

Dear Applicant:

The process for applying to the Physical Therapist Assistant (PTA) program at Southern Illinois University Carbondale consists of the following steps:

1. **Admission into the University for the Fall semester for which the student is applying for admission into the PTA program.** PTA classes are admitted in the Fall semester only. Indicate PTA as your intended major on University Application.
2. **Admission into the University does not mean you have been admitted into the PTA program.** You will need to complete the attached application that includes the following:
 - a. Three reference forms in sealed and signed envelopes.
 - b. Answers to biographical questions.
 - c. Volunteer hours confirmation form (a minimum of 10 hours is required).
 - d. Submit all college transcripts.
 - e. If fewer than 26 college credit hours, submit all high school transcripts, ACT scores, and high school rank.
3. Submit completed immunization form which demonstrates proof of the following:
 - a. Measles, Mumps, and Rubella vaccination (MMR)
 - b. Hepatitis B Vaccination (series of 3 shots) or documentation that series has been started.



2010

IMMUNIZATION FORM

Please ask your physician to complete two copies of this form. Return one to each address below.

Donna Colwell, Admissions Clerk
School of Allied Health
Mailcode 6615
Southern Illinois University
Carbondale, IL 62901-6615

Student Health Service
Attn: Immunizations
Mail Code 6802
Southern Illinois University
Carbondale, IL 62901-6802

Dear Health Care Provider:

The person presenting this form is applying to the Physical Therapist Assistant at Southern Illinois University Carbondale. He/she will be working closely with patients. For protection of both the future patients and the student, we require the following immunizations.

Jan Rogers, PhD
Physical Therapist Assistant Program Director

Student's Last Name	First Name	Middle Initial	Dawg Tag # (Student ID)
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REQUIRED IMMUNIZATIONS

	Date	Date
MMR	_____	_____
or		
Mumps	_____	_____
Measles	_____	_____
Rubella	_____	_____

HEPATITIS B VACCINE

First Injection	Date _____
Second Injection	Date _____
Third Injection	Date _____

Physician's Name	Physician's Signature	Date
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Address	Phone
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2010

PHYSICAL THERAPIST ASSISTANT
Southern Illinois University Carbondale

Last Name First Name Middle

Present Address Legal Residence Address

City State Zip City State Zip

() - () - E-mail address Dawg Tag or Student ID

Communications should be sent to: Present Address Legal Address E-mail Address

PLEASE CHECK ONE:

- I am currently a high school student.
I am a high school graduate or equivalent.
I will be a transfer student from (Name of University or Community College)
I'm currently enrolled in the following courses:

Table with 2 columns: COURSE, SEMESTER/DATE

HIGH SCHOOL(S) ATTENDED OR GED:

Table with 4 columns: High School, City, State, Year Graduated

COLLEGE(S) ATTENDED:

Table with 6 columns: College, City, State, Dates Attended, Degree, Hours Completed

*Have you ever worked or volunteered in a physical therapy department? Yes If yes How Long ? No
Duties

Have you ever worked in other health fields? Yes If yes how long ? No
Duties Where

I hereby certify that the information I am submitting in this application is complete and correct to the best of my knowledge

Prior to participation in the internships, students must undergo a "Clinic Site Required" criminal background check and drug screening.

I have read the above statement and agree with the terms of the Clinical Requirements. Please initial

Return to: Donna Colwell, Admissions Clerk
School of Allied Health, MC 6615
College of Applied Sciences and Arts
Southern Illinois University
Carbondale, IL 62901



2010

Physical Therapist Assistant Southern Illinois University Carbondale

You **must** complete and return all parts of the application enclosed in this packet to.

Donna Colwell, Admissions Clerk
 School of Allied Health
 Mail Code 6615
 College of Applied Sciences and Arts
 Southern Illinois University
 Carbondale, IL 62901

PROCEDURES	INSTRUCTIONS
Complete SIUC Application process	No decision will be made on PTA application unless applicant is admitted to SIUC.
High School Transcript and ACT Scores	If you will be entering SIUC with less than 26 completed college semester hours , you must have high school transcripts and ACT scores sent to both the SIUC Admissions Office and Donna Colwell, Admissions Clerk.
Current College Class Schedule Fall Semester Grades	Send copies of your Spring schedule and Fall grades to Donna Colwell, Admissions Clerk, no later than February 1, 2010.
Documented Proof of Immunization Records	Send copies of immunizations records for a. Measles, Mumps, and Rubella vaccination (MMR) b. Hepatitis B Vaccination (series of 3 shots)

NOTE: It is important that you follow the procedures accurately and that your file is complete as soon as possible. Although other offices at SIUC may have some of the above listed materials, **IT IS THE APPLICANT'S RESPONSIBILITY** to submit additional copies of these materials for your program application. Only completed files will be considered. Review of completed applications will begin February 1st, 2010. The selection process will continue until the program capacity is met with qualified candidates. You may check on the status of your file by contacting Donna Colwell, Admissions Clerk, at 618-453-8869.

