



PHYSICAL THERAPIST ASSISTANT PROGRAM INFORMATION & APPLICATION PACKET

For Admission Fall 2018

Program Director: Cindy Lavine, PTA, MPH

Phone: 817.598.8873

Email: clavine@wc.edu

Website: www.wc.edu/PTA

Thank you for expressing an interest in the Physical Therapist Assistant Program at Weatherford College. We are a relatively small PTA program admitting 20 students annually. Therefore, we generally have more applicants than we can offer admission. The application to the PTA program is a multi-step process. Instructions are provided in this packet for each step. Please read all instructions before you begin, to familiarize yourself with the process. Information sessions will be held throughout the year (please see the dates below for 2017-2018) that will cover basic information about the program and the application process. While these sessions are not mandatory, they are very helpful to attend. Please contact Karen Wells at kwells@wc.edu to reserve a seat in an information session. The information sessions will be held at the Education Center in Mineral Wells, in rooms 103/104. Family and friends are welcome to attend these sessions as well. If after reviewing this packet you have questions, please feel free to contact me or Karen Wells. All applicants must be TSI complete to apply to the PTA program.

Cindy Lavine, PTA, MPH
Physical Therapist Assistant
Program Director
(817) 598-8873
clavine@wc.edu

| <i>Dates for 2017-2018 Information Sessions</i> | |
|---|---|
| <i>August 9, 2017</i> | <i>6:00 pm - ECMW - Mineral Wells - Rm 104</i> |
| <i>Sept. 11, 2017</i> | <i>4:00 pm - Main Campus Library FDR Room</i> |
| <i>November 29, 2017</i> | <i>12:00 pm - ECMW - Mineral Wells - Rm 104</i> |
| <i>January 10, 2018</i> | <i>12:00 pm - ECMW - Mineral Wells - Rm 104</i> |
| <i>February 8, 2018</i> | <i>6:00 pm - Main Campus Library FDR Room</i> |

Prerequisites for Admission:

The program has selective admissions. In order to be admitted to the PTA Program, students must:

- Be admitted to Weatherford College
- Apply to the Physical Therapist Assistant Program by ***the first business day in March***, which includes:
- Complete Allied Health Application, including a valid email address
- Complete the HSRT-AD test (Health Science Reasoning Test for Associate Degree). The HSRT is a test of reasoning and critical thinking. It is not a test of academic skills. This test must be taken on the Weatherford College Campus. To schedule the TEAS at Weatherford College, call one of the following locations: Weatherford 817-598-6383 or 817-598-6439; Wise County 940-626-3247. The cost of the test is \$25.00 (checks are not accepted). It is a timed exam that takes 50 minutes. You may only take the exam one time a year.
- Complete forty (40) hours of observation / volunteer / work hours in a physical therapy clinic. These hours are required to be divided among two (2) different settings with 20 hours minimum per setting. You do not have to have 40 in each setting. Please have the appropriate supervising/observing individual complete the Weatherford College Physical Therapist Assistant Program Observation Hours and Reference Form and the verification of hours form. These forms will be included in this packet.
- Have three (3) persons complete a Weatherford College Physical Therapist Assistant Program Reference Form. You should instruct the individual to place the completed form in a sealed envelope and sign over the seal and return to you to include in your application submission (***a reference form from the same individual who completed the observation / volunteer / work hours form is not acceptable***). Be sure to include all three references with your program application.
- Additional documents will be required. Please read the step-by-step instructions for those items needed.

Note:

- BIOL 2401 and BIOL 2402 are considered prerequisites for the program but are not considered prerequisites to apply to the program. If you are currently enrolled in any of the courses, credit will be granted for them provisionally for ranking. Students must complete both of the prerequisite courses with a minimum grade of C before the PTA Program begins in the fall semester in order to take his/her place in the class. If you repeat any general education courses the grade points will be averaged for ranking purposes.
- There are three additional general education courses that are in the curriculum but are not considered “prerequisite course” (ENGL 1301, PSYC 2314, and a 3 hour elective in creative arts, language, or philosophy). They are not required to be completed prior to admission. However, it is in your interest to have these completed before applying to the program, as points are given to those applicants that have completed each course with a grade of C or better.
- Course time limit: BIOL 2401 & 2402 must have been successfully completed within five years prior to program admission. Credit for previous grades can be used for ranking, but the courses must be repeated prior to admission to the program with a minimum grade of C. Certain circumstances allow for the program director to permit testing to be used in place of retaking both of the Anatomy and Physiology courses. Please contact the department director for this information. All general education courses must be completed with a minimum grade of C.
- Before being accepted into the Physical Therapist Assistant Program, an applicant whose native language is not English must submit an acceptable score on the TOEFL-iBT. Please see English Proficiency Requirements below.

English Proficiency Requirements

Before being accepted into the Physical Therapist Assistant Program an applicant whose native language* is not English must submit an acceptable score on the TOEFL-iBT. Additional information may be obtained from the Health Science Department or PTA Program. *A *native language* is a language that is acquired naturally during childhood and is usually spoken at home, as opposed to a language that is learned later in life; for example, as a part of a person’s formal education.

Notification Information:

All applicant notifications are made electronically through email. Therefore, it is important that we have a valid email address to reach you. After your application is received and your data reviewed, you will receive an email with a summary of the information received for your review to verify the information received is correct. If you have any corrections or concerns, you will need to notify us immediately. Email notifications of application status will be sent to all applicants. Applicants are advised to check their spam or junk email folders and contact the program director if the emails are not located.

Acceptance into the Program:

Acceptance to the program is based on multiple criteria. Applicants will be ranked by points using information the student provides to the PTA Department. Only those students who have successfully completed the application procedure and have met all deadlines will be considered for admission. Acceptance into the program is determined by a point system based on:

- admission exam score – Health Sciences Reasoning Test (HSRT)
- academic record: grade points earned by having the general education classes required for the PTA program completed, and anatomy and physiology grades (BIOL 2401 & 2402)
- completion of observation hours (with evaluation)
- references
- interview
- writing sample – completed onsite

Additionally, a student can lose points if they fail to follow the instructions in the application packet or they have negative comments on the Volunteer/Observation Evaluation Forms. The relative weighting of points for each component of the process can be found in the following chart.

| Component | Percentage |
|--|-------------------|
| Health Sciences Reasoning Test (HSRT) | 25% |
| Interview | 25% |
| Grades in Anatomy & Physiology | 20% |
| Number of General Education Courses Completed (including A & P) | 10% |
| Writing Sample (completed at the interview) | 10% |
| References | 5% |
| Completion of a minimum of 40 hours experience in physical therapy in two different settings | 5% |
| Total | 100% |

Regarding the Health Sciences Reasoning Test – AD (HSRT- AD):

- There is not a minimum passing score on this exam.
- The exam may only be taken one time a year. The exam must be taken at Weatherford College. This is an assessment of your reasoning and critical thinking skills. There are no specific preparation books for this test.
- Resources for applicants may be found on the Insight Assessment website:
https://www.insightassessment.com/content/view/blog_post/5434
- An information sheet regarding the HSRT scores and how they are used in the ranking is included in this packet.

