

PHYSICAL THERAPIST ASSISTANT PROGRAM

The Profession and Program at College of DuPage

Fall Semester 2024

**The Application Deadline Is:
June 3, 2024 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 advising 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 advising sessions, meeting with a Health Career Program Advisor and the PTA Admissions packet in order to more easily understand the admissions process for the program.

Note: Please see specific program registration or admission 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](https://www.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.

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 Web site: <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 first three semesters, the majority of the PTA program core courses are scheduled primarily in the evening, Monday through Friday. Because of this, applicants are able to work part-time, if desired, during the first academic year of the program. 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 during the day on non-clinical days or in the evenings.
- Program graduates are eligible to take the **state 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 (www.idfpr.com) to practice as a licensed physical therapist assistant.
- 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.

Program Admission Preference:

Each program with out-of-district clinical sites (see list of participating programs below) may admit a maximum of 20% of out-of-district applicants to the program, based on merit. The 20% maximum policy would only apply to out-of-district applicants who do **not** have access to a particular program in the **community college district in which they reside**. Students coming from districts with a particular program within their district would only be considered if there were open seats after all qualified candidates from in-district and out-of-district without programs were accepted.

If there are insufficient numbers of qualified in-district applicants, the maximum percentage of out-of-district students accepted can be exceeded until the program achieves full enrollment, with the approval of the Dean of Nursing & Health Sciences.

- Computed Tomography
- Health Information Technology
- Magnetic Resonance Imaging Technology (MRI)
- Mammography
- Nuclear Medicine (DMIN)
- Nursing (ADN)
- Physical Therapist Assistant (PTA)
- Proton Therapy
- Radiation Therapy
- Radiography (DMIR)
- Respiratory Care
- Sonography (Ultrasound) DMIR
- Speech Language Pathology Assistant (SLPA)
- Surgical Technology

Priority for Admission

- a. In-District applicants
- b. Out-of-District who are part of the [CAREER Consortium Agreement](#) (meaning your residing community college does not offer the particular program in which you are applying)
- c. Out-of-District applicants working full-time in-district (proof of in-district employment will be required each semester)
- d. Out-of-District applicants (who are not part of the CAREER Consortium Agreement) including those students with a joint or chargeback agreement and International students

Program General Education Course Requirements

Although not required, it is highly recommended that applicants complete general education courses prior to applying to the PTA program.

<u>Course</u>	<u>Semester Credit Hours</u>	<u>Suggested or Required Courses</u>
Communication	6	
Written	3	English 1101
Oral	3	Speech 1100 or 1120 or 1150
Physical/Life Sciences	8	
Anat. & Phys. 1551 or 1571	4	Must be within 5 years of application deadline date (6/3/19-6/3/24), with a grade of "B" or better, if taken prior to admission to PTA program.*
Anat. & Phys. 1552 or 1572	4	Must be within 5 years of application deadline date (6/3/19-6/3/24), with a grade of "B" or better, if taken prior to admission to PTA program.*
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. Must be within 5 years of application deadline date (6/3/19 – 6/3/24), with a grade of "B" or better, if taken prior to admission to PTA program.*
TOTAL General Education Semester Credit Hours	26-28	

* If A&P and/or Biomedical Terminology courses were taken >5 years ago, but applicant is able to demonstrate that they maintained active knowledge of the content with regular use, applicant may submit a written waiver request for the course date(s) to the Program Chair via email for approval review.

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 GPA of 2.0 and earn a minimum grade of “C” in **each** PTA program core lecture course. A student **must** earn a minimum grade of “B” in each PTA Program core course that contains a clinically based laboratory component (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.)

Admissions Checklist

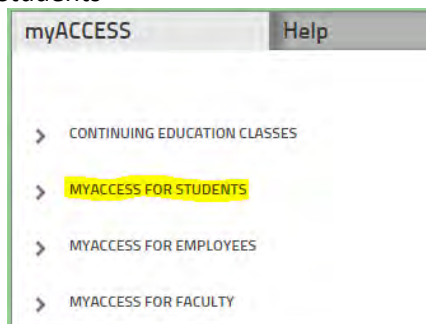
It is the applicant's responsibility to ensure that all material listed below have been completed and received by the designated office, by 5 pm on June 3, 2024.

