

**WASHBURN UNIVERSITY  
SCHOOL OF APPLIED STUDIES**

---

**PHYSICAL THERAPIST ASSISTANT PROGRAM  
Admissions Criteria**

---

**ADMISSION REQUIREMENTS**

**Deadline for completed applications is February 1<sup>st</sup> of the application year. Faxed or emailed applications will not be accepted. All applications should be sent to the following address:**

**Physical Therapist Assistant Program Admissions  
Washburn University  
1700 SW College Avenue, Topeka KS 66621**

To be considered for acceptance into the Physical Therapist Assistant Program at Washburn University, the following criteria **must** be completed and submitted.

1. Washburn University **Application for Admission** (if not currently enrolled at Washburn). Submit to the Office of Admissions.
2. **Academic transcripts** must be submitted directly to the PTA program.
  - If you are currently enrolled at Washburn, go to [my.washburn.edu](http://my.washburn.edu) to print your transcript and submit.
  - If not currently enrolled at Washburn, submit official transcripts from ALL colleges and universities attended. A copy will be made and the original will be sent to Washburn University's Admissions Office.
  - If you have less than twelve hours of college at the time of application, submit both a high school transcript and a college transcript.
  - The minimum cumulative GPA (grade point average) criteria for admissions consideration is 2.5 on a 4.0 scale.
3. If you are applying as an international student, see additional criteria (enclosed)
4. **Washburn University Physical Therapist Assistant Program Application form:** Submit after **November 1**, but **prior to February 1** of the application year. Acceptance to Washburn University does not constitute acceptance to the PTA Program.
5. **Washburn University PTA Program Letter of Intent:** Admissions scoring will be based on the ability to follow directions, content, grammar, spelling, and neatness. The response must be professional in appearance, typed, and show a high level of interest & understanding of the profession of physical therapy.
6. **Washburn PTA Program Observation Summary:** Admissions scoring will be based on the ability to follow directions, content, grammar, spelling, and neatness. The response must be typed, professional in appearance and provide an in-depth description and evaluation of both clinical observations.
7. **Two Letters of Recommendation (enclosed):** These letters should be completed by current or past instructors, and/or current or past employers who are not family members. Personal Recommendation forms should be completed during the current application year (i.e. 2008-2009). Admissions scoring is based on responses marked on the forms. It is the responsibility of the applicant to follow-up regarding arrival of these documents.

8. **Two Clinical Observation forms (enclosed):** Two separate Clinical Observations each of at least 4 hours in length for a total of 8 hours of observation are required. Each Clinical Observation must be at a different facility with a different clinical focus (i.e., one inpatient neurologic hospital observation & one outpatient orthopedic clinic). Follow the instructions on the form for submission. Please photocopy this form and use it to document any extra observation hours. Admissions scoring will be based on the rating and responses provided on the form. **You may contact any Physical Therapy facility/clinic to request permission to observe.** Observations should **NOT** be conducted at the applicant's place of employment and will not be counted toward the admissions criteria if submitted.
- a. Complete the applicant information section of the "Washburn University Physical Therapist Assistant Program Clinical Observation" form prior to the observation period.
  - b. Prior to beginning each four hour observation period give the form to the physical therapist or physical therapist assistant with whom you will be observing along with a stamped envelope addressed to the Washburn University Physical Therapist Assistant Program Director at the address previously given. Be sure and inform the person you are observing that they must complete and return the form in the envelop you provided prior to February 1. Should you desire, you may have them return the completed form to you in a sealed envelope with their signature across the flap and return it to the PTA Program with other application materials.
9. **Personal resume according to the guidelines listed below:**

Prepare and return a resume to the Physical Therapist Assistant Program Director at the address previously listed. The resume is an opportunity for the candidate to present an overview of the non-academic activities and life experiences to the review committee. The resume should present relevant facts about you and organize information on your unique assets, facts, and dates. This format is required to give each applicant the opportunity to present themselves to the review committee in a uniform manner. The resume is used in the scoring process to assist in breaking any ties for the 24<sup>th</sup> position.

**FORMAT:** Resumes should be submitted on white 8 1/2" x 11" paper and should be no longer than three pages, plus references.

Information under each section should be arranged with the most recent experiences first. Dates should be provided with each entry and should be accurate to the month and year. Groups, employers, schools, or individuals should have a city and state location provided.

The following information should be provided in the order given:

**\* Personal Information:**

**Name:** Provide your legal name with any nickname or most frequently used name in parentheses.

**Address:** Provide both a preferred mailing address and a permanent address (if different) complete with zip codes.

**Telephone:** Provide telephone numbers with area codes for both preferred and permanent address.

**E-mail:** Provide permanent e-mail address

**\* Academic Degrees/Professional Certifications:**

**Academic Degrees:** Provide the degree, awarding institution, and dates attended for all degrees.

**Professional Certifications:** Provide the title, awarding institution, and dates attended for all professional certifications.

