

# Arkansas State University

## Physical Therapist Assistant Program

### Application Packet

Dear Applicant,

Thank you for expressing an interest in the Physical Therapist Assistant Program at Arkansas State University (ASU) in Jonesboro, Arkansas. Enclosed are the forms and instructions necessary to initiate the application process for our program. Please review the entire packet and read the instructions carefully before completing the forms.

The Physical Therapist Assistant Program at ASU is an associate-level program that begins in the first summer term each year, is 1 year in length and is designed to prepare a generalist physical therapist assistant and to foster lifelong learning and development. The Associate in Applied Science (AAS) degree is awarded upon successful completion of the program. In addition to classroom and laboratory experiences, each student engages in 16 weeks of full-time clinical education internships.

Admission to the Physical Therapist Assistant Program is a competitive process. Up to twenty-four (24) students are admitted each year. In order to produce graduates who will be competent to serve in the many roles required of a physical therapist assistant, the faculty values a mature applicant, one who has demonstrated his/her academic and cognitive abilities as well as his/her personal and professional potential. Applicants to the program should possess the following minimum qualifications:

- Be an ASU System student – for admissions information, contact the Admissions Office, PO Box 1630, State University, AR 72467. Phone: 800-382-3030 Internet: <http://admissions.astate.edu>.
- Be aware of the University General Requirements for Associate Degrees found in the ASU Undergraduate Bulletin - <http://registrar.astate.edu/bulletin.htm>
- Be aware of the Abilities and Skills of the Physical Therapist Assistant (page 2 of this packet)
- Complete the required prerequisite coursework (see page 5 of this packet) prior to admission

**The application deadline for any given year is April 1. All application materials must be received on or before April 1 of each year. Any application materials received after this date will be classified as late and may not be processed for the class beginning in that year. In addition, the Admissions Committee must be able to verify that the applicant has made application to ASU. Applicants for whom the Admissions Office has not received a completed application packet by April 1 will not be considered to have completed the application process. Therefore, those applications may not be processed for that year. Out-of-state applicants should submit their ASU applications early enough to avoid this problem.**

Pre-application advising is available for all students interested in the Physical Therapist Assistant Program. Please contact the Department of Physical Therapy office to speak with a faculty advisor.

#### Contact information:

**Physical Therapist Assistant Program**  
**College of Nursing and Health Professions**  
**Arkansas State University**  
**PO Box 910**  
**State University-Jonesboro, AR 72467**  
**Phone: 870-972-3591**  
**Fax: 870-972-3652**  
**Internet: [www.pt.astate.edu](http://www.pt.astate.edu)**

# **ABILITIES AND SKILLS OF THE PHYSICAL THERAPIST ASSISTANT**

The ASU Physical Therapist Assistant Program affirms that all students enrolled in a physical therapist assistant program must possess those intellectual, ethical, physical, and emotional capabilities required to undertake the full curriculum and to achieve the levels of competence required by the faculty for safe professional practice.

A student desiring to become a physical therapist assistant (candidate) must have the abilities and skills necessary for use of the physical therapy process. These skills and abilities include observation, communication, motor ability, conceptualization, integration and quantification, and behavioral/social acceptability. Technological compensation can be made for some handicaps in certain areas, but a candidate should be able to perform in a reasonable independent manner. The use of a trained intermediary is not acceptable because a candidate's judgment must not be mediated by someone else's power of observation and selection.

The following abilities and skills are necessary to meet the requirements of the curriculum:

## Observation:

The candidate must be able to observe a patient accurately at a distance and close at hand. Observation necessitates the functional use of the sense of vision and tactile sensation. It is enhanced by the functional sense of smell.

## Communication:

The candidate must be able to speak, hear, and to observe patients in order to elicit information, describe changes in mood, activity, and posture, and perceive nonverbal communications. A candidate must be able to communicate effectively and sensitively with patients. Communication includes not only speech, but also reading and writing. The candidate must be able to communicate effectively and efficiently in oral and written form with all members of the health care team.

## Motor:

Candidates should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other assessment maneuvers. A candidate must have sufficient motor skill to gain access to clients in a variety of care settings and to manipulate the equipment central to the treatment of patients receiving physical therapy. Such actions require coordination of both gross and fine muscular movement, equilibrium, and functional use of the senses of touch and vision. Examples of required fine motor skills would include assessment of vital signs, application of dressings, debridement of wounds, tissue palpation and manual testing. Examples of required gross motor skills would include, but not be limited to, positioning clients in bed, gait training, transfer training, balance training, therapeutic exercise, and maneuvering in confined spaces. In addition, the candidate should be able to lift and carry a minimum of 35% of his or her own body weight. Also the candidate should be able to sit, bend, reach and/or walk and stand for most of the day.

