

**WASHBURN UNIVERSITY  
SCHOOL OF APPLIED STUDIES**

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**PHYSICAL THERAPIST ASSISTANT PROGRAM  
Admissions Criteria**

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**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 to the PTA Program, from ALL colleges and universities attended. Transcripts must be submitted to the PTA Program separate from transcripts submitted to Washburn University as part of the Application for Admission.
  - If you have less than twelve hours of college at the time of application, submit both a high school transcript and a college transcript to the PTA Program.
  - 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. Contact regarding acceptance into the PTA Program can be expected by **April 1**.
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 Summaries:** 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 Personal Recommendation Forms (enclosed):** Only two forms should be completed by current or past instructors, and/or current or past employers, etc. who are not family members **or** close personal friends. Personal Recommendation Forms must be completed during the **current application year**. 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. Although not required, it is recommended each observation has a different clinical focus (i.e., one inpatient observation & one outpatient observation). (For this application, inpatient observations include inpatient hospital units, nursing homes, and skilled nursing facilities. Outpatient observations refer to facilities where the patients return home for the evening, such as an outpatient clinic and home health care.) Follow the instructions on the form for submission. 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 an applicant's place of employment and will not be counted toward the admissions criteria if submitted. **Please note that many Physical Therapy facilities (ie Hospitals) require a minimum of two weeks advance notice and may require additional paperwork prior to completing an observation experience.**

- a. Complete the applicant information section of the "Washburn University Physical Therapist Assistant Program Clinical Observation" form (enclosed) 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 envelope 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. **Letter verifying your work/volunteer experiences.** Applicants can submit the Verification of Work/Volunteer Experience document for each facility in which they are claiming work or volunteer activities in either a general health care setting or physical therapy setting. This document should list the total number of hours & activities performed and be signed by the supervising individual from the facility. Applicants must demonstrate 40 hours of acceptable work/volunteer experiences to receive the bonus points on the scoring sheet associated with these activities. Only 1 work/volunteer experience will be awarded.
11. **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 Foundations of Health Care, BI 275 Human Anatomy\*, BI 230 Intro to Human Physiology\*, AL 320 Human Disease, KN 321 Anatomical Kinesiology, and IL 170 Library Research Strategies - Health.

**\*No online Anatomy or Physiology courses will be accepted** as part of the PTA Program due to in classroom lecture and laboratory accreditation requirements. Please contact the Program Director for any questions regarding this requirement.

12. **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:**

**Mark Kohls, DPT, ATC, Cert. MDT  
PTA Program Director  
785-670-3069  
[mark.kohls@washburn.edu](mailto:mark.kohls@washburn.edu)**

**Cory Oliva  
PTA Director of Clinical Education  
785-670-1404  
[cory.oliva@washburn.edu](mailto:cory.oliva@washburn.edu)**

## INTERNATIONAL STUDENT ADMISSION (Allied Health Department)

Support services for international students, including assistance with the university admissions process and processing documents used to apply for an F-1 student visa are provided by the Office of International Programs. For more information about the university admissions process and obtaining an F-1 visa, please contact the International Program Office at +1 (785) 670-1051 or [international@washburn.edu](mailto:international@washburn.edu).

Please be aware that the **following programs are only offered in an on-line format and therefore do not meet the USCIS (Immigration) enrollment requirement for F-1 visa students**. This means that students interested in these programs are not eligible to apply for an F-1 visa to pursue this degree program on the Washburn campus:

Bachelor of Health Science	Magnetic Resonance Imaging
Diagnostic Medical Sonography	Radiation Therapy
Health Information Technology	Technology Administration

### International students applying to any Allied Health program must:

- Contact the specific Allied Health program coordinator to determine program admission eligibility:

AH Program	Director	E-mail Address
Medical Laboratory Sciences	Michelle Shipley	michelle.shipley@washburn.edu
Occupational Therapy Assistant	Stephanie Sedlacek	stephanie.sedlacek@washburn.edu
Physical Therapist Assistant	Mark Kohls	mark.kohls@washburn.edu
Radiologic Technology	Jera Roberts	jera.roberts@washburn.edu
Respiratory Therapy	Rusty Taylor	rusty.taylor@washburn.edu

