



HEALTH SCIENCES AND EDUCATION PHYSICAL THERAPIST ASSISTANT APPLICATION

12401 SE 320th Street, Auburn, WA 98092 • 253-833-9111 Ext. 2500 • greenriver.edu/enrollment

1. STUDENT INFORMATION:

Name: _____

Green River Student Number: _____
(You must have a Green River Student Number in order to apply.)

Check this box if you have applied to the PTA program within the past year.

2. ACTIVATE YOUR GREEN RIVER STUDENT EMAIL:

Go to greenriver.edu/studentemail

IMPORTANT!

All communication will be done through your Green River student email.

- Apply to Green River: greenriver.edu/future
- Complete the required prerequisite courses with a 2.5 (B-) or higher
- Submit all official transcripts for non-Green River courses to Enrollment Services and include a Transcript Evaluation Request form. Transcript Evaluation Request forms can be found here:
<https://www.greenriver.edu/media/content-assets/documents/student-affairs/enrollment-services/transcript-evaluation-request.pdf>

BY SIGNING BELOW, I VERIFY THAT:

1. My information for this application is accurate and complete as of this date.
2. I have activated my Green River Student Email and will be checking it **regularly**.
3. I have checked my contact information to ensure it is correct and I will keep it up to date.

Signature: _____ Date: _____

The 2018 Applications will be accepted starting March 2, 2018 through April 2, 2018.



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ADMISSION REQUIREMENTS

Pre-requisite Courses

With the exception of one pre-requisite course, the following pre-requisite courses must be completed before applying. Candidates who have not completed one pre-requisite course at the time of application are still permitted to apply, but your application may not be as competitive. All courses must be completed with a 2.5 or higher by the end of summer quarter.

Course Title	Green River Course Number	Specific Information
Anatomy & Physiology 1	AP 103 or Biol& 241	Must have been completed after 8/31/2011
Anatomy & Physiology 2	AP 104 or Biol& 242	Must have been completed after 8/31/2011
Communications	CMST 100 or &210 or &220 or &230 or 238	No expiration date
English Composition	Engl& 101	No expiration date
Mathematics	Completion of any College level math	Any of these courses will satisfy the requirement: Math 107, Math 146, Math 141, Math 142, Math 151, Math 152, Math 153, Math 171. For a complete list, contact the Health Occupations Advisor.

- **Essential Functions**

Applicants are expected to read the Essential Functions of the Physical Therapist Assistant Program, and return the signature page along with the PTA application.

- **Background Check Forms**

The Physical Therapist Assistant program requires a Washington State Patrol background check of each student to be in compliance with the Child/Adult Abuse Information Act (RCW 43,43,830-43.43.840).

- **Resume**

Work history, including non-healthcare experience. One page only.

- **Essay**

Complete a one page essay that explains your interest in becoming a PTA and articulates your familiarity with the professional settings of Physical Therapy. Applicant is free to choose font size and single or double space formatting.

- **Experience**

Complete a *minimum* of 20 or more hours of job shadowing in at least 2 different physical therapy settings*. Please have the clinician complete the Verification and Recommendation form for each setting (this form is available on the website).

**It is strongly recommended applicants complete at least 20 hours in three different settings (outpatient, skilled nursing facility, hospital, rehab center, schools, etc.)*

- **Applicant Selection**

Applicants will be evaluated based on academic preparation (completion of prerequisites and academic performance), demonstrated familiarity with physical therapy (experience in PT and closely related fields), the statement of interest (essay) and submission of a complete application packet per these directions. Incomplete applications will not be accepted.

- **Decision Timeline**

Applicants will be notified of a decision by June 1st.



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APPLICATION CHECKLIST

- Physical Therapist Assistant Program Application Form
- PTA Application Essential Functions Acknowledgment (keep a copy for your records) (page 4)
- Signed Washington State Patrol clearance form (page 5)
- Copy of valid photo ID
- One page resumé
- Essay of intent
- PTA Job Shadow forms from all facilities in sealed envelope from the facility*
- Unofficial transcripts from all colleges including Green River
- Set up your Green River email address and check regularly. All communication will be sent to your Green River email, it is your responsibility to regularly check your email. Acceptance letters will only be sent to your email. If you don't accept your position in time, your spot may be given to the next person on the list.

Please Note

- **Do not attempt to turn in documentation after submitting the application**
- **Applications will be accepted starting March 2, 2018 and closes April 2, 2018, by 4 p.m.**

APPLICATION SUBMISSION

When the class is filled, qualified applicants will be placed on the alternate list. If admission is offered to an applicant who has not completed one outstanding course, the admission will be provisional until the course is completed satisfactorily by the date specified.

No preference is given to early submissions. All applications will be reviewed after the final due date of April 2, 2018.

Submit applications to:

**GREEN RIVER ENROLLMENT SERVICES
C/O PHYSICAL THERAPIST ASSISTANT APPLICATION
12401 SE 320TH ST.
AUBURN, WA 98092**

For questions about any part of this application, you can contact healthoccadmissions@greenriver.edu.



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ESSENTIAL FUNCTIONS FOR THE PHYSICAL THERAPIST ASSISTANT STUDENT

Becoming a physical therapist assistant requires the completion of an education program that is both intellectually and physically challenging. Each candidate in this Associate in Applied Science degree program should possess the following abilities and skills. The ability to meet these standards with or without reasonable accommodation does not guarantee employment upon graduation.