Regarding enrollment in BIOL 2401 and/or 2402 at the time of application:

- For applicants enrolled in BIOL 2401 or 2402 during the spring semester when admission decisions are made, provisional points will be added to his or her total for the purpose of sorting for interview selection.
- Applicants are advised to provide proof of enrollment in these or other prerequisite classes.
- Admission decisions will be based on the applicant's final grade in the course; therefore, upon completion of the course, applicants must provide a transcript or grade report as soon as possible

General Description of the steps:

Step 1 – Apply to Weatherford College

Step 2 – Complete the PTA program application and submit between Dec. 1st- March 1st (Note: all applicants must be TSI complete to apply for the program, therefore any remediation courses must be complete and you must be eligible to carry a full course load of all college level courses)

Step 3 – Interview, if selected (Approximately the 30-35 highest ranked applicants are selected for interview)

Step 4 – Complete all admissions forms necessary to start the PTA Program in the fall semester, if selected

Instructions:

Step 1

For admission consideration, one must first be admitted to **Weatherford College**. If you are currently attending Weatherford College, you may have already completed Step 1 and do not need to re-apply. However, if you want to transfer in coursework from another institution you will need to have official transcripts submitted to the office of Student Services. Please note that you still need to include transcripts with your separate application to the PTA program. These transcripts can be student copies and do not need to be official.

To be admitted to Weatherford College (not the PTA program)

- Complete an online application to Weatherford College through ApplyTexas at www.applytexas.org
- Submit official high school and/or college transcripts to the college
- Complete the requirements to be TSI complete.
- Submit proof of meningitis vaccination, if applicable.
- For more information/assistance, contact Student Services at 817-598-6241 for assistance with the admissions process

STEP 2:

- 1) Submit a completed application for admission to Weatherford College PTA –Program which includes the following items: **(All materials (with the exception of the HSRT-AD test results) MUST be included with your application, do NOT submit materials separately – Failure to submit all items in one application will result in a loss of points.)**
 1. Completed Allied Health Application. Be sure to include a valid email address.
 2. Register and take the Health Sciences Reasoning Test (HSRT-AD). Allow time to take the HRST before the application deadline. You will need to take the test at the Testing Center on the Weatherford or Wise County Campus before the application deadline. The exam scores will be sent to the PTA program directly. You will not be given your score at the time of testing. You may request a copy of your scores at a later date from the PTA program director. The test times are limited so register early. You may register for the exam by phone at 817-598-6383 or 817-598-6439; the cost is \$25.00. This test may not be taken anywhere but Weatherford College. The test is a multiple choice exam that is given in 50 minute settings. The HSRT-AD is an assessment of reasoning and critical thinking skills. As such, there are no preparation books for the exam. Resources for the exam and sample questions can be found on the Insight Assessment website: https://www.insightassessment.com/content/view/blog_post/5434 . Scores on individual overall performance will be used in the ranking for PTA program admission.
 3. Verification of a minimum of forty (40) hours of observation / volunteer / work hours in a physical therapy clinic (forms included in this packet). These hours must include at least 2 different settings – minimum of 20 hours in each setting (acute care, outpatient, rehab, pediatrics, home health, SNF, etc.) Have the appropriate individual complete the Weatherford College Physical Therapist Assistant Program Observation Hours Verification Form and Evaluation Form. Provide an envelope for them to place the evaluation form in, seal it, sign over the seal and give it back to you include in your packet. The Verification of Hours Form does not need to be sealed; only the evaluation form needs to be sealed. NOTE: If you are employed in the PT field and are using your work experience for your hours, you need to have your PT supervisor complete a Reference form, then check the box in the middle of the form and fill in the name on the reference form so they can be matched.
 4. Three (3) reference forms: have three (3) people complete a Weatherford College Physical Therapist Assistant Program Reference Form. Please provide an envelope and have them place the completed form in the envelope, sign the seal and give it back to you to submit with your application (***a reference form from the same individual who completed the observation / volunteer / evaluation form is not acceptable***). If you work in a physical therapy setting, please have your supervising PT/Employer complete a reference form. Then check the box in the middle of the observation evaluation form indicating your employer has completed a reference form.
 5. A resume or brief outline of your work/volunteer experience since high school (or the last 10 years).
 6. Signed Essential Job Functions form (included).
 7. Copies of transcripts from all colleges attended (student copies are acceptable for the PTA application process). While student copies of transcripts are acceptable to submit with your application to the PTA program, you must submit official copies of transcripts to Student Services for coursework to be transferred.
 8. Documentation of proof of the first Hepatitis B vaccine (three dose series) or a positive Hepatitis B titer.

Applicants missing any of the above will have the appropriate points deducted in ranking for consideration of admission. Please carefully read the above instructions. Failure to follow instructions will result in points being deducted from your score and may affect your acceptance into the program. Application packets may be mailed or hand-delivered; however, all completed application packets must be received in the PTA Office by 4:00 PM on **March 1st**. If you are hand delivering your application, please turn it in to Karen Wells in the administrative office. If she is not in her office, a large lock box is located outside her office door. Applications will be received between December 1 and March 1st. This PTA application packet requires that the applicant materials be submitted **in its entirety to:**

PHYSICAL THERAPIST ASSISTANT PROGRAM
 Mineral Wells Education Center
 Weatherford College
 704 Hood Rd.
 Mineral Wells, TX 76067

Step 3:

After the above information has been reviewed, candidates will be ranked and interviews will be scheduled for mid-April to May. If you are granted an interview, you will be emailed an interview date and time. An onsite writing assignment will be given the day of the interview. All applicants will be notified by email if they are accepted for interview or not. This is why it is imperative we have a correct email address for you. The final decision will then be made as applicants will be numerically ranked and placed into available openings according to their rank. All applicants will then be notified of their acceptance, alternate status, or non-acceptance.

