Dear PTA Program Candidate,

Thank you for your interest in the Physical Therapist Assistant Program at Tyler Junior College. Included in this download, you will find information about the PTA Program, admission requirements for the program and an application for the PTA Program.

The PTA program begins in the fall semester and is designed to be completed in five semesters. Successful completion of the program will lead to an Associate in Applied Science degree in Physical Therapist Assistant and prepare the graduate to take the National Physical Therapy Examiners national examination (pending accreditation status of the program) to become a physical therapist assistant. Graduates must meet additional requirements for state licensure.

Is it recommended that all interested applicants attend an information session to learn more about the application process and the Tyler Junior College PTA Program. Please see the program website www.tjc.edu/PTA for information regarding information session dates.

The application deadline has been extended to June 4 at 5 p.m. If the application packet is mailed, it must be received in the PTA Program Office by the deadline. Late application packets are not accepted.

Interviews (by invitation only) will be held on June 15-20, 2020. Interviews will not be rescheduled except in cases of unavoidable and documentable emergency at the discretion of the program director and interview panel.

Complaints regarding the program can be addressed to the PTA Program Director, Christine Melius at cmel@tjc.edu and or Dean of Nursing and Health Sciences, Dr. Cliff Boucher at jbou@tjc.edu. Complaints against the program can be made to the Commission on Accreditation in Physical Therapy Education at http://www.capteonline.org/home.aspx. The program upholds a standard of prohibition of retaliation following complaint submission.

**Accreditation Statement**

The Physical Therapist Assistant Program at Tyler Junior 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.

Graduation from a physical therapist assistant education program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, VA 22314; phone: 703-706-3245; accreditation@apta.org is necessary for eligibility to sit for the licensure examination, which is required in all states.
Application Checklist

*The completed application must include the items listed below*

- [ ] Completed online application to TJC
- [ ] Selective Admissions Program Application (single-page document to be submitted in packet)
- [ ] Official transcripts for any courses not completed at TJC
- [ ] Official transcripts of ATI TEAS scores if not completed at TJC or a copy of ATI TEAS results if taken at TJC
- [ ] Observation feedback forms in sealed envelopes with clinician signature on the seal of the envelope
  - [ ] Observation Form #1
  - [ ] Observation Form #2
  - [ ] Observation Form #3
- [ ] Copies of Completed Healthcare-related Certificates (if any)
- [ ] Healthcare Employment Documentation Form
- [ ] Signed Memo of Understanding
- [ ] Observation Hours Log Sheet
- [ ] Course Completion Form
- [ ] Previous Enrollment in a Healthcare Program

**Due to COVID-19, observation hours will not be required for the 2020 PTA application period.**

Letters of reference are not utilized in the admissions process. Please do not include them in your application packet. Clinicians utilized for observation hours may attach additional feedback to the observation feedback form.

Enclose all items in a large envelope with your name clearly written on the outside. **Partial packets will not be accepted.** Do not submit required forms in binders. Submit your application packet to RNHS 2.239, 2.236 or 2.254 no later than **June 4 at 5 p.m. Late packets will not be accepted.** If mailing the packet, it must be received by program faculty by the application deadline.

Notification of the status of your application will be made via your TJC email within two weeks of the application deadline.

**Mail Packet:**
Tyler Junior College  
ATTN: PTA Program, Christine Melius  
P.O. Box 9020  
Tyler, TX 75711
PTA Program Admission Process

It is **very important** that you read the directions in this application packet carefully. Failure to follow directions could result in lack of progression through the application process.

1. Pre-Application Requirements
   - Complete pre-requisite course work
   - Complete clinical observations
   - Complete ATI TEAS Allied Health

2. Application
   - Complete application to TJC. Applications available online at tjc.edu/apply.
   - Complete and print out the Selective Admissions Program Application available online at https://www.tjc.edu/selectiveadmissions
   - Submit Selective Admissions Program Application with your completed application packet. **Partial packets will NOT be accepted.** Please be sure you have all your information in one large envelope before submitting it.

