_\_\_\_  
*Date*\_\_\_\_\_  
*Printed Name*\_\_\_\_\_  
*Relationship to Applicant*\_\_\_\_\_  
*Phone Number**How long have you known this applicant?* \_\_\_\_\_

WEATHERFORD COLLEGE  
PHYSICAL THERAPIST ASSISTANT PROGRAM  
**REFERENCE FORM**

The applicant identified below is applying to the Weatherford College Physical Therapist Assistant Program and is requesting a personal reference from you. Please complete the form, place it in an envelope and sign the back of the envelope over the seal, then return to the applicant.

**APPLICANT Information: To be completed by the applicant**

\_\_\_\_\_  
*Name (Print)*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

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\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

Applicant: Please submit both pages of this form with your application materials.

**Reference Form, page 2****Printed Name of Applicant** \_\_\_\_\_

Considering your knowledge of the applicant, please indicate how much you agree or disagree with each of the statements below by placing a mark in the appropriate space. Feel free to add comments, if you desire.

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General Comments:

\_\_\_\_\_  
*Signature*\_\_\_\_\_  
*Date*\_\_\_\_\_  
*Printed Name*\_\_\_\_\_  
*Relationship to Applicant*\_\_\_\_\_  
*Phone Number**How long have you known this applicant?* \_\_\_\_\_

WEATHERFORD COLLEGE  
PHYSICAL THERAPIST ASSISTANT PROGRAM  
**REFERENCE FORM**

The applicant identified below is applying to the Weatherford College Physical Therapist Assistant Program and is requesting a personal reference from you. Please complete the form, place it in an envelope and sign the back of the envelope over the seal, then return to the applicant.

**APPLICANT Information: To be completed by the applicant**

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

In order to provide adequate information as to my personal character and qualifications, I authorize the party receiving this form to give full and complete information as requested by the Weatherford College Physical Therapist Assistant Program. I agree that the information requested will become a part of my application file. I further agree that the information will not be disclosed to me, and will be treated as confidential. I waive any right to see this information at any time either prior to, during, or subsequent to my application to the Weatherford College Physical Therapist Assistant Program. I hereby authorize my references to be contacted and to speak freely regarding my qualifications. In that regard, I hold them harmless from any civil actions on my part regarding their comments.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

Applicant: Please submit both pages of this form with your application materials.

**Reference Form, page 2**

**Printed Name of Applicant** \_\_\_\_\_

*Considering your knowledge of the applicant, please indicate how much you agree or disagree with each of the statements below by placing a mark in the appropriate space. Feel free to add comments, if you desire.*

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
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General Comments:

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Relationship to Applicant:*

\_\_\_\_\_  
*Phone Number*

*How long have you known this applicant?* \_\_\_\_\_

## Information and Disclosure Form

### Acknowledgment Signature for Required Reading

I \_\_\_\_\_ (Printed name) have been provided a copy of the following documents and have read them thoroughly.

Please **initial each document** after reading it, print your name and sign below and submit this form with your application.

- \_\_\_\_\_ Essential Functions of the PTA
- \_\_\_\_\_ Clinical Information and Assignments
- \_\_\_\_\_ Criminal Background Check and Release of Information
- \_\_\_\_\_ Drug Screens and Alcohol/Substance Testing Policy and Release of Information
- \_\_\_\_\_ Health Information and Release
- \_\_\_\_\_ Financial Aid Eligibility Disclosure
- \_\_\_\_\_ Student Informed Consent

I have provided access to the following Policies and Procedures prior to applying to the PTA Program:

- \_\_\_\_\_ PTA Program Handbook
- \_\_\_\_\_ PTA Program Clinical Education Manual
- \_\_\_\_\_ Weatherford Employees Policies and Procedures
- \_\_\_\_\_ Weatherford College Institutional Policies and Procedures

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Essential Functions for the PTA Student

Successful participation in the PTA Program includes the ability to perform essential functions, which are necessary for the delivery of physical therapy services in a safe, ethical, and legal manner. The essential functions are expected to be demonstrated, with or without reasonable accommodation, by students participating in the PTA program. Applicants accepted to the PTA Program will be required to review the Essential Functions for the PTA Student, the candidate will complete the Acknowledgment of Essential Functions for the Physical Therapist Assistant Student form and indicate whether or not he/she can perform the essential functions. Prior to admission to the program, the student is responsible for providing written documentation of any disabilities, along with evidence of the need for accommodation to the Office of Accommodation/Disabilities and provide a copy to the Director of the PTA Program. The college will then decide if reasonable accommodations can be made for that particular student.

