

PHYSICAL THERAPIST ASSISTANT PROGRAM

✓✓✓ Applicant's Check Sheet ✓✓✓

Your application file must contain the following information in order to be considered complete.

- _____ 1. Online PTA Program Application Submission.
- _____ * 2. Application for Admission to Southwestern Oklahoma State University.
- _____ 3. Immunization Records. It is not required to have all immunizations completed at the time of application submission. If accepted into the program, students will have until the the program begins to provide proof of completed immunizations.
- _____ 4. Three (3) References. References can be college teachers, former or present employers, former or present supervisors, etc. Follow instructions for submission.
- _____ 5. Documentation of 20 hours of observation of a physical therapist(s) or PTA(s). Observation hours may not be obtained at former or present place of employment. Follow instructions for submission.
- _____ 6. Transcripts from each individual college or university attended by the applicant. Note: All grades from prerequisite courses in which you are currently enrolled will need to be submitted upon completion. At the close of the Spring semester, updated transcripts must be mailed c/o Brandy Chase at the address listed below.
- _____ 7. Health Related Experience is NOT mandatory. Upload to online application if applicable.

Once accepted into the PTA Program, the background check form will be provided. A drug screen will also be required and scheduled.

After filling out the on line application, any additional information may be sent to:

Southwestern Oklahoma State University
Brandy Chase, OTA/PTA Program Coordinator
SWOSU Allied Health Dept.
100 Campus Drive
Weatherford, OK 73096
brandy.chase@swosu.edu

UNLESS YOUR APPLICATION FILE IS COMPLETE (contains all of the above information) ON/OR PRIOR TO THE DEADLINE, YOUR APPLICATION MAY NOT RECEIVE FULL CONSIDERATION.

After the deadline date, you will be notified by the Admission Committee of your selection status.

* Not applicable if you have been or are currently enrolled at Southwestern Oklahoma State University

Documentation of Health Related Experience

This form is optional NOT mandatory to completing your online application.

Upload this form to verify any health related experience you wish to be considered as a part of your application and will be further discussed in the event of an interview. Examples of health related experience may include employment as an ATC, Physical Therapist Aide or Technician, EMT, Certified Nursing Assistant, First Responder, or as a volunteer in a hospital or nursing home setting, etc. A minimum of 6 months experience is considered fulfilling this option.

I, _____, authorize the release of information related to my experience in a health related occupation for consideration as a part of my PTA application.

Signature _____ DATE _____

Facility/Business _____ Phone No. _____

Mailing Address _____
Street, City, State, Zip

Supervisor's Name _____ Title _____

Dates Employed/Volunteered: From _____ To _____ Number of Hours _____ Title _____

Job Duties: _____

Facility/Business _____ Phone No. _____

Mailing Address _____
Street, City, State, Zip

Supervisor's Name _____ Title _____

Dates Employed/Volunteered: From _____ To _____ Number of Hours _____ Title _____

Job Duties: _____

IMMUNIZATIONS, TESTS OR TITER REQUIREMENTS

This form is required as a part of the SWOSU PTA application.

It is not required to have all immunizations completed at the time of application submission. If accepted into the program, students will have until the program begins to provide proof of completed immunizations.

1. TB SKIN TEST #1 (If it has been over one year since your last test, a PPD is required)
Date given _____ Results _____ (If you have a positive reading, results of x-ray should be entered on #3)

2. TB SKIN TEST #2 (This additional test is required if you have not had a PPD within the last year. It should be taken within one to two weeks from #1)
Date given _____ Results _____

3. If required by your physician. Since a chest X-ray usually is done if you have a positive tuberculin skin test (also called a TB skin test, PPD test, or Mantoux test). Results of any significant laboratory test or x-rays:

4. TETANUS-DIPHTHERIA (Td)
Completed primary series of tetanus-diphtheria immunizations Date _____
Received tetanus-diphtheria booster within the last ten years..... Date _____

5. POLIO
Completed Primary Series of Polio Immunizations Date _____

6. MMR: *Two MMR vaccines within lifetime or positive titer for Rubella AND positive titer for Rubeola*
MEASLES (Rubeola) (Not recommended if born before 1957)
Initial dose (Received on or after 1st birthday and since 12-31-69)..... Date _____
MUMPS
Immunized at 12 months or later Date _____
RUBELLA (3 day measles)
Immunized at 12 months or later Date _____

