MISSOURI WESTERN STATE UNIVERSITY

COLLEGE OF PROFESSIONAL STUDIES SCHOOL OF NURSING AND HEALTH PROFESSIONS 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 or TEAS) scores to the PTA program even though they may already be on file with 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: raffen@.missouriwestern.edu

UNIVERSITY

fax: (816)271-5833

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

All Physical Therapist Assistant materials must be <u>received by March 31, 2020</u> for the PTA class starting fall 2020. <u>All</u> 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 at <u>raffen@missouriwestern.edu</u>.

Application Form	Transcripts from High School and College
ACT or TEAS score	Three personal recommendation forms
Essay	Observation/Volunteer/Employment Form(s)

2020 Application Missouri Western State University Physical Therapist Assistant Program

Last Na	me	First Name	N	Middle	Maiden/Aliases
Current Address			Permanent Ad	dress	
City	State	Zip	City	State	Zip
Home/I	Dorm Phone	Cell P	hone	G num	ber (if Western student)
Age ssn	Date of Birth		email address		last 4 digits
High School Atte	ended:				
High School	City	Stat	te Zip	Ye	ear Graduated
Colleges/Univers	sities Attended:				
Institution	City	State	Dates Attd.	Degree	Hours Completed
Institution	City	State	Dates Attd.	Degree	Hours Completed
I'm currently en	rolled in these courses:	Cur	rent Major:		
*Have you ever	worked in a Physical Tl	nerapy Departmer	nt? yes	How long?	No
Duties	worked in other health				
wnere	ong and When				

^{*}Please provide verification of therapy related employment, volunteer activity, and/or observation time on the clinical observation form provided.

Descri	ERIENCE: ibe major work/volu experiences, not jus	inteer/life experiences including t therapy related.	your duties/roles.	Include dates.	Please include all type
Please	use additional space	e if needed.			
Send of potent profes sign a	ial professional qua sional person. Plea cross the envelope	commendation forms to three pulifications. Your may include se do not include a relative. He flap. Return the sealed enveloot include more than three recommendations.	a teacher, a health ave recommenders pes with your app	n professional, a s fill out forms,	an employer, or anothe seal in an envelope and
Recon	nmenders:				
1. 2. 3.		Address			

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 self-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. A total of twenty-four hours is required before your application will be considered. You must observe both inpatient (hospital, nursing home, rehabilitation) and outpatient therapy in two different settings. A minimum of two hours must be spent in each setting. The goal of observation hours is to achieve a basic familiarity with the nature and scope of the Physical Therapy profession. The experiences must be completed and the forms 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 prospective member of the health team should possess cer personal contact with the public and who will be providing	tain characteristics,	which are			
Student:Address:		Phor	ne:		-
APPLICANT: Under the Federal law entitled the Famiright to inspect their records, including letters of reconcarefully, we believe that in many instances letters written student's qualifications, abilities, and promise. I do do not waive my right to review the conApplicant Signature	nmendation. While in confidence in the ntent of this form.	e we shall long run a	consider all let re of greater util	tters of rec	ommendation
TO THE RECOMMENDER: How well do you know the candidate: Very well How long have you known the applicant? In what capacity? Please indicate your impression of this applicant with regar				the appropr	riate rating
rease indicate your impression of this applicant with rega-		lowing fact	ors by enceking	ше арргорі	nate 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 Description 1 de la					
Personal Appearance: neat, tidy, orderly, clean Ouglity of Work: neguracy officiency timeliness					

	ce provided, please disc for this professional pro		of the applicant	you feel wil	l make him/her	a competitive
Positive A	ttributes:					
Negative A	Attributes:					
I NO BUILT OF						
Please ch	eck ONE of the followi	ng:				
Т	his applicant receives m	y highest recommendat	ion.			
I	recommend this applica	nt with confidence.				
I	recommend this applica	nt.				
I	recommend this applica	nt with some reservation	ns.			
I	would not recommend t	his candidate for admiss	sion.			
F	RECOMMENDER:	Name		Date _		
		Occupation				-
		Address				
		Telephone				_
		Signature				-
Place this	recommendation in a					