3. Application Points
   To maintain the integrity of the application process, the PTA program uses a point system to select applicants for admission into the PTA program.

   **A. Pre-Requisite GPA**
   - Calculation: (Semester Credit Hours x Grade Value)
   - 7 hours: BIOL 2401*, ENGL 1301
     - A: 4 points
     - B: 3 points
     - C: 2 points
   
   *See BIOL 2401 and BIOL 2402 section in additional information section of application packet.

   **B. Co-Requisite Course Work**
   - Calculation: (Semester Credit Hours x Grade Value)
   - BIOL 2402
     - A: 4 points
     - B: 3 points
     - C: 2 points
     - 3 points each for completion of PSYC 2314 and PHIL 2306 with a grade of “C” or better.

   **Points Possible**
   - 14-28
   - 0-16
   - 0-6

   **Note:** There will be a 1-point deduction on the points earned for all pre-requisite and co-requisite course work for each attempt after the second attempt of a course. (EX: If a student earned a B on the 3rd attempt of BIOL 2401, they would only earn 11 points [3 (course grade of B) x 4 (credit hours) = 12 – 1 (penalty for repeating) = 11].
C. ATI TEAS for Allied Health
   • Calculation: (Total Score/100) x 40

D. In-District

E. Previous Degree
   • Points awarded for highest level achieved only
   • Master's: 4
   • Bachelor's: 3
   • Associate: 2
   • Certificate: 1*

*Acceptable certificates must be healthcare-related and involve direct patient care. CPR certification does not qualify.

F. Employment in Healthcare
   • Employment must have been in a position involving patient contact for at least 6 months within the last 2 years. Employment must be verifiable and employee considered eligible for rehire.

Maximum Points (prior to interview and onsite writing sample):

4. Final Selection
The top applicants will be selected based on points accumulated from the criteria above. These applicants will then:
   • Participate in an on-site interview
   • Complete on-site writing sample
   • Complete drug screening and background check, if selected as one of the top 20 candidates.

In the event of a tie in the final ranking of students, the following factors will be used as tie-breakers for final selection:
   • First Round: Final grade in BIOL 2402
   • Second Round: Interview score
   • Third Round: ATI TEAS Reading Score
Additional Information

Pre-Requisite Coursework
The PTA program at Tyler Junior College requires all applicants to complete 7 hours of course work before being eligible to apply to the program. Applicants must have a “C” or better in all prerequisite courses. The required courses are:
- ENGL 1301 Composition I
- BIOL 2401 Anatomy & Physiology I

Official transcripts for all pre-requisite and co-requisite course work not completed at TJC must be submitted in the application packet. Coursework completed at TJC does not require submission of a transcript. Do not submit high school transcripts with your PTA program application packet.

BIOL 2401 and BIOL 2402
In order to demonstrate currency of knowledge in anatomy and physiology, BIOL 2401 and BIOL 2402 should be completed within five years of application to the program (no earlier than May 2014 for the 2019 Application Period). If BIOL 2401 or 2402 were completed after the five-year period and the student obtained an A or B, the student must establish currency of knowledge by obtaining a minimum of 70% on the Human Body Science section of the ATI TEAS Allied Health Test. If BIOL 2401 and BIOL 2402 were completed more than 5 years ago and the student achieved a C or less, the courses will not be considered eligible for application to the program.

Although the program has established a way to demonstrate currency of knowledge, it is highly recommended that all applicants have completed BIOL 2401 and BIOL 2402 in the last five years.