- After determining program admissibility, submit a completed [Washburn University International Application for Admission](#), and complete and submit all [requirements for university admission](#), as well as according to the specific Allied Health program.
- Request that official transcript/s of courses and grades be sent to the Department of Allied Health, Washburn University, from all previously attended institutions. Transcripts from courses completed at universities in another country must be evaluated by a Washburn University-recognized evaluation service such as [Educational Credential Evaluators](#) (ECE) or [World Education Services](#) (WES). A course-by-course report is required, and the cost of this evaluation is paid by the student. Click here for [Transcript Requirements](#).
- International students are required to demonstrate adequate English proficiency to be admitted into Allied Health programs. This English proficiency requirement can be satisfied by iBT TOEFL or IELTS test score submission:
  - **iBT TOEFL minimum scores:** Writing 20, Speaking 20, Reading 19, Listening 20
  - **IELTS minimum scores:** Writing 6.5, Speaking 6.5, Reading 6.5, Listening 6.5

Please be aware that an additional evaluation of English language proficiency may be required at the discretion of AH faculty for any student.

Washburn University also offers English as a Second Language courses through its Intensive English Program. For more information, please click [here](#).

- A specific Allied Health program may have additional requirements for the admission of the international student. These additional requirements must be fulfilled to be considered for admission to the specific program.

**Sample 2-Year Schedule for Physical Therapist Assistant Major**  
**Associate of Science**  
**70 Hours**

Curriculum for students starting 2020-2021 Academic Year  
 Students starting in different academic years should contact their advisor.

<b>Summer Session</b>			
BI 100 – Introduction to Biology	3		
BI 101 – Introduction to Biology Lab	2		
<b>TOTAL</b>	<b>5</b>		
<b>Freshman</b>			
<b>Fall Semester</b>		<b>Spring Semester</b>	
WU 101 – Washburn Experience	3	AL 171 – Musculoskeletal Assessment in Physical Therapy	3
EN 101 – Freshman Composition	3	AL 261 – Therapeutic Modalities in Physical Therapy	3
AL 170 – Physical Therapy Procedures I	3	BI 230 – Intro to Human Physiology	3
BI 275 – Human Anatomy and Lab	4	KN 321 – Anatomical Kinesiology	3
AL 101 – Foundations in Health Care	3	AL 320 – Human Disease	3
IL 170 - Library Research Strategies	1		
<b>TOTAL</b>	<b>17</b>	<b>TOTAL</b>	<b>15</b>
<b>Summer Session</b>			
AL 271 – Health Policy and Systems in Physical Therapy	2		
AL 268 – Integumentary Assessment in Physical Therapy	2		
AL 264 – Physical Therapy Clinical I	3		
<b>TOTAL</b>	<b>7</b>		
<b>Sophomore</b>			
<b>Fall Semester</b>		<b>Spring Semester</b>	
Soc. Sci. General Education	3	Soc. Sci. General Education	3
Humanities General Education	3	MA 112 or MA 116 – Essential Mathematics or College Algebra	3
AL 265 – Applied Neurophysiology	3	AL 279 – Physical Therapy Clinical II/III	6
AL 186 – Cardiopulmonary Assessment in Allied Health	2	AL 273 – Physical Therapy Issues	1
AL 272 – Current Rehab Techniques Physical Therapy	2		
<b>TOTAL</b>	<b>13</b>		<b>13</b>

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

**ESSENTIAL FUNCTIONS**

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.

### **Professional Licensure Disclosure Statement**

Washburn University affirms the PTA Program meets the requirements for all states. For a complete list of Washburn University programs, please visit <https://www.washburn.edu/admissions/paying-for-college/financial-aid/Files/Non%20AY%20Specific%20Files/state-licensure-info.pdf>.



## **APTA Standards of Ethical Conduct for the Physical Therapist Assistant**

### **Preamble**

The Standards of Ethical Conduct for the Physical Therapist Assistant (Standards of Ethical Conduct) delineate the ethical obligations of all physical therapist assistants as determined by the House of Delegates of the American Physical Therapy Association (APTA). The Standards of Ethical Conduct provide a foundation for conduct to which all physical therapist assistants shall adhere. Physical therapist assistants are guided by a set of core values (accountability, altruism, collaboration, compassion and caring, duty, excellence, integrity, and social responsibility). Throughout the document the primary core values that support specific principles are indicated in parentheses. Fundamental to the Standards of Ethical Conduct is the special obligation of physical therapist assistants to enable patients and clients to achieve greater independence, health and wellness, and enhanced quality of life.

