

# PHYSICAL THERAPIST ASSISTANT APPLICATION: DUE JANUARY 31



## APPLICATION GUIDELINES

### Freshman Eligibility:

Eligibility for enrollment into the physical therapist assistant program as a full-time freshman is based on the following: (1) application and admission to the University of Indianapolis; (2) English and Math proficiency, at or above ENGL 101/MATH 150; (3) GPA of 3.0 or higher; (4) submission of a completed PTA application; (5) completion of a total of at least 30 hours volunteer or work experience in two or more physical therapy settings; (6) personal interview with College of Health Sciences faculty; and (7) offer of admission to the PTA program.

### Eligibility for students with 12 or more college credits completed at the time of application:

Students having completed 12 or more college credits will be eligible for enrollment into the physical therapist assistant program based on the following: (1) application and admission to the University of Indianapolis; (2) English and Math proficiency, at or above ENGL 101/MATH 150; (3) a grade of C or better earned in all general education courses required for the PTA program; (4) overall grade point average (GPA)  $\geq 2.8$ ; (applicant may request academic bankruptcy; see <http://pt.uindy.edu/palacademichankruptcy.php>) (5) submission of a completed PTA application; (6) completion of a total of at least 30 hours volunteer or work experience in two or more physical therapy settings; (7) personal interview with College of Health Sciences faculty; and (8) offer of admission to the PTA program.

## INSTRUCTIONS TO THE APPLICANT

**1. After applying to the University of Indianapolis,** then apply to the physical therapist assistant program. Candidates are advised to submit the PTA application as a single, complete packet containing the following items: the PTA application, a personal statement, high school and/or college transcripts, two completed recommendation forms, the PTA general education documentation form (for previous college experience only), and work/volunteer form(s). The completed application packet should be submitted to the PTA program at 1400 East Hanna Avenue, Indianapolis, Indiana 46227-3697.

—**PTA application:** Please note that to protect the safety of individuals with whom our students interact, applicants must indicate on the PTA application form whether they have been convicted of a crime involving abuse, neglect, or mistreatment of an individual. An answer of “yes” does not necessarily disqualify an applicant, but it does require additional explanation. A criminal history background check is required for all students admitted to the PTA program to verify information. Applicants should be aware that many clinical sites, professional licensing agencies, and prospective employers frequently require similar criminal history disclosures and background checks, although convictions do not necessarily disqualify someone for licensure or employment. Applicants with criminal convictions should recognize that such convictions may impede eventual licensure or employment and that the University of Indianapolis cannot predict the future decisions of licensing agencies or employers. Additionally, candidates must sign that they have read and are capable of fulfilling the physical therapist assistant program performance essentials included in the packet following this section.

—**Personal statement:** Each applicant is required to submit a personal, one-page essay. In this essay, candidates should describe their view of physical therapy and the role of the physical therapist assistant within the health-care system. The essay should indicate how you believe you will be a contributor to this role including personal qualities, activities, and achievements relevant to your eventual role as a physical therapist assistant.

—**Official transcripts:** Applicants must include official high school transcripts (if 12 or more college credits have not been completed) and transcripts from all colleges and universities attended. For transcripts to be considered official, they must remain unopened in the original sealed envelope. For courses in progress, please submit your official transcripts as soon as the courses have been completed.

—**Two completed recommendation forms:** Each applicant is required to submit two recommendation forms attached. Additional information may be attached to the forms. One of the recommendations should be written by a physical therapist or physical therapist assistant. The other recommendation should be written by a work supervisor, professor/teacher, or health professional. Each recommendation form should be

enclosed in a sealed envelope with the signature of the individual completing the recommendation form over the seal.

—**General education documentation form:** To be completed by applicants with previous college work. To assist in determining what, if any, general education requirements have been successfully completed, please submit the attached documentation form. To be considered, coursework must be taken for a grade and the grade earned must be a C or better for each course. Completion of this form does not ensure acceptance of the course credits. The final decision to accept course credits from another institution will be at the discretion of the director of the PTA program.

—**Work/volunteer forms:** Each applicant is required to demonstrate evidence of previous work/volunteer experience in two or more physical therapy settings. Applicants may copy the attached work/volunteer form for each facility visited. A total of 30 hours is required with a minimum of 8 hours at each site or setting.

—**Personal Interviews:** After review of an applicant's file and determination that the file is complete, and verification that the applicant is admitted as a UIndy undergraduate student, the PTA Admissions Committee determines candidates who are to be invited for a personal interview. The personal interview is an opportunity for applicants to expand on their qualifications and ask questions about the PTA program. Candidates are expected to dress professionally, demonstrate an understanding of the profession of physical therapy as well as the role of the PTA in the health care delivery system, demonstrate interpersonal skills, and communicate effectively.

**2. Retention of Application Materials:** Application materials submitted to the PTA program become the property of the University of Indianapolis and will not be returned to the applicant. Application materials of unsuccessful candidates are retained only until the next application cycle.

**3. Questions:** We are pleased to be able to clarify the application process for the PTA program and answer any additional questions applicants have about this procedure. Applicants may contact the Krannert School of Physical Therapy at (317) 788-3457 or toll-free at 1-800-232-8634, extension 3457. Questions may also be sent by e-mail to the Krannert School of Physical Therapy ([pt@uindy.edu](mailto:pt@uindy.edu)) or on the Web at <http://pt.uindy.edu/pta>.

