APPLICATION INFORMATION AND FORMS

Please read carefully the following instructions for completion of the forms for submitting the observation hours and PTA application. By following the instructions, completing the necessary forms and submitting them in a timely manner, the application process will be completed by the June 1 deadline.

The following address is to be used if you choose to mail the observation hour form/PTA application

Bishop State Community College
Physical Therapist Assistant Program
Baker-Gaines Central Campus
1365 Dr. Martin Luther King Avenue
Mobile, Alabama 36603

OBSERVATION HOUR FORM (VOLUNTEER/PAID) INSTRUCTIONS
Please print one form for each site where you complete 25 hours or more of volunteer or paid time. The criterion for admission includes a minimum of 25 hours at two different clinical setting types (hospital, nursing home, outpatient clinic). Remember any site where you volunteer or work will remove that site from potential clinical experiences while in the program.

Complete the front of the form and either bring the form or mail it to the PTA program office. The form must have all of the blanks completed prior to submitting. Once the program has received the form, the program will make contact with the person you indicated would verify the hours to receive an evaluation of your performance during the volunteer/paid time. It is the student’s responsibility to make sure the email address is correct and readable. Email that cannot be delivered is not the responsibility of the program.

The applicant will be assessed on communication skills, interest in the profession, professional behaviors (dress, punctuality, etc) and the ability to follow facility policies and procedures.

Because this will require additional time on the part of the program, we require that the hours be submitted to the program by May 15 to ensure that the additional information required for admission is obtained by the June 1 deadline. Any information that cannot be obtained by the June 1 deadline will result in an incomplete application and delay admission for a year. Please do not call the program to determine if the hours are in, check with the site to see if the clinician completed and submitted the form.

PTA PROGRAM APPLICATION
Please print and complete the PTA program application in its entirety. This includes all questions regarding ethnicity, student number, volunteer experiences, Bishop E-mail, admissions test scores, etc.

You may either mail the application to the PTA program (Address above) or bring it to the program office. All program applications must be in the PTA office by June 1.
If you are not accepted into the program the year in which you apply, you may request that your application and observation hours remain active for the preceding year. However, it is the applicant’s responsibility to make sure that all contact information for the preceding year is updated and accurate with the PTA program.

A minimum of 50 additional volunteer/paid hours is required and may be verified on facility letterhead. When requesting that your file remain active for the next year, please outline the steps you are taking to increase your chances of program acceptance. Please visit the web-site frequently for admission changes or updates.

**PRE-ADMISSION TESTING**
Effective March 2014, students making application to the physical therapist assistant program are required to take the TEAS V for allied health computerized test.

The TEAS V for allied health test will score the student in Reading, English, Math and Science. Please refer to the admission point scale to review the points awarded for the composite score.

The testing will be available on the Central Campus. At the time of the test the student will need to bring a government photo ID and a credit or debit card to pay for the test. Testing will begin in March each year and conclude before the application deadline.

You must call the PTA program to be scheduled for the TEAS V for allied health. The lab seats a maximum of fifteen students so please contact the PTA program to select a date and time. Once you have scheduled your time, you will not be able to reschedule except with permission of the test Proctor.

Information about the TEAS V for allied health can be accessed at the following web site: [www.ATIalliedhealth.com](http://www.ATIalliedhealth.com)

Please retain a copy of your scores as you will record your composite (overall) score as well as the individual score for each of the testing areas (English, Math, Reading and Science) in the designated area on the PTA application.

Students must take the test within six months of the Program application deadline. The cost of the test is determined by ATI and is subject to change; please refer to the ATI site for cost.

**Minimum requirements for program application include:**
- 2.75 overall GPA in the required pre-requisite courses
- 50 hours of paid or volunteer time/ 25 in 2 different clinical setting types
- Verification of hours/ evaluation form
- TEAS V for allied health
- Application to Bishop State (with transcripts) and PTA Program application

**Meeting the minimum requirements for application does not guarantee admission to the program.**

Revised 09/2014
BISHOP STATE COMMUNITY COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM

VERIFICATION OF WORK/VOLUNTEER HOURS

Please complete the following information and mail or hand deliver to the Bishop PTA program office. To ensure the deadline is met, it is required that the form be in the program office by May 15.

Name of Applicant (print) _________________________________________________________________

Signature of Applicant _________________________________________________________________

Name of Facility _________________________________________________________________________

Type of Facility _________________________________________________________________________

PT Department Director _______________________________________________________________

PT/PTA Supervisor _________________________________________________________________

Dates of Employment/Volunteer Service ___________________________________________________

____________________________________________________________________________________

Total hours_________ Volunteer hours______________ Paid hours_________________________

Please indicate whether this is the 1st ____, 2nd _____, 3rd ____ or other____ experience.

A verification of hours and student evaluation form will be sent to the person below:

Name of PT/ PTA verifying the hours / evaluation ____________________________________________

Preferred method of contact: email address _____________________________________________

Fax number ____________________________________________

Revised 9/2014
PROGRAM APPLICATION

Personal Information
Name ___________________________________________ Male ____ Female ____
Last First Middle
Other name(s) under which academic records may be found __________________________________________

Current Address ___________________________________________
Street City State Zip Code

Bishop State email address ____________________________ * (required)

Additional email address ____________________________

Telephone: Home ( ) __________________ Work ( ) ___________ Cell ( ) ___________

Date of Birth ___________________________ Bishop State Student Number ____________ *

Are you a U.S. citizen? Yes____ No ___

Information needed for statistical purposes for Accrediting Agency
Ethnic Background: Hispanic/Latino of any race____ White (not of Hispanic origin) __
American Indian/Alaskan Native ____ Asian____ Black or African American ____
Native Hawaiian/other Pacific Islander____ Two or more races____ Unknown____
Age at time of application to program___________

Educational Information
Please list all colleges and universities you have attended. If you have not attended a college or university, please list the high school from which you graduated. Official transcripts from each school attended must be sent to the Office of Student Development Services on the Central Campus (1365 Dr. Martin Luther King Ave., Mobile, Al 36603) Applicants with transfer credits are required to have all transcripts on file with the Student Development Services Office on Central Campus prior to submitting the application to the PTA Program.

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Please answer the following:

TEAS V for allied health scores: composite _____, English _____, Reading ____, Math _____, Science ______ Date of test: _______________________
Number of semesters ____/ dates ___________ which you attended Bishop State.
I was a member of the PTA Learning Community Yes____, No _____
I completed my Human Anatomy/Physiology I & II from ____________________ Institution
Human Anatomy/Phys I instructor_____________________ HA/Phys II Instructor ________________________

Professional/Work Experience
Please list all employment for the last three (3) years:

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Volunteer Experience
Please identify the sites in which you volunteered or observed for twenty-five (25) hours or more.

___________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Please provide the names of PT's or PTA's from whom you have requested to verify hours and provide the evaluation.

Name________________________ Facility____________________ Phone_________
Name________________________ Facility____________________ Phone_________

I understand I am responsible for ensuring that all application material is accurate and received by the deadline.

Signature_____________________________________________
Date_________________________________________________

NOTE:
Students admitted into the program will be required to undergo background checks and drug screens prior to clinicals. The cost of these tests is the responsibility of the student.

It is the official policy of Bishop State Community college that no persons shall, on the basis of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment.

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