**\* Employment:**

List your employers for the past ten years. Provide dates of employment, position, and short description of duties, number of persons supervised, if any, and any promotions received while employed. If your employment history is longer than ten years, you may summarize those years prior to the ten years requested.

**\* Volunteer Experiences:**

List any organizations for which you have volunteered your time during the past five years. Provide the organization, the activity, the hours volunteered, and the dates.

**\* Organizations:**

List any organizations of which you are or have been a member during the past five years. Include religious, social, athletic, school, community and professional organizations. If you have held an office or served on a committee, please state the nature of your involvement. List most recent first.

**\* Honors and Awards:**

List any scholarships, awards, or honors you have received since high school. You may include awards from any facet of your life.

**\* Unique Life Experiences and Hobbies:**

Use this section to provide information on yourself that you feel is unique or makes you an especially good candidate for admission to the Physical Therapist Assistant Program.

**\* References:**

References in addition to those included with the application may be listed on a fourth sheet. Include name, title, how you know this person, address, and current telephone number for each reference. These references should include people you know personally who would give the review committee strong statements as to why you should be admitted.

10. **Although no specific university academic prerequisites are necessary for application** to the Physical Therapist Assistant Program, **the program highly recommends** completion of part or all of the following core related courses: AL 101 Introduction to Health Care, AL 275 Human Anatomy\*, AL 255 Human Physiology\*, AL 320 Human Disease, PE 321 Kinesiology, and PE 326 Exercise Physiology.

**\*No online Anatomy or Physiology courses will be accepted** as part of the PTA Program due to in classroom lecture and laboratory accreditation requirements.

11. **Deadline for completed applications is February 1<sup>st</sup> of the application year.** **Faxed or emailed applications will not be accepted.**

**Submit completed applications to:**

**Physical Therapist Assistant Program Admissions  
Washburn University  
1700 SW College Avenue,  
Topeka KS 66621**

**For questions regarding the PTA application process, you may contact:**

**Lori Khan, PT, MS, DPT  
PTA Program Director  
785-670-1406  
lori.khan@washburn.edu**

**Lisa Rieschick  
Allied Health Secretary  
785-670-2170  
lisa.rieschick@washburn.edu**

## INTERNATIONAL ADMISSION (Allied Health Department)

Services for international students, including processing of documents used to apply for student visas are provided by the International Programs Office. Washburn University offers English as a Second Language courses through its Intensive English Program. For visa and travel information, contact the International Program Office at (785) 670-1051.

Students applying to any Allied Health program as international students must:

1. Submit a completed "Washburn University International Application for Admission," and complete and submit all requirements for admission, according to the specific Allied Health program.
2. Request that official transcripts be sent to the Department of Allied Health, Washburn University, from all previously attended institutions. Transcripts from foreign institutions submitted as part of an application for study in the Department of Allied Health must be evaluated by a Washburn University-recognized evaluation service. Cost of this evaluation is borne by the student. Washburn University now requires a course-by-course report from Education Credential Evaluators, Inc. Applications can be obtained by writing to ECE, PO Box 92970, Milwaukee, WI 53202-0970, USA, or from the International Program Office at Washburn University.
3. Schedule an appointment with specific program faculty:
  - Diagnostic Medical Sonography
  - Health Information Technology
  - Physical Therapist Assistant
  - Radiation Therapy
  - Radiographer
  - Respiratory Therapy
4. Take the Test of English as a Foreign Language (TOEFL), including the Test of Written English (TWE). Request that scores be reported directly to the Department of Allied Health, Washburn University by Education Testing Service (ETS). Washburn's institutional code is 6928.
5. A specific Allied Health program may have additional requirements for the admission of the international student. These additional requirements would need to be fulfilled to be considered for admission to the specific program.

The Department of Allied Health requires a TOEFL score of at least 550, or equivalent for Allied Health students including a minimum of 55 on each of the three parts and a TWE score of 4.5. If the student submits a computer-based test score, the requirement is 213 with at least 21 on each of the three parts. Students without a TOEFL score or with a low TOEFL score should seek admission to the Intensive English Program first.

## **SAMPLE CURRICULUM**

Summer Session (5 credits)

\*\*\*BI 100 Introduction to Biology (3)

\*\*\*BI 101 Intro to Biology Lab (2)

### First Semester (16 Credit hours)

AL 170 Physical Therapy Procedures (3)

BI 275 Human Anatomy & Lab (4)\*

AL 101 Introduction to Health Care (3)

EN 101 Freshman Composition (3)

MA 110 Exploring Mathematics OR College Algebra MA 116 (3)

### Second Semester (16 Credit Hours)

AL 171 Musculoskeletal Assessment in Physical Therapy (3)

AL 261 Therapeutic Modalities in Physical Therapy (3)

BI 255 Human Physiology & Lab (4)\*

PE 321 Kinesiology (3)

AL 320 Human Disease (3)

