

APPLICATION PACKET — Spring, 2020

The Delgado Community College Physical Therapist Assistant (PTA) Program is accredited by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association. Graduates of the program receive an Associate of Applied Science Degree and are eligible to sit for the PTA licensure examination after graduation.

The PTA Program includes two portions: (1) **prerequisite general education and related courses**, and (2) the **PTA component** which includes all the professional PTA courses. The PTA component of the program begins in August of each year and consists of **THREE SEMESTERS OF FULL-TIME, DAY-TIME** classes and clinical experiences. The final semester is spent in full-time clinical affiliations and may require travel to facilities outside the New Orleans area.

Students wishing to apply for admission to the PTA Program must submit a completed application to the Division of Allied Health **NO LATER THAN MARCH 31, 2020**. This application is completed only when all information requested is received, including **OFFICIAL TRANSCRIPTS** from all colleges attended. *Students are responsible for making sure their application is complete.*

Delgado Community College is an open admissions college; however acceptance into the PTA Program is by selection only and meeting the minimum requirements does not guarantee admission into the program. The PTA Admissions Committee evaluates each application on an impartial basis. See page 3, "Selection Process".

STUDENTS ARE ELIGIBLE TO APPLY FOR ADMISSION TO THE PTA PROGRAM WHO HAVE:

1. Completed **all** the prerequisite courses *by the SPRING semester preceding the August starting date*.
2. Achieved a minimum cumulative grade point average (GPA) of 2.0 in all college courses, a grade of "C" or better in all prerequisite courses, and a **GPA of 2.5 in science prerequisites** (Biol 251, 253, 252, 254, Chem 101, Phys 101). GPAs are calculated on the basis of all courses taken, including those repeated.
3. Completed a **minimum of 60 clock hours** of observation, volunteer or work experience in **TWO DIFFERENT TYPES OF PT PRACTICES (minimum of 30 hrs. at each location) under the direct supervision of two different licensed PTs or PTAs** prior to the time of application. Additional hours are strongly recommended and are included in admission calculations and decisions.
4. Completed high school or GED equivalent.

In addition: All applicants must attend a PTA Admission Information Session and Written Interview held during the first 2 weeks of June. Applicants will be notified of date, time, and location of this session after application is submitted.

NOTE: Applicants are encouraged to meet with the Allied Health Admissions Advisor, Ms. Bianca Davis, Bldg. 4, Rm. 312, at least once prior to spring semester of application if they have not done so already. Applicants with college credits older than 10 years should contact the Allied Health Admissions Office for advising. Delgado has a policy which addresses Academic Renewal (the act of declaring void all prior credits attempted and earned). If you are interested in information regarding Academic Renewal and the procedure to initiate this process you must contact the Delgado Admissions Office at 504-671-5018.

Prerequisite General Education and Related Courses (Total of 29 Semester Hours)

*ENGL101	English Composition I	3	***CHEM101	Chemistry I	3
MATH120	Contemporary Math	3	***PHYS101	Intro. to Concepts in Physics	3
**BIOL251	Human A&P I	3	PSYC127	Intro. to Psychology or higher	3
BIOL253	Human A&P I LAB	1	HESC111	Medical Terminology	3
BIOL252	Human A&P II	3	****Humanities Elective		
BIOL254	Human A&P II LAB	1	*****Recommended Electives (optional)		3

* ENGL 110 Intensive English Composition I may be substituted for ENGL 101.

**Prerequisites for BIOL 251/253 are BIOL 141/143 or department permission (may be used as Free Elective).

***Higher level Chem and Phys courses with corresponding labs **must be completed with labs** to fulfill prerequisites.

****Refer to Humanities Elective courses listed in the current Delgado Community College Catalog.

*****Recommended Elective is PTAP101.

**Delgado Community College
Physical Therapy Assistant Program
APPLICATION CHECKLIST**

The following completed information must be received by the Allied Health Division on or before MARCH 31 for your application to be considered for admission to the upcoming August class of the PTA Program:

