

MISSOURI WESTERN STATE UNIVERSITY

COLLEGE OF LIBERAL ARTS AND SCIENCES
DEPARTMENT OF BIOLOGY
PHYSICAL THERAPIST ASSISTANT PROGRAM

Dear Prospective Student:

Thank you for your interest in the Missouri Western State University Physical Therapist Assistant Program. The Physical Therapist Assistant career path is both demanding and rewarding, as you look forward to the opportunity to enhance the quality of life of the people to whom you provide care. The PTA Program is an accredited, two-year academic, technical and clinical program leading to the Associate of Applied Science degree and a career as a Physical Therapist Assistant. The academic program begins Fall Semester and concludes with graduation following Summer Session of the second year. Upon successful completion of the degree program, students become eligible to take the examination for state licensure.

Application materials are enclosed. Please read all instructions carefully. You are responsible for verifying that all application materials have been properly completed and submitted. Please remember you must apply separately and independently to the PTA program and to Missouri Western State University. The minimum requirements for application to the PTA program are a high school diploma, or equivalent, and completion of the Missouri minimum core curriculum as required by the university. A strong background in science and math is desirable. You must submit transcripts and ACT (or SAT) scores to the PTA program even though they may already be on file at the university. For reasons that include standards of program accreditation, faculty:student ratio, and adequate clinical education opportunities, a limited number of students is admitted into the PTA program.

Application addresses:

PTA PROGRAM

Physical Therapist Assistant Program
Murphy Hall 304
Missouri Western State University
4525 Downs Drive
St. Joseph, MO 64507
tel: (816)271-4251
fax: (816)271-4168
e-mail: raffan@missouriwestern.edu

UNIVERSITY

Admissions Office
Missouri Western State University
4525 Downs Drive
St. Joseph, MO 64507
tel: (816)271-4266; (800)662-7041
fax: (816)271-5833

For first consideration, all Physical Therapist Assistant materials must be **received by March 31, 2010** for the PTA class starting Fall 2010. Late applications will be considered until Aug. 1, 2010, on a space-available basis. All application materials must be received before an application can be evaluated. The list of application materials below may be used to keep track of items submitted. Notification of admission will be mailed. If you have any questions regarding the program, or the admission process, please feel free to contact the program director, Maureen Raffensperger, PT, DPT, OCS, MS.

- | | | | |
|--------------------------|------------------|--------------------------|--|
| <input type="checkbox"/> | Application Form | <input type="checkbox"/> | Transcripts from High School and College |
| <input type="checkbox"/> | ACT scores | <input type="checkbox"/> | Three personal recommendation forms |
| <input type="checkbox"/> | Essay | <input type="checkbox"/> | Observation/Volunteer/Employment Form(s) |

4525 DOWNS DRIVE • ST. JOSEPH, MO • 64507

816: 271-4251 • FAX: 816-271-4168

EXPERIENCE:

Describe major work/volunteer/life experiences including your duties/roles. Include dates. Please include all types of life experiences, not just therapy related.

Please use additional space if needed.

REFERENCES:

Send enclosed personal recommendation forms to three persons qualified to submit pertinent information as to your potential professional qualifications. You may include a teacher, a health professional, an employer, or another professional person. Please do not include a relative. Have recommenders fill out forms, seal in an envelope and sign across the envelope flap. Return the sealed envelopes with your application.

Recommenders:

	Name	Address
1.	_____	_____
2.	_____	_____
3.	_____	_____

ESSAY:

On separate paper, please respond to the following question.

What has led you to consider the health care field, and specifically a career as a Physical Therapist Assistant? Why do you feel this is a good career for you? Include reasons you believe you can be successful. Describe one area where you feel some improvement would be helpful for a successful career and suggest some things you might do to improve that area.

EMPLOYMENT/VOLUNTEER/OBSERVATION FORM:

Each applicant is required to spend time observing, volunteering, or working in a physical therapy clinic. Twenty-four hours in two or more clinical settings is required before your application will be considered. At least one of these settings should be an acute hospital. The goal of observation hours is to achieve a basic familiarity with the nature and scope of the Physical Therapy profession. The experience must be completed and the form returned, prior to the application deadline.

Submit Application Materials to: Physical Therapist Assistant Program
Murphy Hall 304
Missouri Western State University
4525 Downs Drive
St. Joseph, MO 64507

RECOMMENDATION FORM

Dear Sir/Madam:

The person named below is applying to the Missouri Western State University Physical Therapist Assistant Program. A prospective member of the health team should possess certain characteristics, which are essential in a person who will be in close personal contact with the public and who will be providing a specialized health service.

Student: _____
 Address: _____ Phone: _____

APPLICANT: Under the Federal law entitled the Family Educational Rights and Privacy Act of 1974, students are given the right to inspect their records, including letters of recommendation. While we shall consider all letters of recommendation carefully, we believe that in many instances letters written in confidence in the long run are of greater utility in the assessment of a student's qualifications, abilities, and promise.

