PHYSICAL THERAPIST ASSISTANT PROGRAM
The Profession and Program at College of DuPage

Fall Semester 2026

The Application Deadline Is:
June 8, 2026 at 5 pm

Please read this packet thoroughly as it contains all pertinent information for application to College of DuPage's PTA program. Early attendance of a virtual information session and meeting with a Health Career Program Advisor is also highly recommended to answer application-related questions. While the PTA department is happy to address any remaining questions, prospective students are strongly encouraged to utilize available resources such as the group information sessions, meeting with a Health Career Program Advisor and the PTA Application packet in order to more easily understand the admissions process for the program.

Note: Please see specific program registration or application packets for detailed information on when to begin completing health requirements, drug tests, CPR, criminal background checks and proof of insurance submission. Timing varies depending upon either entrance to or participation in the clinical component of a given program. Funds paid to Edward Corporate Health or to a personal health care provider/ source, CastleBranch.com, insurance companies, and funds used towards CPR completion are not eligible for any sort of refund from College of DuPage if the required course(s) are not successfully completed.

Students are not accepted into this program until they receive an official acceptance letter from College of DuPage Nursing & Health Sciences Division.

Physical Therapist Assistant (PTA) Profession
The physical therapist assistant is a licensed health care provider. The PTA, under the direction of a licensed physical therapist, provides skilled physical therapy services in a variety of settings which include hospitals, out-patient clinics, skilled care facilities, rehabilitation hospitals, school systems and home health care agencies. The PTA utilizes therapeutic exercises, therapeutic modalities, soft tissue mobility techniques, and formalized assessments to obtain data for collaboration with the PT which will engage the most effective treatments and patient education to produce optimal outcomes for the individual receiving skilled physical therapy services. High potential exists for career growth within management or in conjunction with additional degrees such as orthotics/prosthetics. There are currently 3 PTA to DPT bridge programs available in WI, OH, and TX.

Physical Therapist Assistant (PTA) Program at College of DuPage
The Physical Therapist Assistant (PTA) program at the College of DuPage is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE).
> The Commission on Accreditation in Physical Therapy Education
> 3030 Potomac Ave., Suite 100
> Alexandria, Virginia 22305-3085
> Telephone: (703) 706-3245
> Email: accreditation@apta.org   Website: http://www.capteonline.org

The Physical Therapist Assistant (PTA) program at College of DuPage is an Associate in Applied Science (A.A.S.) degree program consisting of 26-28 semester credit hours of general education courses and 43 semester credit hours of PTA core courses.
- The PTA program core courses are spread sequentially over five semesters. Each course is offered only once per year.
  - During the 1st semester, most of the PTA program core courses are scheduled in the day/afternoon. During the 2nd -5th semesters, most of the PTA program core courses are scheduled primarily after 3pm. Times are subject to change.
  - Clinical experiences during the second year of the PTA program are primarily during the day. Core courses will be scheduled around clinical experiences and offered primarily in the evenings.
- Program graduates are eligible to take the **national licensure exam** in the state in which they plan to work. Applicants are expected to follow the guidelines established by the individual state's Department of Professional Regulation to obtain licensure as a physical therapist assistant. In Illinois, a license is required and is issued (upon successful completion of the PTA licensure exam) by the Illinois Department of Financial and Professional Regulation (https://idfpr.illinois.gov/) to practice as a licensed PTA.
- An applicant/student found guilty of a felony, delinquent in complying with a child support order and/or defaulted on an educational loan or scholarship provided/guaranteed by the Illinois Applicant Assistance Commission or other governmental agency of the state may have difficulty with placement at clinical sites and/or obtaining a license to practice. Applicants may refer questions to the Illinois Department of Financial and Professional Regulation, Springfield, IL.

Policies and Procedures
All Nursing and Health Science Division policies and procedures are found on our Division website. It is the students' responsibility to ensure they have reviewed and understand the policies and procedures. The Nursing and Health Science Division reserves the right to change, at any time, without notice, these policies and procedures.