Skill Type	Essential Functions for the PTA Student
Motor	<p>The student must possess sufficient motor capabilities in order to provide safe and effective physical therapy procedures, including:</p> <ul style="list-style-type: none"> <li>• Ability to assist and protect patients who are walking, exercising, or performing other activities</li> <li>• Ability to adjust, move, position, and lift patients and equipment</li> <li>• Ability to perform pushing, pulling, bending, twisting, reaching, standing, kneeling, sitting, walking, and crawling</li> <li>• Ability to provide cardiopulmonary resuscitation (CPR)</li> <li>• Ability to manipulate equipment including adjustment of dials, gauges, small nuts/bolts, and various equipment settings</li> <li>• Sufficient endurance to move about a clinical setting steadily throughout an 8-hour work-day</li> </ul>

Skill Type	Essential Functions for the PTA Student
Sensory	<p>The student must possess sufficient sensory abilities in order to competently assess and monitor patients, including:</p> <p>Sufficient visual ability to:</p> <ul style="list-style-type: none"> <li>• Recognize and interpret facial expressions and body language</li> <li>• Identify normal and abnormal postures and patterns of movement</li> <li>• Read or set parameters on equipment</li> <li>• Read small numbers / scales on goniometers, thermometers, sphygmomanometers, etc.</li> <li>• Discriminate differences and changes in skin and soft tissue</li> <li>• Recognize a patient's physiological status</li> <li>• Assess a patient's environment</li> </ul> <p>Sufficient auditory ability to:</p> <ul style="list-style-type: none"> <li>• Recognize and respond to verbal communication, auditory timers and equipment alarms in an environment with a moderate level of background noise</li> <li>• Effectively use devices for measurement of blood pressure</li> </ul> <p>Sufficient tactile ability to:</p> <ul style="list-style-type: none"> <li>• Palpate pulses</li> <li>• Detect and assess changes or abnormalities in skin texture, skin temperature, muscle tone, and joint movement</li> </ul>
Communication	<p>The student must possess sufficient ability to communicate effectively and competently in the English language with others using appropriate verbal and written methods, including:</p> <ul style="list-style-type: none"> <li>• Ability to read at a level of competency that allows one to safely perform the essential functions of an assignment</li> <li>• Ability to write in a legible manner</li> <li>• Ability to present information about physical therapy procedures and services to patients, family members, and other health care professionals</li> <li>• Ability to recognize, interpret, and respond to nonverbal behavior of self and others</li> <li>• Ability to interpret and communicate information regarding the status, safety, and rehabilitation of patients</li> </ul>



Skill Type	Essential Functions for the PTA Student
Behavior	<p>The student must possess sufficient ability to exercise good judgment, develop therapeutic relationships with patients and others, work in stressful situations, and tolerate close physical contact with patients and co-workers, including:</p> <ul style="list-style-type: none"> <li>• Ability to work with multiple patients and colleagues at the same time</li> <li>• Ability to work with others under stressful conditions</li> <li>• Ability to work with individuals of varying socioeconomic, ethnic, and cultural backgrounds</li> <li>• Ability to act in the best interests of patients</li> <li>• Ability to drive to clinical sites located within a 130 mile radius of Weatherford, including driving in rush hour traffic throughout the DFW metroplex</li> </ul>
Critical Thinking	<p>The student must possess sufficient ability to comprehend and process information in a timely manner, including:</p> <ul style="list-style-type: none"> <li>• Ability to collect and interpret data related to patients and physical therapy services</li> <li>• Ability to prioritize multiple tasks, process information, and make decisions</li> <li>• Ability to apply knowledge from education to the provision of physical therapy services</li> <li>• Ability to observe, measure, and interpret normal and abnormal patient responses to physical therapy interventions, and appropriately modify treatment interventions</li> <li>• Ability to act safely and ethically in the physical therapy lab and clinic</li> </ul>

## Clinical Education Experiences and Assignments

Students complete three (full-time) six-week clinical rotations (practicums) in different settings. Full-time is defined as a minimum of 32 hours per week in the clinic and students are expected to follow the work schedule determined by their clinic instructor. Students will complete a clinical rotation in an Acute/Inpatient setting, an Outpatient Orthopedic setting, and an inpatient or outpatient Neuro/Rehab setting.

Upon completion of three clinical experiences, students will have worked with inpatients and outpatients. The most common types of patients seen during clinical practicums include orthopedic, geriatric/adult, general medical/surgical, deconditioning/weakness, neurologic, and cardiopulmonary. Students have the opportunity to provide interventions, including but not limited to, therapeutic exercise, functional training, manual therapy, biophysical agents, and neurological rehab.