1. **PHYSICAL THERAPIST ASSISTANT PROGRAM APPLICATION FORM** (enclosed).
2. **DELGADO COMMUNITY COLLEGE APPLICATION** (required if you are not a Delgado student).
3. **ALL OFFICIAL COLLEGE TRANSCRIPTS.** Transcripts marked “student copy” will not be accepted. Transcripts from every college attended must be postmarked on or before March 31 for your application to be considered. If you are currently enrolled in classes you must send a copy of your mid-term and final grades as soon as you receive them. If currently enrolled at Delgado your transcripts will be obtained from the Admissions Office.
NOTE: If you have taken courses at another college be sure to have your transcripts evaluated by a Delgado Allied Health Admissions Advisor to insure transferability of your prerequisites.
4. Two (2) **DOCUMENTATION OF PHYSICAL THERAPY EXPERIENCE FORMS.** These must be completed by *two licensed Physical Therapists or Physical Therapist Assistants from two different TYPES of physical therapy practices* where you received prerequisite experience (**minimum of 60 total clinic hours, 30 hours at EACH location**). **NOTE:** The **total** number of PT volunteer/work hours are considered when making admission decisions. **DIRECTIONS FOR COMPLETING FORMS:** Complete Part 1 of the Documentation of Experience Form. Send the Form along with a SELF-ADDRESSED, STAMPED ENVELOPE to each PT or PTA who will provide documentation. When the Form is returned to you in the sealed envelope, include it UNOPENED along with your other application materials and submit to the Allied Health Admissions Office.
NOTE: please submit only 2 DOE forms.
5. **If you are a reapplicant,** your “reapplicant score” in the admission calculation will be based on what you have done to enhance your application since your last application was submitted. If additional PT experience hours were obtained since your last application you must submit additional Documentation of Experience forms. If you submitted a previous application, submit Documentation of Experience Forms **ONLY** for hours completed from the date of your last application to March 31, 2020.
6. **OPTIONAL:** A recent photo of yourself is appreciated, but it is not required.

NOTE:

Admission requirements may change from year to year as modifications occur in the program. Applicants are strongly urged to contact the Allied Health Admissions Office periodically to avoid the risk of not meeting admission requirements in the expected time frame.

**SEND THE ABOVE INFORMATION TO:
Physical Therapist Assistant Program, Allied Health Division
Delgado Community College
615 City Park Avenue, Building 4, New Orleans, LA 70119**

NOTE 1: Notify the Allied Health Division promptly of changes in name/address/phone number/e-mail.

NOTE 2: Make the necessary arrangements to have all application documents (application, transcripts, Documentation of Experience Forms, etc.) bear **ONE NAME and ONE ADDRESS.**

NOTE 3: Check with the Allied Health Admissions Office before the deadline to make sure your application received.

Delgado Community College, Physical Therapy Assistant Program

SELECTION PROCESS

Selection to the PTA Program is based on calculations of the following criteria for each student:

1. cumulative GPA (10%);
2. prerequisite courses GPA (20%);
3. prerequisite science courses GPA (25%);
4. academic readiness based on numbers of Ds and Fs in prerequisite courses (5%);
5. documentation of experience forms, including the total number of hours, rating scale and recommendation by PT or PTA (30%);
6. writing sample completed at Information Session (10%);
7. re-application (possible additional 5 points);
8. completed recommended elective course (PTAP101) with grade of B or better (possible additional 0.5 points);

NOTE: Your most recent grade in prerequisite courses is the grade used in calculations.

Delgado Community College assures equal opportunity for all persons without regard to race, color, religious or political affiliation, gender identity, sexual orientation, citizenship, national origin, age, disability, marital status or veteran's status, pregnancy, childbirth and related medical conditions, and the sickle cell trait in the admission to, participation in or employment in programs and activities of the College. Anyone with questions or concerns may contact the College's Equal Access Equal Opportunity Officer at (504) 762-3004.

SUPPLEMENTAL INFORMATION

Persons accepted into the PTA Program are required to:

1. complete a health examination by a physician, provide proof of Rubella, Rubeola, Varicella, and Mumps vaccinations and titers, initiate the Hepatitis B Vaccine series, and be tested for tuberculosis prior to August orientation date;
2. be certified in CPR as a Health Care Provider through the American Heart Association;
3. submit to drug test and background check at start of the program and at random times during the program;
4. maintain personal health insurance;
5. maintain professional liability insurance;
6. be able to provide own transportation to clinical sites that may be out of town;
7. meet the technical standards of the PT profession;
8. have regular access to a computer and maintain an active e-mail address;
9. be willing to work with sick and disabled persons; be accurate, thorough, congenial, flexible, ambitious, dependable, responsible, and reliable; and abide by rules, regulations and schedules.

COSTS

TUITION: Students are responsible for tuition for **THREE FULL-TIME SEMESTERS**.

Approximate tuition and fees cost/length of program:

*Louisiana Resident Tuition/Fees for 3 semesters (approx.)	\$7,300
*Non-Louisiana Resident Tuition/Fee for 3 semesters (approx.)	\$13,500

FEES SUBJECT TO CHANGES.

OTHER COSTS:

Textbooks (all but one are required at beginning of fall semester)	\$1200.00 (program duration)
*Possible travel to clinical facilities (approximately)	\$1000.00 (program duration)
3 PTA Program Shirts, Clinic Attire	\$100.00
CastleBranch (Drug, background check , immunization monitoring)	\$150.00
Liability Insurance	\$ 35.00
**Scorebuilders Licensure Preparation Course	approximately \$135.00*
Personal Health Insurance	?
*Students may be required to travel to clinics outside the New Orleans metropolitan area or in surrounding states.	
** Optional but strongly recommended that students take this course <i>after</i> completing the PTA Program.	