Step 4:

Additional Requirements, if Accepted:

If accepted, students must comply with all school and physical therapist assistant program policies. Program policies are delineated in the Student Handbook. Liability insurance is required and is part of the college fee schedule. Information and specifics on completing the requirements listed below will be made available to the student upon acceptance into the program. Student costs for the requirements vary, but could run as much as \$400. The cost of a urine drug screen, criminal background check and document manager will be approximately \$109.00. Some facilities will require you to have additional drug screening and criminal background checks. You will be responsible for payment of these additional expenses which will vary between \$27.00 (for an updated criminal background check) and \$30-35 for a drug screen). You will also be required to upload your immunization and medical testing records to an online document manager. Instructions will be provided how to accomplish this when admitted to the program). Admission is conditional based on you providing the following:

- Immunizations and/or titers
- Remaining Hepatitis B vaccines
- TB screen test
- Medical clearance
- Urine drug screen*
- Criminal background check*
- Major medical health insurance
- American Heart Association Health Care Provider CPR certification (to be maintained throughout program)

** These are required for students to go to the various hospitals and agencies for clinical education. Additional background checks or urine drug screens may be required by individual facilities. A positive urine drug screen or a background check positive for certain offenses may prohibit students from participation in clinical experiences. These circumstances would require dismissal of the student from the program due to inability to meet clinical objectives.*

Weatherford College is an Equal Opportunity institution that provides educational and employment opportunities on the basis of merit and without discrimination because of race, color, religion, sex, age, national origin, veteran status, or disability.

Clinicals:

Clinical facilities are located not only in Weatherford and Mineral Wells, but also in locations several hundred miles from Weatherford College. All students are subject to placements in full-time clinical facilities which may require considerable driving, or a six-week extended stay in one or more of these distant locations, and additional expense in order to meet clinical objectives. These rotations are a requirement to continue in the physical therapist assistant program.

Ability to Work During the Program:

Experience shows that it is very difficult for students to maintain good academic standing while working and attending school. It is strongly recommended that you do not work while in the PTA program, especially during the first year. Some students are able to keep part-time employment, but maintaining employment while attending the PTA program is strongly discouraged, especially during the first year of the program. It becomes increasingly difficult to continue employment as the program progresses to clinical rotations.

Performance of Program Graduates

Graduates of the PTA Program are eligible to take the National Physical Therapy Examination for Physical Therapist Assistants. As program development proceeds and graduates take the exam, pass rates for program graduates will be made available on the program web page. Graduation rates and employment rates will also be available.

Education Options:

This two-year PTA associate degree does not fulfill the first two-year requirements of a degree for students wanting to pursue a physical therapy degree and does not necessarily give an applicant preference for acceptance into a physical therapy program. Applicants interested in becoming a licensed Physical Therapist are encouraged to investigate admission requirements for the individual physical therapy programs they are considering.

Accreditation Status

The Physical Therapist Assistant Program at Weatherford 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: <http://www.capteonline.org> .

This Application Packet contains information that is current when published. The College and/or Physical Therapist Assistant Program reserves the right to modify, amend or revise the program, courses, tuition, fees and any information in this publication.

The HSRT-AD Test and the PTA Program

1. How to understand the HSRT-AD test scores and how they are used in the admission process of the Physical Therapist Assistant Program application.
2. There are six scores reported on the HSRT: *Analysis, Evaluation, Inference, Deduction, Induction* and an *OVERALL Score*. While the scores in the specific areas will be collected and used to assess the applicants as a group, at this time, the only score for PTA program ranking will be the *OVERALL* score.
3. The HSRT-AD test counts as 25% of the admission criteria for the PTA Program. First, it is important to remember there is **NO MINIMUM** passing score required. We simply take your overall score, multiply it by .25 to calculate the points for ranking.
4. So, what does that mean for your score? You can take your overall score and multiply it times .25 to calculate the number of points you will receive out of a possible 25 points in the PTA program ranking for admission. So, if you achieve an overall score of 75% on the test, you earn 18.75 points out of a possible 25 points in ranking for program admission ($75 \times .25$). You can calculate the points you will earn by multiplying your score by .25. For example, if you have an overall score of 70%, you would earn ($70 \times .25$) 17.5 points out of 25 possible points in the total ranking.
5. If you have any other questions related to the test, the PTA Program, or the application process contact Cindy Lavine, PTA Program Director at 817-598-8873, clavine@wc.edu or Karen Wells, Secretary at 817-598-8850 kwells@wc.edu

**WEATHERFORD COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM
ABBREVIATED APPLICATION CHECK-LIST**

Note: This check-list is for your use in completing the application process for the Physical Therapist Assistant Program. Please be advised that it is not a substitute for reading and understanding the information in the Physical Therapist Assistant Program Application Packet. Additionally, it does not address State of Texas testing requirements for enrollment in college (Texas Success Initiative). All applicants are advised to carefully read the entire Application Packet and to seek advisement from the Counseling Center regarding TSI status.

Include all of the following and submit the entire folder to the location below:

- Checking this box documents you have completed your application to Weatherford College.
- Completed Allied Health Application
- Copies of transcripts for **all** colleges or universities attended (student copies are acceptable) including Weatherford College
- If applicable, proof of enrollment in BIOL 2401 or 2402 and other prerequisites (if not listed on transcript)
- Copy of TEAS V for AH scores
- Three (3) completed Reference Forms (sealed in an envelope with their signature across the seal)
- Verification of a minimum of forty (40) hours of observation / volunteer hours/ work experience in a physical therapy clinic or department.
- Observation Hours Reference Forms (sealed in envelope with their signature across the seal) from **all** facilities where observation/volunteer hours took place
- A resume or brief outline of your work experience since high school (or the last 10 years)
- Proof of the **first** Hepatitis B vaccine (of a three dose series)
- Signed Essential Job Functions and clinic placement form
- Signed Part Time - Financial Aid Limitations Form

Submit application in entirety to the PTA Program by March 1st:

| | |
|-------------------------------|-------------------------------|
| <i>Karen Wells</i> | <i>Cindy Lavine, PTA, MPH</i> |
| <i>Secretary, ECMW</i> | <i>Director, PTA Program</i> |
| <i>Weatherford College</i> | <i>Weatherford College</i> |
| <i>704 Hood Road</i> | <i>704 Hood Road</i> |
| <i>Mineral Wells TX 76067</i> | <i>Mineral Wells TX 76067</i> |
| <i>817-598-8850</i> | <i>817-598-8873</i> |



ALLIED HEALTH APPLICATION

Answer **ALL** questions. Please type or print. Mail to appropriate campus listed on bottom of second page with **all** required paperwork.

