

Kankakee Community College Physical Therapist Assistant (PTA) Student Eligibility Worksheet

This is a **restricted admissions program**. In order to be considered for the program, applicants must complete the following Academic Eligibility requirements prior to the final HESI A2 testing deadline. Failure to complete any of the requirements will disqualify you from consideration.

NAME: _____ Student ID#: _____

Final HESI A2 Testing Deadline	Program Start Date
July 1, 2024	Fall 2024

Resident of KCC District 520 Yes No / If no, is there a cooperative agreement available Yes No
(IVCC, DACC, Kishwaukee, CLC, SSC, JJC)

Office of Admissions and Registration requirements: All items must be on file by HESI A2 testing deadline.

- KCC application complete.
- Official high school transcript or official GED *ONLY IF* student is planning on utilizing Financial Aid
- Official transcripts from colleges in which you are intending to use previously completed credit for eligibility/degree requirements. Failure to submit and have transcripts evaluated could disqualify you from consideration.
- Transcript Evaluation form on file in Admissions and Registration.
- 10 hours of observation in at least two (2) different settings; including five (5) hours in an inpatient setting OR 200 hours of work experience in a physical therapy setting. Must be submitted on KCC's Physical Therapy Observation/Volunteer or Work Verification form.

Academic eligibility requirements: Requirements must be completed before an applicant is allowed to take the HESI A2. Coursework final grade must be a "C" or higher.

MATH - Prepared at the MATH 1424 level by meeting one of these:

- Completed MATH 1414, MATH 0985, or higher
- One year high school algebra (C or better)
- High school transitional STEM math (PLMS-1424)
- 2.8 high school GPA with senior math**
- ACT Math ≥ 22 or SAT ≥ 530 **
- ALEKS ≥ 30 **

ANATOMY & PHYSIOLOGY - Meet or be *in progress with the BIOL 2644 prerequisites if not already completed A&P I:

- One year high school anatomy & physiology (C or better)
- BIOL 1564- Intro to A&P
- BIOL 2644- Anatomy & Physiology I

READING - Prepared at the ENGL 1613 level by meeting one of these:

- Completed ENGL 1613
- ACT English or Reading ≥ 19 **
- SAT Verbal/Reading ≥ 480 **
- ACCUPLACER NextGen ≥ 250 **
- High school GPA of 2.7 **

GPA

- 2.5 or higher KCC grade point average _____ Co-op GPA _____ (if applicable)

*In progress coursework must be confirmed via Colleague / (un)official transcript with current semester

** Must be within the last 2 years

GENERAL EDUCATION REQUIREMENTS: *It is not mandatory* that the courses listed below are completed before a student applies; it is highly recommended that they are completed before a student begins their program. Courses must be completed with a grade of C or better.

- *ENGL 1613 *English I*
 ** BIOL 2644 *Anatomy & Physiology I*
 PSYC 1813 *Intro to Psychology*
 COMM 1553 *Intro to Speech*
 BIOL 2654 *Anatomy & Physiology II*

*Must be taken prior to or concurrent with 1ST summer semester in the program.

**Must be taken prior to or concurrent with 1ST fall semester in the program.

Fall _____ (Aug- Dec)

Spring _____ (Jan-May)

Summer _____ (Jun - July)

Fall _____ (Aug- Dec)

Spring _____ (Jan-May)

Summer _____ (Jun - July)

- Apply to the program (with advisor) Jan - Apr
- Take Hesi A2 Exam by June deadline

Fall _____

PHTA 1101
PHTA 1103
PHTA 1115
PHTA 1172

Spring _____

PHTA 1133
PHTA 1243
PHTA 1203
PHTA 1272

Summer _____

PHTA 2001
PHTA 2053

Fall _____

PHTA 2145
PHTA 2156
PHTA 2185

Spring _____

PHTA 2293
PHTA 2224
PHTA 2234
PHTA 2201

GRADUATE May _____

NOTES:

Kankakee Community College

Physical Therapy Observation/Volunteer or Work Verification

PHYSICAL THERAPIST ASSISTANT PROGRAM

Applicant name (please print) Last: _____ First: _____ Middle: _____
 KCC ID no. : _____ Email: _____
 Address: _____ City: _____ State: _____ Zip code: _____ Phone: _____

Applicants to the Physical Therapist Assistant program at KCC must **complete 10 (ten) documented** hours of observation/volunteer time in physical therapy or 200 hours work in a physical therapy setting. Observation/volunteer experience must occur in at least two different settings, including **five (5) hours** in either a **hospital acute care, hospital inpatient rehab, or nursing home** setting. The supervisor must be a **licensed physical therapist or physical therapist assistant**. Facility orientation or other requirements that may be mandatory to observe/volunteer/work should not be included in the hours submitted on this form. Hours may be completed at more than one facility. Submit this verification form by the application deadline.