Place this recommendation in a sealed envelope with your signature across the flap. Send to the address below, or return to the applicant. Your signature is important. If the signature across the envelope flap is missing, it will be assumed that the applicant has been able to see this recommendation and it will be discarded. 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

Dear Sir/Madam:					
The person named below is applying to the Missouri prospective member of the health team should possess cer personal contact with the public and who will be providing	tain characteristics,	which are			
Student: Address:		Phor	ne:		_ -
APPLICANT: Under the Federal law entitled the Fami right to inspect their records, including letters of record carefully, we believe that in many instances letters written student's qualifications, abilities, and promise. I do do not waive my right to review the condepolicant Signature	ly Educational Righnmendation. While in confidence in the other than the of this form.	nts and Prive we shall tong run a	vacy Act of 197 consider all let re of greater util	4, students tters of rec	are given the ommendation
TO THE RECOMMENDER: How well do you know the candidate: Very well How long have you known the applicant? In what capacity? Please indicate your impression of this applicant with rega				the appropr	riate rating.
			,g	FFF	8.
FACTORS	EXCELLENT	GOOD	FAIR (average for college students)	POOR	UNABLE TO JUDGE & WHY
Motivation: genuineness and depth of			students)		WIII
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					
with awareness of own strengths and weaknesses					
Integrity: honesty, trustworthiness, uprightness, probity					
Personal Appearance: neat, tidy, orderly, clean					
Quality of Work: accuracy, efficiency, timeliness					
Zumity of troin, accuracy, ciffcioncy, timelifiess			[l

In the space provided, please di- candidate for this professional pr	scuss the characteristics of the app ogram.	licant you feel v	will make him/her	a competitive
Positive Attributes:				
Negative Attributes:				
_				
Please check ONE of the follow	ing:			
This applicant receives i	my highest recommendation.			
I recommend this applic	ant with confidence.			
I recommend this applic	ant.			
I recommend this applic	ant with some reservations.			
I would not recommend	this candidate for admission.			
RECOMMENDER:	Name	Dat	e	
	Occupation			
	Address City Telephone	State	7:	
	City	State	Zıp	
	TelephoneSignature			_
Place this recommendation in a	sealed envelope with your signat	ure across the f	lap. Send to the a	ddress below

Place this recommendation in a sealed envelope with your signature across the flap. Send to the address below, or return to the applicant. Your signature is important. If the signature across the envelope flap is missing, it will be assumed that the applicant has been able to see this recommendation and it will be discarded. 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

Personal Appearance: neat, tidy, orderly, clean
Quality of Work: accuracy, efficiency, timeliness

Dear Sii/Madaiii.					
The person named below is applying to the Missouri prospective member of the health team should possess cer personal contact with the public and who will be providing	tain characteristics,	which are			
Student: Address:		Phor	ne:		-
					_
APPLICANT: Under the Federal law entitled the Fami right to inspect their records, including letters of record carefully, we believe that in many instances letters written student's qualifications, abilities, and promise. I do do not waive my right to review the condense Applicant Signature	nmendation. While in confidence in the ntent of this form.	e we shall e long run a	consider all let re of greater util	tters of rec	ommendation
TO THE RECOMMENDER: How well do you know the candidate: Very well How long have you known the applicant?	Fairly well	S	lightly		
In what capacity?	rd to each of the fol	lowing fact	ors by checking	the appropr	riate rating.
Trease maleure your impression of this appream with regu	ra to cach of the for	io wing race	ors by encening	ше прргор	ince rainig.
FACTORS	EXCELLENT	GOOD	FAIR (average for college	POOR	UNABLE TO JUDGE &
Matinations anning and I had af			students)		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	1	1		1	