Clinical Observation
The goal of observation hours is to provide the applicant an opportunity to see and interact with practicing physical therapists and physical therapist assistants. Observation hours must be completed within 2 years of the application deadline:
- A total of 48 hours of direct observation with a PT or PTA is required and must be done in 3 different clinical locations. The hours may be divided as the applicant chooses, so long as there is a minimum of 8 hours in a given setting. At least one practice setting must be inpatient and one setting must be outpatient.
- Applicants are required to submit one brief observation report form for each observation site completed. (One Observation Report Form per observation site)
- Supervisors will complete one feedback form for each observation location. Supervisors should complete the feedback form, sign it, place it in an envelope, seal the envelope and sign across the seal—then return it to the applicant to submit with the remainder of the application documents. If the scores from the Observation Report Forms average less than 13/17 points, the students will not be allowed to progress through the application process.
  ★ Observation Feedback Form #1—Inpatient Facility
  ★ Observation Feedback Form #2—Outpatient Facility
  ★ Observation Feedback Form #3—Not specified
  ★ The Observation Feedback Form may not be completed by a family member or close friend.
The Observation Feedback Form must be completed by a different PT/PTA for each location.
(Ex: The same PT/PTA can’t complete one for outpatient and one for home health.)
It is the applicant’s responsibility to find clinical facilities willing to take student observers. Do not
contact the PTA Program requesting assistance with this.

ATI TEAS for Allied Health
The ATI TEAS is a standardized test covering a variety of areas relevant to healthcare education.
Applicants to the PTA program are required to complete the ATI TEAS prior to submission of the
application packet. Students may take the ATI TEAS a maximum of 2 times during each application
period. Applicants are financially responsible for the cost of the TEAS. Scores are good for 2 years within
the application deadline. Applicants must have achieved the minimum score required for each of the
designated components (see below), in order to use the results for application to the program. Scores
from the two attempts will not be utilized to meet the requirements. If you to take the TEAS test a
second time, you must retake all portions of the exam.

<table>
<thead>
<tr>
<th>Minimum Score Required for PTA Program</th>
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<tr>
<td>Composite</td>
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<tr>
<td>Reading</td>
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<tr>
<td>Science</td>
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</tbody>
</table>

Please check your TEAS score carefully prior to submitting application packet. Students not meeting the
minimum required scores will not be considered in the application process.

Tyler Junior College District and Enrollment
Applicants residing in the TJC tax district receive additional consideration in the application process.

Previous Degree
Extra consideration is given to applicants who have successfully completed a post-secondary
educational program and been awarded a degree. Applicants who have earned a certificate in a health
care field involving direct patient care also are eligible for extra consideration in the application process.

Drug Screen and Criminal Background Check
The top 20 candidates for the PTA Program must complete a drug screening and criminal background
check. Applicants are financially responsible for these costs. Applicants are not required to complete
this portion of the admissions process unless notified to do so. If a student has a criminal history that
hinders clinical education placement, they will not be offered a position in the program. This decision is
made at the discretion of the ACCE and the program director.

A criminal conviction may affect a graduate’s ability to attain state licensure. PTA students should also
be advised that persons who have a history of substance abuse or a criminal conviction that directly
relates to the practice of physical therapy may be disqualified from receiving a license. The Texas Board
of Physical Therapy Examiners reviews such cases on an individual basis. See Executive Council of
Occupational Therapy and Physical Therapy Examiners website for more information.

www.ptot.texas.gov
Previous Enrollment in a PTA Program or Health Science Program
Applicants are required to disclose if they have been previously enrolled in a PTA program or other health science program. The applicant must include written notification of the program in which they were enrolled and corresponding dates in their application packet at time of submission. Dismissal from another PTA program or other health science program may be grounds for prevention of admittance to the PTA program at TJC. See Previous Enrollment in a Healthcare Program Form in this packet.

On-Site Interview
Selected students will be invited to participate in an on-site interview with an admissions panel as the final step in the admissions process. *If more than one member of the interview panel rates a student as “unsatisfactory” or “marginal” on overall impression, the student will not be considered in the final selection of candidates.

A final cohort of students will be selected for admission to the Physical Therapy Assistant Program each year. Students will be notified of their standing in the admissions process in June. Classes will begin in August of each year. There will be a mandatory orientation session in early August.