Practicum I will occur during the summer for students who have completed their first year in the program. Students will have the opportunity to complete this rotation during the first or the second summer session. Practicum II will be completed during the second summer session or during the Spring semester of the student's second year in the program. Practicum III will occur in the final Spring semester of the program. Students will have the opportunity to complete this rotation during Practicum IIIa or Practicum IIIb according to site availability and DCE placement. Students that complete 2 rotations in the summer of the first year will only have one clinic in the last semester. Students that completed one rotation in the summer will complete two rotations during the final (Spring) semester of the program.

Students have input in determining where they want to go for clinical rotations, but the determination and final placement of clinical practicums is the role of the Director of Clinical Education. All clinic contracts and placements for rotations are overseen and managed by the Director of Clinical Education. Due to the complicated legal nature of clinical contracts and program policy regarding clinical placements, students are prohibited from contacting clinical sites to facilitate a clinical practicum.

The PTA program has clinic contracts with facilities throughout the DFW metroplex and Parker County. Additionally, we have clinic sites as far west as Abilene, as far south as Stephenville, and as far north as Wichita Falls and Sherman-Denison. It is not the goal of the program for students to travel to far away clinic sites, however, to achieve the best clinical experiences students may have to travel a distance of an hour or more for one rotation, depending on where they live. Traveling away to full-time clinical facilities may require considerable driving, extended stay, and additional expenses. Successful completion of three clinical rotations is a requirement of the PTA Program.

## Criminal Background Requirements and Release of Information

If admitted to the Physical Therapist Assistant Program you will be required to pass a criminal background check at the start of the program to comply with clinic requirements. By signing the Information and Disclosures Form in the application packet you acknowledge understanding of the criminal background check policy and procedures and possible implications. Criminal background check applications will be submitted to CastleBranch. If the background check is positive for certain offenses, the student may not be able to participate in the clinical experiences and will be dismissed from the program. Results of criminal background checks will be maintained electronically through CastleBranch data records and kept in a locked space with immediate access only by the PTA Program Director, the Director of Clinical Education (DCE), and the Dean of Health Sciences. It is also possible that the College President, Vice President of Instruction, Student Services, the Health Sciences Technical Appeals Committee, and the College's legal counsel may also have access to the background

check results in certain situations, such as but not limited to, a student's removal from the Program due to the background check.

Criminal background checks review a person's criminal history. The background check includes the cities and counties of all known residences, not just the DFW area. The following criminal histories are examples of actions that may disqualify an individual from consideration for the clinical rotation, leading to dismissal from the PTA program. This list is for example purposes and is not an exhaustive list. (Each criminal record or individual will be assessed according to Equal Employment Opportunity Commission requirements):

- Felony convictions/deferred adjudications/including a finding or verdict of guilty, an admission of guilt, or a plea of nolo contendere, in this state or in any other state or nation;
- Misdemeanor convictions or felony deferred adjudications involving crimes against persons (physical or sexual abuse), illegal use or distribution of drugs
- Misdemeanor convictions or deferred adjudications related to moral turpitude (prostitution, public lewdness/exposure, theft under \$1,500, computer crimes of fraud, etc.)
- Felony deferred adjudications for the sale, possession, distribution, or transfer of narcotics or controlled substances
- Registered sex offenders
- OIG, GSA and Medicaid Sanctions
- Terrorist Suspect List
- Pending charges and warrants for arrest

**It is imperative that if you have any record that could be an issue it is reviewed by the Texas Board of PT examiners. This process needs to be started before you apply to the program. A copy of the Texas Board rules pertaining to licensure with a criminal conviction is attached.** The PTA program director and DCE need to be informed when this process is begun. While in the program, if any of these situations arise, the PTA Program Director and the DCE need to be informed as soon as possible.

Some clinical sites will require an updated background check be completed just prior to the start of a rotation with their facility. The cost of each background check is the sole responsibility of the student.

By signing an Information and Disclosures Form, the student acknowledges that he/she has read and understands the criminal background procedure and policies including the Texas Board of PT Examiners rules pertaining to licensure of individuals with criminal convictions. In addition, signing the document gives permission to Weatherford College to release the student's criminal background to clinical agencies to which the student has been assigned for clinical education, clinical rotations, and to other parties noted above that have a role in the student's education process at Weatherford College.