In the space provided, please d candidate for this professional profes		applicant you fee	el will make him	/her a competitive
Positive Attributes:				
Negative Attributes:				
Please check ONE of the follow	ving:			
	<u> </u>			
This applicant receives	my highest recommendation.			
I recommend this applie	cant with confidence			
Trecommend this application	cant with confidence.			
I recommend this applie	cant.			
T				
I recommend this applie	cant with some reservations.			
I would not recommend	I this candidate for admission.			
RECOMMENDER:	Name	I	Date	
	Occupation			
	AddressCity	State	Zip	
	Telephone		I	
	Signature			
Place this recommendation in	a sealed envelope with your sig	nature across th	e Hap. Send to t	he address below

Place this recommendation in a sealed envelope with your signature across the flap. Send to the address below, or return to the applicant. Your signature is important. If the signature across the envelope flap is missing, it will be assumed that the applicant has been able to see this recommendation and it will be discarded. Thank you.

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

CLINICAL OBSERVATION RECORD

AP]	PLICANT INFORMATION Name			Phone	(opt)	
	Upon completion of the observation requirement, it is	s expecte	d that the	applicant v	will be able	e to describe in
	general terms, the nature of physical therapy practice	and to st	ate why l	ne/she has	chosen to	pursue a career
	as a Physical Therapist Assistant.					
	Physical Therapy Facility					
	Applicant Status: Observer Volume	nteer	Emp	loyee		
If v	rolunteer or employee, describe duties:					
The	Family Education Rights and Privacy Act of 1974 extends	to studer	its the rigl	ht to inspec	et and revie	ew application
	erials. The law also permits the student to sign a waiver re					
	I do/ do not waive my right to review				1	
	Applicant Signature		Da	te		
The Ther must addr	INICIAN INFORMATION purpose of this observation requirement is to acquaint the rapy profession, and expose him/her to a variety of physical to be completed and signed either by a Physical Therapist ess below. If the applicant has waived rights to review the seplace it in an envelope, seal the envelope and place you PLEASE CONSIDER THE FOR	al therapy t or Phys is form, a r signatur	r practice ical Therand you wi e across the	settings. Tapist Assis sh to give the sealed fl	The followitant, then the form to	ing information returned to the
	PLEASE CONSIDER THE FOR	_	.			T 37.
	A 1' (1 (1 (1 (1 (1 (1 (1 (1 (1	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.		11 , 1			
	Note: 4	= yes/exc	ellent l	= no/poor	•	
но	URS OBSERVED: TYPE OF SETTIN	G: inpa	tient	ou	tpatient	
CO	MMENTS:					
SIG	NATURE: Please	send to:		al Therapis		t Program
				y Hall 304		
DAT	TE:			uri Westerr		versity
				Downs Driv		
			St. Jos	eph, MO 6	4507	

*CLINICIANS: PLEASE provide comments. They are important in the selection process. Points are given for any positive comments. No comment = 0 points. Negative comments result in deduction of points.