Acceptance and Matriculation
Eighteen students will be accepted for the cohort starting in 2020. Cohorts start each fall. Twenty students matriculated into the PTA program in Fall 2015, 2016, 2017 and 2018.
Curriculum

Prerequisite Semester
ENGL 1301 Composition and Rhetoric 3
BIOL 2401 Anatomy and Physiology I 4

Fall Semester, Year 1
PTHA 1225 Communication in Health Care 2
PTHA 1301 The Profession of Physical Therapy 3
PTHA 1405 Basic Patient Care Skills 4
PTHA 1413 Functional Anatomy 4
BIOL 2402 Anatomy and Physiology II 4

Spring Semester, Year 1
PTHA 1321 Pathophysiology for the PTA 3
PTHA 1431 Physical Agents 4
PTHA 2201 Essentials of Data Collection 2
PTHA 2509 Therapeutic Exercise 5
PSYC 2314 Lifespan Growth and Development 3

Summer, Year 1
PTHA 1266 Practicum I 2

Fall Semester, Year 2
PTHA 2205 Neurology 2
PTHA 2431 Management of Neurological Disorders 4
PTHA 2435 Rehabilitation Techniques 4
PHIL 2306 Introduction to Ethics 3

Spring Semester, Year 2
PTHA 2239 Professional Issues 2
PTHA 2266 Practicum II 2
PTHA 2267 Practicum III 2

Total Semester Credit Hours: 62
Total Contact Hours: 2,128

Statement of Nondiscrimination
The College District gives equal consideration to all applicants and activities without regard to race, creed, color, religion, national origin, gender, age, marital status, disability, veteran status, or limited English proficiency. The College District respects the right of each person to work and learn in an environment that is free from unlawful sexual discrimination, including sexual harassment and sexual violence, or harassment based on any other basis prohibited by law. Retaliation against anyone involved in the complaint process is a violation of College District policy (DOA Local).
Essential Functions of Physical Therapist Assistant Students

There are several important factors for you to consider when you are determining your future career directions. To be successful in the PTA classroom and in your job following graduation, you should be able to meet all of the following expectations:

- Attend class approximately 10-29 hours a week or perform 40 hours a week of clinical education, depending on the stage of the program curriculum you are in.
- Complete all assignments on time.
- Participate in classroom discussions.
- Perform or instruct others in the following procedures (learned in class) in a timely manner: transfers, gait training, physical agents, activities of daily living, therapeutic exercises or activities, and data collection procedures.
- Use sound judgment and safety precautions (exposure to blood-borne pathogens and/or infectious disease may occur as part of the educational experience). Students are trained in safety/infection control and are expected to follow these guidelines to avoid contracting or transmitting disease.
- Meet class standards for successful course completion.
- Use critical thinking when making decisions.
- Follow standards stated in PTA Program Policy and Procedure Manual and the PTA Program Clinical Education Handbook.
- Address problems or questions to the appropriate person at the appropriate time.
- Maintain classroom, work area, equipment, supplies, personal appearance and hygiene conducive to a professional setting as appropriate.
• Behave in a competent, professional manner.

Physical requirements for the PTA Program include the need to occasionally, frequently or continually:
• Sit 2-5 hours per day with lecture blocks up to 3 hours.
• Stand 1-6 hours with lab time blocks up to 3 hours.
• Lift up to 60 pounds.
• Push/pull up to 50 pounds of force exerted at waist level.
• Squat or stoop.
• Use auditory, tactile and visual senses to assess physiological status of an individual.
• Demonstrate good standing and unsupported sitting balance.
• Demonstrate good finger dexterity.
• Coordinate verbal and manual instructions.
• Communicate effectively with a variety of people through written verbal and nonverbal methods.
• Use hands repetitively.
• Shift weight in sitting or standing.
• Demonstrate the ability to use a firm grasp while using physical therapy equipment and while performing physical therapy interventions.
• Reach above shoulder level.
• Kneel, kneel-stand and half-kneel.
• Use equipment that emits electrical, ultrasonic and thermal energy.
• Physically move and transfer patients.
• Discriminate between right and left sides of the body and extremities.