## Intellectual-Conceptual, Integrative, and Quantitative Abilities:

These abilities include measurement, calculation, reasoning, analysis, synthesis, and evaluation. Problem solving, the critical skill demanded of physical therapist assistants, requires all of these intellectual abilities. In addition, the candidate should be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures.

## Behavioral and Social Attributes:

A candidate must possess the emotional health required for full utilization of his or her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the care of patient, and the development of mature, sensitive, and effective relationships with patients and coworkers. Candidates must be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, to display flexibility, and to learn to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, concern for others, interpersonal skills, interests, and motivation are all personal qualities necessary for physical therapy.

# Arkansas State University

## Physical Therapist Assistant Program

### Application Checklist

The PTA Admissions Committee suggests that students interested in making application to the Physical Therapist Assistant Program follow the checklist below to help ensure that all necessary application steps are completed in an appropriate and timely manner. **The deadline for all materials to be received is April 1 of any given year.**

**Check those items submitted to the Admissions Office, Arkansas State University, P.O. Box 1630, State University, AR 72467.**

- ❑ **ASU Application for Undergraduate Admission and associated documents and fees.** The undergraduate application should be completed first. A student cannot be fully admitted to the Physical Therapist Assistant Program until he/she has been admitted to the university. Undergraduate application packets can be requested by mail at the above address, requested by phone at 1-800-382-3030 (toll-free) or downloaded from the Admissions Office's web site at <http://www.astate.edu/admissions.htm>.

**Check those items submitted to the Physical Therapist Assistant Program:**

- ❑ **Physical Therapist Assistant Application for Admission (page 4 of this packet)**
- ❑ **Completed Prerequisite Coursework Worksheet (page 5 of this packet)**
- ❑ **Transcript from each college/university attended (copies are acceptable)**
- ❑ **Reference Evaluation of Physical Therapist Assistant Applicant (page 6-7 of this packet)**
- ❑ **Observation Evaluation of Physical Therapist Assistant Applicant (page 8-9 of this packet)**
- ❑ **Completed Demographics Card (page 10 of this packet)**

The items required by the Physical Therapist Assistant Program should all be mailed in one envelope to the Physical Therapist Assistant Program, College of Nursing and Health Professions, Arkansas State University, PO Box 910, State University-Jonesboro, AR 72467. Submitted materials become the property of the ASU Department of Physical Therapy. We recommend that applicants make copies of all submitted materials for their personal records.

#### **Admissions Process**

Applicants will be scored on the following items:

- Academic/Cognitive Measures (70% total)
  - Cumulative GPA (10%)
  - Pre-requisite Coursework GPA (60%)
- Non-Cognitive Measures (30% total)
  - Life and Clinical Experience (15%)
  - Interview (15%)

The top 32 applicants will be selected for an interview using the criteria above. The final class of students (target class size is 24) will be chosen following the interview. The remaining interview students will be placed on the alternate list.

**Arkansas State University  
Physical Therapist Assistant Program  
Application for Admission**

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**Name:** Last First Middle

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**Current Address:** Street

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City State Zip Code

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**Phone No:** Area Code & Number **E-mail address**

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**ASU Student ID Number (Social Security Number if ASU ID Number has not been assigned)**

**For applicants who are proficient in the Spanish language:**

Hay actualmente una necesidad en la región ASU para abastecedores de asistencia médica que son muy competentes en el hablar de la lengua española. Por favor compruebe aquí si usted es muy competente en español. El crédito de sobresueldo es dado a candidatos que pueden demostrar la habilidad española. La prueba de habilidad española es dada en el campus ASU por nuestra facultad de idioma extranjero. Por favor póngase en contacto con el programa de Terapia Físico directamente para quedar una fecha y el tiempo en tomar el examen de habilidad de lengua español. \_\_\_\_\_

Please list all colleges/universities attended.

Name of Institution	Location (city, state, country)	Dates of Attendance	Major, Degree and Graduation Date

**I have read the Abilities and Skills of the Physical Therapist Assistant on page 2 of the application packet and by my signature am indicating that I possess the needed abilities and skills.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Arkansas State University**  
**Physical Therapist Assistant Program**  
**Prerequisite Coursework Worksheet**

In the table below, please indicate the courses that you have taken that meet the prerequisite coursework requirements for the Physical Therapist Assistant Program. See page 6 of this packet for descriptions of preferred ASU System courses. These descriptions are used by the Admissions Committee to determine if an alternate course from another institution meets the requirements of the Physical Therapist Assistant Program. Applicants who are uncertain if a course that they have taken meets one of our prerequisites should consult a faculty advisor by contacting the Programs in Physical Therapy office at 870-972-3591. Write IP (in progress) for prerequisite courses in which you are currently enrolled. Students admitted to the PTA Program will be required to submit proof of successful completion of all prerequisite coursework prior to being allowed to begin PTA coursework. Failure to successfully complete the prerequisites will result in the student being denied a spot in the PTA Program.