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SPECIALTY FOR WHICH APPLICATION IS MADE:

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- Associate Degree Nursing -Fall Class -Spring Class – Main Campus Weatherford
 - Associate Degree Nursing -Fall Class – Wise County Campus
 - Diagnostic Medical Sonography – Main Campus Weatherford
 - Human Service Provider A.A.S. – Main Campus Weatherford
 - LVN-RN Transition– Main Campus Weatherford
 - Occupational Therapy Assistant – Mineral Wells Education Center
 - Phlebotomy Technology -Fall Class -Spring Class -Summer Class– Main Campus Weatherford
 - Physical Therapist Assistant – Mineral Wells Education Center
 - Radiology Technology– Main Campus Weatherford
 - Respiratory Care– Main Campus Weatherford
 - Substance Abuse Counseling Certificate– Main Campus Weatherford
 - Vocational Nursing -Fall Class -Spring Class– Main Campus Weatherford
- =====

Name: Mr. Miss Mrs.

_____ (_____)

First Middle Last (Maiden Name)

Mailing Address: _____

Number & Street City State Zip

Permanent Address (if different from above) _____

Texas County of Residence _____ Country of Citizenship _____

Social Security # _____ Country of Birth _____

Home Phone: (____) _____ Cell Phone: (____) _____

Business Phone: (____) _____ E-mail address: _____

In case of emergency notify: _____

Name Relationship

Address: _____ Phone (____) _____

Number and Street City State Zip

Have you ever been convicted (found guilty of) or received deferred adjudication for a felony or misdemeanor?

_____ yes _____ no

Note: Even if you pled “nolo contendere, or no contest,” you must answer “yes.”

If you answered “yes” to the above question, you must report charges and disposition to certification or licensing agency in order to determine eligibility for taking certification or licensure examination.

=====

PROFESSIONAL LICENSES OR CERTIFICATION

=====

| Type | Issued By | Number | Date |
|-------|-----------|--------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

EDUCATION – List ALL Colleges and Universities Attended

| NAME OF SCHOOL | LOCATION OF SCHOOL | DATES: FROM/TO | DIPLOMA/ DEGREE OR CERTIFICATE | MAJOR/MINOR |
|--------------------|--------------------|-------------------|--------------------------------------|-------------|
| HIGH SCHOOL OR GED | | | | |
| COLLEGE/UNIVERSITY | | | | |
| COLLEGE/UNIVERSITY | | | | |
| COLLEGE/UNIVERSITY | | | | |
| TECHNICAL OR OTHER | | | | |

**** The Registrar of Weatherford College must receive official transcript(s) before this application can be processed.**

WORK EXPERIENCE

List current or most recent job:

1. Name of Company _____
- Complete Address _____ Telephone No. () _____
- Supervisor's Name _____ Title _____
- Dates Employed: From _____ to _____ Nature of Job Duties _____
- Starting Salary _____ Final Salary _____ Reason for Leaving _____

FOLLOW UP INFORMATION

It is important that we do a follow-up study of our students. Please provide the following information about two (2) people who will always know where to locate you.

- | | Name | Complete Mailing Address | Telephone No. |
|----|---------------------|--------------------------|---------------|
| 1. | _____ | _____ | _____ |
| | Email Address _____ | | |
| 2. | _____ | _____ | _____ |
| | Email Address _____ | | |

PLEASE READ AND SIGN THE FOLLOWING

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information is cause for denial of admission or dismissal from the program.

Signature of Applicant

Date

Please include all required paperwork with your application. Incomplete applications will not be accepted.

Weatherford College Mineral Wells Education Center
Allied Health Division
704 Hood Road
Mineral Wells, TX 76067
(940) 325-2591 or (800) 300-2591 Fax: (940) 328-1800

Weatherford College is an Equal Opportunity institution that provides educational and employment opportunities on the basis of merit and without discrimination because of race, color, religion, sex, age, national origin, veteran status, or disability.

**WEATHERFORD COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM
REFERENCE FORM**

The person whose name appears at the bottom of this page is applying to the Weatherford College Physical Therapist Assistant Program and is requesting a personal reference from you. Please complete the form, place it in an envelope and sign the back of the envelope over the seal, then return to the applicant.

APPLICANT:

Name _____ *Phone Number*

Address

City _____ *State* _____ *Zip Code*

In order to provide adequate information as to my personal character and qualifications, I authorize the party receiving this form to give full and complete information as requested by the Weatherford College Physical Therapist Assistant Program. I agree that the information requested will become a part of my application file. I further agree that the information will not be disclosed to me, and will be treated as confidential. I waive any right to see this information at any time either prior to, during, or subsequent to my application to the Weatherford College Physical Therapist Assistant Program. I hereby authorize my references to be contacted and to speak freely regarding my qualifications. In that regard, I hold them harmless from any civil actions on my part regarding their comments.

Applicant's Signature _____ *Date*

Applicant: Please submit both pages of this form with your application materials.

Reference Form, page 2

Name of Applicant _____

Considering your knowledge of the applicant, please indicate how much you agree or disagree with each of the statements below by placing a mark in the appropriate space. Feel free to add comments, if you desire.

| | Strongly Agree | Agree | Undecided | Disagree | Strongly Disagree |
|--|----------------|-------|-----------|----------|-------------------|
| 1. Rarely becomes discouraged in a difficult situation <i>Comments:</i> | | | | | |
| 2. Accepts responsibility & follows through with assigned tasks <i>Comments:</i> | | | | | |
| 3. Consistently responds appropriately to constructive criticism <i>Comments:</i> | | | | | |
| 4. Behaves in an ethical manner <i>Comments:</i> | | | | | |
| 5. Maintains poise in extremely difficult situations <i>Comments:</i> | | | | | |
| 6. Is tactful, considerate, and gets along well with others <i>Comments:</i> | | | | | |
| 7. Expresses self in an appropriate, clear & concise manner <i>Comments:</i> | | | | | |
| 8. Makes decisions after careful & logical gathering of relevant facts <i>Comments:</i> | | | | | |
| 9. Writes clearly & legibly with good organization of thoughts <i>Comments:</i> | | | | | |
| 10. Is self-motivated with strong leadership qualities <i>Comments:</i> | | | | | |

General Comments:

Signature

Date

Printed Name

Relationship to Applicant

Phone Number

How long have you know this applicant? _____

**WEATHERFORD COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM
REFERENCE FORM**

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APPLICANT:

Name _____
Phone Number

Address

City _____
State _____
Zip Code

In order to provide adequate information as to my personal character and qualifications, I authorize the party receiving this form to give full and complete information as requested by the Weatherford College Physical Therapist Assistant Program. I agree that the information requested will become a part of my application file. I further agree that the information will not be disclosed to me, and will be treated as confidential. I waive any right to see this information at any time either prior to, during, or subsequent to my application to the Weatherford College Physical Therapist Assistant Program. I hereby authorize my references to be contacted and to speak freely regarding my qualifications. In that regard, I hold them harmless from any civil actions on my part regarding their comments.