FINANCIAL AID:

Information on financial aid may be obtained through the Financial Aid Office, 504-671-5040.

PHOTO
REQUESTED
BUT NOT
REQUIRED

Delgado Community College
Physical Therapist Assistant Program
2020 ADMISSION APPLICATION FORM

Use ballpoint pen. Illegible or incomplete applications will be returned for revision.
It is recommended that you make a copy of this application for your records.

PERSONAL DATA:

1. Student ID Number: _____
2. Full Legal Name: _____
Last First MI
3. Other name you have used as a student _____
4. Permanent Home Address:

Number & Street Home Phone (Area Code and Number) Cell Phone

City State Zip Personal E-Mail Address DCC E-Mail Address
5. Current mailing address if different from permanent address:

Number & Street

City State Zip Area Code and Phone Number
6. Emergency Information:

Person to Contact Relationship Area Code and Phone Number
7. List all high schools, trade or vocational schools attended (use separate sheet if necessary).
Name of School City/State Grade Entered Grade Completed Year you Graduated

8. List colleges/universities attended (use separate sheet if necessary). **Be sure to indicate years attended and year graduated.**
Name Location Major Dates Attended Degree

FROM _____ TO _____
Mo/Yr Mo/Yr

FROM _____ TO _____
Mo/Yr Mo/Yr

FROM _____ TO _____
Mo/Yr Mo/Yr
9. Are you taking spring 2020 courses? Yes ___ No ___ If yes, list courses you are taking this spring.

If you are **reapplicant**, list any courses you have taken since your last application.

10. Indicate the PTs or PTAs who will be completing your two (2) Documentation of Physical Therapy Experience Forms. *(These are to be completed only by licensed PTs or PTAs who have supervised you)* Attach additional page if necessary. NOTE: If you are reapplying for the PTA Program submit information and Documentation of Experience forms ONLY for hours completed **from the date of your last application until March 31, 2020.**
1. _____
Supervising PT or PTA Name of Facility Phone Dates(From/To) Total Hours

Supervising PT or PTA	Name of Facility	Phone	Dates(From/To)	Total Hours
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11. List your employment experiences over the past 10 years, including military service. Add additional sheet if necessary.

Employer Name, Address, Phone	Supervisor	Job Title	Dates	Salary	Reason for Leaving
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1. _____ FROM _____ TO _____
Mo/Yr Mo/Yr

2. _____ FROM _____ TO _____
Mo/Yr Mo/Yr

3. _____ FROM _____ TO _____
Mo/Yr Mo/Yr

4. _____ FROM _____ TO _____
Mo/Yr Mo/Yr

12. Are you reapplying for this program? Yes _____ NO _____. If yes, in what year(s) did you apply? _____

13. Are you a veteran of the US Military Service? Yes _____ No _____. If YES, are you eligible for and certified by the Veterans Administration for education benefits: Yes _____ No _____. If YES, attach page to this application and give branch of service, dates entered and separated from service, rank at time of separation, and type of discharge.

14. Are you a member of the National Guard or Reserve? Yes _____ No _____. If YES, attach page to application and give branch, days and number of meetings attended each month.

15. Have you ever been suspended or dismissed from any college or university for academic or disciplinary reasons? Yes _____ No _____
If YES, give name of institution, date and reason for this action.

16. Have you applied for admission to other Allied Health Programs at Delgado? Yes _____ No _____
If YES, give program name and dates.

17. Are you a United States Citizen? Yes _____ No _____

18. Optional Response. If you have a disability, describe on a separate page any special equipment, architectural modifications, or other factors which would have to be considered by you and by the School/Department in planning your educational experience at Delgado Community College if you are accepted for admission.

ALL APPLICANTS PLEASE READ CAREFULLY AND SIGN THE FOLLOWING

Other than a **minor** traffic violation, have you ever been convicted of a felony? Yes No If yes, please explain on additional page.

***NOTE: The PTA licensing boards of Louisiana and other states may refuse to grant licensure to persons who have been convicted of a felony.**

This is to inform you that as part of our procedure for processing your application, an investigation may be made to obtain information about your application. This inquiry includes information as to your character, general reputation, personal characteristics or mode of living. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure (or additional information concerning the nature and scope of this investigation).

I understand that, if accepted, any false or misleading information or omission on the application shall be sufficient cause for rejection or immediate dismissal.

I authorize the PTA Program to contact former employers about my employment record and PTs, PTAs who supervised/completed my Documentation of Experience Forms during any PT experience.

I understand it is also necessary to conform to the Program's requirements concerning medical examination, background check and drug testing. If accepted, I agree to abide by and observe all program and affiliate clinical facilities rules and regulations.

I also understand that this application is for the Physical Therapist Assistant Program only. If I am to enter Delgado College, I must fill out and submit a Delgado College application for admission. Completion of this form does not indicate that you are accepted into the PTA Program or the College.

Signature of Applicant _____ Date _____