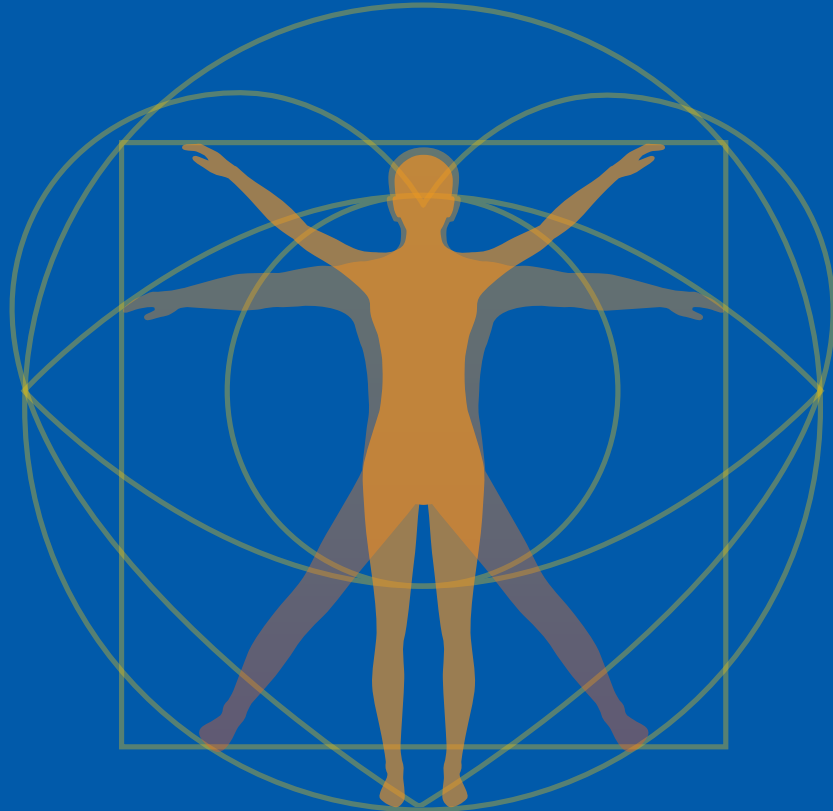


SPOKANE FALLS COMMUNITY COLLEGE

Physical Therapist Assistant Program



Application Booklet

For Admission: Fall Quarter 2022



Community Colleges of Spokane
Spokane Falls Community College

Physical Therapist Assistant Program

2917 W Whistalks Way
Spokane, WA 99224-5202
509-279-6073

www.sfcc.spokane.edu/PTA



Spokane Falls Community College Physical Therapist Assistant Program APPLICATION

APPLICANT CHECKLIST

APPLICATION DEADLINE: Postmarked by April 8, 2022.

Preference will be given to on-time applications. Late applications following the acceptance date will be reviewed for alternate status only. Late applications will be accepted until the third Friday in August.

- Apply for admission to Spokane Falls Community College (SFCC).**
Contact Admissions at 509-533-3500 or www.spokanefalls.edu.
 - If you are enrolled at Spokane Community College (SCC), you still must apply to SFCC.
 - If you have previously been enrolled at SFCC, you must reactivate your application.
 - Complete this application booklet.**
 - Prepare a Cover letter:** The letter should be addressed to the Admissions Committee and should discuss what makes you an outstanding applicant for the PTA Program (0 pts)
 - Page 2: Demographic Information:** Previously applied (1 pt), Military experience (3 pts)
College Education: Request an **official transcript** from each college you have attended (*with the exception of SFCC and SCC*). Have the transcript(s) sent directly to:
Spokane Falls Community College`
Admissions Office MS 3011
3410 W. Whistalks Way
Spokane, WA 99224-5288
 - Pages 3-4: Volunteer Experience Form**
 - Complete a separate form for each experience (*photocopy as necessary*).
 - Each form must be signed by your supervisor.
 - Page 5: Experience Summary** (*Total points possible: 5*) - Record your single highest score from category A, B, C, or D.
 - Page 6: Coursework Summary** (*Total points possible including previous degree: 31*)
 - **Include an unofficial copy of all of your transcripts** (*including SFCC and SCC*) with this application packet. A Degree Audit is not acceptable. (*If you don't already have a copy, most schools have the information available online*).
 - Use your transcripts to determine points you earned for your coursework and **highlight** the appropriate courses.
 - Verify all parts of your completed application. Your application includes the following, in order:**
 - Cover letter
 - Pages 2-6 of this booklet
 - Optional page 7 – Permission for Spring 2022 Mid-quarter Anatomy and Physiology Grades
 - Copies of all your transcripts
 - Submit your application.** It should appear professional and organized.
-

Applications should be POSTMARKED by Friday, April 8, 2022 and sent:

Spokane Falls Community College
PTA Program – MS 3029
2917 W Whistalks Way
Spokane WA 99224-5288

- INTERVIEW:** This will also include a written essay on site (3 pts). The top applicants will be invited for a mandatory interview in May (10 pts). (Total points possible: 13)*
**Regardless of total points – the interview score or negative feedback from the supervisor who signed the WORK/VOLUNTEER EXPERIENCE FORM may result in denial for acceptance into the program.*
- If English is your second language, a total TOEFL Score of 74 is required after acceptance into the program. Please contact the program for more information.