## Texas Board of PT Examiners Rules

To obtain a review of your history or to find out more information about the policies of the Board of PT examiners see their website: <https://www.ptot.texas.gov/page/home>

### ➤ §343.9. Licensure of Persons with Criminal Convictions.

- (a) The board may revoke or suspend an existing valid license, disqualify a person from receiving or renewing a license, or deny a person the opportunity to be examined for a license because of a person's

conviction of a felony or misdemeanor if the crime directly relates to the practice of physical therapy. Those crimes which the board considers to be directly related to the duties and responsibilities of a licensed physical therapist or physical therapist assistant shall include, but are not limited to:

- (1) any felony which involves an act of fraud, dishonesty, or deceit;
- (2) any criminal violation of the Physical Therapy Practice Act or other statutes regulating or pertaining to physical therapy or the medical profession;
- (3) any crime involving moral turpitude;
- (4) murder;
- (5) assault;
- (6) burglary;
- (7) robbery;
- (8) theft;
- (9) rape or sexual abuse;
- (10) patient/client abuse;
- (11) injury to an elderly person;
- (12) child molestation, abuse, endangerment, or neglect;
- (13) felony conviction for driving while intoxicated, driving under the influence of alcohol or drugs, or driving while ability is impaired;
- (14) sale, distribution, or illegal possession of narcotics, controlled substances, or dangerous drugs;
- (15) tampering with a governmental record;
- (16) offenses which include attempting or conspiring to commit any of the offenses in this subsection.

(b) In determining whether a crime not listed previously relates to physical therapy, the board will consider:

- (1) the nature and seriousness of the crime;
- (2) the relationship of the crime to the purposes for requiring a license to practice physical therapy;
- (3) the extent to which a license might offer opportunities to engage in further criminal activity of the same type as that in which the person was previously engaged; and
- (4) the relationship of the crime to the ability, capacity, or fitness required to perform the duties and to discharge the responsibilities of a physical therapist or physical therapist assistant.

(c) In review of a complaint alleging that the respondent/applicant has been convicted of a crime which directly relates to the duties and responsibilities of a physical therapist or physical therapist assistant, the board shall consider the following evidence in determining the respondent's/applicant's present fitness to

practice physical therapy:

- (1) the extent and nature of the person's past criminal activity;
- (2) the age of the person at the time of commission of the crime;
- (3) conduct and work activity of the person prior to and after criminal activity;
- (4) evidence of rehabilitation while incarcerated or following release;
- (5) notarized letters of recommendation from prosecution, law enforcement, and correctional officers who prosecuted, arrested, or had custodial responsibility for the person; letters from the sheriff or chief of police where the person resides; and other persons having contact with the convicted person; and
- (6) records of steady employment, provision for dependents, payment of all court costs, supervision fees, fines, and restitution if ordered as a result of the person's conviction.

(d) The burden and expense of providing and presenting the foregoing documentation to the board shall be solely that of the respondent/applicant.

(e) A licensee or applicant is required to report to the board a felony of which he is convicted within 60 days after the conviction occurs.

*Source Note: The provisions of this §343.9 adopted to be effective January 7, 1992, 16 TexReg 7645; amended to be effective January 12, 1993, 18 TexReg 64.*

## Drug Screen Requirements/Alcohol/Substance Testing Policy and Release of Information

If admitted to the Physical Therapist Assistant program you must pass a urine drug screen at the start of the program. This is required to participate in clinical experiences or clinical rotations and you may also be required to have a blood alcohol test performed (required in the clinical setting). The applicant understands that the urine/blood drug screen will be performed by the agency selected by Health Science Department. The applicant further understands that if the urine drug screen is positive for certain substances, the student will be dismissed from the program. Results of urine drug screens will be maintained in a locked space with immediate access only by the Program Director, The Director of Clinical Education, and the Dean of Health Sciences. It is also possible that the College President, Vice President of Instruction, Student Services, the Health Sciences Technical Appeals Committee, and the College's legal counsel may also have access to the urine drug screen results in certain situations, such as but not limited to, a student's removal from the Program due to the urine drug screen results.

If the student arrives to any program related activity and is suspected of being under the influence of alcohol or drugs (including prescription drugs), the student must submit to a specified 10 panel urine or blood screen and blood alcohol testing at his/her own expense. Failure to submit to the screen will result in dismissal from the program.

Suspicion of impairment includes but is not limited to the following:

- Behavioral abnormalities
  - Euphoria
  - Excitation
  - Drowsiness
  - Disorientation
- Altered motor skills
  - Poor perception of time and distance
- Drunken behavior with or without odor
- Constricted or dilated pupils
- Altered respiration

Students suspected of being impaired will remain at the school or clinical site until the Program Director or designee arrives to make arrangements for the student to be transported to a predetermined laboratory for screening. The student is responsible for all cost related to the transport and screening. The drug screen must be performed at a specified site in a timely manner. Students that refuse to follow program directives and /or refuse to submit to a drug/alcohol screening will be immediately dismissed from the program. In addition, students will not be allowed to leave the classroom or clinical site without being transported by a responsible adult. Students that choose to leave without a school supervised transport or a responsible adult transport will be reported to law enforcement. The student will not be allowed to participate in program related activities until the results from the tests are complete. Absences will be accrued during this time period.

