



Physical Therapist Assistant Application Fall 2014 Forms Packet




FORM 1 CONDITIONS FOR APPLICATION

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

L# _____ FIRST _____ LAST _____


E-mail - required _____ 1st – Phone- _____ 2nd Phone _____

All courses were taken at LCC

Official Transcripts from other colleges have been submitted to Lane Enrollment Services – Attention: HP Transcript –
Lane Community College - 4000 East 30th Ave, Eugene, OR 97405 

Application Conditions and Program Progression Completion Requirements

In submitting my PTA program application by email to HPApplicationCenter@lanecc.edu , I affirm the following:

- I took all of my prerequisite courses at Lane Community College,
OR I have submitted official, sealed transcripts from colleges other than Lane to Lane Enrollment Services.
- I have 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.
- I have completed the Physical Therapist Assistant On-line Application & Payment process, including paying the **\$50 non-refundable** application fee. 
- I understand all information in the Fall 2014 Physical Therapist Assistant Information Packet . **I am NOT considered an applicant to the program unless all required forms and documentation are completed and submitted according to application instructions prior to the application deadline.**
- My application will not be returned and I am responsible for making a personal copy. Points awarded from my Interview will not be available to me. Lane PTA program may contact agencies listed in Item 8 and Form 3 to verify hours and experience. Any evidence of falsifying hours or falsifying observation information will make my application invalid.
- My program eligibility is dependent on my attendance at a mandatory orientation.
- My application information is accurate and authentic.
- I am a current [resident](#) of the State of Oregon and my current Oregon address is listed in [myLane](#).
- Adverse outcomes on a drug screen, criminal background check, or expired or insufficient CPR may prevent my ability to complete the second year clinical education program requirements.
- Any required program course completed with a grade of “C-“ or lower may prevent me from timely program progression and completion.

Submit all supporting documentation attached to
ONE e-mail by the deadline:
HPApplicationCenter@lanecc.edu
Health Professions Application Center
Subject – Student Name L number PTA Application
Documentation
Change to file name:
PTAForms2014LastNameLNumber


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 2014		Courses <u>must meet</u> minimum credit requirement shown and <u>may not</u> exceed maximum credit shown. Enter grade point values in the right hand column 'Points' Pass grades = to C grade points; C- grades are ineligible				
See 2014 Physical Therapist Assistant Application Information Packet for application requirements and for Course Equivalency & Transfer requirements if course is was not taken at Lane.								
Section 1. Use The Lane Transfer Tool to establish course equivalency 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 also list name of institution, course number and name as it appears on your transcripts (e.g. MHCC, BI 121 Essent/Human Anat & Phys, Fall 2007 or SWOCC AH121 Body Structure and Functions, Fall 2011)				Credits	C/P Point value	B Point value	A Point value	Points
Minimum Course Requirements to apply – Course Items 1-5.								
Lane Course Number	Non-LCC equivalent course/degree. Transcripts on file with Enrollment Services							
Item 1 – PSY 201 or PSY 202 General Psychology		3/4	6	9	12			
Item 2 – HO 100 Medical Terminology		2+	6	9	12			
Anatomy and Physiology course option HO 150 or BI 231 course – provide information for one option								
Item 3 – *HO 150 Human Body Systems 1 (Fall 2007 or later) OR		3/4	6	9	12			
Item 3 – *BI 231 Human Anatomy and Physiology 1 (Fall 2007 or later)		4	8	12	16			
*Program requires completion of HO 150 and HO 152 or BI 231, 232 and 233 prior to Winter term 2015.								
English Composition – provide information for one option – one writing course or a Bachelor's degree								
Item 4 – WR 121 Intro to Academic Writing (122, 123, 227) OR		3/4	8	12	16			
Item 4: Prior Bachelor's degree, must appear on a submitted transcript	Include Name of Institution, State and term/year degree granted:	0	0	0	16			
Science course or approved equivalent course – provide information for one option – required to apply, no point value								
Item 5 - GS 104 (C/Pass grade or higher) OR		4	Required					
Item 5 - PH 101 or PH 102 (C/Pass grade or higher) OR		4	Required					
Item 5 - PH 201 (C/Pass grade or higher) OR		4	Required					
Section 2: Extra Points Option – provide information for one Math course option or list approved equivalent course								
Item 6 – MTH 060 +MTH065 (points for highest grade) OR		4/5	10	15	20			
Item 6 – MTH 070 – MTH 095 OR		4/5	10	15	20			
Item 6 – Math Higher than MTH 095		4/5	20					
Section 3: Experience Points – Documentation Required for Honorable Military Service								
Item 7 – Experience Points	Attach documentation of Military healthcare service and military status. Scan documents and attach in email with these forms.	N/A	8					
Points possible from Items 1-6: Range is 26 to 84				Subtotal Points from Items 1-6				
Section 4: Remaining Categories – evaluated and scored by the HP Application Center								
Item 8 - Observation Hours Verified by staff	25 hours of observation in at least two sites. Complete Form 3 Work/Observation Tracking and Form 4 Verification of PT Work/Observation	Total of Work/Observation Hours						
Item 9 - Interview Scored by committee	Be available to be interviewed the dates listed on page 1 of the application information packet. – Points will be entered by the office after the interview process.	Score from 0 - 20						
Points possible from Items 1-9: Range is 26 to 104				Total Points from Items 1-9				

Form 3 WORK/OBSERVATION TRACKING SHEET – Item 8 - You must provide information for two or more clinical settings to complete this form. Agency Information must be complete and meet requirements to receive points. **Must include scanned copy of signed Form 4 – Verification of Physical Therapist Observation/Work Experience for each location to count Observation/Work hours.**

Agency Name and Address including City and State	Therapist Name, Phone with(area code) and email 	From	To	# of Hours
Total of Work/Observation Hours				