Applicant's Signature _____
Date

Applicant: Please submit both pages of this form with your application materials.

Reference Form, page 2

Name of Applicant _____

Considering your knowledge of the applicant, please indicate how much you agree or disagree with each of the statements below by placing a mark in the appropriate space. Feel free to add comments, if you desire.

| | Strongly Agree | Agree | Undecided | Disagree | Strongly Disagree |
|--|----------------|-------|-----------|----------|-------------------|
| 1. Rarely becomes discouraged in a difficult situation <i>Comments:</i> | | | | | |
| 2. Accepts responsibility & follows through with assigned tasks <i>Comments:</i> | | | | | |
| 3. Consistently responds appropriately to constructive criticism <i>Comments:</i> | | | | | |
| 4. Behaves in an ethical manner <i>Comments:</i> | | | | | |
| 5. Maintains poise in extremely difficult situations <i>Comments:</i> | | | | | |
| 6. Is tactful, considerate, and gets along well with others <i>Comments:</i> | | | | | |
| 7. Expresses self in an appropriate, clear & concise manner <i>Comments:</i> | | | | | |
| 8. Makes decisions after careful & logical gathering of relevant facts <i>Comments:</i> | | | | | |
| 9. Writes clearly & legibly with good organization of thoughts <i>Comments:</i> | | | | | |
| 10. Is self-motivated with strong leadership qualities <i>Comments:</i> | | | | | |

General Comments:

Signature

Date

Printed Name

Relationship to Applicant

Phone Number

How long have you know this applicant? _____

Weatherford College is an Equal Opportunity institution that provides educational and employment opportunities on the basis of merit and without discrimination because of race, color, religion, sex, age, national origin, veteran status, or disability.

**WEATHERFORD COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM
REFERENCE FORM**

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APPLICANT:

Name _____
Phone Number

Address

City _____
State _____
Zip Code

In order to provide adequate information as to my personal character and qualifications, I authorize the party receiving this form to give full and complete information as requested by the Weatherford College Physical Therapist Assistant Program. I agree that the information requested will become a part of my application file. I further agree that the information will not be disclosed to me, and will be treated as confidential. I waive any right to see this information at any time either prior to, during, or subsequent to my application to the Weatherford College Physical Therapist Assistant Program. I hereby authorize my references to be contacted and to speak freely regarding my qualifications. In that regard, I hold them harmless from any civil actions on my part regarding their comments.

Applicant's Signature

Date

Applicant: Please submit both pages of this form with your application materials.

Reference Form, page 2

Name of Applicant _____

Considering your knowledge of the applicant, please indicate how much you agree or disagree with each of the statements below by placing a mark in the appropriate space. Feel free to add comments, if you desire.

| | Strongly Agree | Agree | Undecided | Disagree | Strongly Disagree |
|---|----------------|-------|-----------|----------|-------------------|
| 1. Rarely becomes discouraged in a difficult situation Comments: | | | | | |
| 2. Accepts responsibility & follows through with assigned tasks Comments: | | | | | |
| 3. Consistently responds appropriately to constructive criticism Comments: | | | | | |
| 4. Behaves in an ethical manner Comments: | | | | | |
| 5. Maintains poise in extremely difficult situations Comments: | | | | | |
| 6. Is tactful, considerate, and gets along well with others Comments: | | | | | |
| 7. Expresses self in an appropriate, clear & concise manner Comments: | | | | | |
| 8. Makes decisions after careful & logical gathering of relevant facts Comments: | | | | | |
| 9. Writes clearly & legibly with good organization of thoughts Comments: | | | | | |
| 10. Is self-motivated with strong leadership qualities Comments: | | | | | |

General Comments:

Signature

Date

Printed Name

Relationship to Applicant

Phone Number

How long have you know this applicant? _____

Weatherford College is an Equal Opportunity institution that provides educational and employment opportunities on the basis of merit and without discrimination because of race, color, religion, sex, age, national origin, veteran status, or disability.

WEATHERFORD COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM
VERIFICATION OF OBERVATION/VOLUNTEER HOURS OR WORK EXPERIENCE IN
PHYSICAL THERAPY

Physical Therapy Setting ___ *acute* ___ *OP* ___ *Rehab* ___ *SNF/LTC* ___ *Home Health*
 ___ *Other* _____ (*school setting, hippotherapy, aquatics*)

APPLICANT:

Please print name _____
Phone Number

Address

City _____
State _____
Zip Code

Applicant's Signature _____
Date

VERIFICATION OF VOLUNTEER/OBSERVATION HOURS OR WORK EXPERIENCE:

Facility Name _____ Phone # _____
 Facility Address _____
 Dates of Observation _____ Total # of hours _____
or
 Dates of Employment _____ Total # of hours _____
 Job Title _____

Please estimate the hours in each setting if employed in a multi-setting PT environment above.

Supervising/observing Physical Therapist or Physical Therapist Assistant:

Please Print Name PT / PTA
 circle one License # _____

Signature _____
Date

**WEATHERFORD COLLEGE PHYSICAL THERAPIST ASSISTANT PROGRAM
OBSERVATION HOURS EVALUTATION FORM**

TOP PORTION TO BE COMPLETED BY APPLICANT AT START OF OBSERVATION:

Applicants Printed Name

Phone Number

In order to provide adequate information as to my personal character and qualifications, I authorize the party receiving this form to give full and complete information as requested by the Weatherford College Physical Therapist Assistant Program. I agree that the information requested will become a part of my application file. I further agree that the information will not be disclosed to me, but will be treated as confidential. I waive any right to see this information at any time either prior to, during, or subsequent to my application to the Weatherford College Physical Therapist Assistant Program. I hereby authorize my references to be contacted and to speak freely regarding my qualifications. In that regard, I hold them harmless from any civil actions on my part regarding their comments.

Applicant's Signature

Date

If you work in a physical therapy setting and are using your work hours as your 40 hours you will not have your employer complete this form. Your PT/PTA supervisor should complete a reference form. Please check the box below and submit with your application. You do not have to have the bottom portion completed.