BIOGRAPHICAL QUESTIONS

Please address your response to the following questions on a separate sheet of paper. Limit your responses to all these questions to one-half page per question (total of two pages). Read all questions before you begin your answers.

1. Please tell us why you chose the profession of physical therapy and what you expect the demands of the profession to be.
2. We assume all applicants desire to and enjoy working with people. Please list two rewarding incidents you have experienced while working with people.
3. We acknowledge that working in a health related occupation can be stressful at times. Please relate a personally stressful event you have encountered and describe how you handled that event.
4. Please describe your personal strengths and weaknesses.

This is to be completed by a General Instructor/Teacher who has firsthand knowledge of the applicant's basic academic and problem solving abilities.

Applicant

Last

First

Middle

To the applicant: The Family Educational Rights and Privacy Act of 1974 extend to students the right to inspect their records, including letters of recommendation. While we shall consider all letters of recommendation carefully, we believe that in many instances letters written in confidence are of greater use in the assessment of a student's qualifications, abilities, and potential. Sign only **one** of the following statements pertaining to waiver of right to inspect this letter of reference.

<input type="checkbox"/> I do waive my right to inspect the contents of the following recommendation and hereby inform referent that this letter will be kept strictly confidential. <input type="checkbox"/> I do not waive my right to inspect the contents of the following recommendation after submission to SIUC.	Signature: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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To the evaluator: The above named individual is applying for admission to the Physical Therapist Assistant program at Southern Illinois University Carbondale. Your assistance is requested to assist the Admissions Committee in the selection of applicants who are best qualified to continue their education in this field. You are asked to complete this form and supply any other helpful information regarding this individual. Please feel free to comment on this individual's strengths and limitations. If you require additional space, please attach a separate comment sheet. Thank you for your assistance.

1. Using the definitions on the attached page, please rate the applicant on the following:	Poor (0-20%)		Below Average (21-49%)		Average (50-84%)		Good (85-94%)		Outstanding (95-100%)		Unable to Assess
	1	2	3	4	5	6	7	8	9	10	0
Commitment to learning											
Interpersonal skills											
Communication skills: Written											
Oral											
Effective use of time and resources											
Use of constructive feedback											
Problem-solving											
Responsibility											
Critical Thinking											
Stress Management											

Reference Form Page 2

2. Do you believe this applicant is suitable for the academic rigors of an intense, comprehensive, and demanding two-year course of study?

yes no yes, with reservation **Please explain your answer.**

3. Assuming this person becomes a physical therapist assistant, how would you feel about having him/her care for your acutely ill loved one?

4. Overall estimate of success in the physical therapist assistant program at Southern Illinois University.
Please comment on your selection in the space provided, (attach separate sheet if necessary)

excellent above average average may encounter some difficulty

5. How long have you known this applicant? 0-3 months 3-6 months 6-12 months
 1 -2 years 2+ years

6. How do you know this applicant? (check all that apply)

instructor academic advisor student in large class student in small class student in lab course
 as an advisee engaged in independent study under my direction



2010

COMMENTS:

Evaluator's name (please print or type)

Occupation or position

Address _____ Daytime phone Number _____

EVALUATOR'S SIGNATURE _____ DATE _____

Please return this form and any attachments to the applicant in a sealed envelope with your signature over the seal and the student's name and "Southern Illinois University" written on the front.

This is to be completed by a **SCIENCE TEACHER** who has firsthand knowledge of the applicant's basic science and problem solving abilities.

Applicant

Last

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instructor academic advisor student in large class student in small class student in lab course
 as an advisee
 engaged in independent study under my direction



2010

COMMENTS:

Evaluator's name (please print or type)

Occupation or position

Address _____ Daytime phone Number _____

EVALUATOR'S SIGNATURE _____ DATE _____

Please return this form and any attachments to the applicant in a sealed envelope with your signature over the seal and the student's name and "Southern Illinois University" written on the front.

This is to be completed by a person who has firsthand knowledge of the applicant's Character and Integrity.

Applicant

Last

First

Middle

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2010

COMMENTS:

Evaluator's name (please print or type)

Occupation or position

Address _____ **Daytime phone Number** _____

EVALUATOR'S SIGNATURE _____ **DATE** _____

Please return this form and any attachments to the applicant in a sealed envelope with your signature over the seal and the student's name and "Southern Illinois University" written on the front.