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 [Advising Session](#)**. **It is highly recommended that an applicant attend an advising session within a 12 month period prior to the application deadline.** Advising Session information is also covered in PHYTA 1100, Intro to PT.
- _____ 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.

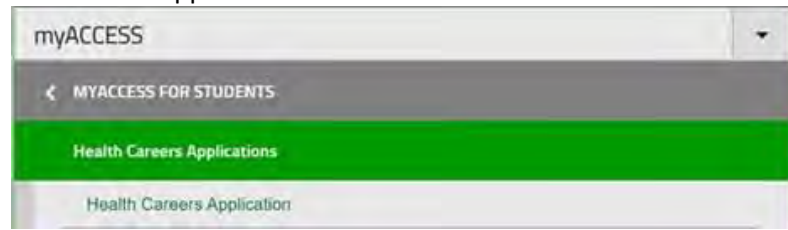
- _____ 4. Complete the **non-refundable \$50 [Health Career Selective Enrollment Program Application](#)** online by logging into the student portal at <https://inside.cod.edu>
 - Click on myACCESS for Students



- 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 may not 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.

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 11) to hsadmissions@cod.edu.

_____ 7. **Complete College of DuPage Physical Therapist Assistant Program Written Essay Questions (Only available April 3, 2024 through June 3, 2024)** at the [College of DuPage Academic Testing Center](#), BIC 2A006. Please note, essay question responses using a **computer** are **only available at BIC 2A006**. *Each applicant will be required to write a response to (2) questions. The specific questions will be supplied by the Academic Testing Center.* Along with Essay guidelines, responses will be evaluated on content, grammar & spelling to determine total points. See merit evaluation for details.

_____ 8. **Documentation of Physical Therapy Clinical Experience Hours (Pages 12-13)** 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 supervisor filling out this form. Submissions by the applicant will not be accepted.

- **A separate form must be submitted for each experience, facility or setting**
- Forms **must be completed** by a Physical Therapist (PT) or Physical Therapist Assistant (PTA) documenting a **minimum of 20 hours** of Physical Therapy clinical experience
 - **A minimum of 2 specialty settings is required.**
 - A minimum of 10 (of these 20) hours must be gained via employment or volunteer experiences.
 - Remaining clinical experience hours may be gained through work, 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 (6/3/19 – 6/3/24)**.

_____ 9. **THREE (3) 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 14-17)**. E-mail them to hsadmissions@cod.edu.

NOTE: When e-mailing forms to hsadmissions@cod.edu, the form MUST be submitted by the recommender. Submissions by the applicant will not 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. (pages 14-15)
- Two forms **must** be completed by a Physical Therapist (PT) or a Physical Therapist Assistant (PTA) who can attest to the applicant's clinical ability. This should come from a PT or PTA who has interacted with applicant during work, volunteer, or observational experiences. (pages 16-17)
- 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.

10. **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 the Vocabulary & General Knowledge, Math and Reading Comprehension sections and a score of 75% or higher must be obtained on the Anatomy & Physiology section.***

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.

"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 3, 2024 to be considered for admission to the PTA program for Fall 2024.
- 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 2024 is not automatically carried over to the following year. Therefore, if an applicant reapplies, the applicant must meet all admission criteria and re-submit **all** new application material.
- The PTA program chair and admissions committee reserve the right to request interviews of eligible applicants if deemed necessary.
- 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. 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 Written Essay Questions Yes or No (circle)

Completed HESI A2 Exam with min 65% in RC/VGK/Math and min 75% in A&P
(Reading Comprehension, Vocabulary & General Knowledge,
Math, and Anatomy & Physiology) Yes or No (circle)

Submitted 3 Recommendation Forms Yes or No (circle)

Clinical Observation Forms (with total minimum hours achieved as noted in checklist) 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.)*		

