

Dear Applicant:

The process for applying to the Physical Therapist Assistant (PTA) Program at Southern Illinois University Carbondale (SIUC) 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 the essay questions.
 - c. 10 hours of observation with a Physical Therapist or Physical Therapist Assistant
 - 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.
 - c. Varicella must be either proof of 2-step immunization or a blood titer result verifying immunity. Documentation of having chicken pox will not be accepted.
 - d. TDAP (Diphtheria, Tetanus and Pertussis)
 - e. Current 2-step TB test

**Physical Therapist Assistant
Southern Illinois University Carbondale**

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

Allied Health Specialist
School of Allied Health - Mail Code 6615
College of Applied Sciences and Arts
1365 Douglas Drive
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 SIUC Admissions Office
Current College Class Schedule Fall Semester Grades Official Transcripts	Send copies of your Spring schedule and Fall grades to the Allied Health Specialist, no later than February 1, 2018.
Documented Proof of Immunization Records	Send copies of immunizations records for <ol style="list-style-type: none"> a. Measles, Mumps, and Rubella vaccination (MMR) b. Hepatitis B Vaccination (series of 3 shots) c. Varicella must be either proof of 2-step immunization or a blood titer result verifying immunity. Documentation of having chicken pox will not be accepted. d. TDAP (Diphtheria, Tetanus and Pertussis) e. Current 2-step TB test

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, 2018. 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 Allied Health Specialist at 618-453-7287.

**PHYSICAL THERAPIST ASSISTANT
Southern Illinois University Carbondale**

Last Name		First Name		Middle	
Present Address			Legal Residence Address		
City	State	Zip	City	State	Zip
() -	() -			-	-
Present Telephone Number	Permanent Phone Number	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 am currently an SIUC student
- I'm currently enrolled in the following courses:

COURSE

SEMESTER/DATE

_____	_____
_____	_____
_____	_____

HIGH SCHOOL(S) ATTENDED OR GED:

High School	City	State	Year Graduated
High School	City	State	Year Graduated

COLLEGE(S) ATTENDED:

College	City	State	Dates Attended	Degree	Hours Completed
College	City	State	Dates Attended	Degree	Hours Completed
College	City	State	Dates Attended	Degree	Hours Completed

Have you ever worked or volunteered in a physical therapy department? Yes _____ No _____ If yes, how long? _____
Duties _____

Have you ever worked in other health fields? Yes _____ No _____ If yes, how long? _____
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: Allied Health Specialist
School of Allied Health - MC 6615
College of Applied Sciences and Arts
1365 Douglas Drive
Southern Illinois University
Carbondale, IL 62901

IMMUNIZATION FORM

Please ask your physician to complete this form. Return to:

Allied Health Specialist
 School of Allied Health -Mailcode 6615
 College of Applied Sciences and Arts
 1365 Douglas Drive
 Southern Illinois University
 Carbondale, IL 62901-6615

Upon enrollment at SIUC, the Student Health Center will require a complete copy of your immunization records. Immunization requirements for the Student Health Center are located at: <http://shc.siu.edu/immunizations/>

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.

Julie Davis, M.S.P.T.
 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	_____	_____
TDAP	_____	_____
2-Step TB	_____	Results _____
2-Step TB	_____	Results _____

HEPATITIS B VACCINE

First Injection	Date _____
Second Injection	Date _____
Third Injection	Date _____
VARICELLA	Date _____
VARICELLA #2 or Titer	Date _____

Physician's Name	Physician's Signature	Date
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Address	Phone
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ESSAY 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.

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,

Julie Davis, M.S.P.T.
Program Director
Physical Therapist Assistant Program

Mail to: Allied Health Specialist
School of Allied Health
Mail Code 6615
College of Applied Sciences and Arts
1365 Douglas Drive
Southern Illinois University
Carbondale, IL 62901

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.

- 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.
- I do not waive** my right to inspect the contents of the following recommendation after submission to SIUC.

Signature:

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

EVALUATOR'S NAME _____

Course Taught That Was Attended by Applicant _____

Print or Type

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 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.

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Course You Taught That Was Attended By Applicant _____

Print or Type

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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excellent above average average may encounter some difficulty

EVALUATOR'S NAME _____

Capacity in Which You Know Applicant _____

Print or Type

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.

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	
HED 334	First Aid and CPR	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 1 Theory	2	1	2
PTH 123b	Physical Agents 1 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
PSYC 102	Introduction to Psychology	3	3	
PTH 210a	Introduction to therapeutic Exercise Theory	2	2	
PTH 210b	Introduction to 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
SPCM 101	Introduction to Oral Communication	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	Advanced Therapeutic Exercise Theory	1	1	
PTH 230b	Advanced Therapeutic Exercise Application	1		2
PTH 234	P.T. Assistant Practicum II	3	1	
	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		

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 and have Current CPR certification.**

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:

Allied Health Specialist
School of Allied Health – MC 6615
College of Applied Sciences and Arts
1365 Douglas Drive
Southern Illinois University
Carbondale, IL 62901
618-453-7287