If a student is involved in an inaccurate Schedule II/Schedule III controlled substance count at a clinical facility during a clinical rotation, the student will also be subject to submission of drug screening at the student's expense.

The following represents values that are to be considered "positive" for alcohol impairment:

Urine specimen	0.02%
Blood specimen	0.01%

Any value higher than 0.00% will be considered as positive for any other drug.

If a student's test results are positive, they will be dismissed from their respective program and will not be reinstated to that program or any other Health and Human Sciences Program at Weatherford College. If the student's test results are negative, the accrued absences related to the specific incidence will be dismissed and the student will suffer no punitive consequences.

This drug testing is not being undertaken for any law enforcement purpose in order to avoid the more stringent requirements of the Fourth Amendment associated with law enforcement-related searches.

By signing the Information and Disclosures Form, the student acknowledges that he/she has read and understands the health science drug screen policy and gives permission to Weatherford College to release results of drug screening/testing to clinical agencies to which the student has been assigned for clinical education/clinical rotations and to other parties noted above that have a role in the student's education process at Weatherford College.

### Health Records Release of Information

Students who are admitted to the PTA Program are required to provide proof of compliance with health requirements including the individual's immunization record, which may include immunization records, results of laboratory testing confirming immunity to certain diseases, and results of testing for tuberculosis (skin test or recent chest x-ray). Failure to comply with health requirements may result in dismissal from the Program. Health records will be maintained in a locked space with immediate access only by the Program Director, Director of Clinical Education, and the Dean of Health Sciences. It is also possible that the College President, Vice President of Instruction, Student Services, the Health Sciences Technical Appeals Committee, and the College's legal counsel may also have access to the urine drug screen results in certain situations, such as but not limited to, a student's removal from the Program due to the failure to meet health requirements.

For application to the program, you are only required to show proof of the first Hepatitis B immunization.

By signing the Information and Disclosures Form, the student acknowledges that he/she has read and understands the health and safety requirements and gives permission to Weatherford College to release health records to clinical agencies to which the student has been assigned for clinical education/clinical rotations and to other parties noted above that have a role in the student's education process at Weatherford College.

### Financial Aid Eligibility – Part-Time Semester of the PTA Program

Students enrolled in the PTA program are considered part-time in the spring semester of the second year in the program. Students enrolled in PTHA courses only will take 4 semester credit hours (even though they will be in the clinic full-time for a significant portion of the semester). Additionally, during the summer semesters between the first and second year, students will be part-time, taking 2 semester credit hours each summer session while they will be in the clinic 40 hours per week.

During these semesters, students will not meet the eligibility requirements to receive financial aid. Financial aid only applies to the courses in the PTA Program curriculum, so taking an additional class that is not in the curriculum will not meet eligibility. Please seek advice from your financial aid counselor. It will be necessary to make other plans for financial support during these semesters.

By signing the Information and Disclosures form, you acknowledge that you have read this form and understand the limitations (part-time status during certain semesters) of eligibility for financial aid while enrolled in the PTA program.

## PTA STUDENT INFORMED CONSENT

During the education process for the student in the Physical Therapist Assistant Program, the student will be required to practice physical therapy techniques on classmates or faculty members. It is the nature of the profession that skills be acquired by practicing on healthy individuals before an attempt is made to become skilled with patient populations. Therefore, the following must occur:

1. Each student must wear lab clothing that allows practice on and observation of parts of the body on which techniques will be applied,
2. Each student must play the role of the patient so that a lab partner may gain skills in the application of physical therapy techniques,
3. Each student must touch, observe, and interact with classmates while playing the role of the physical therapist assistant and practicing physical therapy techniques,
4. Each student must conduct himself/herself in a respectful and considerate manner while touching, observing, and interacting with classmates or faculty members,
5. Each student must abide by all safety guidelines outlined in the PTA Program Handbook.

By signing the Information and Disclosures Form, you acknowledge that you understand that you will be asked to participate in laboratory, classroom, and clinic activities as described above and understand that participation is required for student learning. Therefore, you willingly agree to participate fully. In addition, you hereby assume all risks in connection with and fully release Weatherford College, its agencies, and employees from any injury, damage, embarrassment, or emotional discomfort that may result from participating in the Physical Therapist Assistant Program.

By signing the Information and Disclosures form, you understand that exceptions to this policy are granted through extenuating circumstances only through the Office of Accommodations and Disabilities.