### Third Semester (7 credit hours: summer semester)

AL 271 Health Policy and Systems in Physical Therapy (2)

AL 186 Cardiopulmonary Assessment in Allied Health (2)

AL 264 Physical Therapy Clinical I (3)

### Fourth Semester (16 credit hours)

AL 265 Applied Neurophysiology (3)

AL 268 Integumentary Assessment in Physical Therapy (2)

AL 272 Current Topics in Physical Therapy (2)

PE 326 Physiology of Exercise (3)

Humanities (3)

Social Science (3)

### Fifth Semester (15 credit hours)

AL 279 Physical Therapy Clinical II (6)

AL 273 Physical Therapy Issues (1)

Humanities (3) ONLINE

Social Science (3) ONLINE

PE 198 Lifetime Wellness (2) ONLINE

Total of 70-75 credit hours

\*No ONLINE Anatomy or Physiology courses will be accepted.

\*\*\* Please note, if you are taking Human Anatomy OR Human Physiology from Washburn University, the required prerequisite is BI 100 & 101 Introduction to Biology and Lab and must be taken in the summer session prior to beginning the PTA Program.

**Physical Requirements**  
**Physical Therapist Assistant Program**  
**Washburn University**

**TECHNICAL STANDARDS**

The technical standards have been established through consideration by faculty and consultation with the following sources: The Vocational Rehabilitation Act, The Americans with Disabilities Act, Guide for Occupational Information, Dictionary of Occupational Titles, and the Occupational Skills Standards Project from the National Health Care Skills Standards Projects.

**Sensorimotor Skills:**

Candidates must have sufficient gross motor, fine motor and equilibrium functions reasonably required to carry out assessments and elicit information from patients (palpation, auscultation, percussion, and other assessment maneuvers, gait training, and transfers), as well as those motor skills necessary to provide physical therapy intervention. A candidate must be able to execute motor movements required to provide physical therapy treatment (patient transfers, gait training, therapeutic exercise, etc.) and be able to respond quickly to emergency situations. Quick reactions are necessary for safety and therapeutic purposes. Physical Therapy procedures require coordination of both gross and fine motor movements, equilibrium, and functional use of the senses of touch and vision. For this reason, candidates for admission to the Physical Therapist Assistant Program must have manual dexterity and the ability to engage in procedures involving grasping, pushing, pulling, holding, manipulating, extending, and rotating. This includes but is not limited to the ability to lift, push and pull at least 50 pounds for routine transfer of patients from varying surfaces and be able to manually adjust equipment found in the physical therapy clinic setting.

**Observational Skills:**

Candidates/current physical therapist assistant (PTA) students must be able to observe demonstrations and participate in laboratory experiments as required in the curriculum. Candidates/current PTA students must be able to observe patients and be able to obtain an appropriate medical history directly from the patient or guardian. Such observations require the functional use of vision, hearing, and other sensory modalities. Candidates/current PTA students must have visual perception which includes depth and acuity.

**Communication Skills:**

Candidates/current PTA students must be able to communicate in English effectively and sensitively with patients. In addition, candidates/current PTA students must be able to communicate in English in oral and hand written form with faculty, allied personnel, and peers in the classroom, laboratory, and clinical settings. Candidates/current PTA students must also be sensitive to multicultural and multilingual needs. Such communication skills include not only speech, but reading and writing in English. Candidates/current PTA students must have the ability to complete reading assignments and search and evaluate the literature. Candidates/current PTA students must be able to complete written assignments and maintain written records. Candidates/current PTA students must have the ability to complete assessment exercises. Candidates/current PTA students must also have the ability to use therapeutic communication, such as attending, clarifying, coaching, facilitating, and touching. These skills must be performed in clinical settings, as well as the didactic and laboratory environments.

**Intellectual/Conceptual, Integrative, and Qualitative Skills:**

Candidates/current PTA students must have the ability to measure, calculate, reason, analyze, and synthesize data. Problem solving, including obtaining, interpreting, and documenting data, are critical skills demanded of physical therapist assistants which require all of these intellectual abilities. These skills allow students to make proper assessments, sound judgments, appropriately prioritize therapeutic interventions, and measure and record patient care outcomes. Candidates/current PTA students must have the ability to learn to use computers for searching, recording, storing, and retrieving information.

**Behavioral/Social Skills and Professionalism:**

Candidates/current PTA students must demonstrate attributes of empathy, integrity, concern for others, interpersonal skills, interest, and motivation. Candidates/current PTA students must possess the emotional well-being required for use of their intellectual abilities, the exercise of sound judgment, the prompt completion of all responsibilities attendant to the assessment and treatment of patients, and the development of mature, sensitive, and effective relationships with patients. Candidates/current PTA students must be able to adapt to ever-changing environments, display flexibility, and learn to function in the face of uncertainties and stresses which are inherent in the educational process, as well as the clinical problems of many patients.