Students who have concerns about the ability to perform any of these functions should contact the PTA program director at (903) 510-2544. Individuals with disabilities may request reasonable accommodations or information by arranging an appointment with the Director if Disability Services. An appointment can be scheduled by calling (903) 510-3056.
ATI TEAS Allied Health
The ATI TEAS is offered at the Testing Center in Rogers Student Center at Tyler Junior College. Please read the following information carefully.

- Prior to the test date, each student must create a student account with ATI at www.atitesting.com. When you are filling out the account information, select “Tyler JC AH” from the Institutions drop down menu. (Please note that at this point you are only creating an account, not registering for the exam).

- Subsequent to receiving the ticket, you will then need to schedule an appointment to take the test at http://www.tjctesting.setmore.com/

- When students arrive for testing, they will need to pay a $25 proctoring fee. Payment can be made at the Testing Center or the Cashier’s Office in White Administrative Services Center. The cashier will accept check, credit card, money order or cash payments. Along with receipt of the proctoring fee payment, students will need to present a photo ID.

- Remember to bring the ATI Account User ID and Password. Once you are logged into your ATI account and the proctor has entered in the ATI TEAS for Allied Health password code, you will be required to make an online payment (approx. $55) to ATI. You will need to pay before proceeding with the exam. Credit card, debit card or Visa Gift Cards are acceptable forms of payment on the ATI website.

- The ATI TEAS takes 3.5 hours to complete. Due to the length of the exam, we will not start a new ATI TEAS exam within 4 hours of closing. For closing hours, students can visit: www.tjc.edu/testing.

- If you do not take the ATI TEAS AH at Tyler Junior College, you will be required to pay for an official transcript to be sent from ATI to the program director. This can be done on the ATI website.

- If you retake the ATI TEAS AH, you must obtain a retest ticket from a PTA program faculty member.

- You may take the ATI TEAS AH up to two times in one application period. Scores from different attempts will not be combined to qualify for application. Minimum scores must be achieved in a single attempt. Therefore, if you choose to retake the TEAS, you must retake the entire test. Helpful information about the ATI TEAS can be located at: https://atitesting.com/teas/teas-exam
Instructions for Observation Report Sheets

1. Answer all three questions.
2. Responses must be legible. Typed or handwritten responses are acceptable.
3. Attach an additional page if necessary.
4. DO NOT include any patient names or identifiable information about the patient. Providing patient names or identifiable information is a violation of the Health Insurance Portability and Accountability Act. All information in the response should be general. If you have any questions, please contact the PTA program at (903)510-2544 or (903)510-2166 or consult with the PT or PTA you are observing.

Additional information:

- HIPAA protects an individual’s health information and his/her demographic information. This is called “protected health information” or “PHI.” Information meets the definition of PHI if, even without the patient’s name. If you look at certain information and can tell who the person is, then it is PHI. The PHI can relate to past, present or future physical or mental health of the individual. PHI describes a disease, diagnosis, procedure, prognosis or condition of the individual and can exist in any medium—files, voicemail, email, fax or verbal communications.

- HIPAA defines information as protected health information if it contains the following information about the patient, the patient’s household members, or the patient’s employers:
  - Names
  - Dates relating to a patient, i.e. birthdates, dates of medical treatment, admission and discharge dates, and dates of death
  - Telephone numbers, addresses (including city, county, or zip code), fax numbers and other contact information
  - Social Security numbers
  - Medical records numbers
  - Photographs
  - Finger and voice prints
  - Any other unique identifying number

For example, the following information would be a HIPAA violation:

- “I observed the treatment of the woman who was involved in the car wreck on I-20 near Lindale on Christmas Day last year.”

The following are acceptable statements:

- “I was able to observe the treatment of patients who suffered traumatic injuries from automobile accidents and falls.”

- “Many of the patients treated in this facility had undergone total knee arthroplasty or total hip arthroplasty. These patients were unable to perform functional activities such as bathing, dressing and walking independently.”
Observation Report Sheet
Complete one per observation site

Applicant Name: ________________________________

Facility: ________________________________

Supervising Therapist: ________________________________

Dates of Observation: ________________________________

Attach this sheet to an additional sheet with the responses to the writing prompts below.

