***South Plains College Physical Therapist Assistant Program Admission Information Sheet***

1. **[ ] Apply to South Plains College.(This is a separate application)**
2. **[ ] Pick up or print off a program application packet in the PTA department. 806.716.2470**
3. **[ ] Complete advising session with PTA Program faculty. Complete an information/contact form.**
4. **[ ] You must have completed program prerequisites or currently enrolled in the prerequisites maintaining a C or higher average, before you will be allowed to apply to the program.**
5. **[ ] Contact SPC Testing Center 806.716.2530 to register for the Teas for Allied Health exam. (Must be a minimum of 3 day in advance to testing date) The cost of exam is $65.00. Test must be completed and passed prior to application deadline. For a set of test objectives please refer to:** <http://www.atitesting.com/images/Psychometrics/HOBET-V_summary_packet.pdf> **Contact the SPC Testing Center for available test dates**. ***Study guide that is recommended is the ATI TEAS FOR ALLIED HEALTH Study Guide***

**(A study Guide for the TEAS FOR ALLIED HEALTH may be purchased in the SPC bookstore or purchased online. We recommend the ATI TEAS FOR ALLIED HEALTH Study Guide) Return your scores to the PTA program offices. You may only retest 1 time.**

1. **[ ] Begin your observation hours. Be sure to have the clinicians fill in your form. You need a documented 20 hours of observation. You can do all of your observation in one clinic, but you might benefit from a variety of clinics because each one is different. If you are using work experience (as a PT Tech/Aide) please have your supervisor write a letter including the length of time you have worked and the number of hours you normally work per week. ( working 2 weeks at 4 hour a week for a month will not work)**
2. **[ ] Contact 3 people (non-family members) you would like to have write letters of recommendations. Provide them the form along with an addressed and stamped envelope to return the letter to the PTA Department. Let them know that the letters must be in the office by the application deadline.**
3. **[ ] Obtain OFFICIAL transcripts from each college you have attended, other than South Plains College. You will need to request 2. One will be sent to the registrar’s office and the second to the PTA department.**
4. **[ ] Complete the PTA Program application. (Make sure all parts are completed. You may want to check with the PTA office to make sure letters and transcripts have been received) Incomplete packets will not be accepted for spring admission. Completed Applications are considered the application, observation hours, letters, transcripts, and a 75% or higher adjusted TEAS FOR ALLIED HEALTH score, completion of prerequisite courses. If these criteria have been met you will be invited to attend Program interviews.**
5. **[ ] Submit application packet by the third Friday of October at 12:00PM. Any applications received after this time will not be accepted for spring admission.**
6. **[ ] As part of the interview process, you will participate in a team interview.**
7. **[ ] Check in with Financial Aid Office and get paperwork in order, and complete scholarship applications.**
8. **[ ] You will receive notification for the interview times and dates in early November.**
9. **[ ] You will be required to attend mandatory orientation as part of admission to the program.**
10. **[ ] At the time of Orientation you will be required to complete a criminal background check**
11. **[ ] If at any time you have a question, please contact the PTA program office 806.716.2470 or 806.716.2518**
12. **[ ] Items provided: Application/Information sheet TEAS FOR ALLIED HEALTH Tips Sheet Contact information**

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**Advisor’s Signature Date**

South Plains College PTA Program at South Plains College is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-706-3245; email: accreditation@apta.org; website: [www.capteonline.org](http://www.capteonline.org).