I am working or have worked in a PT setting and my employer has completed a reference form

Name of Employer/Supervisor completing the Reference Form _____ PT/PTA

TO BE COMPLETED BY SUPERVISING PT/PTA AT THE END OF OBSERVATION:

Considering your knowledge of the applicant's behavior while observing / volunteering / working in your facility, please indicate how much you agree or disagree with each of the statements below by placing a mark in the appropriate space. Feel free to add comments, if you desire.

Please complete this form only, place in a sealed envelope, sign over the seal and return to the student to include with their application packet. The from documenting the hours worked does not have to be sealed.

| | Strongly Agree | Agree | Undecided | Disagree | Strongly Disagree |
|--|----------------|-------|-----------|----------|-------------------|
| 1. Well groomed, neat & clean, dressed appropriately | | | | | |
| 2. Always arrives at prearranged times | | | | | |
| 3. Expresses self in a clear, concise & appropriate manner | | | | | |
| 4. Maintains composure under difficult conditions | | | | | |
| 5. Listens well, asks for further clarification as needed | | | | | |
| 6. Displays enthusiasm and interest in physical therapy | | | | | |
| 7. Adheres to policies and procedures of the facility | | | | | |

General Comments: (Please continue on the back of this form is more space is needed)

Please Print Name

*PT / PTA
circle one*

License # _____

Signature

Date

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**WEATHERFORD COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM
VERIFICATION OF OBERVATION/VOLUNTEER HOURS OR WORK EXPERIENCE IN
PHYSICAL THERAPY**

Physical Therapy Setting ___ *acute* ___ *OP* ___ *Rehab* ___ *SNF/LTC* ___ *Home Health*
___ *Other* _____ (*school setting, hippotherapy, aquatics*)

APPLICANT:

Please print name _____
Phone Number

Address

City _____
State _____
Zip Code

Applicant's Signature _____
Date

VERIFICATION OF VOLUNTEER/OBSERVATION HOURS OR WORK EXPERIENCE:

Facility Name _____ Phone # _____

Facility Address _____

Dates of Observation _____ Total # of hours _____

or

Dates of Employment _____ Total # of hours _____

Job Title _____

Please estimate the hours in each setting if employed in a multi-setting PT environment above.

Supervising/observing Physical Therapist or Physical Therapist Assistant:

Please Print Name PT / PTA
circle one License # _____

Signature _____
Date

**WEATHERFORD COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM
OBSERVATION HOURS EVALUATION FORM**

TOP PORTION TO BE COMPLETED BY APPLICANT AT START OF OBSERVATION:

Applicants Printed Name

Phone Number

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Applicant's Signature

Date

If you work in a physical therapy setting and are using your work hours as your 40 hours you will not have your employer complete this form. Your PT/PTA supervisor should complete a reference form. Please check the box below and submit with your application. You do not have to have the bottom portion completed.

I am working or have worked in a PT setting and my employer has completed a reference form

Name of Employer/Supervisor completing the Reference Form _____ PT/PTA

TO BE COMPLETED BY SUPERVISING PT/PTA AT THE END OF OBSERVATION:

Considering your knowledge of the applicant's behavior while observing / volunteering / working in your facility, please indicate how much you agree or disagree with each of the statements below by placing a mark in the appropriate space. Feel free to add comments, if you desire.

Please complete this form only, place in a sealed envelope, sign over the seal and return to the student to include with their application packet. The form documenting the hours worked does not have to be sealed.

| | Strongly Agree | Agree | Undecided | Disagree | Strongly Disagree |
|--|----------------|-------|-----------|----------|-------------------|
| 1. Well groomed, neat & clean, dressed appropriately | | | | | |
| 2. Always arrives at prearranged times | | | | | |
| 3. Expresses self in a clear, concise & appropriate manner | | | | | |
| 4. Maintains composure under difficult conditions | | | | | |
| 5. Listens well, asks for further clarification as needed | | | | | |
| 6. Displays enthusiasm and interest in physical therapy | | | | | |
| 7. Adheres to policies and procedures of the facility | | | | | |

General Comments: (Please continue on the back of this form if more space is needed)

Please Print Name

*PT / PTA
circle one*

License #

Signature

Date

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Essential Functions for the PTA Student

Successful participation in the PTA Program includes the ability to perform essential functions, which are necessary for delivery of physical therapy services in a safe, ethical, legal manner. The essential functions are expected to be demonstrated, with or without reasonable accommodation, by students participating in the PTA program. Upon reviewing the Essential Functions for the PTA Student, the candidate will complete the Acknowledgment of Essential Functions for the Physical Therapist Assistant Student form and indicate whether or not he/she can perform the essential functions. Prior to admission to the program, the student is responsible for providing written documentation of any disabilities, along with evidence of the need for accommodation. Any requests for accommodations will be forwarded to the Weatherford College Director of Special Populations. The college will then decide if reasonable accommodations can be made for that particular student.

ACKNOWLEDGMENT OF ESSENTIAL FUNCTIONS FOR THE PTA STUDENT

I have read, and I understand the Essential Functions for the PTA Student. (check one):

- I can perform all of the essential functions listed **without** an accommodation.
- I can perform all of the essential functions listed **with** an accommodation. I will contact the Office of Accommodations/Disabilities at 817-598-6350 to request appropriate accommodation within two weeks.
- I cannot perform all of the essential functions listed.

Printed Name

Signature

Date

ACKNOWLEDGMENT OF CLINICAL ASSIGNMENTS IN THE PTA PROGRAM

Clinical facilities are located not only in Weatherford and Mineral Wells but also in locations several hundred miles from Weatherford College. All students are subject to placements in 'away,' full-time clinical facilities which would require considerable driving or a six-week extended stay in one or more of these locations and additional expense in order to meet clinical objectives. These clinical rotations are a requirement to continue in the PTA program.

- I have read and understand the information regarding clinic locations and the possibility of additional costs associated with clinic rotations and travel.