Priority for admissions will be given in the following order:
1. In-District applicants which includes:
   - In-District applicants who reside within Community College District 502
   - Applicants who are part of the CAREER Consortium Agreement (meaning your residing community college does not offer the particular program in which you are applying)
   - Applicants working full-time in-district (proof of in-district employment will be required each semester)
2. Out-of-District applicants (who are NOT part of the CAREER Consortium Agreement)

Program General Education Course Requirements

Although not required, it is highly recommended that applicants complete general education courses by the end of the spring semester preceding fall admission. Passing grades are required for all general education courses required for this degree.

Course	Semester Credit Hours	Suggested or Required Courses
Communication	**6**	
Written	3	English 1101
Oral	3	Speech 1100 or 1120 or 1150
Physical/Life Sciences	**8**	
Anat. & Phys. 1551 *or* 1571	4	**ANAT 1551 or ANAT 1571 is a required course for this degree. Highly recommend completion within 5 years of application deadline date**
Anat. & Phys. 1552 *or* 1572	4	**ANAT 1552 or ANAT 1572 is a required course for this degree. Highly recommend completion within 5 years of application deadline date**
Mathematics	**3-5**	Math 1100 or higher (except MATH 1104 & 1120) listed in College of DuPage Catalog such as: Math 1102
Humanities/Fine Arts	**3**	Any Humanities/Fine Arts class (3 sem. hrs.) listed in College of DuPage Catalog such as: Philosophy 1112
Social & Behavioral Sciences	**3**	Any Social & Behavioral Sciences class (3 sem. hrs.) listed in College of DuPage Catalog such as: Anthropology 1100, Psychology 1100, or Sociology 1100
Global/Multicultural or Contemporary Life Skills	**3**	**Biomedical Terminology, Health Sciences 1110 fulfills this requirement and is a required course for this degree. Highly recommend completion within 5 years of application deadline date**
TOTAL General Education Semester Credit Hours	**26-28**	

Estimate of Program Cost

Please visit the [Program Costs webpage](#) for estimated cost.

Core PTA Program Sequence*			
First Year of Program			
Course	Semester Credit Hours	Lecture Hours	Lab Hours
FALL			
Intro to PT (PHYTA 1100)	2	2	0
Basic Health Care Skills and Principles of Soft Tissues (PHYTA 1109)	3	2	3
PTA Total Patient Care (PHYTA 1114)	1	1	0
PTA Kinesiology (PHYTA 1205)	5	4	2
SPRING			
PTA Pathophysiology (PHYTA 1207)	2	2	0
PTA Therapeutic Assessment and Basic Intervention (PHYTA 1211)	4	2.5	4.5
PTA Therapeutic Modalities (PHYTA 1301)	4	2.5	4.5
SUMMER			
PTA Special Patient Population (PHYTA 2104)	3	2.5	1.5
PTA Documentation (PHYTA 2110)	1.5	1.5	0

Second Year of Program			
Course	Semester Credit Hours	Lecture Hours	Lab Hours
FALL			
PTA Neuromuscular and Cardio Rehab (PHYTA 2103)	4	2.5	4.5
PTA Advanced Ortho Rehab (PHYTA 2112)	4	2.5	4.5
PTA Clinical Practicum I (PHYTA 2122)**	1.5	.5	1
SPRING			
PTA Professional Issues (PHYTA 2214)	1	1	0
PTA Clinical Practicum II (PHYTA 2223)** (First 8 weeks)	2.5	.5	2
PTA Clinical Practicum III (PHYTA 2224)** (Second 8 weeks)	3	.5	2.5
PTA PROGRAM CORE COURSE CREDIT HOUR TOTAL:			**41.5**

*College of DuPage reserves the right to revise curriculum without notice.
*This sequence does not include general education courses. Please refer to student handbook for this information.
**These hours may be apportioned into 8-hour days or adjusted as the clinical facility sees fit.

The "lab" portion of all PTA Clinical Practicum (CP) courses is scheduled during the day, generally Mondays through Fridays.
In general, the lab portions of the clinical practicums are currently scheduled in the following manner (however, College of DuPage reserves the right to revise the number of CPs without changing the total number of hours):
- PTA Clinical Practicum (CP) I is scheduled for three 8-hour days per week for six (6) weeks.
- PTA Clinical Practicum (CP) II is scheduled for four 8-hour days per week for eight (8) weeks.
- PTA Clinical Practicum (CP) III is scheduled for five 8-hour days per week for eight (8) weeks.