<b>Prerequisite Course</b>	<b>Course Number and Name</b>	<b>Institution</b>	<b>Semester/Year course taken</b>	<b>Semester Hours</b>	<b>Letter Grade</b>
MATH 1023 College Algebra					
ENG 1003 Composition I					
ENG 1013 Composition II					
PHYS 2133 Survey of Physics <b>or</b> PHYS 2054 General Physics I					
PSY 2013 Intro to Psychology <b>or</b> ANTH 2233 Intro to Anthropology <b>or</b> SOC 2213 Intro to Sociology					
BIO 2201, 2203 (ZOO 2001/2003) Human A&P I w/lab					
BIO 2221, 2223 (ZOO 2013/2011) Human A&P II w/lab <b>or</b> HP 3003 General Gross Anatomy					
POSC 2103 American Govt. <b>or</b> HIST 2763 <b>or</b> HIST 2773 U.S. History					
CS 1043 Intro to Computers <b>or</b> MIS 1503 Microcomputer App <b>or</b> PT 1013 Making Connections					
HP 2013 Medical Terminology					
PT 2003 Introduction to Physical Therapy					

Arkansas State University  
Physical Therapist Assistant Program  
Reference Evaluation of Physical Therapist Assistant Applicant

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**To Be Completed By Applicant:**

Applicant's Name: \_\_\_\_\_

Please check one of the following two release statements:

\_\_\_\_\_ Evaluation is confidential. I waive my rights of access under the Family Education Rights and Privacy Act of 1974, or other laws, regulations or policies. (Applicants are NOT permitted to read evaluation.)

\_\_\_\_\_ Evaluation is NOT confidential. I do not waive my right of access. (Applicants ARE permitted to read evaluation.)

\_\_\_\_\_  
Applicant's Signature

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**To the Evaluator:** The above-named applicant to Arkansas State University Physical Therapist Assistant Program is requesting a reference evaluation from you. If you do not know the applicant well enough to complete the following form, please return it to him/her. It is more helpful for the applicant and the Admissions Committee to have a recommendation from someone who knows him or her well, so please consider this carefully.

Reference evaluations play an important role in our selection process, and we greatly appreciate your thoughtful and frank appraisal of the applicant. This form has been designed to obtain the specific information we desire, therefore it is important that you utilize it primarily in your evaluation and submit additional letters **ONLY** if you need to present information not covered on the form.

Applicants have been notified that evaluation materials will be considered confidential unless they specifically state that their right of access has not been waived. The applicant has indicated above whether he/she waives the right of access to this information.

After completing this form, please place it in an envelope, seal the envelope and sign it across the seal. Then return it to the applicant who will forward it to the Physical Therapist Assistant Program Director, unopened, with the remaining application materials. This procedure allows the applicant to know that he/she has all necessary documents to submit a complete application packet by our deadline. Please confirm with the applicant the due date to him/her for this letter of evaluation. Thank you for your assistance.

- I. Compared to other individuals of college age, rate to what extent the applicant appears to possess the attributes listed below. Please use the following scale:

**0=not observed, 1=below average, 2=average, 3=above average, 4=outstanding**

<b>Commitment to Learning (The ability to self-assess &amp; self correct; to identify needs &amp; sources of learning; and to continually seek new knowledge &amp; understanding)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
<b>Interpersonal Skills (The ability to interact effectively with others &amp; to deal effectively with cultural &amp; ethnic diversity issues)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
<b>Communication Skills (The ability to communicate effectively for varied audiences &amp; purposes)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
<b>Responsibility (The ability to fulfill commitments &amp; to be accountable for actions &amp; outcomes)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
<b>Professionalism (The ability to exhibit professional conduct &amp; to represent the profession effectively)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
<b>Use of Constructive Feedback (The ability to identify sources of &amp; seek out feedback &amp; to effectively use &amp; provide feedback for improving personal interaction)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
<b>Problem Solving (The ability to recognize &amp; define problems, analyze data, develop &amp; implement solutions, &amp; evaluate outcomes)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>

<b>Critical Thinking (The ability to question logically; to evaluate elements of logical argument; &amp; to distinguish the relevant from the irrelevant)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
<b>Stress Management (The ability to identify sources of stress &amp; to develop effective coping behaviors)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
<b>Effective Use of Time and Resources (The ability to obtain the maximum benefit from a minimum investment of time &amp; resources)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>

