Congratulations for taking an important step towards your future. You have requested the application packet for the Hutchinson Community College Physical Therapist Assistant Program. The packet includes the application, reference letter forms, and observation verification forms.

The following steps must be completed before admission consideration into the Physical Therapist Assistant Program:

1. Apply for admission to Hutchinson Community College (HCC) at http://www.hutchcc.edu/admissions

2. Submit official transcripts from high school and colleges attended to the HCC Records Office.

   Hutchinson Community College
   Records Office
   1300 N. Plum
   Hutchinson, KS 67501

3. Submit the Physical Therapist Assistant Program application between January 28 and May 21, 2015 for admission into the fall 2014 class.

4. **Pre-Prerequisites:** (must be completed by August 2015)
   - English Composition I (EN 100 or EN 101),
   - College Algebra (MA 106),
   - General Psychology (PS 100),
   - Human Growth and Development (PS 102),
   - Public Speaking (SH 101) OR Interpersonal Communications (SH 210),
   - College Orientation/Success Seminar (ED 105) (required if taking prerequisites at HCC),
   - Anatomy and Physiology (with a Lab) (BI 103) (please note prerequisite in the catalog), (must be completed within 7 years of application date.)
   - Medical Terminology (HR 105).

5. **GPA:** GPA for all prerequisite courses must be 2.5 or greater to be considered for admission.
6. **Reference Letters:**
   - Distribute the 3 forms provided in the packet to those individual selected.
   - Reference letter must be returned in a sealed envelope with the individual’s signature across the seal.
   - It is recommended applicants provide a self-addressed, stamped envelope to their references.

   **Hutchinson Community College**  
   **Davis Hall**  
   **Physical Therapist Assistant Program**  
   **815 N. Walnut**  
   **Hutchinson, KS 67501**

7. **Observation Hours:** (may include volunteer hours and work experience)
   - 25 to 50 hours of observations Required
   - Must be completed with a physical therapist or physical therapist assistant
   - Complete the observation form provided in the packet
   - 8 hours required from at least 2 different settings (acute hospital, outpatient, skilled nursing facility, home health, etc.)

   - Applicants with a bachelor’s degree or higher and for those who have completed all prerequisite courses prior to the application deadline, May 21, 2015, will receive additional consideration.
   - Transfer Students: It is recommended you contact the PTA Program to verify courses you wish to transfer.

**Admission Process:**
Based upon an evaluative system for each category, the top 35 applicants will be selected for an interview. Notification of interview selection will be mailed by May 26, 2015. Notification will also be sent to those applicants not receiving an interview. Interview dates will be announced with letter verifying the applicant’s selection for an interview. Interviews will be conducted June 11, 2015.

If you have any questions regarding the application or about the program, please contact the PTA office at (620) 665-4956 if within Hutchinson and 1-888-GoHutch, ext. 4956 if outside of Hutchinson.

**“It is the responsibility of the applicant to make sure all items are received. You may contact the PTA Office to verify receipt of items. Please call 620.665.4956 or pta@hutchcc.edu.”**

"Hutchinson Community College has been granted Accreditation status by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association (1111 North Fairfax Street, Alexandria, VA, 22314; phone: 703-706-3245; email: accreditation@apta.org; website: http://www.capteonline.org.”
ASSOCIATE DEGREE Physical Therapist Assistant  
Davis Hall, 815 North Walnut  
Hutchinson, KS 67501  
620.665.4956

PTA  
Traditional Program  
APPLICATION FOR ADMISSION  
Class starting Fall 2015

Please print or type all information

Name: ___________________________________________ (last) (first) (middle) (maiden)

Address: ___________________________________________ (street/route) (city) (county) (state) (zip)

HCC Student ID# ____________________________ Home Phone: __________________

Email Address: ________________________________ Have you previously applied __Yes __No

Person to Notify in Case of Emergency (if under 18, name legal guardian)

Name: ____________________________ Relationship: ____________________________

Address: ____________________________ Telephone: ____________________________

High School Attended: ____________________________ (name of school) (location)

Graduation Date: ____________________________ If not high school graduate, GED score: ____________

Post Secondary Education: List all formal education beyond high school.

<table>
<thead>
<tr>
<th>DATES From</th>
<th>To</th>
<th>NAME OF SCHOOL</th>
<th>CITY AND STATE</th>
<th>MAJOR</th>
<th>CREDENTIAL EARNED</th>
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</table>

Employment. List any healthcare work experiences and other.