PTA Program Expectations of Applicants Accepted to the PTA Program
- Once admitted, in order to continue in the PTA Program, a student **must** maintain an overall COD GPA of 2.0 and earn a minimum grade of **"C" in each** PTA program **lecture core course**. A student **must** earn a minimum grade of **"B" in each** PTA Program **clinically based laboratory core course** (and "Satisfactory" in each Clinical Practicum). While acceptance to the PTA program does not guarantee successful completion of the PTA program, COD and faculty are committed to promoting success for PTA students and fostering an optimal learning environment.
- A student who withdraws or is dismissed from the program is not guaranteed readmission. A student who is dismissed from the program for noncompliance or professional misconduct will not be eligible for readmission. (Details regarding the PTA program withdrawal policy may be obtained from the PTA program chair.)

Application Checklist

It is the applicant's responsibility to ensure that all material listed below have been completed and received by the designated office, by 5 pm on June 8, 2026.

NOTE: Admission Committees for all Health Science programs have the right to deny admission to any applicant that they feel is unable to fulfill these essential functions as described.

_____ 1. Attend a highly recommended **Physical Therapist Assistant** Information Session. **It is highly recommended that an applicant attend an information session within a 12 month period prior to the application deadline.** Information Session information is also covered in PHYTA 1100, Intro to PT.

_____ 2. **Health Insurance proof:**
   Students are expected to provide proof of a **Comprehensive Health Insurance Plan** prior to clinical rotations. The comprehensive health insurance plan must cover you **throughout the length of your clinical experience**, which in most cases, consists of the entire length of the program. If you are in need of Health Insurance, please see important dates below and visit https://cod.studentbenefitplans.com/bpg-insurance-individual/.

   IMPORTANT DATES:
   November 1st – January 15th- Open Enrollment
   If you will need health insurance ANYTIME in 2026, you must apply during the current open enrollment period.

   December 15th: Deadline to enroll in a plan that will start January 1st, 2026.
   January 15th: Deadline to enroll in a plan that will start February 1st, 2026.
   After January 15th – enrollment is closed.

   If you miss open enrollment but have a qualifying life event, you can apply during a Special Enrollment Period.

   While we **cannot** guarantee your official acceptance into the program, you need to be aware that there is short timeframe of when you are able to purchase a Health Insurance plan. The purpose of this step is to make you aware and that the time to research and purchase is **NOW**. Purchasing health insurance outside of this timeframe will take months and may prohibit your admittance into the Program. **NOTE**: Obtaining Health Insurance is NOT an application requirement but it is a requirement to be in the program.

_____ 2. If you have not been admitted to College of DuPage, please complete the **non-refundable** $20 College of DuPage General Admissions Application online. **This application is for general admissions to College of DuPage only; it is not an application to the Health Sciences Selective Enrollment PTA program.**

_____ 3. To ensure that all of your eligible credits are evaluated towards the admission requirements, turn in **ALL** official Transcripts from institutions that you have attended. Immediately:

   a. Submit your official transcript(s) to **College of DuPage, Office of Student Records**. *If College of DuPage is the only institution you have attended, you do not need to request official transcripts.*

   b. Verify receipt of your transcript(s). Log into myACCESS account, click on 'myACCESS for Students', select '**My Profile**'. The receipt status of your transcript will be listed under '**Transcript Institutions**'.

   NOTE: If you have an international transcript from high school or college, it must first be evaluated. Please visit the following website https://cod.edu/records/international-transcript-evaluation.aspx for details.