I _____ do _____ do not waive my right to review the content of this form.

Applicant Signature _____ Date _____

TO THE RECOMMENDER:

How well do you know the candidate: _____ Very well _____ Fairly well _____ Slightly

How long have you known the applicant? _____

In what capacity? _____

Please indicate your impression of this applicant with regard to each of the following factors by checking the appropriate rating.

FACTORS	EXCELLENT	GOOD	FAIR (average for college students)	POOR	UNABLE TO JUDGE & WHY
Motivation: genuineness and depth of commitment					
Maturity: personal development, ability to cope with life situations					
Ability to Perform under Adverse Conditions: performance under pressure, response to adversity					
Interpersonal Relations: ability to get along with others, rapport, cooperation, team building, attitudes toward supervision					
Empathy: sensitivity to needs of others, consideration, tact					
Critical Thinking: ability to problem solve, correlate and process information, think					
Judgment: common sense, decisiveness					
Resourcefulness: originality, skillful management of available resources					
Reliability: dependability, sense of responsibility, promptness, conscientiousness					
Leadership: ability to initiate, lead and/or supervise others					
Communication Skills: clarity of expression, articulateness, ability to listen					
Perseverance: completion of tasks					
Self-confidence: assuredness, capacity to achieve with awareness of own strengths and weaknesses					
Integrity: honesty, trustworthiness, uprightness, probity					
Personal Appearance: neat, tidy, orderly, clean					
Quality of Work: accuracy, efficiency, timeliness					

In the space provided, please discuss the characteristics of the applicant you feel will make him/her a competitive candidate for this professional program.

Positive Attributes:

Negative Attributes:

_____ This applicant receives my highest recommendation.

_____ I recommend this applicant with confidence.

_____ I recommend this applicant.

_____ I recommend this applicant with some reservations.

_____ I would not recommend this candidate for admission.

RECOMMENDER: Name _____ Date _____
Occupation _____
Address _____
City _____ State _____ Zip _____
Telephone _____
Signature _____

Return to candidate in sealed envelope with your signature across flap. The signature is important. If the signature across the envelope flap is missing, it will be assumed that the candidate has been able to see this recommendation. Thank you.

Physical Therapist Assistant Program
Murphy Hall 304
Missouri Western State University
4525 Downs Drive
St. Joseph, MO 64507

RECOMMENDATION FORM

Dear Sir/Madam:

The person named below is applying to the Missouri Western State University Physical Therapist Assistant Program. A prospective member of the health team should possess certain characteristics, which are essential in a person who will be in close personal contact with the public and who will be providing a specialized health service.

Student: _____
 Address: _____ Phone: _____

APPLICANT: Under the Federal law entitled the Family Educational Rights and Privacy Act of 1974, students are given the right to inspect their records, including letters of recommendation. While we shall consider all letters of recommendation carefully, we believe that in many instances letters written in confidence in the long run are of greater utility in the assessment of a student's qualifications, abilities, and promise.

I _____ do _____ do not waive my right to review the content of this form.

Applicant Signature _____ Date _____

TO THE RECOMMENDER:

How well do you know the candidate: _____ Very well _____ Fairly well _____ Slightly

How long have you known the applicant? _____

In what capacity? _____

Please indicate your impression of this applicant with regard to each of the following factors by checking the appropriate rating.

FACTORS	EXCELLENT	GOOD	FAIR (average for college students)	POOR	UNABLE TO JUDGE & WHY
Motivation: genuineness and depth of commitment					
Maturity: personal development, ability to cope with life situations					
Ability to Perform under Adverse Conditions: performance under pressure, response to adversity					
Interpersonal Relations: ability to get along with others, rapport, cooperation, team building, attitudes toward supervision					
Empathy: sensitivity to needs of others, consideration, tact					
Critical Thinking: ability to problem solve, correlate and process information, think					
Judgment: common sense, decisiveness					
Resourcefulness: originality, skillful management of available resources					
Reliability: dependability, sense of responsibility, promptness, conscientiousness					
Leadership: ability to initiate, lead and/or supervise others					
Communication Skills: clarity of expression, articulateness, ability to listen					
Perseverance: completion of tasks					
Self-confidence: assuredness, capacity to achieve with awareness of own strengths and weaknesses					
Integrity: honesty, trustworthiness, uprightness, probity					
Personal Appearance: neat, tidy, orderly, clean					
Quality of Work: accuracy, efficiency, timeliness					

In the space provided, please discuss the characteristics of the applicant you feel will make him/her a competitive candidate for this professional program.

