



# WALLACE STATE HANCEVILLE

## Physical Therapist Assistant Program Application Checklist

**Prior to APPLICATION to the program, the following must be complete:**

### **SUBMIT TO ADMISSIONS OFFICE**

- \_\_\_ WSCC application
- \_\_\_ Official transcripts from all colleges previously attended
- \_\_\_ ACT score of 18 or higher

### **Submit to PTA Program Director**

- \_\_\_ PTA program application
- \_\_\_ Documentation of a minimum of 24 hours of observation in at least 2 physical therapy departments/facilities
- \_\_\_ Copy of ACT score
- \_\_\_ Student copies of transcripts from all schools previously attended

Upon acceptance all health science division students are required to have drug screenings and background check. Drug Policy and Background Check Policy are available for viewing online at [www.wallacestate.edu](http://www.wallacestate.edu).

\***ALL** information must be included for this packet to be complete. Any piece of missing documentation will result in the application not being considered for admission. Information will not be accepted via fax - it must be delivered in person or via mail by the deadline date.

**YOU SHOULD RETAIN COPIES OF THE APPLICATION PACKET YOU SUBMIT.** If you reapply in the future, information will not be released from previous application packets.

**NOTE:** It is the responsibility of each applicant to ensure that the application is complete and that all information is on file. If application packet does not include all information listed above at the time it is submitted, it will be rejected.

You will be notified by mail if you are accepted into the program. As no information regarding individual admission status will be given via telephone, please do not call the Admissions or PTA departments to obtain your status. Letters will also be sent to individuals who are not accepted into the program.



# PHYSICAL THERAPIST ASSISTANT PROGRAM APPLICATION

**Applications for WSCC will be accepted from March 1<sup>st</sup> until June 15<sup>th</sup>. Applications received after June 15<sup>th</sup> will be considered on a space available basis.**

**Applications for the off-campus locations will be accepted from September 1<sup>st</sup> until November 1<sup>st</sup>. Applications received after November 1<sup>st</sup> will be considered on a space available basis.**

Program Year (Date) for which you are applying: \_\_\_\_\_

Name: \_\_\_\_\_  
(last) (first) (middle/maiden)

Social Security No. \_\_\_\_\_ Home Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Person to Notify in an Emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list all allied health or nursing programs to which you are applying, listed in order of preference for admission:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**The following MUST be attached or the application will not be considered for admission:**

1. Documented evidence of a minimum of 24 hours of observation and/or participation in at least two Physical Therapy Departments.
2. Student copies of transcripts from all schools previously attended.
3. Copy of ACT scores (student copy accepted).

**Please initial each line below.**

\_\_\_\_\_ I acknowledge that I have read the Drug Testing Guidelines. (Available online at [www.wallacestate.edu](http://www.wallacestate.edu) Click on "Programs", then "Health Division".)

\_\_\_\_\_ I acknowledge that I have read the Background Policy. (Available online at [www.wallacestate.edu](http://www.wallacestate.edu) Click on "Programs", then "Health Division".)

**Please check which campus you plan to attend classes: Please choose only one.**

\_\_\_\_\_ Wallace State Community College \_\_\_\_\_ Bevill State Community College \_\_\_\_\_ Northeast Alabama Community College

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

**Mail completed application packet to:**

Wallace State Community College  
PTA Program Director  
P.O. Box 2000  
Hanceville, AL 35077-2000

It is the official policy of Wallace State Community College and the Physical Therapist Assistant Program that no person is discriminated against on the basis of race, color, religion, age, sex, national origin, handicap unrelated to program performance requirements, or Vietnam era or disabled veteran status. No person will be excluded from participation in, denied the benefits of, or otherwise subjected to discrimination in the administration of any educational program or activity, including admission to the College.

**CLINICAL EXPERIENCE DOCUMENTATION FORM**  
**PHYSICAL THERAPIST ASSISTANT PROGRAM - WALLACE STATE COMMUNITY COLLEGE**

Name of Applicant \_\_\_\_\_ Social Security No. \_\_\_\_\_

The PTA program requires that applicants complete a minimum of 24 quality hours in at least two Physical Therapy Departments. By quality experience we mean actual time spent observing patient care, not time spent observing department "down time". Credit should not be given for anything outside of patient care activities (i.e., lunch, secretarial duties, videos, etc.)

Hours of observation may be performed under a Physical Therapist or Physical Therapist Assistant.

	DAY	STARTING TIME HR MIN AM/PM	ENDING TIME HR MIN AM/PM	# of Hours	Name of Facility	Location (City, State)	Telephone Number	Signature of Supervising PT or PTA
1.	/	:	:					
2.	/	:	:					
3.	/	:	:					
4.	/	:	:					
5.	/	:	:					
6.	/	:	:					
7.	/	:	:					
8.	/	:	:					
9.	/	:	:					
10.	/	:	:					
11.	/	:	:					
12.	/	:	:					
13.	/	:	:					
14.	/	:	:					
15.	/	:	:					

\_\_\_\_\_ TOTAL DAYS

\_\_\_\_\_ TOTAL HOURS \_\_\_\_\_

(This form may be reproduced as necessary to document hours of observation)

I certify that the hours listed above were performed by me. I understand that the WSCC Admissions Committee may verify this document for authenticity and realize that falsification of this document will result in my application to the PTA Program being withdrawn from consideration.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date