



## NOTICE TO PROGRAM APPLICANTS

The Physical Therapist Assistant Program makes every effort to provide a clear and understandable application process and ensure each applicant has the necessary information for successful application completion. The applicant is responsible for reviewing the application requirements and selection criteria for the Physical Therapist Assistant Program. These requirements and criteria are subject to change. Please visit the program's website for detailed information about the Physical Therapist Assistant Program's application and selection process. It remains the applicant's responsibility to follow all written instructions for application submission and selection criteria.

Each applicant has an equal opportunity to contact the program director or the selection committee chairperson before submitting an application. The program reserves the right to consider an applicant ineligible for program admission if he or she neglects any part of the stated requirements for application or selection. Fulfilling all application criteria does not guarantee acceptance into the program as cohort size is limited. Acceptance to the Physical Therapist Assistant Program is subject to completion of a background check and drug screen.

No person shall, on the basis of any protected criteria, including, but not limited to, race, color, national origin, ancestry, sex, gender, pregnancy, sexual orientation, transgender status, gender identity, gender expression, religion, creed, citizenship status, physical or mental disability, age, marital status, veteran or military status (including special disabled veteran, Vietnam-era veteran, or recently separated veteran), genetic information, domestic violence victim status, and any other protected category under applicable local, state or federal law, or persons who have opposed discrimination or participated in any complaint process against the program, on campus, or before a government agency, be excluded from participation in, denied the benefits of, or subjected to discrimination in employment or under any program or activity sponsored or conducted by the College District.

Alamo Colleges, St. Philip's College, the Allied Health Department, and the Physical Therapist Assistant Program are not responsible for any applicant misinterpretation of the application or selection process. As evidence that you have read and understood this notice, you will sign the Physical Therapist Assistant Program Application Form.



**PHYSICAL THERAPIST ASSISTANT PROGRAM APPLICATION FORM**

<b>Name: (Last, First MI)</b>					<b>Banner ID # if current/former Alamo Colleges student:</b>
<b>Street Address</b>	<b>Apt #</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>E-mail:</b>
<b>Primary Phone:</b>			<b>Alternate Phone:</b>		
<b>Colleges/Universities Attended</b> (continue on a separate sheet of paper if necessary)	<b>Degree Sought</b> (e.g., B.S., M.A.)	<b>Awarded?</b> (Y/N)	<b>Hours Completed</b>	<b>Dates</b> (MM/YY – MM/YY)	
<b>Employment History – Previous Employers</b> (continue on a separate sheet of paper if necessary)	<b>Job Titles</b>			<b>Dates</b> (MM/YY – MM/YY)	
<b>Are you eligible to work in the United States? Yes _____ No _____</b>					
<b>Convicted of a felony? Yes _____ No _____ Convicted of a misdemeanor? Yes _____ No _____</b>					
Enrollment into the program by students with felony convictions could result in denial of licensure. These students would not be eligible for admission into the program until the state licensing board completes a declaratory order process and proof of eligibility for licensure or certification is provided per the procedures described in the Criminal History Statement.					
<b>Emergency Contact:</b>					
<b>Name</b>	<b>Relationship</b>		<b>Phone Number</b>		

I understand that for my application to be processed, I must include the program's Observation/Employment Verification Form, an ATI TEAS Transcript and Individual Performance Profile (with a minimum Adjusted Individual Total Score of 75), a Work Skills Assessment Form, ALL official transcripts (including those from each individual Alamo College attended), a correctly formatted essay, a Criminal History Statement, this PTA Program Application Form, and an ACT or SAT score (if required).

I understand that falsification of any information on this application will automatically disqualify me as an applicant for admission and will result in my being dropped from the Physical Therapist Assistant Program.

- ❖ **If not selected for the Physical Therapist Assistant Program, I do/do not (circle one) permit the program to share my contact information with other healthcare programs at St. Philip's College that may be seeking students.**

*I have read and understood the above Notice to Program Applicants.*

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

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



## Applicant Observation or Employment Verification Form

### OBSERVATION

Student Name: \_\_\_\_\_

Facility: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Of total hours, # of telehealth hours \_\_\_\_\_ hours  
(Cannot be more than 10 percent of total hours)

### EMPLOYMENT

Student Name: \_\_\_\_\_ Job Title \_\_\_\_\_

Facility: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Of total hours, # of telehealth hours \_\_\_\_\_ hours  
(Cannot be more than 10 percent of total hours)

### SIGNATURE VERIFYING EITHER OBSERVATION OR EMPLOYMENT:

Supervising Physical Therapist or Physical Therapist Assistant:

\_\_\_\_\_  
(Please Print Name) PT/PTA License Number \_\_\_\_\_  
(circle one)

\_\_\_\_\_  
(Signature) Date \_\_\_\_\_

**Any changes to the information on this form must be lined through and initialed by the PT/PTA.  
Please do not use correction tape, white-out, etc.**



## Applicant Work Skills Assessment Form

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Date

**Purpose:** The above individual is applying for admission to the Physical Therapist Assistant Program at St. Philip's College. As part of the application requirements, we respectfully ask you to complete this form to provide your overall impression of the candidate. This rating will contribute to the applicant's overall score and ranking for admittance into the program. Your honest responses will enable us to better assess this applicant's potential to become a successful student and physical therapist assistant.