_____ 4. Complete the **non-refundable** $50 Health Career Selective Enrollment Program Application online by logging into the student portal at https://inside.cod.edu
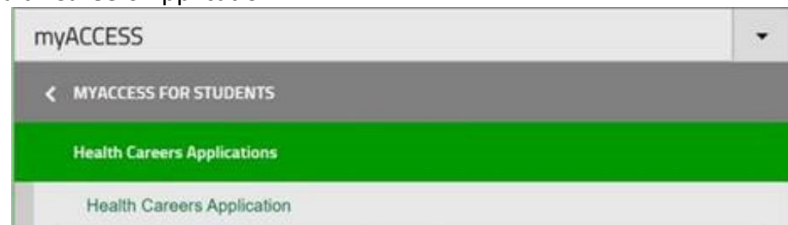   - Click on myACCESS for Students
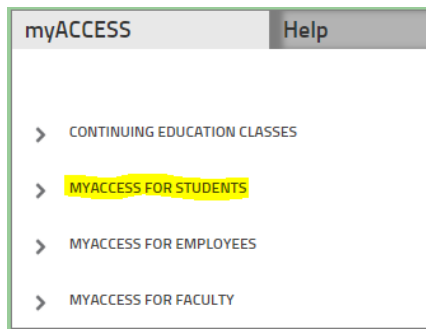
- Click on the Health Careers Applications link

- Select Health Careers Application

- Select **Physical Therapist Assistant Degree** when asked "What selective enrollment program are you applying to?"

Once the application is submitted, you <u>may not</u> change the term or program. If you do not have a credit card, you can purchase a prepaid credit card from your local retailer

_____ 5. Complete the College of DuPage Residency Verification form and provide one proof of residency to the **Office of Student Registration Services, Student Services Center (SSC) Room 2221 or by e-mailing registration@cod.edu**. by the program application deadline date. You **MUST** send from your **@dupage.edu** e-mail address.
Note:
- **If this residency requirement has not been submitted to Registration by the program application deadline date, you will not be considered for admission.**
- **Separate Residency Verification Forms must be submitted for each program application.**

_____ 6. Submit the completed Health Requirement Acknowledgement Form (page 10) to hsadmissions@cod.edu.

_____ 7. **TWO (2) Recommendation Forms** from individuals who can attest to the applicant's clinical and/or academic ability are required. Forms completed by friends or relatives of the applicant are unacceptable. (**Pages 11-12**). E-mail them to hsadmissions@cod.edu.

NOTE: When e-mailing forms to hsadmissions@cod.edu, the form <u>MUST</u> be submitted by the recommender. Submissions by the applicant will <u>not</u> be accepted.
- The enclosed forms must be used according to the instructions on the forms.

- One form **must** be completed by one of the applicant's college-level instructors or high school if no college credits have yet been earned.
- One form **must** be completed by a Physical Therapist (PT), a Physical Therapist Assistant (PTA) or Manager/Supervisor at current job who can attest to the applicant's clinical or vocational ability. If it is a PT or PTA, this should come from a PT or PTA who has interacted with applicant during work, volunteer, or observational experiences. If it is a Manager/Supervisor, this should come from a current Manager/Supervisor who is currently interacting with applicant.
- If an exception is warranted, applicant must email PTA Program Chair with a written request and reason for the exception. The PTA Program Chair will respond after the approval review is completed.
- Scoring is as follows: Above Average (3 pts); Average (2 pts); Below Average (1 pt); N/A Unable to Assess (does not affect score)

_____ 8. **Take the HESI Admission Assessment exam** at the Glen Ellyn Testing Center **prior to the application deadline**. Visit the Testing Center webpage register for upcoming test dates. The test will take approximately 4 hours to complete. Please plan accordingly.

Your first step towards taking the HP-HESI exam is to email the Testing Center at academictesting@cod.edu for payment information. The Testing Office will then send you information on how to pay for the test. You will actually pay for the Evolve test. Within 2 business days, you will receive an email from the Testing Office on how to register for the test.

For more information about the exam and how to prepare visit Admission Assessment Exam Review book

You will be tested in the following areas: *Reading Comprehension, Vocabulary & General Knowledge, Math, and Anatomy & Physiology.* You will also complete the Learning Style section, but this section will not be awarded any merit points. ***To be considered eligible for admission, a score of 65% or higher must be obtained on all sections.*** Additional merit points are available for higher A&P percentage scoring.