Candidates/current PTA students must be able to maintain professional conduct and appearance, maintain client confidentiality and operate within the scope of practice. Candidates/current PTA students must also have the ability to be assertive, delegate responsibilities appropriately, and function as part of a medical team. Such abilities require organizational skills necessary to meet deadlines and manage time.

## **Physical Therapist Assistant Program Information**

### **Washburn University**

#### **Mission Statement**

The Physical Therapist Assistant Program has the primary function of offering a quality career oriented program allowing graduates to become certified Physical Therapist Assistants. The mission of the Physical Therapist Assistant Program will be accomplished when all graduates can:

1. Work under the supervision of a physical therapist in an ethical, legal, safe and effective manner.
2. Implement a comprehensive treatment plan developed by a physical therapist.
3. Communicate regularly with supervising physical therapists about the patient's progress or adjustments made in treatment procedures in accordance with changes in patient status.
4. Perform appropriate measurement techniques within the knowledge and limits of practice to assist the supervising physical therapists in monitoring and modifying the plan of care.
5. Interact with patients and families in a manner which provides the desired psychosocial support including the recognition of cultural and socioeconomic differences.
6. Participate in the teaching of other health care providers, patients and families.
7. Document relevant aspects of patient treatment and participate in discharge planning and follow up care.
8. Demonstrate effective written, oral and nonverbal communication with patients and their families, colleagues, health care providers and the public.
9. Understand the levels of authority and responsibility; planning, time management, supervisory process, performance evaluations, policies, and procedures; fiscal considerations for physical therapy providers and consumers; and, continuous quality improvement.
10. Practice professional development through reading and interpreting professional literature, participation in professional organizations and attendance at continuing education programs.

#### **APTA Code of Ethics**

##### **Preamble**

This Code of Ethics sets forth ethical principles for the physical therapy profession. Members of this profession are responsible for maintaining and promoting ethical practice. This Code of Ethics, adopted by the American Physical Therapy Association, shall be binding on physical therapist assistants who are members of the Association.

##### **Principle 1**

Physical therapist assistants respect the rights and dignity of all individuals.

##### **Principle 2**

Physical therapist assistants comply with the laws and regulations governing the practice of physical therapy.

##### **Principle 3**

Physical therapist assistants accept responsibility for the exercise of sound judgment.

**Principle 4**

Physical therapist assistants maintain and promote high standards for physical therapy practice, education, and research.

**Principle 5**

Physical therapist assistants seek remuneration for their services that is deserved and reasonable.

**Principle 6**

Physical therapist assistants provide accurate information to the consumer about the profession and about those services they provide.

**Principle 7**

Physical therapist assistants accept the responsibility to protect the public and the profession from unethical, incompetent, or illegal acts.

**Principle 8**

Physical therapist assistants participate in efforts to address the health needs of the public.

*Reprinted from [www.apta.org/Ethics/code\\_of\\_ethics.html](http://www.apta.org/Ethics/code_of_ethics.html), with permission of the American Physical Therapy Association.*

**Disability Services:**

The Student Services Office is responsible for assisting in arranging accommodations and for identifying resources on campus for persons with disabilities. Qualified students with disabilities must register with the office to be eligible for services. The office **MUST** have appropriate documentation on file in order to provide services. Accommodations may include in-class note takers, test readers and/or scribes, adaptive computer technology, brailled materials. Requests for accommodations should be submitted at least two months before services should begin; however, if you need an accommodation this semester, please contact the Student Services Office immediately. Students may voluntarily identify themselves to the instructor for a referral to the Student Services Office.

Location: Student Services, Morgan Hall Room 150

Phone: 785-670-1629 or TDD 785-670-1025

E-Mail: [student-services@washburn.edu](mailto:student-services@washburn.edu)

**Financial Aid**

Financial aid including loans, scholarships, grants and work-study is available for those who qualify. Information can be obtained through the Financial Aid office or by going to [www.washburn.edu/financial-aid/](http://www.washburn.edu/financial-aid/)

## Physical Therapist Assistant Program Requirements Washburn University

### **Criminal Background Checks**

Successful completion of the PTA program requires participation in clinical practicum courses. Students can only be placed in clinical practicum courses after a background check, at their expense, has been completed which discloses they do not present a criminal history of:

- Convictions of laws regulating controlled substances; \*
- Convictions, at the felony level of crimes, as defined under Kansas Criminal Code (K.S.A. 21-3101 et seq.) and amendments thereto, which are crimes against persons, crimes against property, or sex offenses;
- Conviction of an offense requiring registry as a sex offender under the Kansas Offender Registry Act or any federal, military or other state law requiring registry;
- Conviction, at the felony level of crimes, involving moral turpitude which include but are not limited to: perjury, bribery, embezzlement, theft, and misuse of public funds.

\* Exception: Persons who have been convicted of a misdemeanor illegal drug offense may be permitted to participate in the clinical practicum if they have demonstrated, in the opinion of the program director, they have been sufficiently rehabilitated.