*Must have a passing grade

**Must have "B" or higher

+Must be taken within the period of 6/3/19 – 6/3/24

Courses 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) _____

Work Experience in Physical Therapy Setting (Scale B) _____

Points Earned: _____

Written Essay Questions and Experience Forms (Scale C) _____

HESI A2 Exam –Points based on PERCENTAGE (Scale D)

Anatomy & Physiology _____

Recommendation Forms*

#1 Professor Evaluation – Average Score _____

#2 Clinical Evaluation – Average Score _____

#3 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: _____

<u>SCALE A</u>		<u>SCALE B</u>	
<u>GPA</u>		Associates:	= .25
3.01 – 3.20	= 1.0	Bachelor:	= .5
3.21 – 3.40	= 1.5	Master or Doctorate	= .75
3.41 – 3.60	= 2.0	(1)Certification/Licensure	= 0.5
3.61 – 3.80	= 2.5	Clinical work experience	= 0.5
3.81 – 4.00	= 3.0		
<u>Gen Ed Completion</u>			
0 courses needed	= 4.0		
1 course needed	= 2.0		
More than 1 course needed	= 0.0		
<u>PHYTA 1100</u>	= 0.25 if grade of “A” w/in 5 years		
<u>SCALE C</u>		<u>Scale D</u>	
Excellent	= 3.0	96-100%	= 1.0
Above Average	= 2.0	90-95%	= .75
Average	= 1.0	85-89%	= .50
Below Average	= 0.5	80-84%	= .25
Poor	= .25	75-79%	= 0
Unsatisfactory	= 0.0		
1-5 Spelling Errors, 1-3 Grammar Errors	= -0.1		
6-10 Spelling Errors, 4-6 Grammar Errors	= -0.2		
11-15 Spelling Errors, 7-9 Grammar Errors	= -0.3		
16-20 Spelling Errors, 10-12 Grammar Errors	= -.04		
21-25 Spelling Errors, 13-15 Grammar Errors	= -.05		
>25 Spelling Errors, > 15 Grammar Errors	= -1.0		

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 or return to:
College of DuPage Nursing & Health Science Division Office, HSC 1220

**College of DuPage Physical Therapist Assistant Program
Documentation of Physical Therapy Clinical Experience Hours (Due June 3, 2024)**

A minimum of 20 hours of Physical Therapy clinical experience must be documented with a minimum of 2 specialty settings.

- A minimum of 10 hours of Physical Therapy clinical experience must be gained through employment or as a volunteer.
- The remaining hours may be gained through observation, volunteer or employment.
- The clinical experience **must occur within the last five (5) years**.
- Your response to knowledge gained must be **typed** in only the box below.
- **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:
Check the type of PT clinical experience gained: <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Observation		
<u>Experience:</u> Check ONE of the following experiences / settings which best describes the experience.		
<input type="checkbox"/> Outpatient Orthopedic	<input type="checkbox"/> Inpatient Acute Care/Hospital	
<input type="checkbox"/> Outpatient Neurologic Rehab	<input type="checkbox"/> Inpatient Sub-Acute/Nursing Facility/Nursing Home	
<input type="checkbox"/> Outpatient Pediatrics	<input type="checkbox"/> Inpatient Rehabilitation Hospital/Unit	
<input type="checkbox"/> Outpatient Varied Patient Population	<input type="checkbox"/> Inpatient Home Health Care	
<input type="checkbox"/> Outpatient Industrial Rehab	<input type="checkbox"/> Other (Please describe)	
<input type="checkbox"/> Outpatient School Based Pediatrics		
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:		

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 _____ hours of clinical experience between the dates of:

_____ AND _____
 (mm/dd/yyyy) (mm/dd/yyyy)

Please check any and all Duties/Tasks that the applicant performed during this experience.