**Instructions:** After completing this form, please return it to the applicant, who will submit this form with the application package. If you would like to clarify or expand on any of your ratings or impressions, please feel free to do so beneath the respective criterion or on a separate sheet of paper if more room is required.

I have known this applicant for: \_\_\_\_\_ years or \_\_\_\_\_ months or \_\_\_\_\_ hours as:

a student       an employee       a volunteer       other      (check one)

If "other," please specify: \_\_\_\_\_

Please use the following criteria to rate this candidate based on your experience in a clinical setting. Each criterion should be evaluated using the following numerical scale:

<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree nor Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

- This applicant demonstrated a **Commitment to Learning and Use of Constructive Feedback** by:
  - staying engaged in the learning process.
  - asking relevant questions.
  - effectively employing suggestions for improvement

Item #1 Rating = \_\_\_\_\_



2. This applicant demonstrated appropriate **Interpersonal and Communication Skills** by:
- demonstrating respectful interactions with patients, patients' families, and other healthcare providers.
  - readily contributing to clear, coherent, and confident conversations.

Item #2 Rating = \_\_\_\_\_

3. This applicant demonstrated **Professionalism** by:
- demonstrating behaviors that contribute to a positive learning environment.
  - projecting a professional image per facility policies.
  - respecting patient privacy.

Item #3 Rating = \_\_\_\_\_

4. This applicant demonstrated **Responsibility** by:
- being self-motivated to complete assigned tasks on time.
  - arriving on time.

Item #4 Rating = \_\_\_\_\_

Facility Name	Branch (if facility has multiple sites)
Name (Print)	Name (Signature)
PT/PTA License Number	Business Phone Number

Please indicate if you are:

- a PT or PTA credentialed CI       a PT or PTA non-credentialed CI       a non-CI PT or PTA



## CRIMINAL HISTORY STATEMENT

Applicants and enrollees in certain educational programs could face consequences of any criminal conviction on eligibility for an occupational license. The law requires physical therapist assistants to obtain a license to practice in the United States; thus, criminal convictions that would preclude licensure will exclude an applicant or enrollee from the Physical Therapist Assistant Program at St. Philip's College. The program may admit applicants with criminal convictions after a declaratory order process is completed with the state's licensing board. The applicant must provide proof of eligibility for licensure for consideration for admission into the program.

Under the Texas Occupations Code, Title 2, Chapter 53, Subchapter E, Section 53.152, the Physical Therapist Assistant Program at St. Philip's College provides the following notice of:

- (1) the potential ineligibility of an individual who has been convicted of an offense for issuance of an occupational license on completion of the educational program;
- (2) the current guidelines issued under Texas Occupations Code, Title 2, Chapter 53, Subchapter B, Section 53.025 by any licensing authority that may issue an occupational license to an individual who completes the educational program;
- (3) any other state or local restriction or guideline used by a licensing authority described by Subdivision (2) to determine the eligibility of an individual who has been convicted of an offense for an occupational license issued by the licensing authority; and
- (4) the right to request a criminal history evaluation letter under Texas Occupations Code, Title 2, Chapter 53, Subchapter D, Section 53.102.

After reading the above, I understand that:

- my past criminal convictions may prevent me from admission to the Physical Therapist Assistant Program.
- per paragraph (4) above, I have the right to request a criminal history evaluation letter. [Students with concerns regarding past criminal convictions should request a criminal history evaluation through the Executive Council of Physical Therapy and Occupational Therapy Examiners (ECPTOTE). The ECPTOTE webpage is <https://www.ptot.texas.gov/page/home>. Once on this webpage, click on the "Request a Criminal History Evaluation" link and follow the given directions.] I will submit this criminal history evaluation letter with my application.
- if I do not complete a criminal history evaluation prior to application and the criminal background check completed during the course exposes criminal convictions that will render me ineligible for licensure, I will be dismissed from the program immediately and forfeit all monies paid to St. Philip's College.

I, the undersigned, have no criminal convictions that would render me ineligible for licensure, or I have completed and enclosed a criminal history evaluation from the Executive Council of Physical Therapy and Occupational Therapy Examiners.

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Signature

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Date