2010

OBSERVATION FORM

Dear Colleague:

The Physical Therapist Assistant Program at Southern Illinois University Carbondale requests each applicant to have observed, volunteered, or worked in a physical therapy department as part of the application process. The purpose of this experience is to help prospective students more fully comprehend the role of a PTA before deciding to pursue a career as PTA.

Your cooperation in completing this form for the observing applicant is sincerely appreciated. It will be placed in the prospective student's application file and be kept as confidential information.

Name of Applicant

Date

Name of PT/PTA under which hours were served

Length of Observation/Volunteer/Work time – Minimum of 10 hours

PT or PTA School of Graduation

Date Graduated

Name of Facility

Street

City

State

ZIP

Phone

Sincerely,

Jan Rogers, Ph.D.
Program Director
Physical Therapist Assistant

Mail to: Donna Colwell, Admissions Clerk
School of Allied Health
Mail Code 6615
College of Applied Sciences and Arts
Southern Illinois University
Carbondale, IL 62901

PHYSICAL THERAPIST ASSISTANT CURRICULUM

FIRST YEAR CURRICULUM: Semester 1

Course Number	Course Title	Credit Hours	Lecture Hours	Lab Hours
PTH 207	Neuromusculoskeletal Anatomy	3	3	
PSYC 102	Introduction to Psychology	3	3	
AH 105	Medical Terminology	2	3	
AH 241	Human Anatomy & Physiology	4	3	
PTH 107	Introduction to Physical Therapy Practice and Procedures	3	2	2
PTH 123a	Physical Agents I Theory	2	1	2
PTH 123b	Physical Agents I Application	1		
	TOTAL	18		

FIRST YEAR CURRICULUM: Semester 2

Course Number	Course Title	Credit Hours	Lecture Hours	Lab Hours
ZOOL 115	General Biology	3	2	1
KIN 321	Biomechanics	3	3	
ENG 101	English Composition	3	3	
PTH 212a	Physical Rehabilitative Theory	3	1	2
PTH 212b	Physical Rehabilitative Application	1		1
PTH 204	P.T. Assistant Practicum I	2		
	TOTAL	15		

SECOND YEAR CURRICULUM: Semester 3

Course Number	Course Title	Credit Hours	Lecture Hours	Lab Hours
SPCM 101	Interpersonal Communication	3	3	
PTH 210a	Therapeutic Exercise Theory	2	2	
PTH 210b	Therapeutic Exercise Application	1		1
KIN 320	Physiological Basis of Human Movement	3	2	2
PTH 233a	Physical Agents II Theory	2	2	
PTH 233b	Physical Agents II Application	1		1
PTH 203	Pathology	2	2	
	TOTAL	14		

SECOND YEAR CURRICULUM: Semester 4

Course Number	Course Title	Credit Hours	Lecture Hours	Lab Hours
HED 334	First Aid and CPR	3	3	
PSYC 301	Psychology (or PSYC 303, 304, or 305)	3	3	
PTH 205	Physical Therapy Science	2	2	
PTH 220a	Neurological Therapeutic Exercise Theory	2	2	
PTH 220b	Neurological Therapeutic Exercise Application	1		2
PTH 230a	Orthopedic Therapeutic Exercise Theory	1	1	
PTH 230b	Orthopedic Therapeutic Exercise Application	1		2
PTH 234	P.T. Assistant Practicum II	3	1	5
	TOTAL	16		

SECOND YEAR CURRICULUM: Semester 5 (Summer Term--12 weeks)

Course Number	Course Title	Credit Hours	Lecture Hours	Lab Hours
PTH 321A	Clinical Internship	4		
PTH 321B	Clinical Internship	4		
PTH 322	Clinical Seminar (mandatory pass/fail)	2		
	TOTAL	10		



2010

SOUTHERN ILLINOIS UNIVERSITY

PHYSICAL THERAPIST ASSISTANT PROGRAM

DISCLAIMER

Admission to the Physical Therapist Assistant Program at Southern Illinois University Carbondale is not a guarantee that one will graduate from the Program. Graduation from an accredited program is a requirement to take state licensing examinations. Licensing requirements are the exclusive responsibility of the various State Boards and graduates must satisfy those requirements for licensure.

Each student will serve two internships at an approved off-campus facility. The expenses related to the internship courses are the responsibility of the student. **Prior to participating in internships, students may undergo an “Internship Site Required” criminal background check and drug screening.**

By signing below, you are stating that you have read and understand the information contained within this disclaimer.

Signature of Applicant

Date

This statement will become part of the student’s permanent academic file.

Please sign and return to:

Donna Colwell, Admissions Clerk
School of Allied Health – MC 6615
College of Applied Sciences and Arts
Southern Illinois University
Carbondale, IL 62901
618-453-8869