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

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

- Application Form
- ACT or TEAS score
- Essay
- Transcripts from High School and College
- Three personal recommendation forms
- Observation/Volunteer/Employment Form(s)
2020 Application
Missouri Western State University
Physical Therapist Assistant Program

Date ________________________

_____________________________________________________________________________________________

Last Name            First Name         Middle                              Maiden/Aliases
_______________________________________  ___________________________________________

Current Address                   Permanent Address
_______________________________________  ___________________________________________

City                      State  Zip  City                      State  Zip
__________________________       __________________________       __________________________

Home/Dorm Phone                                    Cell Phone           G number (if Western student)
____________             _____________             _____________________________________             ___________

Age                      Date of Birth                                   email address                                               last 4 digits

High School Attended:

High School  City   State  Zip  Year Graduated

Colleges/Universities Attended:

Institution              City  State  Dates Attd. Degree               Hours Completed

Institution  City  State  Dates Attd. Degree               Hours Completed

I’m currently enrolled in these courses:  Current Major: _______________________

_______________________________
_______________________________
_______________________________

*Have you ever worked in a Physical Therapy Department?  ____ yes  ____ How long?  ____ No

*Have you ever worked in other health fields?
Duties  ___________________________________________________________________
Where  ___________________________________________________________________
How Long and When ________________________________________________________

*Please provide verification of therapy related employment, volunteer activity, and/or observation time on the clinical observation form provided.
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 or have the recommender send directly to us. Please do not include more than three recommendations.

Recommenders:

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 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
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.

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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:

Please check ONE of the following:

____ 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  _____________________________________________

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:

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.

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Positive Attributes:

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Please check ONE of the following:

____ 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  _____________________________________________

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

Please check ONE of the following:

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___ 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  _____________________________________________

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

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.

Applicant 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

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

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

HOURS OBSERVED: [ ] TYPE OF SETTING: [ ] inpatient [ ] outpatient [ ]

COMMENTS: __________________________________________________________

__________________________________________________________________

SIGNATURE: ___________________________  Please send to: Physical Therapist Assistant Program

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

DATE: ________________

*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)________________

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.

Applicant 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

| 1. Applicant arrived on time and stayed for agreed upon hours. | 4 | 3 | 2 | 1 | NA |
| 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: ______ TYPE OF SETTING: inpatient ______ outpatient ______

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SIGNATURE: _______________________________ Please send to: Physical Therapist Assistant Program

DATE: __________________ Murphy Hall 304

__________________________________________ Missouri Western State University

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COMMENTS: ________________________________________________________________

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