

Washtenaw Community College

Physical Therapist Assistant (APPTA)

WCC is no longer collecting applications to the Physical Therapist Assistant program for the Fall 2020 semester. **The application packet for the Fall 2021 semester is expected to become available in early Fall 2020 with an anticipated application deadline in late December 2020 or early January 2021 (end of Fall 2020).**

Current admission requirements/criteria and program requirements can be found on the website below. Questions regarding the availability of the application packet should be directed to the Health and Second Tier Admissions Office at (734) 973-3596, (734) 477-8998, or healthadmissions@wccnet.edu.

Physical Therapist Assistant (APPTA) Program:

<https://www.wccnet.edu/learn/departments/alhd/programs/appta/>

Program requirements are specific and we recommend meeting with an advisor regularly to help lay out a plan on class selection and timing, and to discuss ways to make your application competitive. General advising appointments can be scheduled by logging into your *WCC Gateway* account and clicking on the *Student Services Appointments* tile or by calling (734) 677-5102 and pressing 0. Or, you may stop by the Counseling and Advising Office in room 206 of the Student Center Monday through Thursday from 8:00am to 7:00pm, Friday from 8:00am to 5:00pm, and Saturday from 9:00am to 1:00pm.

In addition to general advising, all applicants to the program must have a mandatory meeting with one of WCC's designated advisors before applying. Please be aware that your advisor must sign-off on your application packet before you will be eligible to submit your application to the program. To schedule your meeting, please request a "Mandatory PTA Advising" appointment by calling (734) 677-5102 and pressing 0 (online scheduling unavailable). **This appointment should be scheduled during the semester prior to the application deadline (Fall 2020).**

The ***Observation Verification Form*** is provided below for students who wish to begin their required observation hours prior to the application packet becoming available.

Washtenaw Community College
Physical Therapist Assistant (APPTA)
OBSERVATION VERIFICATION FORM

All applicants to the Physical Therapist Assistant program must complete 20 observation hours prior to applying to the program. Please refer to the **Clinical Observation Guidelines** found on the department's website (<http://health.wccnet.edu/pta/>) for additional details. **Only one (1) form can be used per facility AND setting type and no more than two PT/PTA's can sign a single form for an individual facility.**

SECTION I: TO BE COMPLETED BY THE STUDENT

Student's Printed Name: _____ Student ID: _____

I understand I must complete a minimum of **twenty (20) hours in total** of volunteer and/or clinical observations of a **Licensed Physical Therapist or Physical Therapist Assistant** and that no other health care provider will count in meeting this requirement. And, I understand I must observe a **minimum of three (3) hours in at least three (3) different physical therapy setting types.**

I certify that the information indicated below is accurate to the best of my knowledge.

Student's Signature: _____ Date: _____

SECTION II: TO BE COMPLETED BY THE PHYSICAL THERAPIST OR PHYSICAL THERAPIST ASSISTANT OBSERVED

The above student is interested in applying to the Physical Therapist Assistant program at Washtenaw Community College. As part of the admission requirements, students must observe the activities of a **Licensed Physical Therapist or Physical Therapist Assistant**. The purpose of this requirement, is to give the applicant an understanding of the relationship between the physical therapist and the physical therapist assistant, and the role of the physical therapist assistant in patient care. Please attach your **business card** or a statement on **organization letterhead** to verify the information on this form. Thank you for supporting our students and allowing them the opportunity to observe!

Please indicate the type of setting observed by the student (choose only ONE (1) type per form):

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Acute care (in-patient hospital) | <input type="checkbox"/> In-patient rehabilitation | <input type="checkbox"/> Out-patient |
| <input type="checkbox"/> Extended Care Facility (skilled care, Sub-acute, long term) | <input type="checkbox"/> Home-health | <input type="checkbox"/> School |
| <input type="checkbox"/> Hippotherapy | <input type="checkbox"/> Therapeutic Riding | <input type="checkbox"/> Burn Camp |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Pediatrics | |

Please indicate the date and hours observed by the student:

Date	Hours*	PT/PTA Printed Name

*All hours should be calculated in half hour increments (e.g. 4 hours and 30 minutes = 4.50)

Facility Name: _____

Tape Business Card(s) Here

Address: _____

Credentials (circle one): **PT** or **PTA** Date: _____

Printed Name: _____

Phone Number: (_____) _____

Signature: _____

Credentials (circle one): **PT** or **PTA** Date: _____

Printed Name: _____

Phone Number: (_____) _____

Signature: _____