Positive Attributes:

Negative Attributes:

_____ This applicant receives my highest recommendation.

_____ I recommend this applicant with confidence.

_____ I recommend this applicant.

_____ I recommend this applicant with some reservations.

_____ I would not recommend this candidate for admission.

RECOMMENDER: Name _____ Date _____
Occupation _____
Address _____
City _____ State _____ Zip _____
Telephone _____
Signature _____

Return to candidate in sealed envelope with your signature across flap. The signature is important. If the signature across the envelope flap is missing, it will be assumed that the candidate has been able to see this recommendation. Thank you.

Physical Therapist Assistant Program
Murphy Hall 304
Missouri Western State University
4525 Downs Drive
St. Joseph, MO 64507

RECOMMENDATION FORM

Dear Sir/Madam:

The person named below is applying to the Missouri Western State University Physical Therapist Assistant Program. A prospective member of the health team should possess certain characteristics, which are essential in a person who will be in close personal contact with the public and who will be providing a specialized health service.

Student: _____
 Address: _____ Phone: _____

APPLICANT: Under the Federal law entitled the Family Educational Rights and Privacy Act of 1974, students are given the right to inspect their records, including letters of recommendation. While we shall consider all letters of recommendation carefully, we believe that in many instances letters written in confidence in the long run are of greater utility in the assessment of a student's qualifications, abilities, and promise.

I _____ do _____ do not waive my right to review the content of this form.

Applicant Signature _____ Date _____

TO THE RECOMMENDER:

How well do you know the candidate: _____ Very well _____ Fairly well _____ Slightly

How long have you known the applicant? _____

In what capacity? _____

Please indicate your impression of this applicant with regard to each of the following factors by checking the appropriate rating.

FACTORS	EXCELLENT	GOOD	FAIR (average for college students)	POOR	UNABLE TO JUDGE & WHY
Motivation: genuineness and depth of commitment					
Maturity: personal development, ability to cope with life situations					
Ability to Perform under Adverse Conditions: performance under pressure, response to adversity					
Interpersonal Relations: ability to get along with others, rapport, cooperation, team building, attitudes toward supervision					
Empathy: sensitivity to needs of others, consideration, tact					
Critical Thinking: ability to problem solve, correlate and process information, think					
Judgment: common sense, decisiveness					
Resourcefulness: originality, skillful management of available resources					
Reliability: dependability, sense of responsibility, promptness, conscientiousness					
Leadership: ability to initiate, lead and/or supervise others					
Communication Skills: clarity of expression, articulateness, ability to listen					
Perseverance: completion of tasks					
Self-confidence: assuredness, capacity to achieve with awareness of own strengths and weaknesses					
Integrity: honesty, trustworthiness, uprightness, probity					
Personal Appearance: neat, tidy, orderly, clean					
Quality of Work: accuracy, efficiency, timeliness					

In the space provided, please discuss the characteristics of the applicant you feel will make him/her a competitive candidate for this professional program.

Positive Attributes:

Negative Attributes:

_____ This applicant receives my highest recommendation.

_____ I recommend this applicant with confidence.

_____ I recommend this applicant.

_____ I recommend this applicant with some reservations.

_____ I would not recommend this candidate for admission.

RECOMMENDER: Name _____ Date _____
Occupation _____
Address _____
City _____ State _____ Zip _____
Telephone _____
Signature _____

Return to candidate in sealed envelope with your signature across flap. The signature is important. If the signature across the envelope flap is missing, it will be assumed that the candidate has been able to see this recommendation. Thank you.

Physical Therapist Assistant Program
Murphy Hall 304
Missouri Western State University
4525 Downs Drive
St. Joseph, MO 64507

CLINICAL OBSERVATION RECORD

APPLICANT INFORMATION Name _____ Phone (opt) _____

Upon completion of the observation requirement, it is expected that the applicant will be able to describe in general terms, the nature of physical therapy practice and to state why he/she has chosen to pursue a career as a Physical Therapist Assistant.

Physical Therapy Facility _____

Applicant Status: _____ Observer _____ Volunteer _____ Employee _____

If volunteer or employee, describe duties: _____

The Family Education Rights and Privacy Act of 1974 extends to students the right to inspect and review application materials. The law also permits the student to sign a waiver relinquishing his/her rights to inspect such material.

I do _____/ do not _____ waive my right to review the content of this form.

Signature _____ Date _____

CLINICIAN INFORMATION

The purpose of this observation requirement is to acquaint the applicant with the nature and scope of the Physical Therapy profession, and expose him/her to a variety of physical therapy practice settings. The following information must be completed and signed either by a Physical Therapist or Physical Therapist Assistant, then returned to the address below. If the applicant has waived rights to review this form, and you wish to give the form to the candidate, please place it in an envelope, seal the envelope and place your signature across the sealed flap.