Your submission should contain 3 paragraphs containing 50–100 words each for each clinical observation site. Incomplete responses will not be accepted.

Do not include any patient names or identifiable personal information in this report! Doing so is a violation of the Health Insurance Portability and Accountability Act.

1. In 50–100 words, describe the clients you observed. (Ex: Age, diagnosis, functional ability)

2. In 50–100 words, describe the activities or treatment you observed. (Ex: self-care, therapeutic exercise, group exercise, gait training, modalities, etc.)

3. Write a brief paragraph (50–100 words) describing your impressions of the work setting? I.e., Is this a setting you might find desirable as a future place of employment or one that does not suit your interests and abilities? Were there situations or activities that were unexpected or went beyond your expectations?
Observation Feedback Form #1

Inpatient Facility

Applicant Name: ____________________________________________

Facility: __________________________________________________

Supervising Therapist: _______________________________________

Dates of Observation: _______________________________________

Total time spent in your facility: _______________________________

Please rate each professional behavior with the grading scale:

Student arrived promptly as scheduled ___________________________________________ Yes No
Explain:

Student dressed appropriately for the setting ___________________________________________ 1 2 3 4 5
Explain:

Student was professional with staff interactions ___________________________________________ 1 2 3 4 5
Explain:

Student was professional with clients/patient interactions ___________________________________________ 1 2 3 4 5
Explain:

Overall impressions of likely success in a PTA setting such as yours: ____________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Supervisor’s Signature: ___________________________ Date: ______________

License #: ____________________________________________

Phone: ___________________________ Email: ____________________________

Supervisor: Please fill out the form, place in a sealed envelope, and sign across the seal. Then, give envelope to student to turn in.
Observation Feedback Form #2
Inpatient Facility

Applicant Name: ________________________________________________________________

Facility:  Adam Fletcher

Supervising Therapist: _____________________________________________________________

Dates of Observation: _____________________________________________________________

Total time spent in your facility: ____________________________________________________

Please rate each professional behavior with the grading scale:

Student arrived promptly as scheduled........................................................................... Yes No
Explain:

Student dressed appropriately for the setting ................................................................. 1 2 3 4 5
Explain:

Student was professional with staff interactions ......................................................... 1 2 3 4 5
Explain:

Student was professional with clients/patient interactions ......................................... 1 2 3 4 5
Explain:

Overall impressions of likely success in a PTA setting such as yours: _____________________________

Supervisor’s Signature: __________________________________ Date: __________________________

License #: _________________________________________________________________

Phone: __________________________ Email: _________________________________________

Supervisor: Please fill out the form, place in a sealed envelope, and sign across the seal. Then, give envelope to student to turn in.
Observation Feedback Form #3

Inpatient Facility

Applicant Name: ____________________________________________

Facility: ___________________________________________________

Supervising Therapist: _______________________________________

Dates of Observation: _______________________________________

Total time spent in your facility: ______________________________

Please rate each professional behavior with the grading scale:

Student arrived promptly as scheduled __________________________ Yes No
Explain:

Student dressed appropriately for the setting ________________________ 1 2 3 4 5
Explain:

Student was professional with staff interactions _____________________ 1 2 3 4 5
Explain:

Student was professional with clients/patient interactions ____________________ 1 2 3 4 5
Explain:

Overall impressions of likely success in a PTA setting such as yours: ____________________________________________________________

______________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________

Supervisor’s Signature: __________________________ Date: _______________

License #: ______________________________________________________

Phone: __________________________ Email: ____________________________

Supervisor: Please fill out the form, place in a sealed envelope, and sign across the seal. Then, give envelope to student to turn in.
### Observation Hours Log
Submit one for each facility

<table>
<thead>
<tr>
<th>Date (Including Year)</th>
<th>Hours</th>
<th>Clinician Initials</th>
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</table>
Estimated Cost of the Program
*The following is the estimated cost of the program using the 2018-2020 tuition/fee schedule.*

