



# Physical Therapist Assistant Application Fall 2012 Forms Packet

## FORM 1 SIGNATURE PAGE

Complete all portions of this form as directed. List name as indicated in [myLane](#)

L# \_\_\_\_\_ FIRST \_\_\_\_\_ LAST \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

E-mail - required \_\_\_\_\_ 1<sup>st</sup> - Phone- \_\_\_\_\_ 2<sup>nd</sup> Phone \_\_\_\_\_

All courses were taken at LCC

Official Transcripts from other colleges have been submitted to Lane Enrollment Services

I have completed the following and **submitted on the same date.** (Read and initial all)

- \_\_\_\_ A. Submitted official, sealed transcripts from colleges other than Lane to [Lane Enrollment Services](#).  
I understand transcripts must be **received by date of application (submission of Forms, Personal Statement and Online Application).** OR All courses were taken at LCC.
- \_\_\_\_ B. Completed the [LCC Credit Admission](#) process and have an L number.  
OR I have previously taken credit classes at Lane and have an L number.
- \_\_\_\_ C. Completed the Physical Therapist Assistant On-line Application and Payment process and have paid the \$50 non-refundable application fee.

### Conditions of Application. (Initial all)

- \_\_\_\_ A. I have read all information in the Physical Therapist Assistant Application Information Packet.
- \_\_\_\_ B. I am a current [resident](#) of the State of Oregon and my current Oregon address is listed in [myLane](#).
- \_\_\_\_ C. I understand that my application will not be returned and that I am responsible for making a personal copy.
- \_\_\_\_ D. I understand that I am NOT considered an applicant to the program unless all required admission steps, forms, and documentation have been received on the **same date prior to the application deadline.**
- \_\_\_\_ E. I understand points awarded from my Personal Statement and/or Interview will not be available to me.
- \_\_\_\_ F. I understand that should I be accepted into the program, conditions of enrollment require completion of course prerequisites; program specific physical and immunizations, CPR certification, possible criminal background check; possible drug screening; medical insurance, and attendance at the orientation session. Details of requirements will be included in letters of acceptance.
- \_\_\_\_ G. I hereby attest that all application information and documentation submitted **online and by email** are accurate and authentic.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**By Application deadline submit by e-mail to...**  
[HPApplicationCenter@lanecc.edu](mailto:HPApplicationCenter@lanecc.edu)  
Health Professions Application Center  
Subject – Attention Physical Therapist Assistant  
Application  
Change to file name:  
PTAForms2012LastNameLNumber

**On the same date or before:**  
Lane Transcript and/or submitted transcripts to  
[Enrollment Services](#) reflect courses and degree(s)  
listed on Point Petition Sheet.  
Online Physical Therapist Assistant Program  
Application and Payment has been submitted.

FORM 2 POINT PETITION SHEET		Lane PTA Fall 2012		Enter credits in credit column. Courses <u>must</u> meet minimum credit requirement shown and <u>may not</u> exceed maximum credit shown. (C- grades do not meet criteria) Circle corresponding point value below. Then enter in the right hand column under QP – the point value. For a B in MTH 095 15 points would go in the right hand column.			
Lane Course Number <sup>1</sup>	See 2012 Physical Therapist Assistant Application Information Packet for specifics. 1. See Course Equivalency & Transfer requirements if course is not taken at Lane.						
Section 1. Use <a href="#">Information for Transferring Credits</a> if your courses are not from Lane. For items 1-5 list term and year completed if courses completed at Lane. If courses not taken at Lane list name of institution, course number and name as it appears on your transcripts (e.g. MHCC, BI 121 Essent/Human Anat & Phys, Fall 2006 or SWOCC AH121 Body Structure and Functions, Fall 2011)		Credits	C Point value	B Point value	A Point value	Quality Points QP	
Meet Math Program Requirement – provide information for one option							
Item 1 – MTH *095 or higher (4-5 Credits)			10	15	20		
Item 1 - MTH 060, 65 or 70 (4/5) credits	Summer 2011 or later:		0	0	0	0	
Item 1 – Math Placement for MTH 060	Summer 2011 or later: _____ Emailing test results or listed below Date taken: _____ Score Part C: _____	0	0	0	0	0	
Item 1 - Math Placement into MTH 065 or MTH 070	Fall 2011 or later: _____ Emailing test results or listed below Date taken: _____ Score E1: _____ E2: _____	0	0	0	0	0	
Item 1 - MTH Placement for MTH 095 or higher	Winter 2012 or later: _____ Emailing test results or listed below Date taken: _____ Score E1: _____ E2: _____ F: _____ or G: _____	0	0	0	0	0	
Minimum Course Requirements to apply							
Item 2 – General Psychology PSY 201 or PSY 202 (3 credits)			6	9	12		
Item 3 – HO 100 Medical Terminology (2 or more credits)			6	9	12		
Human Body Systems HO 150 course or Human Anatomy and Physiology BI 231 course – provide information for one option			---	---	---	---	
Item 4 – *HO 150 Human Body Systems 1 (3 credits) OR			6	9	12		
Item 4 – *BI 231 Human Anatomy and Physiology 1 (4 credits)			8	12	16		
Writing Course – provide information for one option			---	---	---	---	
Item 5 – WR 121 Intro to Academic Writing (3/4 credits) OR			8	12	16		
Prior Bachelor's degree, must appear on a transcript	Institution: _____ Term/Year: _____	0	0	0	16		
* Program requires completion of MTH 095, HO 150 and HO 152 or BI 231, 232 and 233 prior to Winter term 2013.							
Item 6 - Observation Hours Verified by staff	3 points awarded for each 25 hours of observation from 25 to 100. Complete Verification of Work/Observation Form next page	25 hours 3	50 hours 6	75 hours 9	100 hours 12		
Total points from courses and work/observation experience	Total points earned and enter in far right column	Range of points possible is 29 to 88					
Item 7 - Personal Statement Scored by staff		Score from 0 - 6					
Item 8 - Interview Points Scored by committee		Score from 0 - 10					
Total Points Range 29-104							