Background checks will be conducted **prior to the first clinical rotation**.

### **Student Health**

Health Insurance, Hepatitis B vaccine (or signed declination), TB skin test, and a physical examination are required prior to being placed in a clinical practicum.

### **Professional Obligations**

All students accepted into this program are expected to become part of the professional community through mandatory membership and participation in the following organizations:

- American Physical Therapy Association
- Kansas Physical Therapy Association

### **Computer/Internet**

The majority of PTA program coursework requires computer/internet knowledge as a routine task. Both lecture and clinical education classes have computer/online assignments. If one lacks computer skill, be advised that an additional workshop or course in computers may be necessary. Also, be advised of the minimum computer/internet access and software necessary to complete online classes at Washburn University & know that it is the sole responsibility of the student.

### **Clinical Education**

During the course of the PTA Clinical rotations, the student will be required to attend the following types of clinical settings.

1. One of the rotations must be in one of the following: acute, sub-acute or inpatient.
2. One of the rotations must be in an outpatient setting.
3. The 3<sup>rd</sup> rotation may vary.

Each student will participate in 3 Clinical Affiliations.

- AL 264            A four week 40/hr per week rotation during summer semester.
- AL 279            12 week clinical course, consisting of two different 6 week 40/hr per week rotations during spring semester of the second year

These affiliations will include placement outside of Topeka, KS.

Clinicals will be held over Spring Break during the spring semester of the second year. Students will not have that time off.

### **Transportation**

The student must have reliable transportation and is responsible for all costs incurred during travel to and from Clinical Sites and observational labs, i.e. gas, lodging, meals etc.

## Educational Costs

- A. Tuition- Fall, Spring and Summer semesters
  - a. Kansas Resident: \$197 per credit hour (Fall 2009)
  - b. Out of State: \$447 per credit hour (Fall 2009)
  - c. Activity Fee: \$43 (6 or more credit hours)
- B. PTA Textbooks approximate figure: \$1,200
- C. Uniforms (approximate figures)
  - a. Lab clothing & Lab Jacket: \$ 150
- D. Criminal Background check: \$50
- E. Health Insurance: Mandatory proof of coverage must be presented each semester prior to clinical education. Clinical observation experiences will be scheduled beginning with second semester of the PTA program coursework.
- F. Liability Insurance: The University carries liability insurance on students during clinical education and all clinical observation attendance.
- G. CPR Class- Approximately \$25
- H. Graduation Pin \$15
- I. Comprehensive Examination: Approximately \$90
- J. Hepatitis B Vaccines: \$75
- K. Name Tag for Clinicals: Approximately \$7
- L. TB Test: \$10
- M. American Physical Therapy Association/Kansas Physical Therapy Association Membership: \$90/year (\$180 total)

**WASHBURN UNIVERSITY OF TOPEKA**  
**SCHOOL OF APPLIED STUDIES**  
**PHYSICAL THERAPIST ASSISTANT PROGRAM**  
**Physical Therapist Assistant Program Application**

**Mail completed application** to Physical Therapist Assistant Program Director, Washburn University, 1700 SW College Ave, Topeka KS 66621

Application for Class to Enter Fall \_\_\_\_\_ SSN \_\_\_\_\_

Name \_\_\_\_\_ E-Mail \_\_\_\_\_  
Last First Middle

Do you have educational materials under another name? \_\_\_ Yes \_\_\_ No

If yes, please indicate name \_\_\_\_\_

**Preferred Mailing Address** \_\_\_\_\_  
Street City

\_\_\_\_\_ Telephone (\_\_\_\_\_)  
State Zip \_\_\_\_\_

**Permanent and/or Legal Residence** \_\_\_\_\_  
Street City

\_\_\_\_\_ Telephone (\_\_\_\_\_)  
State Zip \_\_\_\_\_

The PTA Program in compliance with the Commission of Accreditation for Physical Therapy Education requirement for assessment of PTA Program applicants, developed the following section of related questions. All information will be confidential and will be used only to counsel students regarding current licensing requirements in the State of Kansas and for anonymous statistical analysis for assessment purposes.

1. Current Occupation \_\_\_\_\_
2. Have you ever been subject to disciplinary action for academic or other reason(s) in any colleges, universities, graduate or professional schools you have attended? If yes, please explain.  
\_\_\_ Yes \_\_\_\_\_  
\_\_\_ No \_\_\_\_\_
3. Have you ever had disciplinary action taken against you by any professional society, or professional association? If yes, please explain.  
\_\_\_ Yes \_\_\_\_\_  
\_\_\_ No \_\_\_\_\_
4. Have you ever voluntarily withdrawn from a health profession program? If yes, please explain.  
\_\_\_ Yes \_\_\_\_\_  
\_\_\_ No \_\_\_\_\_
5. Have you ever been convicted of or have pending a misdemeanor or felony (exclude parking violations)? If yes, please explain.  
\_\_\_ Yes \_\_\_\_\_  
\_\_\_ No \_\_\_\_\_
6. Is there any information that is relevant to your ability to complete the Washburn University Physical Therapist Assistant program and be certified for licensure or employment that the University should consider? If yes, please explain.  
\_\_\_ Yes \_\_\_\_\_  
\_\_\_ No \_\_\_\_\_