When applying to the Physical Therapist Assistant program at College of DuPage, the HESI A2 exam can be taken up to a total of 2 times with at least a 10-day interval between the two exams during the application cycle. Students should register early due to limited seats per session. HESI A2 testing must be completed within two years of applying to the program in order for it to be valid for application purposes. **The most current exam scores will be used on the merit evaluation.** Applicants are able to sign into their HESI account to review their results at any time.

_____ 9. **OPTIONAL FOR ADDITIONAL MERIT POINTS: Certification or Licensure in the Healthcare field.**
- **E-mail a copy of your current healthcare certification or licensure to** hsadmissions@cod.edu.
- Only current copies will be awarded points. No outdated or expired certifications or licenses will be accepted.
- Please contact the PTA Program Chair for questions about acceptable vocations.

_____ 10. **OPTIONAL FOR ADDITIONAL MERIT POINTS: Documentation of Physical Therapy Clinical Experience Hours** (**Page 13**)
E-mail the proper forms to hsadmissions@cod.edu.
NOTE: When e-mailing forms to hsadmissions@cod.edu, the form MUST be submitted by the evaluator filling out the bottom of this form. Submissions by the applicant will <u>not</u> be accepted.
- **A separate form must be submitted for each experience, facility or setting**
- Forms **must be completed** by a <u>Physical Therapist (PT) or Physical Therapist Assistant (PTA)</u> documenting a **total minimum of 20 hours** of <u>PT clinical experience</u> (hours may be from single or multiple facilities)
  - o Employment experience will be valued at higher merit points than volunteer or observation.
- Applicant response to knowledge gained will be included in the area provided on the form.
- Clinical experience **must occur within the last five (5) years.**

"All application documents delivered to the College of DuPage pertaining to a health sciences admissions file become the property of the College of DuPage and will not be returned to applicants. This includes but is not limited to transcripts, letters of recommendation, clinical evaluation forms or outside test reports."

Requests for admission are **not** automatically carried over to the following cycle. Applicants who were not accepted for the cycle in which they originally applied are asked to pay the $50 non-refundable Health Science application fee and re-submit any/all supporting documents as listed on the Admissions Checklist of the Application Packet requirements (if applicable).

Twenty (20) applicants are accepted into the PTA program and begin the program each year in the fall semester
- Applicants must submit all application material by June 1, 2026 to be considered for admission to the PTA program for Fall 2026.
- Notification of the PTA Admissions Committee decision will be sent to applicants via email in July.
- Applicants offered admission must respond in writing within 14 days or that offer is withdrawn.
- Applicants who decline an offer of admission or accept but fail to register for classes are not guaranteed admission at a later date.
- Applicants not accepted have the option of re-applying to the PTA program. Admission material submitted for Fall 2026 is not carried over to any subsequent years. Therefore, if an applicant reapplies, the applicant must meet all admission criteria and re-submit **all** new application material.
- The number of applicants admitted to the PTA program is limited by the availability of clinical sites. To be considered for admission, applicants must complete the minimum requirements listed in this packet and submit all accompanying documentation. A complete application is not a guarantee of admission. Incomplete packets will not be reviewed and will not be considered for placement. All applicant requested requirement waivers are subject to approval by the PTA admissions committee or designee. Selection for admissions is competitive and is determined initially by a point system. Ultimate selections are determined by the PTA admissions committee. All admission decisions are final.

Merit Evaluation
Physical Therapist Assistant Program
(subject to change)
For your reference only; admissions committee completes this form. Do not fill out and submit

Name: _____ Student ID#: _____ Date: _____

Proof of Residency   Yes or No (circle)

Completed HESI A2 Exam with min 65% in RC/VGK/Math/A&P   Yes or No (circle)
      (Reading Comprehension, Vocabulary & General Knowledge,
      Math, and Anatomy & Physiology)

Submitted Health Requirement Acknowledgement Form   Yes or No (circle)

Submitted 2 Recommendation Forms   Yes or No (circle)

General Education Course Required to Graduate*	Credit	Grade
ENGLI 1101		
SPEEC 1100, 1120 or 1150		
HLTHS 1110		
ANAT 1551 or ANAT 1571		
ANAT 1552 or ANAT 1572		
MATH 1100 or Higher		
Humanities / Fine Arts (3 credit hrs.)		
Social / Behavioral Sciences (3 credit hrs.)		

