



Physical Therapist Assistant Application Fall 2016 Forms Packet

FORM 1 CONDITIONS FOR APPLICATION

Complete all portions of this form as directed. List name as indicated in [myLane](#)

L# _____ FIRST _____ LAST _____

E-mail - required _____ 1st Phone- _____ 2nd Phone _____

All courses were taken at LCC

Official Transcripts from other colleges have been submitted to Lane Enrollment Services – Attention: HP
Transcript – Lane Community College - 4000 East 30th Ave, Eugene, OR 97405

Application Conditions and Program Progression Completion Requirements

In submitting my PTA program application by email to HPApplicationCenter@lanecc.edu, I affirm the following:

- I took all of my prerequisite courses at Lane Community College,
OR I have submitted official, sealed transcripts from colleges other than Lane to Lane Enrollment Services.
- I have completed the [LCC Credit Admission](#) process and have an L number.
OR I have previously taken credit classes at Lane and have an L number.
- I have completed the Physical Therapist Assistant On-line Application & Payment process, including paying the **\$50 non-refundable** application fee.
- I understand all information in the Fall 2016 PTA Information Packet. **I am NOT considered an applicant to the program unless all required forms and documentation are completed and submitted according to application instructions prior to the application deadline.**
- My application will not be returned and I am responsible for making a personal copy. Points awarded from my Interview will not be available to me. Lane PTA program may contact agencies listed in Item 8 and Form 3 to verify hours and experience. Any evidence of falsifying hours or falsifying observation information will make my application invalid.
- My program eligibility is dependent on my attendance at a mandatory orientation.
- I have a 2.0 or higher accumulative GPA for courses at Lane Community College.
- My application information is accurate and authentic.
- I am a current [resident](#) of the State of Oregon and my current Oregon address is listed in [myLane](#).
- Adverse outcomes on a drug screen, criminal background check, or expired or insufficient CPR may prevent my ability to complete the second year clinical education program requirements.
- All required program courses must be completed with a grade of C or higher in order to continue program progression and completion. Grades of "C-" or lower are not accepted.

Forms 1 and 2 that are submitted scanned, via Google docs, handwritten or delivered in person **will not be accepted.**

FORM 2 POINT PETITION SHEET		Lane PTA Fall 2016		Pass grades = C grade points; C- grades are ineligible		
Courses from transfer institutions and lane must use the following format: College, Course Number, Term and Year of course taken to meet item requirement (e.g. MHCC, BI 121, Fall 2010 or SWOCC AH121, Fall 2012)		CR	C/P Point value	B Point value	A Point value	Points
Section 1. Minimum Course Requirements to apply – Course Items 1-5.						
Item 1 – PSY 201 (202, 215)		3/4	6	9	9	
Item 2 – HO 100		2+	6	9	9	
Anatomy and Physiology course option – provide information for one option Fall 2009 or later						
Item 3 –*HO 150 (152) OR		3/4	6	9	12	
Item 3 –*BI 231 (232, 233)		4	8	12	12	
*Program requires completion of HO 152 or BI 233 prior to Winter term 2017.						
English Composition – provide information for one option – one writing course or a Bachelor's degree						
Item 4 – WR 121 (122, 123, 227) OR		3/4	8	12	16	
Item 4: Bachelor's Degree on transcript	Include Name of Institution, State and term/year degree granted:	0	0	0	16	
Science course or approved equivalent course – provide information for one option – required to apply, no point value						
Item 5 - GS 104 OR		4	Required			
Item 5 - PH 101 (102) OR		4	Required			
Item 5 - PH 201		4	Required			
Section 2: Extra Points Option – provide information for one Math course option or list approved equivalent course						
Item 6 – MTH 065 – MTH 095 OR		4/5	10	15	20	
Item 6 – Higher than MTH 095		4/5	20			
Section 3: Experience Points – Documentation Required						
Item 7 – Honorable Military	Include documentation of Military service and military status in email with Forms 1-4.	N/A	8			
Item 8 – Basic Healthcare Certificate	Include documentation of awarded BHC or course information for HO 110 and CIS 101/CS 120	N/A	4			
Points possible from Items 1-8: Range is 26 to 78		Subtotal Points from Items 1-8				
Section 4: Remaining Categories – evaluated and scored by the HP Application Center						
Item 9 – Observation Hours	25 hours of observation in at least two sites. Complete and submit Form 3 and Form 4.	Total of Work/Observation Hours				
Item 10 – Proctored Essay	Proctored Essay to be given during program interviews.	Score from 0 – 10 with Interview				
Item 11 – Interview	Be available to be interviewed the dates listed on page 1 of the application information packet.	Score from 0 – 20 after Interview				
Points possible from Items 1-11: Range is 26 to 108		Total Points from Items 1-11 (Office Use Only)				

Form 3 WORK/OBSERVATION TRACKING SHEET – Item 8 - You must provide information for two or more clinical settings to complete this form. Agency Information must be complete and meet requirements to receive points. **Must include scanned copy of signed Form 4 – Verification of Physical Therapist Observation/Work Experience for each location to count Observation/Work hours.**

Agency Name and Address including City and State	Therapist Name, Phone with(area code) and email	Date Range		# of Hours
Agency Name: Agency Address:	Therapist Name: Therapist Phone: Therapist Email:	Start Date:	End Date:	
Agency Name: Agency Address:	Therapist Name: Therapist Phone: Therapist Email:	Start Date:	End Date:	
Agency Name: Agency Address:	Therapist Name: Therapist Phone: Therapist Email:	Start Date:	End Date:	
Agency Name: Agency Address:	Therapist Name: Therapist Phone: Therapist Email:	Start Date:	End Date:	
Agency Name: Agency Address:	Therapist Name: Therapist Phone: Therapist Email:	Start Date:	End Date:	
Total of Work/Observation Hours				

Applicant Notes:

<p>Submit all supporting documentation attached to ONE e-mail by the deadline:</p> <p>Health Professions Application Center HPApplicationCenter@lanecc.edu</p> <p>Subject: Student Name L Number PTA Application</p> <p>Change file name to: PTA2016LastNameLNumber</p>	<p>On the same date or before:</p> <p>Lane Transcript and/or submitted transcripts to Enrollment Services reflect courses and degree(s) listed on Point Petition Sheet.</p> <p>Online PTA Program Admissions Application and Payment has been submitted.</p>
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