CLINICAL OBSERVATION RECORD

API	PLICANT INFORM	ATION Name				Phone	(opt)		
	PLICANT INFORM. Upon completion of the	he observation requi	rement, it is	expected	d that the	_ applicant v	vill be able	e to describe	n
	general terms, the nat	ure of physical thera	py practice a	and to st	ate why h	e/she has o	chosen to j	pursue a care	er
	as a Physical Therapis								
	Physical Therapy Fa	cility							
	Applicant Status:	Observer	Volunt	eer	Emp	loyee			
If v	olunteer or employee, desc	cribe duties:							
The	Family Education Rights a	nd Privacy Act of 10	974 extends t	o studen	ts the righ	nt to inspec	et and revie	ew annlication	,
	rials. The law also permit								1
mate	I do/ do not _						speet such	material.	
	Applicant Signature _				Da	te			
		TION							
	INICIAN INFORMA								_
	purpose of this observation								
	apy profession, and expos			1.0		_		_	
	be completed and signed								
	ess below. If the applicant							the candidat	e,
pleas	se place it in an envelope,	seal the envelope and	d place your	signatur	e across th	ne sealed fl	ap.		
	PL	EASE CONSIDER	THE FOLI	LOWIN	G BEHA	VIORS			
				4	3	2	1	NA	
1.	Applicant arrived on tin hours.	ne and stayed for agr	eed upon						
2.	Applicant's appearance/	dress was neat and a	ppropriate.						
3.	Applicant displayed effective verbal communication s		and good						
4.	Applicant observed atter	ntively and with inte	rest.						
5.	Applicant's behavior sho								
	enthusiasm.								
6.	Applicant's questions an		ed a desire						
	to learn about the field of	of physical therapy.	37 . 4		11	,			
			Note: 4 =	yes/exc	ellent l	= no/poor			
		ì				_	. Г	\neg	
HOU	URS OBSERVED:	TYPE O	F SETTING	: inpa	tient	ou	tpatient 💄		
		_							
CON	MMENTS:								
CIC			DI	1.	DI '	1.001		· D	
SIG	NATURE:		Please s	end to:		al Therapis		t Program	
						y Hall 304			
DAT	`E:					ıri Western		versity	
						Oowns Driv			
					St. Jos	eph, MO 6	4507		

*CLINICIANS: PLEASE provide comments. They are important in the selection process. Points are given for any positive comments. No comment = 0 points. Negative comments result in deduction of points.

CLINICAL OBSERVATION RECORD

APPLICANT INFORMATION Name			Phone	(opt)	
APPLICANT INFORMATION Name	it is expected	that the	_ applicant v	will be abl	e to describe
general terms, the nature of physical therapy prac	tice and to sta	ate why h	e/she has	chosen to	pursue a care
as a Physical Therapist Assistant.					
Physical Therapy Facility Applicant Status: Observer Volume 1.50					
Applicant Status: Observer Volume Volum	olunteer	Empl	loyee		
If volunteer or employee, describe duties:					
The Family Education Rights and Privacy Act of 1974 exte	nds to studen	ts the righ	it to inspec	et and revi	ew application
materials. The law also permits the student to sign a waive	r relinquishin	g his/her	rights to in	spect such	n material.
I do/ do not waive my right to rev	view the conto	ent of this	form.		
Applicant Signature		Dat	e		
CLINICIAN INFORMATION					
The purpose of this observation requirement is to acquair					
Therapy profession, and expose him/her to a variety of phy					
must be completed and signed either by a Physical Thera					
address below. If the applicant has waived rights to review					the candidat
please place it in an envelope, seal the envelope and place y	our signature	e across th	e sealed fl	ap.	
PLEASE CONSIDER THE I	FOLLOWIN	G BEHA	VIORS		
	1 4			Τ	NT A
1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4	3	2	1	NA
Applicant arrived on time and stayed for agreed upo hours.	n				
	4.				
2. Applicant's appearance/dress was neat and appropria					
3. Applicant displayed effective listening skills and go	od				
verbal communication skills.					
4. Applicant observed attentively and with interest.			1	 	
5. Applicant's behavior showed confidence and					
enthusiasm.	:				
6. Applicant's questions and comments indicated a desito learn about the field of physical therapy.	ire				
	4 = yes/exc	ellent 1	= no/poor		
HOURS ORSEDVED. Type OF SETT		4:4	<u> </u>	44:4	
HOURS OBSERVED: TYPE OF SETT	ING: inpa	tient	ou	tpatient [
COMMENTS:					
CICNATURE	•	DI '	1 7771		· D
SIGNATURE: Ple	ease send to:				t Program
D. ATER			y Hall 304		• •,
DATE:			ıri Westerr		iversity
			owns Driv		
		St. Jose	eph, MO 6	450/	

*CLINICIANS: PLEASE provide comments. They are important in the selection process. Points are given for any positive comments. No comment = 0 points. Negative comments result in deduction of points.