**Continued on back**

Name \_\_\_\_\_

SSN \_\_\_\_\_

7. a. **List all undergraduate Colleges Attended (list in chronological order starting with the most recent)**

Name of Institution	City/State	Dates of Attendance	Hours Earned or Degree
		to	
		to	
		to	
		to	
		to	

- b. **List all Graduate or Professional Schools Attended**

Name of Institution	City/State	Dates of Attendance	Hours Earned or Degree
		to	
		to	
		to	

Name \_\_\_\_\_

SSN \_\_\_\_\_

**Two Physical Therapist Assistant Program Personal Recommendation forms are required to complete an application for admission consideration.** Please list the name and address of the individuals who will provide your required letters of recommendation. **Your file will not be complete, nor can you be considered for admission unless the required recommendations are received by February 1 of the application year.**

**RECOMMENDATION I**

First	Last	Degree	
Employer			Job Title
		( )	
City	State	Zip Code	Telephone

**RECOMMENDATION II**

First	Last	Degree	
Employer			Job Title
		( )	
City	State	Zip Code	Telephone

Please provide the following information about your required 8 hours of **Clinical Observation** of a PT or PTA. **Your file will not be complete, nor can you be considered for admission unless the required Clinical Observation form is received by February 1 of the application year.**

1. PT/PTA Name: \_\_\_\_\_  
 Facility Name: \_\_\_\_\_  
 \_\_\_\_\_ ( ) \_\_\_\_\_  
 City State Zip Code Telephone

2. PT/PTA Name: \_\_\_\_\_  
 Facility Name: \_\_\_\_\_  
 \_\_\_\_\_ ( ) \_\_\_\_\_  
 City State Zip Code Telephone

I certify that all the statements made in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I know and understand that any or all items contained herein may be subject to verification and I consent to the full release of all information concerning my capacity and fitness for the educational program by employers, educational institutions and other agencies. Furthermore, by submitting this application I agree to abide by the policies and procedures as established in the University catalog. A copy of which is available through the Admissions Office.

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

**TECHNICAL STANDARDS:** I have read and understand the technical standards outlined in the PTA application. I agree that I am able to perform to the level of these standards for all aspects of the PTA program including practical examinations and all clinical affiliations.

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

**Letter of Intent  
Physical Therapist Assistant Program  
Washburn University**

**LETTER OF INTENT**

*Health Care professionals must possess good written communications skills. The letter of intent is evaluated for content and grammar. Submit this Letter of Intent along with all other application materials.*

On a separate sheet of paper, please elaborate on your interests in Physical Therapy and how these interests developed, as well as why you want to become a Physical Therapist Assistant.

**\* Please limit the content to no more than 1 double spaced, 12 point font, typewritten page.**

At the end of the Letter of Intent, please include the following:

**Applicant Name (print)** \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Observation Summary**  
**Physical Therapist Assistant Program**  
**Washburn University**

**OBSERVATION SUMMARY**

A written summary of each Clinical Observations is required. Each summary should be no more than one page in length and will be evaluated for written communication ability, content and grammar. Submit this along with all other application materials

On a separate piece of paper, please include the following:

1. Name of facility and a description of the type of facility (inpatient, outpatient, nursing home, etc.)
2. Name of PT/ PTA observed and the length of the observation.
3. Give an overview of the types of patient diagnoses seen.
4. Discuss various treatments observed.
5. Comment on what you found most interesting and least interesting about the observation.
6. If possible, comment on the observed relationship between the PT and PTA.
7. After completing the observation, has your impression of the Physical Therapy profession changed?
8. Discuss your goals within the Physical Therapy profession.

\* Please limit **each** of the two required summaries to no more than 1 double spaced, 12 point font, type written page.

At the end of each Observation Summary, please include the following:

**Applicant Name (print)** \_\_\_\_\_ **SSN** \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**WASHBURN UNIVERSITY OF TOPEKA  
SCHOOL OF APPLIED STUDIES  
PHYSICAL THERAPIST ASSISTANT PROGRAM**

**APPLICANT:** Under the Federal law entitled the Family Educational Rights and Privacy Act of 1974, students are given the right to inspect their records, including letters of recommendation. While we shall consider all letters of recommendation carefully, we believe that in many instances letters written in confidence are of greater use in the assessment of a student's qualifications, abilities, and promise.

I do / do not waive my right to review the content of this form.