**Spokane Falls Community College
Physical Therapist Assistant Program
APPLICATION**

DEMOGRAPHIC INFORMATION

Name _____ SFCC ID# _____

Address _____

City _____ State _____ Zip _____

Phone _____
(cell) (alternate)

E-mail _____

1. I have reviewed the Clinical Education requirements and the Essential Functions for Success as outlined on pages 4-6 of the *Physical Therapist Assistant Program Information Booklet* and believe I am able to meet the standards with or without reasonable accommodations. Yes No

Signature _____

2. Have you previously applied to our program? (1 pt) Yes No
3. Are you a veteran, on active duty, military, reserve service, or member of Washington National Guard? (3 pts) Yes No
4. Are you currently enrolled at SFCC? Yes No At SCC? Yes No
5. Are you taking Anatomy and Physiology this Spring Quarter? Yes No

COLLEGE EDUCATION

Institution	Location	Degree/Diploma	Dates Attended
1.			From ___ / ___ to ___ / ___
2.			From ___ / ___ to ___ / ___
3.			From ___ / ___ to ___ / ___
4.			From ___ / ___ to ___ / ___



Spokane Falls Community College
Physical Therapist Assistant Program
APPLICATION

WORK/VOLUNTEER EXPERIENCE FORM *(photocopy as needed)*

Student Name _____ SFCC ID# _____

Name of Supervisor _____

Name of Facility _____

Facility Address _____

Facility Telephone Number _____

The PTA Program reserves the right to contact this facility.

Any corrections to this form must be crossed out and initialed by the supervisor.

EMPLOYMENT	
I have served as supervisor for the above-named applicant who was employed in the field of:	
<input type="checkbox"/> physical therapy	<input type="checkbox"/> nursing
<input type="checkbox"/> occupational therapy	<input type="checkbox"/> medical assistant
<input type="checkbox"/> sports training	<input type="checkbox"/> psychology
<input type="checkbox"/> massage therapy	<input type="checkbox"/> social services
<input type="checkbox"/> other, please state _____	

VOLUNTEER / OBSERVATION
The above-named PTA applicant has volunteered/observed in our physical therapy environment:
<input type="checkbox"/> volunteer/observer

Period: from _____ / _____ to _____ / _____
month year month year

Hours per week: _____ Total hours volunteered or worked: _____

Duties and responsibilities performed or observed:

I certify that the above information is correct.

Supervisor Signature _____ Date _____ Title _____

Experience may be paid or volunteer; attach a page for each experience. Please refer to page 6 for the points you will receive for the experience. **(PLEASE NOTE: Each individual form must be signed.)**



Spokane Falls Community College Physical Therapist Assistant Program APPLICATION

WORK/VOLUNTEER EXPERIENCE FORM *(photocopy as needed)*

Student Name _____ SFCC ID# _____

Name of Supervisor _____

Name of Facility _____

Facility Address _____

Facility Telephone Number _____

The PTA Program reserves the right to contact this facility.

Any corrections to this form must be crossed out and initialed by the supervisor.

EMPLOYMENT

I have served as supervisor for the above-named applicant who was employed in the field of:

- physical therapy nursing
- occupational therapy medical assistant
- sports training psychology
- massage therapy social services
- other, please state _____

VOLUNTEER / OBSERVATION

The above-named PTA applicant has volunteered/observed in our physical therapy environment:

- volunteer/observer

Period: from _____ / _____ to _____ / _____
month year month year

Hours per week: _____ Total hours volunteered or worked: _____

Duties and responsibilities performed or observed:

I certify that the above information is correct.

Supervisor Signature _____ Date _____ Title _____

Experience may be paid or volunteer; attach a page for each experience. Please refer to page 6 for the points you will receive for the experience. **(PLEASE NOTE: Each individual form must be signed.)**



**Spokane Falls Community College
Physical Therapist Assistant Program
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EXPERIENCE SUMMARY

Student Name _____ SFCC ID# _____

Review your *Work/Volunteer Experience Form(s)* (pages 3-4). Using the information from the Forms, circle the number of points in each area which are most appropriate for your experiences. After scoring all areas, choose the single highest score from one category only and record it below under *Points for Employment/Volunteer Experience*. To receive any points or consideration of experience, you must include signed Employment/Volunteer Experience Forms.