Patient Care Duties/Tasks

- Motivate patients practicing exercises & functional activities, under direction of PT/PTA
- Observe patients during treatment to compile data on patients' responses and report to the PT/PTA
- Assist patients with limited mobility to/from the treatment area
- Transport patients to/from treatment areas, using wheelchairs or providing standing support
- Assist patients to dress, undress, and put on and remove supportive devices, such as braces, splints and slings
- Assist the PT &/or PTA to physically support &/or lift patients
- Other Patient Care tasks (please describe):

Supportive Duties/Tasks

- Greeting patients
- Keep the treatment/office area clean and organized
- Arrange treatment/office supplies to keep them in order
- Change linens, such as bed sheets and pillow cases
- Order depleted clinic/office supplies
- Answering the phone
- Schedule patient appointments
- Handle paperwork such as insurance forms and other patient information
- Record treatment given &/or equipment used
- Other Supportive tasks, please describe:

Name of Facility:

Name of Evaluator(please print):

Date:

Position (PT or PTA):

Phone Number:

Evaluator Signature:

E-mail:

Please e-mail the form to hsadmissions@cod.edu. The e-mail MUST come from the evaluator filling out the form on behalf of the student.

Please check observed STRENGTHS demonstrated WITH DISTINCTION by this applicant:

- | | |
|---|--|
| <input type="checkbox"/> Critical Thinking | <input type="checkbox"/> Professionalism |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Use of constructive feedback |
| <input type="checkbox"/> Problem Solving | <input type="checkbox"/> Effective use of time & resources |
| <input type="checkbox"/> Interpersonal Skills | <input type="checkbox"/> Stress Management |
| <input type="checkbox"/> Responsibility | <input type="checkbox"/> Commitment to Learning |

Explain / list examples of strengths indicated:

Please check observed WEAKNESSES demonstrated by this applicant:

- | | |
|---|--|
| <input type="checkbox"/> Critical Thinking | <input type="checkbox"/> Professionalism |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Use of constructive feedback |
| <input type="checkbox"/> Problem Solving | <input type="checkbox"/> Effective use of time & resources |
| <input type="checkbox"/> Interpersonal Skills | <input type="checkbox"/> Stress Management |
| <input type="checkbox"/> Responsibility | <input type="checkbox"/> 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:

Phone/E-mail:

Please e-mail the form to hsadmissions@cod.edu. The e-mail MUST come from the evaluator filling out the form on behalf of the student.

**College of DuPage Physical Therapist Assistant Program
Recommendation Form (Clinical Evaluation) (Due June 3, 2024)**

Section A: Must Be Completed By Applicant

Applicant's Name: _____

Applicant's Street Address: _____

City: _____ State: _____ Zip Code: _____

Applicant's E-mail Address: _____

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 or clinical 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 four 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". The "N/A" box does not harm the applicant's score in any way.

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

How long have you known the applicant? _____

Did you supervise the applicant? (Please circle one) YES NO

How well do you know the applicant? (Please circle one) Very well Fairly well Not very well

Please check observed STRENGTHS demonstrated WITH DISTINCTION by this applicant:

- | | |
|---|--|
| <input type="checkbox"/> Critical Thinking | <input type="checkbox"/> Professionalism |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Use of constructive feedback |
| <input type="checkbox"/> Problem Solving | <input type="checkbox"/> Effective use of time & resources |
| <input type="checkbox"/> Interpersonal Skills | <input type="checkbox"/> Stress Management |
| <input type="checkbox"/> Responsibility | <input type="checkbox"/> Commitment to Learning |

Explain / list examples of strengths indicated:

Please check observed WEAKNESSES demonstrated by this applicant:

- | | |
|---|--|
| <input type="checkbox"/> Critical Thinking | <input type="checkbox"/> Professionalism |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Use of constructive feedback |
| <input type="checkbox"/> Problem Solving | <input type="checkbox"/> Effective use of time & resources |
| <input type="checkbox"/> Interpersonal Skills | <input type="checkbox"/> Stress Management |
| <input type="checkbox"/> Responsibility | <input type="checkbox"/> 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:

Phone/E-mail:

Please e-mail the form to hsadmissions@cod.edu. The e-mail MUST come from the evaluator filling out the form on behalf of the student.