Printed Name

Signature

Date

| Skill Type | Essential Functions for the PTA Student |
|------------|--|
| Motor | <p>The student must possess sufficient motor capabilities in order to provide safe and effective physical therapy procedures, including:</p> <ul style="list-style-type: none"> • Ability to assist and protect patients who are walking, exercising, or performing other activities • Ability to adjust, move, position, and lift patients and equipment • Ability to perform pushing, pulling, bending, twisting, reaching, standing, kneeling, sitting, walking, and crawling • Ability to provide cardiopulmonary resuscitation (CPR) • Ability to manipulate equipment including adjustment of dials, gauges, small nuts/bolts, and various equipment settings • Sufficient endurance to move about a clinical setting steadily throughout an 8-hour work day |
| Sensory | <p>The student must possess sufficient sensory abilities in order to competently assess and monitor patients, including:</p> <p>Sufficient visual ability to:</p> <ul style="list-style-type: none"> • Recognize and interpret facial expressions and body language • Identify normal and abnormal postures and patterns of movement • Read or set parameters on equipment • Read small numbers / scales on goniometers, thermometers, sphygmomanometers, etc. • Discriminate differences and changes in skin and soft tissue • Recognize a patient's physiological status • Assess a patient's environment <p>Sufficient auditory ability to:</p> <ul style="list-style-type: none"> • Recognize and respond to verbal communication, auditory timers and equipment alarms in an environment with a moderate level of background noise • Effectively use devices for measurement of blood pressure <p>Sufficient tactile ability to:</p> <ul style="list-style-type: none"> • Palpate pulses • Detect and assess changes or abnormalities in skin texture, skin temperature, muscle tone, and joint movement |

| Skill Type | Essential Functions for the PTA Student |
|-------------------|--|
| Communication | <p>The student must possess sufficient ability to communicate effectively and competently in the English language with others using appropriate verbal and written methods, including:</p> <ul style="list-style-type: none"> • Ability to read at a level of competency that allows one to safely perform the essential functions of an assignment • Ability to write in a legible manner • Ability to present information about physical therapy procedures and services to patients, family members, and other health care professionals • Ability to recognize, interpret, and respond to nonverbal behavior of self and others • Ability to interpret and communicate information regarding the status, safety, and rehabilitation of patients |
| Behavior | <p>The student must possess sufficient ability to exercise good judgment, develop therapeutic relationships with patients and others, work in stressful situations, and tolerate close physical contact with patients and co-workers, including:</p> <ul style="list-style-type: none"> • Ability to work with multiple patients and colleagues at the same time • Ability to work with others under stressful conditions • Ability to work with individuals of varying socioeconomic, ethnic, and cultural backgrounds • Ability to act in the best interests of patients • Ability to drive to clinical sites located within a 120 mile radius of Mineral Wells, including driving in rush hour traffic throughout the DFW metroplex |
| Critical Thinking | <p>The student must possess sufficient ability to comprehend and process information in a timely manner, including:</p> <ul style="list-style-type: none"> • Ability to collect and interpret data related to patients and physical therapy services • Ability to prioritize multiple tasks, process information, and make decisions • Ability to apply knowledge from education to the provision of physical therapy services • Ability to observe, measure, and interpret normal and abnormal patient responses to physical therapy interventions, and appropriately modify treatment interventions • Ability to act safely and ethically in the physical therapy lab and clinic |

Weatherford College Criminal Background Requirements and Release of Information

If admitted to the Physical Therapist Assistant Program you will be required to pass a criminal background check at start of the program to comply with clinic requirement. By signing this form you acknowledge understanding of the criminal background check policy and procedures and possible implications. Criminal background check applications will be submitted to CastleBranch. If the background check is positive for certain offenses, the student will not be able to participate in the clinical experiences and will be dismissed from the program. Results of criminal background checks will be maintained electronically through CastleBranch data records and kept in a locked space with immediate access only by the PTA Program Director, the Director of Clinical Education (DCE), and the Dean of Health Sciences. It is also possible that the College President, Vice President of Instruction, Student Services, the Health Sciences Technical Appeals Committee, and the College's legal counsel may also have access to the background check results in certain situations, such as but not limited to, a student's removal from the Program due to the background check.

Criminal background checks review a person's criminal history. The background check includes the cities and counties of all known residences, not just the DFW area. The following criminal histories are examples of actions that may disqualify an individual from consideration for the clinical rotation, leading to dismissal from the PTA program. This list is for example purposes and is not an exhaustive list. (Each criminal record or individual will be assessed according to Equal Employment Opportunity Commission requirements):

- Felony convictions/deferred adjudications
- Misdemeanor convictions or felony deferred adjudications involving crimes against persons (physical or sexual abuse), illegal use or distribution of drugs
- Misdemeanor convictions or deferred adjudications related to moral turpitude (prostitution, public lewdness/exposure, theft under \$1,500, computer crimes of fraud, etc.)
- Felony deferred adjudications for the sale, possession, distribution, or transfer of narcotics or controlled substances
- Registered sex offenders
- OIG, GSA and Medicaid Sanctions
- Terrorist Suspect List
- Pending charges and warrants for arrest

It is imperative that if you have any record that could be an issue it is reviewed by the Texas Board of PT examiners. This process needs to be started before you begin the program in the fall. A copy of the Texas Board rules pertaining to licensure with a criminal conviction is attached. The PTA program director and DCE need to be informed when this process is begun. While in the program, if of these situations arise, the PTA Program Director and the DCE need to be informed.

Some clinical sites will require a new background check be completed just prior to the start of a rotation with their facility. The cost of each background check is the sole responsibility of the student.

By signing and dating below, the student acknowledges that he/she has read and understands the criminal background procedure and policies including the Texas Board of PT Examiners rules pertaining to licensure of individuals with criminal convictions. In addition, signing this document gives permission to Weatherford College to release the students criminal background to clinical agencies to which the student has been assigned for clinical education, clinical rotations and to other parties noted above that have a role in the students education process at Weatherford College.

Student printed name

Student Signature/ Date

Texas Board of PT Examiners Rules

I. §343.9. Licensure of Persons with Criminal Convictions.

(a) The board may revoke or suspend an existing valid license, disqualify a person from receiving or renewing a license, or deny a person the opportunity to be examined for a license because of a person's conviction of a felony or misdemeanor if the crime directly relates to the practice of physical therapy. Those crimes which the board considers to be directly related to the duties and responsibilities of a licensed physical therapist or physical therapist assistant shall include, but are not limited to:

- (1) any felony which involves an act of fraud, dishonesty, or deceit;
- (2) any criminal violation of the Physical Therapy Practice Act or other statutes regulating or pertaining to physical therapy or the medical profession;
- (3) any crime involving moral turpitude;
- (4) murder;
- (5) assault;
- (6) burglary;
- (7) robbery;
- (8) theft;
- (9) rape or sexual abuse;
- (10) patient/client abuse;
- (11) injury to an elderly person;
- (12) child molestation, abuse, endangerment, or neglect;
- (13) felony conviction for driving while intoxicated, driving under the influence of alcohol or drugs, or driving while ability is impaired;
- (14) sale, distribution, or illegal possession of narcotics, controlled substances, or dangerous drugs;
- (15) tampering with a governmental record;
- (16) offenses which include attempting or conspiring to commit any of the offenses in this subsection.