**Form 3: Verification of Work/Observation** – Item 6 - You may use one or more agencies to complete this form. Agency Information must be complete and meet requirements to receive points. Agencies may be contacted to verify work or observation experience.

Agency Name and Address including City and State	Therapist Name, Phone with (area code) and email	Type of patients receiving treatments	From	To	# of Hours
3 points can be earned for every 25 hours up to 12 points		Enter in right hand column Total of Work/Observation Hours Range is 25 to 100			



Item 6 - **Acknowledgement Statement** – Lane PTA program may contact agencies listed above to verify hours and experience. By writing in my full name here \_\_\_\_\_ this constitutes an electronic signature acknowledging that I am aware this may happen.

Item 7 – **Instructions for Personal Statement:** The American Physical Therapy Association embraces as its core values accountability, altruism, compassion and caring, excellence, integrity, professional duty and social responsibility. Consider your experiences with physical therapy – choose one experience and explain what you observed and how you believe these core values were demonstrated. Include in your response how this experience may have shaped your short and long-term professional goals.

Your response must be limited to 2 typed double pages and must be double-spaced, 12 point font. Include your L number, Last Name, First Name as a header on all pages of your personal statement.

Plagiarism is considered a serious offense at Lane Community College. If it is determined that your essay has been plagiarized or purchased, you will be eliminated from consideration for the program.

## 2012-2013 Health Professions Online Program Application & Payment

### Before you start your On-line Application & Payment session:

- You must have applied for **credit** admissions to Lane and have a student L number.
- You must have a personal e-mail account (Lane does not issue students Lane e-mail accounts).
- You must have a credit card on which to charge the **non-refundable application** fee.
- Complete the program Application Worksheet.

Go to: ..... [Lane's Admission and Program Application website](#) and Apply Online.

First time user account creation ..... Click on this link at bottom of page.

Create a Login ID: ..... Enter your L#. (If you have applied for admissions and have not yet received your L# leave the Login ID blank and the system will generate a G# for you. **Make sure to keep** your G number for reference!

All students create a **new** PIN:.... Follow instructions on the web page.

- Do not use the same PIN you use to log into ExpressLane, myLane, or Moodle.
- This PIN is only for the Application process and will not change your ExpressLane PIN.
- Use this Application PIN to check on the status of your program application. Write it down!

Login: ..... Click this button located at bottom of page.

Continue: ..... Click this button located at bottom of page.

Application Type:..... Select the correct program application type from pull down menu. Make sure of your selection.

Continue: ..... Click this button at bottom of page.

Apply for Admissions..... By entering the correct information.

Admission Term:..... [Fall 2012](#). Enter from drop down menu. (For EMT Basic Spring/Summer, enter Spring 2012)

Enter Name: ..... Make sure your name matches the name you used in your *myLane* portal.

Fill Out Application ..... Click this button at bottom of page.

Application Checklist ..... Click this link and complete each required section of the application.

- Follow the instructions provided on each screen.
- High School Section.** *Some Health Professions programs require high school completion.*
- Previous College Section:** List all previously attended institutions.

Application is Complete..... Click this button only when all sections have been completed.

or Finish Later ..... Click this button to save your information.

Complete Payment ..... You must pay the On-line Application fee with a Visa or MasterCard.

Signature Page..... Click the button and read agreement information.

- Your On-line Application is dated and timed after submission of the Signature Page.
- This is an acknowledgement page and **does not require a signature. Ignore the "ERROR" message.**

Return to Application Menu ..... Click this link at the bottom of the page. Your application is now listed as "submitted."

Lane Community College Admission Confirmation. An E-mail will be sent to you confirming your On-line Application and Payment and time. Retain this page for your reference.

*In addition to your On-line Application and Payment, the following programs require additional form(s) and documentation. Details are in the Program Application Information & Forms.*

*Dental Assisting  
Dental Hygiene  
EMT Paramedic  
Health Records Technology*

*Medical Office Assistant  
Nursing  
Physical Therapy Assistant  
Respiratory Care*