1. Demonstrate the ability to effectively articulate and interpret information to patients, family members, other health care professionals and third party payers as appropriate.
2. Demonstrate the ability to recognize, interpret, and respond to nonverbal behavior of self and others.
3. Demonstrate visual acuity and auditory ability to assess the condition of a patient and administer effective patient care.
4. Demonstrate manual dexterity, eye-hand coordination, fine and gross motor skills and tactile ability to perform functions as directed by the physical therapist and in accordance with skills outlined in section three of the Evaluative Criteria for the Accreditation of Physical Therapist Assistant Education Programs (see Program Director for more information).
5. Work in stressful situations that require quick thinking, effective communication and the simultaneous coordination of a variety of activities.
6. Demonstrate physical agility to respond to patient and family needs, including unexpected changes in the patient's status.
7. Demonstrate the physical ability to assist patients in ambulating, positioning in bed and transferring from the bed/mat, wheelchair, car, or other appropriate surfaces.
8. Demonstrate proper body mechanics for lifting.
9. Lift objects in excess of 100 pounds with assistance with frequent lifting and /or carrying objects weighing 50 pounds or more.
10. Tolerate prolonged standing, stooping, squatting, bending, pushing and pulling.
11. Demonstrate ability to read, write, understand and speak English.
12. Demonstrate effective verbal and non-verbal communication skills with internal and external customers.

Graduates who are unable to perform these functions, with or without reasonable accommodations, may be unsafe and unsuccessful as a provider of physical therapy services.

Please sign and return the next page of the document to the admissions coordinator with the application packet. It is a required part of a complete application packet.

Name (please print): _____ **SID Number:** _____

Signature: _____ **Date:** _____



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WASHINGTON STATE PATROL REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845

All students who will be placed in practicum education sites for Green River College's health occupation programs are requested to complete the below Washington State Patrol Abuse Clearance section. The purpose of this abuse clearance is to assure the safety and well-being of patients, clients and children who come into contact with students. Practicum education sites are expecting that Green River College students will not pose undue risks to the safety of patients/children.

The Washington State Patrol abuse clearance request is for the following: "Child/Adult Abuse Information: Response limited to convictions against children or other persons, dependency proceedings, abuse of vulnerable adults, and DOL disciplinary board final decisions and any subsequent criminal charges associated with the conduct that is the subject of the disciplinary board final decision". Please be aware that information on other felony and misdemeanor convictions may be reported from the state patrol office. This abuse clearance is used only for the purpose of practicum education placement determination and further dissemination or use of the record is prohibited.

As stated earlier, all students are **required** to complete this form. Any student choosing not to complete this process must be aware that the ability of faculty to arrange practicum education experiences will be severely restricted and in some instances impossible. A large number of facilities (all of them for nursing) require proof of this clearance before students are allowed to participate in any practicum activities.

I have read and understand this information about the Washington State Patrol Abuse Clearance.

Please attach a copy of your driver's license for identification verification.

Signature: _____ **Date:** _____

please print

Student's Name: _____
Last First Middle

Alias/Maiden Name: _____

Date of Birth: ____ / ____ / 19 ____



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JOB SHADOW FORM

This Section to be completed by Applicant

Applicant's Name: _____

Applicant's Address: _____

Date Range of Employment or Shadowing/Volunteering: _____ to: _____

Number of Hours Completed: _____ *Check this box if you have previously applied to the PTA program within the past year. (Previous JobShadow forms can be used if application was submitted within the past year; no need to resubmit forms). Please confirm that your forms are on file by contacting healthoccadmissions@greenriver.edu*

Check One:

- I waive the right to view this recommendation/verification form in my file at Green River College.
- I do not wish to waive this right; I wish to retain the right to view this letter in my file at Green River College if I am admitted into the PTA program.

The next section is to be completed by the practitioner who supervised the applicant's job shadow, volunteer, or paid work experience. After completion, the form should be placed in a **sealed envelope** with the practitioner's signature across the seal. The completed form should then be submitted with the application packet.

This Section to be completed by Practitioner

Please rate the applicant on a scale of 1 to 5 with 5 representing excellence and 1 representing unsatisfactory performance. Applicant arrives promptly and /or notifies supervisor if unable to attend experience at prearranged time.

- ____ Applicant's appearance is neat, clean, and appropriate for clinical setting.
- ____ Applicant demonstrates interest in physical therapy profession.
- ____ Applicant asks questions appropriately.
- ____ Applicant communicates effectively with staff and patients.
- ____ Applicant demonstrates initiative to increase learning.

Based on my supervision of this individual I:

- ____ highly recommend this applicant for a career in physical therapy
- ____ recommend this applicant for a career in physical therapy
- ____ recommend this applicant for a career in physical therapy with reservations
- ____ do not recommend this applicant for a career in physical therapy

Comments: _____

Signature: _____ PT/PTA Date: _____

Printed Name: _____ Company Name: _____

Setting: IP/Acute OP/Ortho ECF/SNF Other

I verify that the above applicants has completed hours of job shadow/volunteer/paid work experience in the setting in which I work.