<table>
<thead>
<tr>
<th></th>
<th>In-District Tuition and Fees: $9,205</th>
<th>Out-of-District Tuition and Fees: $12,925</th>
</tr>
</thead>
<tbody>
<tr>
<td>Books</td>
<td>$1,050</td>
<td>$1,200</td>
</tr>
<tr>
<td>Supplemental Items</td>
<td>$600</td>
<td>$600</td>
</tr>
<tr>
<td><strong>Estimated Cost for 62 Credit Hours:</strong></td>
<td><strong>$11,155</strong></td>
<td><strong>$14,825</strong></td>
</tr>
</tbody>
</table>

Refund policy is available on the College website at http://www.tjc.edu/info/20002/paying_for_college/675/tuition_paymentrefund_information/3

Students may need to travel outside the Tyler Service District for some of their clinical education experiences. Therefore, the students need to be prepared to travel and obtain their own housing at their expense for clinical education experiences.

To assist students in meeting college costs, TJC offers a comprehensive program of student financial aid. For more information on eligibility and application procedures, inquire at the Financial Aid Office located in White Administrative Services Center and refer to the current TJC Student Handbook.
Healthcare Employment Documentation Form

*Please check one:*

- Yes, I have been employed in a healthcare setting for at least 6 months. Information is below.
- No, I have not been employed in a healthcare setting.

This form will need to be completed and submitted as part of the application process.

To be considered for points for admission to the PTA Program, employment must meet the following criteria:

1. Employment must have been for a minimum of 6 continuous months in the same location.
2. Employment must have been within two years of application to PTA program.
3. Employment must have been in a healthcare setting and involved direct patient contact (verbal or physical).
4. Employment must be verifiable.
5. Employee must have left in good standing and be considered eligible for rehire.

Employment location: ________________________________

Dates of employment: ________________________________

Position held: ________________________________

Supervisor: ________________________________

Contact information of supervisor: ________________________________

Memo of Understanding

I, ________________________________, understand the following:

1. Students in the PTA program will be required to undergo a national background check and drug screening prior to enrollment in the program. The background check and drug screening may need to be repeated prior to clinical education experiences.
2. To be successful in the PTA classroom and in your job following graduation, you should be able to meet all of the expectations listed on the Essential Functions of the Physical Therapist Assistant Student document in this application packet.
3. Students are required to complete 3 clinical education experiences (PTHA 1266, PTHA 2266, PTHA 2267) lasting 6 weeks each to complete the PTA Program. Although the program attempts to place students in the Tyler area, students are likely to have to relocate for at least one of their clinical education experiences. The student is responsible for all housing and transportation costs related to relocating for clinical education.
### Courses

*This form will be used to help us locate your courses on your transcript. Please complete this form and insert it in your application packet. DO NOT open official transcripts.*

<table>
<thead>
<tr>
<th>Course Name</th>
<th>School Name (Ex: TJC, UT Tyler)</th>
<th>Semester Completed (Ex: Fall 2014)</th>
<th>Substitution Notes (must have prior approval)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGL 1301</td>
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<td></td>
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</tr>
<tr>
<td>BIOL 2401</td>
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<td></td>
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<tr>
<td>BIOL 2402</td>
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<td>PHIL 2306</td>
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<td>PSYC 2314</td>
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If you have previously completed a degree, please provide the following information:

School: ____________________________________________
Degree: __________________________________________
Date of graduation: ________________________________

*Important Note: If you are taking a course in the spring semester at another college, you may submit the packet without the official transcript, but you must have already arranged to hand deliver the official transcript to RNHS 2.239 as soon as available.*
Previous Enrollment in a Healthcare Program

Applicants are required to disclose if they have been previously enrolled in a healthcare program.

Please check one:

☐ Yes, I have been previously enrolled in a healthcare program.

☐ No, I have not been previously enrolled in a healthcare program.

If yes, please answer the following:

School: ________________________________

Program: ________________________________

Dates enrolled: ________________________________

If you were previously enrolled in a healthcare program, you are required to submit a letter of good standing from that program. This letter must be received by the application deadline.

Signature: ________________________________ Date: ________________________________