Applicant (please print) \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

<b>PERSONAL RECOMMENDATION</b>
--------------------------------

**TO THE RECOMMENDER:**

The person listed below is applying to the Washburn University Physical Therapist Assistant Program. Please read and complete the following Personal Recommendation form as honestly as possible and submit prior to February 1.

How well do you know the candidate: \_\_\_ Very well \_\_\_ Fairly well \_\_\_ Slightly

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

In what capacity? \_\_\_\_\_

Please indicate your impression of this applicant with regard to each of the following factors by checking the appropriate rating.

FACTORS	Out standing	Above Average	Average	Below Average	Unable to Judge & Why
<b>Motivation:</b> genuineness & depth of commitment.					
<b>Maturity:</b> personal development, ability to cope with life situations.					
<b>Cultural Sensitivity:</b> exhibits respect for and sensitivity to individual differences					
<b>Interpersonal Relations:</b> ability to get along with others, rapport, cooperation, team building, attitudes toward supervision.					
<b>Critical Thinking:</b> ability to problem solve; correlate and process information.					
<b>Reliability:</b> dependability, sense of responsibility, promptness, conscientiousness.					
<b>Communication Skills:</b> clarity of expression, articulate					
<b>Self-Confidence:</b> assuredness, capacity to achieve with awareness of own strengths and weaknesses					
<b>Personal Appearance:</b> neat, tidy, orderly, clean.					
<b>Quality of Work:</b> accuracy, consistency, timeliness					

Continued on back

**In the space provided, please discuss the characteristics of the applicant you feel will make him/her a competitive candidate for the Physical Therapist Assistant Program.**

**Positive Attributes:**

**Negative Attributes:**

\_\_\_ This applicant receives my highest recommendation.

\_\_\_ I recommend this applicant with confidence.

\_\_\_ I recommend this applicant.

\_\_\_ I recommend this applicant with some reservations.

\_\_\_ I would not recommend this candidate for admission.

**RECOMMENDER:** Name \_\_\_\_\_ Date \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Signature \_\_\_\_\_

**RETURN TO:** Candidate in sealed envelope with your signature across the flap, or to:

**Physical Therapist Assistant Program Director  
Washburn University  
1700 College  
Topeka KS 66621**

**WASHBURN UNIVERSITY OF TOPEKA  
SCHOOL OF APPLIED STUDIES  
PHYSICAL THERAPIST ASSISTANT PROGRAM**

**APPLICANT:** Under the Federal law entitled the Family Educational Rights and Privacy Act of 1974, students are given the right to inspect their records, including letters of recommendation. While we shall consider all letters of recommendation carefully, we believe that in many instances letters written in confidence are of greater use in the assessment of a student's qualifications, abilities, and promise.

I do / do not waive my right to review the content of this form.

Applicant (please print) \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

<b>PERSONAL RECOMMENDATION</b>
--------------------------------

**TO THE RECOMMENDER:**

The person listed below is applying to the Washburn University Physical Therapist Assistant Program. Please read and complete the following Personal Recommendation form as honestly as possible and submit prior to February 1.

How well do you know the candidate: \_\_\_ Very well \_\_\_ Fairly well \_\_\_ Slightly

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

In what capacity? \_\_\_\_\_

Please indicate your impression of this applicant with regard to each of the following factors by checking the appropriate rating.

FACTORS	Out standing	Above Average	Average	Below Average	Unable to Judge & Why
<b>Motivation:</b> genuineness & depth of commitment.					
<b>Maturity:</b> personal development, ability to cope with life situations.					
<b>Cultural Sensitivity:</b> exhibits respect for and sensitivity to individual differences					
<b>Interpersonal Relations:</b> ability to get along with others, rapport, cooperation, team building, attitudes toward supervision.					
<b>Critical Thinking:</b> ability to problem solve; correlate and process information.					
<b>Reliability:</b> dependability, sense of responsibility, promptness, conscientiousness.					
<b>Communication Skills:</b> clarity of expression, articulate					
<b>Self-Confidence:</b> assuredness, capacity to achieve with awareness of own strengths and weaknesses					
<b>Personal Appearance:</b> neat, tidy, orderly, clean.					
<b>Quality of Work:</b> accuracy, consistency, timeliness					

Continued on back

**In the space provided, please discuss the characteristics of the applicant you feel will make him/her a competitive candidate for the Physical Therapist Assistant Program.**

**Positive Attributes:**

**Negative Attributes:**

\_\_\_ This applicant receives my highest recommendation.

\_\_\_ I recommend this applicant with confidence.

\_\_\_ I recommend this applicant.

\_\_\_ I recommend this applicant with some reservations.

\_\_\_ I would not recommend this candidate for admission.