No document that delineates ethical standards can address every situation. Physical therapist assistants are encouraged to seek additional advice or consultation in instances where the guidance of the Standards of Ethical Conduct may not be definitive. The APTA Guide for Conduct of the Physical Therapist Assistant and Core Values for the Physical Therapist and Physical Therapist Assistant provide additional guidance.

### **Standard 1**

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

### **Standard 2**

Physical therapist assistants shall be trustworthy and compassionate in addressing the rights and needs of patients and clients.

### **Standard 3**

Physical therapist assistants shall make sound decisions in collaboration with the physical therapist and within the boundaries established by laws and regulations.

### **Standard 4**

Physical therapist assistants shall demonstrate integrity in their relationships with patients and clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public.

### **Standard 5**

Physical therapist assistants shall fulfill their legal and ethical obligations.

### **Standard 6**

Physical therapist assistants shall enhance their competence through the lifelong acquisition and refinement of knowledge, skills, and abilities.

### **Standard 7**

Physical therapist assistants shall support organizational behaviors and business practices that benefit patients and clients and society.

### **Standard 8**

Physical therapist assistants shall participate in efforts to meet the health needs of people locally, nationally, or globally.

*Reprinted from <https://www.apta.org/apta-and-you/leadership-and-governance/policies/standards-of-ethical-conduct-for-the-physical-therapist-assistant>, with permission of the American Physical Therapy Association.*

**Disability Services:**

The Office of University Diversity and Inclusion 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. Documentation includes a diagnosis of a specific disability by a professional qualified in the area of disability, states how the disability substantially limits a major life activity and explains how the disability affects the student's academic performance. Services are identified to meet the needs of individuals based on their specific disabilities, e.g. depression, physical or learning disability, and may include note takers, test readers/scribes, adaptive technology training, brailled materials, or other necessary accommodations. Requests for accommodations should be submitted at least two months before services should begin; however, if you have a current accommodation need, please contact the University Diversity and Inclusion staff immediately. Students may voluntarily identify themselves to the instructor for a referral to the Student Services Office.

Location: Office of University Diversity and Inclusion, Morgan Hall, Suite 105

Phone: 785-670-1629

E-Mail: [diversity.inclusion@washburn.edu](mailto:diversity.inclusion@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 <https://www.washburn.edu/admissions/paying-for-college/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 five 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 may include placement outside of Topeka, KS. Clinicals may be held over Spring Break during the spring semester of the second year. Students are not guaranteed 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** – Costs may vary, but the below costs should give a good approximation. We, as a program, would like to be as transparent as possible regarding the educational costs of the program.

- A. Tuition- Fall, Spring and Summer semesters
  - a. Kansas Resident: \$315.25 per credit hour (2021-22)
  - b. Out of State: \$708.25 per credit hour (2021-22)
  - c. Online courses (AL 268 and AL 271): \$410 per credit hour (2021-22)
  - d. Activity Fee: \$55 (Fall and Spring Semesters only)
- B. PTA Textbooks/Lab Fees approximate figure: \$1,400
- C. Criminal Background check: \$50 - \$100
- D. 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.
- E. Liability Insurance: The University carries liability insurance on students during clinical education and all clinical observation attendance.
- F. CPR Class- Approximately \$35
- G. Graduation Pin \$15
- H. Comprehensive Examination: Approximately \$35
- I. Hepatitis B Vaccines: \$75
- J. Name Tag for Clinicals: Approximately \$10
- K. TB Test: \$10
- L. Immunization titers: Variable depending on insurance and past immunizations
- M. American Physical Therapy Association/Kansas Physical Therapy Association Membership: \$90/year (\$180 total)
- N. Electronic Clinical Performance fee: \$50

**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. 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 \_\_\_\_\_

6. 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 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.** Please contact the program director with any questions regarding clinical observations.

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 \_\_\_\_\_

ESSENTIAL FUNCTIONS: 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 \_\_\_\_\_

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**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, why you want to become a Physical Therapist Assistant, and your goals within the Physical Therapist profession.