(b) In determining whether a crime not listed previously relates to physical therapy, the board will consider:

- (1) the nature and seriousness of the crime;
- (2) the relationship of the crime to the purposes for requiring a license to practice physical therapy;
- (3) the extent to which a license might offer opportunities to engage in further criminal activity of the same type as that in which the person was previously engaged; and
- (4) the relationship of the crime to the ability, capacity, or fitness required to perform the duties and to discharge the responsibilities of a physical therapist or physical therapist assistant.

(c) In review of a complaint alleging that the respondent/applicant has been convicted of a crime which directly relates to the duties and responsibilities of a physical therapist or physical therapist assistant, the board shall consider the following evidence in determining the respondent's/applicant's present fitness to practice physical therapy:

- (1) the extent and nature of the person's past criminal activity;
- (2) the age of the person at the time of commission of the crime;
- (3) conduct and work activity of the person prior to and after criminal activity;
- (4) evidence of rehabilitation while incarcerated or following release;
- (5) notarized letters of recommendation from prosecution, law enforcement, and correctional officers who prosecuted, arrested, or had custodial responsibility for the person; letters from the sheriff or chief of police where the person resides; and other persons having contact with the convicted person; and
- (6) records of steady employment, provision for dependents, payment of all court costs, supervision fees, fines, and restitution if ordered as a result of the person's conviction.

(d) The burden and expense of providing and presenting the foregoing documentation to the board shall be solely that of the respondent/applicant.

(e) A licensee or applicant is required to report to the board a felony of which he is convicted within 60 days after the conviction occurs.

Source Note: The provisions of this §343.9 adopted to be effective January 7, 1992, 16 TexReg 7645; amended to be effective January 12, 1993, 18 TexReg 64.

Weatherford College
Drug Screen Requirements
Release of Information

If admitted to the Physical Therapist Assistant program you must pass a urine drug screen at the start of the program. This is required to participate in clinical experiences or clinical rotations and you may also be required to have a blood alcohol test performed (required in the clinical setting). The applicant understands that the urine/blood drug screen will be performed by the agency selected by Health Science Department. The applicant further understands that if the urine drug screen is positive for certain substances, the student will be dismissed from the program. Results of urine drug screens will be maintained in a locked space with immediate access only by the Program Director, The Director of Clinical Education, and the Dean of Health Sciences. It is also possible that the College President, Vice President of Instruction, Student Services, the Health Sciences Technical Appeals Committee, and the College's legal counsel may also have access to the urine drug screen results in certain situations, such as but not limited to, a student's removal from the Program due to the urine drug screen results.

Furthermore, If the student arrives to any program related activity and is suspected of being under the influence of alcohol or drugs (including prescription drugs), the student must submit to a specified 10 panel urine or blood screen and blood alcohol testing at his/her own expense. Failure to submit to the screen will result in dismissal from the program.

Suspicion of impairment includes but is not limited to the following:

- Behavioral abnormalities: Euphoria, Excitation, Drowsiness , Disorientation
- Altered motor skills: Poor perception of time and distance
- Drunken behavior with or without odor
- Constricted or dilated pupils
- Altered respiration

Students suspected of being impaired will remain at the school or clinical site until the Program Director or designee arrives to make arrangements for the student to be transported to a predetermined laboratory for screening. The student is responsible for all costs related to the transport and screening. The drug screen must be performed at a specified site in a timely manner. Students that refuse to follow program directives and /or refuse to submit to a drug/alcohol screening will be immediately dismissed from the program. In addition, students will not be allowed to leave the classroom or clinical site without being transported by a responsible adult. Students that choose to leave without a school supervised transport or a responsible adult transport will be reported to law enforcement. The student will not be allowed to participate in program related activities until the results from the tests are complete. Absences will be accrued during this time period.

If a student is involved in an inaccurate Schedule II/Schedule III controlled substance count at a clinical facility during a clinical rotation –then that student will also be subject to submission of drug screening.

The following represents values that are to be considered “positive” for alcohol impairment:

Urine specimen 0.02%

Blood specimen 0.01%

Any value higher than 0.00% will be considered as positive for any other drug.

If a student's test results are positive, they will be dismissed from their respective program and will not be re-instated to that program or any other Health and Human Sciences Program at Weatherford College.

If the student's test results are negative, the accrued absences will be dismissed and the student will suffer no punitive consequences.

By signing and dating below, the student acknowledges that he/she has read and understands the health science drug screen policy and gives permission to Weatherford College to release results of drug screening/testing to clinical agencies to which the student has been assigned for clinical education/clinical rotations and to other parties noted above that have a role in the students education process at Weatherford College.

Student Printed name

Student Signature / Date

Weatherford College
Health Records
Release of Information

Students who are admitted to the PTA Program are required to provide proof of compliance with health requirements including the individual's immunization record, which may include immunization records, results of laboratory testing confirming immunity to certain diseases, and results of testing for tuberculosis (skin test or recent chest x-ray). Failure to comply with health requirements will result in dismissal from the Program. Health records will be maintained in a locked space with immediate access only by the Program Director, Director of Clinical Education, and the Dean of Health Sciences. It is also possible that the College President, Vice President of Instruction, Student Services, the Health Sciences Technical Appeals Committee, and the College's legal counsel may also have access to the urine drug screen results in certain situations, such as but not limited to, a student's removal from the Program due to the failure to meet health requirements.

For application to the program, you are only required to show proof if the first Hepatitis B immunization.

By signing and dating below, the student acknowledges that he/she has read and understands the health and safety requirements and gives permission to Weatherford College to release health records to clinical agencies to which the student has been assigned for clinical education/clinical rotations and to other parties noted above that have a role in the students education process at Weatherford College.

Student printed name

Date signed

Student Signature

Weatherford College
 Notice of Part-Time Semesters in the PTA Program
 and
 Financial Aid Eligibility

Students enrolled in the PTA program are considered part time in the Spring semester of the second year in the program. Students enrolled in PTHA courses only, will take 4 semester credit hours (even though they will be in clinic full time for a significant portion of the semester. Additionally, during the summer semesters between the first and second year, students will be part-time, taking 2 semester credit hours each summer session while they will be in clinic 40 hours per week.

During these semesters, students will not meet eligibility requirements to receive financial aid. Please seek advice from your financial aid counselor. It will be necessary to make other plans for financial support during these semesters.

By signing this form, you acknowledge that you have read this form and understand the limitations (part time status during certain semesters) of eligibility for financial aid while enrolled in the PTA program.

 Student printed name

 Date signed

 Student Signature