A. Employment in Physical Therapy Setting or Restorative Aide or Occupational Therapy Aide (<i>clinic, hospital, school, etc.</i>)	POINTS
1400 hours or more	5 points
700 to 1399 hours	4 points
230 to 699 (<i>If less than 230 hours, refer to Volunteer Section D</i>)	3 points

B. Current or past employment as a State certified/licensed/registered employee in healthcare (e.g., CNA, Athletic Trainer, Nurse). MUST INCLUDE COPY OF STATE LICENSE/REGISTRATION /CERTIFICATE	POINTS
1400 hours or more	3 points
700 to 1399 hours	1 point

C. Current or past employment in Health and Fitness, Sports Training, Psychology, Social Service or Special Education Aide that is not State certified/licensed/registered.	POINTS
1400 hours or more	3 points
230 to 1399 hours	1 point

D. Volunteer In Physical Therapy setting (<i>outpatient orthopedic clinic, hospital, pediatric clinic, skilled nursing facility, etc</i>)	POINTS
200+ hours in two or more settings	3 points
100 to 200 hours in one setting 700 to 1399 hours	2 points
40 to 99	1 point

Points for Employment/Volunteer Experience: Note: Only record highest score from either A, B, C, or D above	_____ / out of 5 possible points
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**Spokane Falls Community College
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COURSEWORK SUMMARY

Student Name _____ SFCC ID# _____

Based on your transcripts, circle the number of points you have earned for classes taken and total the points at the bottom of the page. Points are awarded for the highest grade (*or degree*) only.

NOTE: Points for academic work older than 5 years shall be evaluated on a case by case basis.

IMPORTANT: We must have a copy of your transcript(s) for points to be awarded (*this includes classes taken Winter Quarter 2022*). If you circle the number for points on this form, **you must circle the corresponding grades on your unofficial transcript** and include that with this application.

PREREQUISITE	C or C+ 2.0 – 2.5	B- 2.6 – 2.8	B 2.9 – 3.1	B+ 3.2 – 3.4	A- 3.5 – 3.7	A 3.8 – 4.0
Biol&241: Human Anatomy and Physiology; 5cr	1	2	4	6	8	10
The Lab for this Anatomy and Physiology course was scheduled to meet 3 or more hours/week:						2
School where taken:			Course No:			

GRADUATION REQUIREMENTS	Eligible to Enter	C or C+ 2.0 – 2.5	B- or B 2.6 – 3.1	B+ or A- 3.2 – 3.7	A 3.8 – 4.0
Math 92, 94, 96 or 97 ^a (<i>or equivalent Elementary Algebra II class</i>); 5cr	1 ^b	1	2	3	4
School where taken:		Course No:			
Engl&101 ^a (<i>or equivalent English Composition class</i>); 5 cr	1 ^c	1	2	3	4
School where taken:		Course No:			
Psyc&100 ^a (<i>or Abnormal Psychology</i>); 5cr	NA	1	2	3	4
School where taken:		Course No:			

EXTRA ACADEMIC PREPARATION	B- or B 2.6 – 3.1	B+ or A- 3.2 – 3.7	A 3.8 – 4.0
Biol 242: Human Anatomy and Physiology; 5cr	1	2	3
School where taken:		Course No:	

PREVIOUS DEGREES (Points cannot be awarded unless the Degree has been completed)	AA(S)	BA / BS	MA / MS or PhD
	2	3	4
School where awarded:			

^a If you have taken the college board AP Exam, contact Laura Woods (laura.woods@sfcc.spokane.edu) and/or 509-533-3540.
^b Eligibility is defined as a grade of 2.0 or higher in Math 91, or as determined by placement exam.
^c Eligibility is defined as a grade of 2.0 or higher in Eng 99, or as determined by placement exam.

Total Points:



**Spokane Falls Community College
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**PERMISSION FOR MID-QUARTER GRADES
FOR ANATOMY AND PHYSIOLOGY**

Student Name _____ SFCC ID# _____

If you are planning to take Anatomy and Physiology (Biol&241) during Spring Quarter, then you must complete this form in order for us to consider your mid-quarter grades in calculating your points for acceptance in the program. Please note that your final grades in anatomy and physiology must meet or exceed your mid-quarter grades to be assured a position in the program.

Course Name and Number _____

College Name _____

Instructor's Information:

- Name _____
- E-mail _____
- Phone Number _____
- Fax Number _____
- Date mid-term grade will be available _____

- Student ID from College other than SFCC:

I give permission for my mid-quarter Anatomy and Physiology (Biol&241) grades to be reported to Spokane Falls Community College Physical Therapist Assistant Program at their request.

Signature _____ Date _____



Community Colleges of Spokane
Spokane Falls Community College

Please direct all inquiries regarding compliance with access, equal opportunity and/or grievances to chief administration officer, CCS, 501 N Riverpoint Blvd, PO Box 6000, MS1004, Spokane WA 99217-6000 or call 509-434-5037, SCC TTY 533-8610/VP 866-948-2811, SFCC TTY 533-3838/VP 509-315-2310.
Marketing and Public Relations 21-040 B • October 2021