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

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

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

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**Observation Summary #1**  
**Physical Therapist Assistant Program**  
**Washburn University**

**FOUR-HOUR OBSERVATION SUMMARY**

A written summary of your Outpatient Clinical Observation is required. This summary should be inclusive of all outpatient clinical observations in which you participated. This summary should be no more than two pages 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 (outpatient hospital, inpatient hospital, nursing home, private clinic, home health, 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 about the observation.
6. Comment on what you found **least** interesting about the observation.
7. Comment on the observed relationship between the PT and PTA.
8. After completing the observation, how has your impression of the Physical Therapy profession changed?

\* Please limit this summary to no more than 2 double spaced, 12 point font, type written pages.

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

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

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

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**Observation Summary #2**  
**Physical Therapist Assistant Program**  
**Washburn University**

**FOUR-HOUR OBSERVATION SUMMARY**

A written summary of your Inpatient Clinical Observation is required. This summary should be inclusive of all inpatient clinical observations in which you participated. This summary should be no more than two pages 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 (outpatient hospital, inpatient hospital, nursing home, private clinic, home health, 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 about the observation.
6. Comment on what you found **least** interesting about the observation.
7. Comment on the observed relationship between the PT and PTA.
8. After completing the observation, has your impression of the Physical Therapy profession changed?

\* Please limit this summary to no more than 2 double spaced, 12 point font, type written pages.

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

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

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

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**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.

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: \_\_\_\_\_

Type of Facility: \_\_\_ Inpatient Facility \_\_\_ Outpatient Facility

**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.



**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.

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: \_\_\_\_\_

Type of Facility: \_\_\_ Inpatient Facility \_\_\_ Outpatient Facility

**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.

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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.

**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	Outstanding	Above Average	Average	Below Average
<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	Outstanding	Above Average	Average	Below Average
<b>Motivation:</b> genuineness & depth of commitment.				
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<b>Cultural Sensitivity:</b> exhibits respect for and sensitivity to individual differences				
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<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**

**VERIFICATION OF WORK/VOLUNTEER HOURS IN MEDICAL OR PHYSICAL THERAPY SETTING**

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

Name of Facility: \_\_\_\_\_

Indicate type of setting: Medical Facility \_\_\_\_\_ or Physical Therapy Setting \_\_\_\_\_

I verify the individual listed above completed \_\_\_\_\_ hours of work/volunteer (circle one) activities at our facility. The activities occurred during the following time: \_\_\_\_\_ to \_\_\_\_\_.  
(Start Date) (End Date)

Duties included:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*\*Work/Volunteer experience must be performed within the past year. Work/volunteer experience must occur on different dates than observation hours if performed at the same location. Applicants will only be awarded credit for one work/volunteer experience.*

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Washburn University**  
**Physical Therapist Assistant Program**  
**Sample Applicant Score Sheet**

Applicant's Name: \_\_\_\_\_

**High School GPA will be used for students with less than 12 hours of college credit.**

Academic Cumulative GPA –

College:           4.0-3.75 = 30 points  
                      3.74-3.5 = 25 points  
                      3.49-3.25 = 20 points  
                      3.24-3.0 = 15 points  
                      2.99-2.75 = 10 points  
                      2.74-2.5 = 5 points

High School:      4.0-3.75 = 25 points  
                      3.74-3.5 = 20 points  
                      3.49-3.25 = 15 points  
                      3.24-3.0 = 10 points  
                      2.99-2.75 = 5 points  
                      2.74-2.5 = 0 points

Academic Courses (**optional**, up to 20 points possible)

*Anatomy*\_\_\_ *Physiology*\_\_\_ *Anatomical Kinesiology*\_\_\_ *Degree*\_\_\_  
(A=5; B=3; C=1; Bachelor Degree=5)

Clinical Observation Score #1 (12 points possible)

Clinical Observation Score #2 (12 points possible)

Clinical Observation Student Response #1 (6 points possible)

Clinical Observation Student Response #2 (6 points possible)

Letter of Intent (10 possible points)

Reference 1 (3 possible points)

Reference 2 (3 possible points)

40 hrs Work/Volunteer Experience in Medical Area other than PT (2.5 points) (**optional**)

40 hrs Work/Volunteer Experience in Physical Therapy (5 points) (**optional**)