Note to the applicant: Health care organizations and physical therapy clinics are not obligated to allow you to complete observation hours. Their willingness to offer these opportunities demonstrates a commitment to the physical therapy profession and an investment in future clinicians. Although you are otherwise NOT affiliated with KCC's PTA program, should you be accepted to KCC's PTA program, these facilities are potential clinical sites and employers. When you complete observation hours to be eligible for KCC's PTA program, you are a guest in the facility and are expected to demonstrate professionalism in dress, behavior, and attitude during ALL observation experiences. Wear dress casual (no jeans, unkempt or immodest clothes, or sandals), maximize your observation experience by being engaged (no cell phones or electronics), and be on time. Communicate the expectations to the facility and provide this form to the necessary individuals to complete and submit to KCC. If observation/volunteer or work experience occurs in multiple facilities, complete one form per facility. The information provided is subject to verification. It is your responsibility to ensure all documentation is submitted and your application is complete.

To be completed by the supervisor of the physical therapy observation/volunteer or work experience.

Name of facility: _____
 Address: _____ City: _____ State: _____ ZIP code: _____ Phone: _____

Type of setting and hours

<p>Inpatient setting (check all that apply): _____ hours</p> <p><input type="checkbox"/> Acute care</p> <p><input type="checkbox"/> Rehab/Subacute rehab</p> <p><input type="checkbox"/> Extended care/Nursing home/Skilled Nursing Facility</p> <p><input type="checkbox"/> Other (please specify): _____</p>	<p>Outpatient setting (check all that apply): _____ hours</p> <p><input type="checkbox"/> Outpatient clinic/private practice</p> <p><input type="checkbox"/> Hospital-based outpatient</p> <p><input type="checkbox"/> Other (please specify): _____</p> <p>Specialty settings (check all that apply): _____ hours</p> <p><input type="checkbox"/> Home Health <input type="checkbox"/> Industrial/Workplace/Occupational</p> <p><input type="checkbox"/> School/Preschool <input type="checkbox"/> Wellness/Prevention/Sports/Fitness</p> <p><input type="checkbox"/> Other (please specify): _____</p>
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Observation/volunteer experience verification of hours:

Total observation/volunteer hours at above noted facility: _____ hrs. during the period of ____/____ to ____/____
month / year month / year

Name of therapist/credentials (Please print): _____ License (state/number): _____

Work experience verification of hours:

Applicant worked a minimum of 200 hours at the above noted facility/setting from the dates of: ____/____ to ____/____
month / year month / year

Name of supervisor completing form (Please print): _____ Title: _____

Professional and Interpersonal Behavior Rating Scale:

Provide feedback on the applicant's professional and interpersonal behavior based on your experience/knowledge of the applicant.

- | | | | |
|-----------------------------|---|---|---------------------------------------|
| Attendance and punctuality: | <input type="checkbox"/> Exceeds expectations | <input type="checkbox"/> Meets expectations | <input type="checkbox"/> Unacceptable |
| Attitude: | <input type="checkbox"/> Exceeds expectations | <input type="checkbox"/> Meets expectations | <input type="checkbox"/> Unacceptable |
| Initiative: | <input type="checkbox"/> Exceeds expectations | <input type="checkbox"/> Meets expectations | <input type="checkbox"/> Unacceptable |
| Professional appearance: | <input type="checkbox"/> Exceeds expectations | <input type="checkbox"/> Meets expectations | <input type="checkbox"/> Unacceptable |

Signature verifies accuracy of the information provided.

 Signature

 Date

Please submit this form directly to a Health Careers Advisor at KCC.

Fax to: 815-802-8101. Mail to: Kankakee Community College, Student Services, Health Careers Advisor, 100 College Drive, Kankakee, IL 60901