9. VARICELLA TITER (Chicken Pox)
Immunized if titer shows no immunity Date _____

10. HEPATITIS B series, (Booster due after five years)
..... Completion Date _____

11. INFLUENZA VACCINE (Inactivated) within the past 12 months (or Declination Form)>..... Date _____

12. COVID VACCINE Series (or Declination Form)..... Date _____

Immunizations are a vital part of participation in PTA clinicals. Once you are accepted into the program it is your responsibility to provide copies of your official immunization records to the Program ACCE prior to the program starting.

*Questions regarding immunizations can be addressed to:
Academic Coordinator of Clinical Education (ACCE)*

Dr. Michaela Morales
SWOSU Dept of Allied Health
100 Campus Drive
Weatherford, OK 73096
(580) 774-3238
michaela.morales@swosu.edu

Southwestern Oklahoma State University

Physical Therapist Assistant Program

Application for Admission

Additional Instructions

Instructions for submission of Observation hours

Option #1: Observation hours may be returned to PTA program applicant for online submission with the entirety of their application.

Option #2: Observation hours may be scanned and emailed by the provider or applicant to: brandy.chase@swosu.edu

Option #3: Observation hours may be mailed by the provider or applicant to:

Dr. Brandy Chase
SWOSU Allied Health Dept
100 Campus Drive
Weatherford, OK 73096

For additional information/Clarification please contact:

Dr. Brandy Chase, PTA Program Supervisor
580-774-3186 brandy.chase@swosu.edu

or

Jy Bass, SWOSU PTA Program Director
580-774-3729 jy.bass@swosu.edu

*****This instruction sheet should be given with the reference/observation forms to the provider*****

For confidentiality, it is recommended that the provider utilize options #2 or #3 for form submission.

Southwestern Oklahoma State University
Physical Therapist Assistant Program
Application for Admission
Additional Instructions

Instructions for submission of References

Option #1: Reference letters may be returned to PTA program applicant for online submission with the entirety of their application.

Option #2: Reference letters may be scanned and emailed by the provider or applicant to: brandy.chase@swosu.edu

Option #3: Reference letters may be mailed by the provider or applicant to:

Dr. Brandy Chase
SWOSU Allied Health Dept
100 Campus Drive
Weatherford, OK 73096

For additional information/Clarification please contact:

Dr. Brandy Chase, PTA Program Supervisor
580-774-3186 brandy.chase@swosu.edu

or

Jy Bass, SWOSU PTA Program Director
580-774-3729 jy.bass@swosu.edu

*****This instruction sheet should be given with the reference forms to the provider*****

For confidentiality, it is recommended that the provider utilize options #2 or #3 for form submission.

PHYSICAL THERAPIST ASSISTANT PROGRAM
Reference Request

_____ has applied for admission to the Physical Therapist Assistant Program at Southwestern Oklahoma State University and has listed you as a personal reference. Please note that a physical therapist assistant must assume responsibilities relevant to individual health needs. We solicit your frank evaluation to assist us in deciding whether or not the applicant should be accepted into the program. We ask that a high rating be given only to a truly superior individual.

How long have you known the applicant? _____

What has been your association with the applicant? _____

Please rate the following characteristics:

	Poor	Good	Excellent	Unable to Appraise
Reliability	_____	_____	_____	_____
Integrity	_____	_____	_____	_____
Initiative	_____	_____	_____	_____
Personality	_____	_____	_____	_____
Communication Skills:				
Verbal	_____	_____	_____	_____
Written	_____	_____	_____	_____

Considering the applicant's general qualifications, please rate your recommendation:

Do not Recommend _____ Recommend with Trepidation _____ Recommend _____ Recommend with Enthusiasm _____

Additional Comments (Please use separate sheet of paper if needed):

Signed: _____ **Date:** _____

Name: _____ **Position:** _____
(Please Print)

Business Name: _____

Business Address: _____ **Phone:** _____

.....
I understand that Federal law provides me, after enrollment, a right of access to this statement of recommendation. I also understand that I have the right to hereby (check one) waive, do not waive this right of access.

APPLICANT SIGNATURE: _____ **DATE:** _____