**Things to Know about Registering for the TEAS FOR ALLIED HEALTH**

1. You will need to provide the testing center with a permission to test slip obtained during your advising session.
2. The TEAS FOR ALLIED HEALTH exam is given only on scheduled days at the SPC Testing Center on the Levelland and Reese Campuses. Please check the Testing Center web page for dates and registration details. <http://www.southplainscollege.edu/information-for/future-spc-students/futuretestingtsiinformation.php>
3. You must register 3 (Three) days in advance of the scheduled test date.
4. You will need 2 (TWO) forms of current government IDs. Example: SS card or proof through current college application on file with admissions, Current DL and/ or Pass Port.
5. **DO NOT BE LATE for your scheduled Exam you will not be allowed to test if you are late.**
6. Keep your user name and pin in case you retest, it will not be provided again
7. The TEAS FOR ALLIED HEALTH test Reading, English, Math, and Science. Each section is timed.
8. You will need to bring your test results to the program advisors when you complete your exam.
9. The way the Exam will be scored is: **you must make 75% on the Reading section,** your low score from the remaining 3 sections will be dropped and then we will average the Reading score with the remaining 2 scores. The overall score needs to be 75 % or higher.



Advisee Information Sheet

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPC Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I acknowledge that my advisor has reviewed the Program application information with me and I have been provided a written copy of the Admission Information Sheet.**

Advisee’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please forward information sheet to the PTA Program Box 99)

**SOUTH PLAINS COLLEGE**

**Physical Therapist Assistant Program**

**APPLICATION FOR ADMISSION**

*PLEASE PRINT IN INK OR TYPE*:

Program Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TODAY’s DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle Former or Maiden Name

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SOCIAL SECURITY#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT COLLEGE ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you a military veteran? \_\_\_\_\_yes \_\_\_\_\_\_no

E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School Diploma or GED or Home School (circle one)

High School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Health-Care Training: Yes / No TYPE: \_\_\_\_\_\_\_\_\_\_\_\_ Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certifications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you previously attended an Allied Health Program? Yes / No Graduated? Yes / No

Type of program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Address of School attended:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for withdrawal if you did not graduate:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you eligible for Re-Admission YES / NO If yes, please provide a Letter of Standing from previous

School.

Do you currently hold a professional license? **YES / NO**

License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_ **please provide a copy of license to complete your file**.

What language is spoken in your home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What languages do you speak fluently? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*NOTE\*\*\*IF ANATOMY & PHYSIOLOGY or Physics courses ARE OVER 5 YEARS OLD THEY MUST BE REPEATED\*\*\*\*\*\*\*\*\*\*\*\*\***

IN CASE OF AN EMERGENCY, PLEASE NOTIFY (LIST TWO [2] PERSONS WITH PHONE NUMBERS):

I certify the statements made on this application are true.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Signature of Applicant

|  |
| --- |
| Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials \_\_\_\_\_\_\_\_\_\_ |

* **South Plains College does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities.**
* **Please understand that falsification of any information on this application will result in disciplinary actions including dismissal from the program.**
* **Please attach clinical observation form and letters of recommendation to application.**
* **Return application packet to PTA Program Director by the third Friday of October 12:00 PM.**
* **If application is received after date listed, application will be included in applications for the next year.**

**On a separate sheet briefly relate why you have chosen PTA as a career and list some of your career goals. (Include any type of leadership or management experience.)**

Letters of Reference

You will need to submit 3 letters of reference; one of which needs to be from a medical professional. These need to be professional type references.

Student name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you know this person?

Why do you recommend this person for the PTA program?

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You may use the back of this page to complete your recommendation if more room is needed. Please send complete letter to SPC PTA Program 1401 S College Ave. Levelland, Tx. 79336

Date received in PTA department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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You will need to submit 3 letters of reference; one of which needs to be from a medical professional. These need to be professional type references.

Student name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do you know this person?

Why do you recommend this person for the PTA program?

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How do you know this person?

Why do you recommend this person for the PTA program?

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date received in PTA department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year you plan to begin the PTA program 20\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Facility Name & Phone Number** | **Date** | **Hours** | **Signature of Clinician** | **Comments** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Total Hours |  |  |  |  |

You may use as many copies of this form as you need to record your observation hours. If you are using work experience please attach a letter from your supervisor stating the length of employment and average hours worked.