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<tr>
<th>DATES From</th>
<th>To</th>
<th>TITLE OF POSITION</th>
<th>EMPLOYER</th>
<th>CITY AND STATE</th>
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</thead>
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</tbody>
</table>
Have you completed:

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Completed? Yes or no</th>
<th>If yes – When and where?</th>
<th>If no – When and where do you intend to complete?</th>
</tr>
</thead>
<tbody>
<tr>
<td>English Composition I</td>
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<tr>
<td>Human A &amp; P (with lab)</td>
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<td>General Psychology</td>
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<tr>
<td>College Orientation (only required if prerequisites taken at HCC)</td>
<td></td>
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</tbody>
</table>

▶ Why did you choose this PTA program? _____________________________________________________________

____________________________________________________________________________________

▶ Are you an International Student? □ Yes □ No

▶ I certify that the information on this application is correct.

References- Please list those that will be filling out your reference forms. Please list those that are familiar with your educational background and/or work experience. DO NOT LIST FRIENDS OR RELATIVES.

Name__________________________________________ Phone Number______________

Name__________________________________________ Phone Number______________

Name__________________________________________ Phone Number______________

Signature                                                                                     Date

All records submitted to the college in the admission process are kept confidential. They become the property of Hutchinson Community College and will not be returned to the student.

● APPLICATIONS ACCEPTED THRU MAY 21, 2015

● ONLY FILES COMPLETED BY May 21, 2015 WILL BE CONSIDERED FOR ADMISSION

NOTICE OF NONDISCRIMINATION

Hutchinson Community College adheres to all federal and state civil rights laws banning discrimination in public institutions of higher education. The College will not discriminate against any employee, applicant for employment, student, or applicant for admission on the basis of race, color, ethnic or national origin, sex, sexual orientation, gender identity, marital status, pregnancy, genetic information, religion, age, ancestry, disability, military status, or veteran status (including special disabled veteran, Vietnam-era veteran, or recently separated veteran), domestic victim status, or any other protected category under applicable local, state, or federal law, including protections for those opposing discrimination or participating in any grievance process on campus or within the Equal Employment Opportunity Commission or other human rights agencies. Inquiries may be addressed to Office of Equity & Compliance, Hutchinson Community College, 1300 North Plum, Hutchinson, KS 67501, or Director, Office of Civil Rights, HEW, Washington, DC 20201.
Reference Form

**Applicant:** Under the Federal Law, Family Educational Rights and Privacy Act of 1974, students are given 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 value in the assessment of a student’s qualifications, abilities, and promise.

Applicant’s Name (print)___________________________ has given this form to you to support his/her application for admission into the Hutchinson Community College Physical Therapist Assistant Program.

I do____ do not____ waive my right of access to the Reference Form as stated in the Family Educational Rights and Privacy Act (Buckley Amendment) of 1974.

(Please Note: if this applicant fails to complete the waiver section for the Family Educational Rights and Privacy Act, we will consider the applicant has NOT waived his/her rights, and will permit the applicant’s access to this reference upon request.)

______________________________________________________________

How well do you know this applicant: Very Well___Well___ Not Well____ Not at all____

Length of Acquaintance: Years______________ Months____________________

In what capacity do you know this person:__________________________________________

Optional Comments: (e.g. Potential for success as Physical Therapist Assistant)

____________________________________________________________________

____________________________________________________________________

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____________________________________________________________________

____________________________________________________________________
Please rate the applicant in the following areas:

<table>
<thead>
<tr>
<th>Ability to Work as a Group</th>
<th>Exceptional</th>
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To be filled out by person providing recommendation: **(Recommendations need to be received by May 21, 2015)**

Name: ______________________________
Signature/Date: ______________________________
Title: ______________________________ Phone: ______________________________
Address: ______________________________

Return to: Candidate in sealed envelope with your signature* across the flap, or mail to:

Hutchinson Community College
Physical Therapist Assistant Program
815 N. Walnut
Hutchinson, KS 67501

* If signature isn’t across the flap, it may not be considered in decision for admission of the applicant.
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Optional Comments: (e.g. Potential for success as Physical Therapist Assistant)

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Hutchinson, KS 67501

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Physical Therapist Assistant Program
Observation/Volunteer/Work Experience Form

Student's Name__________________________________________
Health Care Facility________________________________________
Address___________________________________________________
Phone Number_____________________________________________

I certify this applicant has completed ________ hours of observation and/or experience
in one of the following physical therapy settings.

Check one:
_____ Acute General Hospital
_____ Outpatient
_____ Skilled Nursing Facility
_____ Home Health
_____ Other _______________________________________

**Please note: each applicant must have 8 hours from 2 of the above settings.**

________________________________________       ___________________
Signature and Title                              Date

Please Complete and return this form to:
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Physical Therapist Assistant Program
815 N. Walnut
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