**RECOMMENDER:** Name \_\_\_\_\_ Date \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Signature \_\_\_\_\_

**RETURN TO:** Candidate in sealed envelope with your signature across the flap, or to:

**Physical Therapist Assistant Program Director  
Washburn University  
1700 College  
Topeka KS 66621**

**WASHBURN UNIVERSITY OF TOPEKA  
SCHOOL OF APPLIED STUDIES  
PHYSICAL THERAPIST ASSISTANT PROGRAM**

**CLINICAL OBSERVATION**

Each Clinical Observation under the direction of a PT or PTA must be at least 4 hours in length... If you plan to observe at more than two facilities please make copies of this form and complete for each facility attended.

Submit completed form prior to February 1 of application year.

**APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_

I do \_\_\_/do not \_\_\_ waive my right to review the content of this form.

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

**PHYSICAL THERAPY FACILITY INFORMATION**

Clinician Name \_\_\_\_\_ Title \_\_\_\_\_

Facility Name \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Applicant Status: \_\_\_ Observer      \_\_\_ Volunteer

If Volunteer, please describe duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CLINICIAN INFORMATION**

The purpose of this observation is to acquaint the applicant with the nature and scope of the Physical Therapy profession, and expose him/her to a variety of physical therapy practice settings. The following information must be completed and signed by a Registered Physical Therapist or Certified Physical Therapist Assistant, and returned to the Washburn University Physical Therapist Assistant Program Director or returned to the applicant in a sealed envelope with your signature across the flap.

**PLEASE CONSIDER THE FOLLOWING AREAS FOR YOUR OVERALL IMPRESSION OF THE APPLICANT:**

1. Applicant arrived promptly for observation and stayed agreed upon hours - 2 pts.
2. Applicant's appearance was neat and appropriate - 2 pts.
3. Applicant showed effective listening skills and good verbal communication - 2 pts.
4. Applicant observed attentively and with interest - 2 pts.
5. Applicant's behavior showed confidence and enthusiasm - 2 pts.
6. Applicant's questions and comments indicate an attempt to learn about the field of Physical Therapy - 2 pts.

**Continued on back**

Using the criteria listed on the previous page; please give your overall impression of the applicant as a candidate for the Physical Therapist Assistant Program.

OUTSTANDING			ABOVE AVERAGE				AVERAGE			BELOW AVERAGE		
12	11	10	9	8	7	6	5	4	3	2	1	

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hours observed: \_\_\_\_\_

CLINICIAN SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

RETURN TO: Candidate in sealed envelope with your signature across the flap, or to:

Physical Therapist Assistant Program Director  
School of Applied Studies  
Washburn University  
1700 SW College Ave.  
Topeka KS 66621

APPLICANT: Make copies of this form as needed. Be sure to sign release waiver section.

**SCHOOL OF APPLIED STUDIES  
PHYSICAL THERAPIST ASSISTANT PROGRAM**

**CLINICAL OBSERVATION**

Each Clinical Observation under the direction of a PT or PTA must be at least 4 hours in length... If you plan to observe at more than two facilities please make copies of this form and complete for each facility attended.

Submit completed form prior to February 1 of application year.

**APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_

I do \_\_\_/do not \_\_\_ waive my right to review the content of this form.

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

**PHYSICAL THERAPY FACILITY INFORMATION**

Clinician Name \_\_\_\_\_ Title \_\_\_\_\_

Facility Name \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Applicant Status: \_\_\_ Observer      \_\_\_ Volunteer

If Volunteer, please describe duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CLINICIAN INFORMATION**

The purpose of this observation is to acquaint the applicant with the nature and scope of the Physical Therapy profession, and expose him/her to a variety of physical therapy practice settings. The following information must be completed and signed by a Registered Physical Therapist or Certified Physical Therapist Assistant, and returned to the Washburn University Physical Therapist Assistant Program Director or returned to the applicant in a sealed envelope with your signature across the flap.

**PLEASE CONSIDER THE FOLLOWING AREAS FOR YOUR OVERALL IMPRESSION OF THE APPLICANT:**

1. Applicant arrived promptly for observation and stayed agreed upon hours - 2 pts.
2. Applicant's appearance was neat and appropriate - 2 pts.
3. Applicant showed effective listening skills and good verbal communication - 2 pts.
4. Applicant observed attentively and with interest - 2 pts.
5. Applicant's behavior showed confidence and enthusiasm - 2 pts.
6. Applicant's questions and comments indicate an attempt to learn about the field of Physical Therapy - 2 pts.

**Continued on back**

Using the criteria listed on the previous page; please give your overall impression of the applicant as a candidate for

the Physical Therapist Assistant Program.

OUTSTANDING			ABOVE AVERAGE				AVERAGE			BELOW AVERAGE		
12	11	10	9	8	7	6	5	4	3	2	1	

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hours observed: \_\_\_\_\_

CLINICIAN SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

RETURN TO: Candidate in sealed envelope with your signature across the flap, or to:

Physical Therapist Assistant Program Director  
School of Applied Studies  
Washburn University  
1700 SW College Ave.  
Topeka KS 66621

APPLICANT: Make copies of this form as needed. Be sure to sign release waiver section.