Any course may be coded as "satisfied" and will not be counted towards your GPA.

                                                                      Points

GPA of Degree Courses(Scale A)   _____

Gen Ed Course Completion (Scale A)   _____

PHYTA 1100 (Scale A)   _____

Accredited College/University Degree (Scale B)   _____

Health Care Provider Certification or Licensure (Scale B)   _____

Clinical Experience in Physical Therapy Setting (Scale B)   _____

HESI A2 Exam (A&P) –Points based on PERCENTAGE (Scale C)   _____

                                                                Points Earned: _____

Recommendation Forms*

#1 Professor Evaluation – Average Score   _____

#2 Clinical Evaluation – Average Score   _____

Applicant will not be considered for program placement if Summary of Recommendation indicates "Do Not Recommend"

Average Recommendation Forms Score Total =   _____

TOTAL POINTS: _____

SCALE A		SCALE B	
GPA			
3.01 – 3.20	= 1.0	Associates:	= .25
3.21 – 3.40	= 1.5	Bachelor:	= .5
3.41 – 3.60	= 2.0	Master or Doctorate	= .75
3.61 – 3.80	= 2.5		
3.81 – 4.00	= 3.0	Healthcare Certification/Licensure = .50	
Gen Ed Completion		Clinical work experience (min 20 hrs) = .75	
0 courses needed	= 4.0		
1 course needed	= 2.0	Clinical volunteer experience (min 20 hrs) = .50	
More than 1 course needed = 0.0			
		Clinical observation experience (min 20 hrs) = .25	
PHYTA 1100	= 0.25 if grade of "A" w/in 5 years		

Scale C	
96-100%	= 1.0
90-95%	= .75
85-89%	= .50
80-84%	= .25

College of DuPage
Health Career Programs
Health Requirement Acknowledgement

Part of this program is to complete health requirements prior to the first clinical rotation. Please see the [health requirement packet](#) for details. **Please do not complete these requirements until you are instructed to do so.** Along with the health requirements, you will also complete a drug test and background check.

Failure to submit the necessary paperwork, obtain the required examinations and vaccinations, and/or are obtain clearance to participate in all the program's clinical activities, without restrictions and/or precautions, you may be considered ineligible for the program and can be withdrawn from the program courses in which you are registered.

I, hereby, acknowledge that:

    a. I have reviewed the [Health Requirement packet](#) for the program and understand that the program has specific requirements that must be completed during specific time periods as directed.

    b. I have reviewed and understand that enrollment and participation in the clinical component of the program is subject to the practices and requirements of the clinical site, which may necessitate additional health requirements.

    c. I understand that my failure to complete the health requirements mandated by the program and/or the clinical site may prevent either my registration into the program or continuation in the program.

_____   _____

Signature   Date

_____

Print

_____

Program Name

Email to clinicalrequirements@cod.edu

Section A: Must Be Completed By Applicant

Applicant's Name:_____ Applicant's E-mail Address:_____

Applicant's Street Address: _____

City: _____State:_____ Zip Code: _____

The Family Educational Rights and Privacy Act (PL 93-380) allows a candidate to waive his/her rights of access to recommendations written on his/her behalf if the recommendation is used solely for the purpose of admission. You are not required to waive access. Under the legislation, you have the option of signing a waiver.

Check one and sign: _____ I waive my right of access to this recommendation.
                                         _____ I do not waive my right of access to this recommendation.

Applicant's Signature: _____

* *

Section B: Must be completed by applicant's instructor, clinical supervisor (PT/PTA) or manager/supervisor. Please proceed only if Section A has been completed and signed by the applicant.