II. Using the same rating scale as before, please indicate the strength of your overall endorsement and your expectations of performance by the applicant for our physical therapist assistant program:

1=Below Average                       3=Above Average  
 2=Average                                 4=Outstanding

III. Indicate in what capacity you have been associated with the applicant:

as a student in a lecture/lab course  
 as my advisee  
 as an employee (describe) \_\_\_\_\_  
 other (state) \_\_\_\_\_

IV. How long have you known the applicant? \_\_\_\_\_

V. How well do you know the applicant? A. \_\_\_ Very Well    B. \_\_\_ Fairly Well    C. \_\_\_ Slightly

VI. What would be your attitude toward having this applicant in a responsible position under your direction?

A. \_\_\_ Definitely would want him/her.                      D. \_\_\_ Would prefer not to have him/her  
B. \_\_\_ Would want him/her                                      E. \_\_\_ Definitely would not want him/her  
C. \_\_\_ Would be satisfied to have him/her                  F. \_\_\_ Unable to judge

VII. General Comments: You may use this space below to make further comments about the applicant if you so desire.

**Evaluator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please print name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Evaluator's Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Arkansas State University  
Physical Therapist Assistant Program  
Observation Evaluation of Physical Therapist Assistant Applicant

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**To Be Completed By Applicant:**

Applicant's Name: \_\_\_\_\_

Please check one of the following two release statements:

\_\_\_\_ Evaluation is confidential. I waive my rights of access under the Family Education Rights and Privacy Act of 1974, or other laws, regulations or policies. (Applicants are NOT permitted to read evaluation.)

\_\_\_\_ Evaluation is NOT confidential. I do not waive my right of access. (Applicants ARE permitted to read evaluation.)

\_\_\_\_\_  
Applicant's Signature

**To the Evaluator:** The above-named applicant to Arkansas State University Physical Therapist Assistant Program is requesting an observation evaluation from you. The applicant is required to spend 4-6 hours observing a PT or PTA in a clinical setting. During this observation, please take note of the following qualities and evaluate the applicant accordingly. Your assistance in the application process is greatly appreciated.

Applicants have been notified that evaluation materials will be considered confidential unless they specifically state that their right of access has not been waived. The applicant has indicated above whether he/she waives the right of access to this information.

After completing this form, please place it in an envelope, seal the envelope and sign it across the seal. Then return it to the applicant who will forward it to the Physical Therapist Assistant Program Director, unopened, with the remaining application materials. This procedure allows the applicant to know that he/she has all necessary documents to submit a complete application packet by our deadline. Please confirm with the applicant the due date to him/her for this letter of evaluation. Thank you for your assistance.

- I. Compared to other individuals of college age, rate to what extent the applicant appears to possess the attributes listed below. Please use the following scale:

**0=not observed, 1=below average, 2=average, 3=above average, 4=outstanding**

<b>Interest in and knowledge of physical therapy</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
<b>Appropriate interpersonal skills</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
<b>Ability to communicate effectively</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
<b>Ability to be timely and dependable</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
<b>Ability to exhibit professional conduct (attitude, dress, etc)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
<b>Personal qualities (sincerity, initiative, enthusiasm, patience)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
<b>Evidence of psychological maturity and stability</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
<b>Raises relevant questions</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
<b>Recognizes own stressors or problems in the clinical setting</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
<b>Effective use of time and resources</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>

- II. Using the same rating scale as before, please indicate the strength of your overall endorsement and your expectations of performance by the applicant for our physical therapist assistant program:

\_\_\_\_\_ 1=Below Average

\_\_\_\_\_ 2=Average

\_\_\_\_\_ 3=Above Average

\_\_\_\_\_ 4=Outstanding

III. Indicate in what capacity you have been associated with the applicant:

- \_\_\_\_\_ as a PT or PTA being observed only (no previous relationship with applicant)
- \_\_\_\_\_ as a PT or PTA with a previous relationship with applicant  
(how long have you known applicant? \_\_\_\_\_)

IV. What would be your attitude toward having this applicant in a responsible position under your direction?

- A. \_\_\_ Definitely would want him/her.
- B. \_\_\_ Would want him/her
- C. \_\_\_ Would be satisfied to have him/her
- D. \_\_\_ Would prefer not to have him/her
- E. \_\_\_ Definitely would not want him/her
- F. \_\_\_ Unable to judge

V. General Comments: You may use this space below to make further comments about the applicant if you so desire.

**Evaluator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please print name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Evaluator's Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