PLEASE CONSIDER THE FOLLOWING BEHAVIORS

		4	3	2	1	NA
1.	Applicant arrived on time and stayed for agreed upon hours.					
2.	Applicant's appearance/dress was neat and appropriate.					
3.	Applicant displayed effective listening skills and good verbal communication skills.					
4.	Applicant observed attentively and with interest.					
5.	Applicant's behavior showed confidence and enthusiasm.					
6.	Applicant's questions and comments indicated a desire to learn about the field of physical therapy.					

Note: 4 = yes/excellent 1 = no/poor

HOURS OBSERVED:

COMMENTS: _____

SIGNATURE: _____

Please send to: Physical Therapist Assistant Program
 Murphy Hall 304
 Missouri Western State University
 4525 Downs Drive
 St. Joseph, MO 64507

DATE: _____

APPLICANT: make copies of this form as needed.

CLINICAL OBSERVATION RECORD

APPLICANT INFORMATION Name _____ Phone (opt) _____

Upon completion of the observation requirement, it is expected that the applicant will be able to describe in general terms, the nature of physical therapy practice and to state why he/she has chosen to pursue a career as a Physical Therapist Assistant.

Physical Therapy Facility _____

Applicant Status: _____ Observer _____ Volunteer _____ Employee _____

If volunteer or employee, describe duties: _____

The Family Education Rights and Privacy Act of 1974 extends to students the right to inspect and review application materials. The law also permits the student to sign a waiver relinquishing his/her rights to inspect such material.

I do _____/ do not _____ waive my right to review the content of this form.

Signature _____ Date _____

CLINICIAN INFORMATION

The purpose of this observation requirement is to acquaint the applicant with the nature and scope of the Physical Therapy profession, and expose him/her to a variety of physical therapy practice settings. The following information must be completed and signed either by a Physical Therapist or Physical Therapist Assistant, then returned to the address below. If the applicant has waived rights to review this form, and you wish to give the form to the candidate, please place it in an envelope, seal the envelope and place your signature across the sealed flap.

PLEASE CONSIDER THE FOLLOWING BEHAVIORS

		4	3	2	1	NA
1.	Applicant arrived on time and stayed for agreed upon hours.					
2.	Applicant's appearance/dress was neat and appropriate.					
3.	Applicant displayed effective listening skills and good verbal communication skills.					
4.	Applicant observed attentively and with interest.					
5.	Applicant's behavior showed confidence and enthusiasm.					
6.	Applicant's questions and comments indicated a desire to learn about the field of physical therapy.					

Note: 4 = yes/excellent 1 = no/poor

HOURS OBSERVED:

COMMENTS: _____

SIGNATURE: _____

Please send to: Physical Therapist Assistant Program
Murphy Hall 304
Missouri Western State University
4525 Downs Drive
St. Joseph, MO 64507

DATE: _____

APPLICANT: make copies of this form as needed.

CLINICAL OBSERVATION RECORD

APPLICANT INFORMATION Name _____ Phone (opt) _____

Upon completion of the observation requirement, it is expected that the applicant will be able to describe in general terms, the nature of physical therapy practice and to state why he/she has chosen to pursue a career as a Physical Therapist Assistant.

Physical Therapy Facility _____

Applicant Status: _____ Observer _____ Volunteer _____ Employee _____

If volunteer or employee, describe duties: _____

The Family Education Rights and Privacy Act of 1974 extends to students the right to inspect and review application materials. The law also permits the student to sign a waiver relinquishing his/her rights to inspect such material.

I do _____/ do not _____ waive my right to review the content of this form.

Signature _____ Date _____

CLINICIAN INFORMATION

The purpose of this observation requirement is to acquaint the applicant with the nature and scope of the Physical Therapy profession, and expose him/her to a variety of physical therapy practice settings. The following information must be completed and signed either by a Physical Therapist or Physical Therapist Assistant, then returned to the address below. If the applicant has waived rights to review this form, and you wish to give the form to the candidate, please place it in an envelope, seal the envelope and place your signature across the sealed flap.

PLEASE CONSIDER THE FOLLOWING BEHAVIORS

		4	3	2	1	NA
1.	Applicant arrived on time and stayed for agreed upon hours.					
2.	Applicant's appearance/dress was neat and appropriate.					
3.	Applicant displayed effective listening skills and good verbal communication skills.					
4.	Applicant observed attentively and with interest.					
5.	Applicant's behavior showed confidence and enthusiasm.					
6.	Applicant's questions and comments indicated a desire to learn about the field of physical therapy.					

Note: 4 = yes/excellent 1 = no/poor

HOURS OBSERVED:

COMMENTS: _____

SIGNATURE: _____

Please send to: Physical Therapist Assistant Program
 Murphy Hall 304
 Missouri Western State University
 4525 Downs Drive
 St. Joseph, MO 64507

DATE: _____

APPLICANT: make copies of this form as needed.