The above individual is applying for admission to the Physical Therapist Assistant (PTA) program. The PTA program requires the completion of two recommendation forms. Recommendation forms completed by friends or relatives of the applicant are unacceptable. Please rate the applicant on the following characteristics by **checking the appropriate boxes.** (*If unable to assess any specific category, please check "N/A", as this does not harm the applicant's application in any manner.)*

	Above Average	**Average**	**Below Average**	**(N/A) Unable to Assess**
Academic Ability				
Clinical Ability				
Written Language Skills				
Oral Language Skills				
Critical Thinking Skills				
Leadership Skills				
Respect for Others				
Motivation				
Punctuality/Dependability				
Maturity				
Initiation				
Kinesthetic Awareness				

How long have you known the applicant?	Less than 1 year	1-3 years	More than 3 years
Did you supervise the applicant?	Yes	No	
How well do you know the applicant?	Very well	Fairly well	Not well at all

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Please check observed STRENGTHS demonstrated WITH DISTINCTION by this applicant:

☐ Critical Thinking   ☐ Professionalism
☐ Communication   ☐ Use of constructive feedback
☐ Problem Solving   ☐ Effective use of time & resources
☐ Interpersonal Skills   ☐ Stress Management
☐ Responsibility   ☐ Commitment to Learning

Explain / list examples of strengths indicated:

_____

_____

_____

Please check observed WEAKNESSES demonstrated by this applicant:

☐ Critical Thinking   ☐ Professionalism
☐ Communication   ☐ Use of constructive feedback
☐ Problem Solving   ☐ Effective use of time & resources
☐ Interpersonal Skills   ☐ Stress Management
☐ Responsibility   ☐ Commitment to Learning

Explain / list examples of weaknesses indicated:

_____

_____

_____

Summary of Recommendation (Please check one)

☐ Recommend

☐ Recommend with caution (Please explain)

_____

_____

☐ Do not recommend (Please explain)

_____

_____

Name of person completing this form:	
Date:	
Signature/Title:	
Institution or Facility:	
Address:	
E-mail:	

==Please e-mail the form to hsadmissions@cod.edu. The e-mail MUST come from the evaluator filling out the form.==

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College of DuPage Physical Therapist Assistant Program
Documentation of Physical Therapy Clinical Experience Hours (Due June 8, 2026) (*optional for additional merit points*)

- The PT clinical experience may be gained through employment, volunteer or observation within last 5 years.
- **A separate form must be submitted for each facility, experience or setting.**

To Be Completed By the Applicant:

Applicant Name:	
Name of Facility:	
Address:	**City:**

State:	Zip Code:	Phone:

Check the type of PT clinical experience gained: _____ Employee _____ Volunteer _____ Observation

Experience: Check **ONE** of the following experiences / settings which best describes the experience:

	Outpatient Orthopedic		**Inpatient** Acute Care/Hospital
	Outpatient Neurologic Rehab		**Inpatient** Sub-Acute
	Outpatient Pediatrics		**Inpatient** Rehab Hospital/Unit
	Outpatient School Based Pediatrics		**Inpatient** Home Health Care
	Outpatient Industrial Rehab		**Other (Please describe)**

Describe the knowledge you have gained from this experience and how this experience has impacted your decision to apply to the PTA program through specific examples and explanations (please type):

****

To Be Completed By the PT or PTA Supervising the Applicant:

- Thank you for allowing the applicant the experience provided
- Please verify the facility information above and complete the information below

The applicant named above completed _____ hrs of clinical experience between the dates of: ____/____/____ to ____/____/____
(mm/dd/yyyy)   (mm/dd/yyyy)

Professional and Interpersonal Skills Rating:
Provide feedback on the applicant's professional and interpersonal skills based on your experience/knowledge of the applicant.

Attendance and punctuality:	☐ Exceeds expectations	☐ Meets expectations	☐ Unacceptable
Attitude and engagement:	☐ Exceeds expectations	☐ Meets expectations	☐ Unacceptable
Initiative and motivation:	☐ Exceeds expectations	☐ Meets expectations	☐ Unacceptable
Professional appearance:	☐ Exceeds expectations	☐ Meets expectations	☐ Unacceptable

Name of Evaluator(please print):	**Date:**
Position (PT or PTA):	**Phone Number:**
Evaluator Signature:	**E-mail:**

Please e-mail this form to hsadmissions@cod.edu. The e-mail MUST come from the evaluator filling out this form.