# PHYSICAL THERAPIST ASSISTANT PROGRAM PERFORMANCE ESSENTIALS

Becoming a physical therapist assistant requires the completion of a technical education program that is both intellectually and physically challenging. The purpose of this document is to articulate the demands of this program in a way that will allow prospective students to compare their own capabilities against these demands.

Applicants are asked about their ability to complete these tasks, with or without reasonable accommodation. “Reasonable accommodation” refers to ways in which the University can assist students with disabilities to accomplish these tasks (for example, providing extra time to complete an examination or enhancing the sound system in a classroom). Reasonable accommodation does not mean that students with disabilities will be exempt from certain tasks; it does mean that we will work with students with disabilities to determine whether there are ways that a task can be modified to allow the student to complete the task in a manner acceptable for clinical practice.

Prospective students who indicate that they can complete these tasks, with or without reasonable accommodation, are not required to disclose the specifics of any disabilities prior to an admission decision. A student offered admission into the PTA program should request accommodation upon receiving notification of admission. An offer of admission may be withdrawn if it becomes apparent that the student cannot complete essential tasks even with accommodation, that the accommodations needed are not reasonable and would cause undue hardship to the institution, or that fulfilling the functions would create a significant risk of harm to the health or safety of others.

Prospective students who have questions about this document or who would like to discuss specific accommodations should make an initial inquiry with the director of the physical therapist assistant program.

## ESSENTIAL TASKS

- Students must meet class standards as described in each individual course syllabus for course completion throughout the curriculum.
- Students must be able to read, write, speak, and understand English at a level consistent with successful course completion and development of positive patient-

physical therapist assistant relationships.

- Students must complete readings, assignments, and other activities outside of class hours.
- Students must gather decision-making pieces of information during patient assessment activities in class or in the clinical setting without the use of an intermediary such as a classmate or an aide.
- Students must perform intervention activities in class or in the clinical setting by direct performance or with the appropriate instruction and supervision of physical therapy aides.
- Students must apply critical thinking processes to their work in the classroom and the clinic, must exercise sound judgment in class and in the clinic, and must follow safety procedures established for each class and clinic.
- Students must demonstrate interpersonal skills as needed for productive classroom discussion, respectful interaction with classmates and faculty, and development of appropriate health care provider-patient relationships.
- Students must be able to use a computer to type and complete assignments, post to online discussion boards, and utilize e-mail.
- Students must maintain personal appearance and hygiene conducive to classroom and clinical settings.
- Students must annually pass a cardiopulmonary resuscitation course at the health professional level (American Heart Association or American Red Cross).
- Students must demonstrate appropriate health status prior to enrollment, with annual updates on some items: no active tuberculosis, rubella (German measles) and rubeola (measles) immunity, tetanus-diphtheria booster within 10 years of anticipated graduation, and hepatitis B vaccine series or written declination.
- Students must annually complete OSHA-regulated Blood-borne Pathogen Exposure Training.
- Students must follow standards and policies specified in the PTA Student Handbook, the Letter of Understanding (contract between University and clinical sites), and the Clinical Education Handbook. The most recent copies of these documents are available for review.

## TYPICAL SKILLS NEEDED TO COMPLETE THESE ESSENTIAL TASKS

- Students typically attend class six or more hours per week during each academic semester. Classes consist of a combination of lecture, discussion, and laboratory activities. When on clinical rotation, students are typically present at the clinic 40 or more hours per week on a schedule that corresponds to the operating hours of the clinic.
- Students typically sit for two to 10 hours daily, stand for one to two hours daily, and walk or travel for two hours daily.
- Students may be required to relocate outside of the Indianapolis area to complete one or more clinical rotations of five to seven weeks’ duration each.
- Students frequently lift less than 10 pounds and occasionally lift weights between 10 and 100 pounds.
- Students occasionally carry up to 25 pounds while walking up to 50 feet.
- Students frequently exert 75 pounds of push/pull forces to objects up to 50 feet and occasionally exert 150 pounds of push/pull forces for this distance.
- Students frequently twist, bend, and stoop.
- Students occasionally squat, crawl, climb stools, reach above shoulder level, and kneel.
- Students frequently move from place to place and position to position and must do so at a speed that permits safe handling of classmates and patients.
- Students frequently stand and walk while providing support to a classmate simulating a disability or while supporting a patient with a disability.
- Students occasionally climb stairs or negotiate uneven terrain.
- Students continually use their hands repetitively with a simple grasp and frequently use a firm grasp and manual dexterity skills.
- Students frequently coordinate verbal and manual activities with gross motor activities.
- Students use auditory, tactile, and visual senses to receive classroom instruction and to assess and treat patients.
- Students frequently use electrical devices to give and receive various treatments.

# PTA APPLICATION FOR ADMISSION

YEAR PLANNING TO ENROLL \_\_\_\_\_ UINDY STUDENT ID \_\_\_\_\_ DATE \_\_\_\_\_

FULL LEGAL NAME \_\_\_\_\_

PREVIOUS NAME(S) \_\_\_\_\_

**MAILING ADDRESS**

\_\_\_\_\_

\_\_\_\_\_

**EFFECTIVE DATES FOR THIS ADDRESS** \_\_\_\_\_

**DAYTIME PHONE** \_\_\_\_\_

**E-MAIL ADDRESS** \_\_\_\_\_

**LIST THE NAMES AND POSITIONS OF THE TWO (2) INDIVIDUALS WHO HAVE WRITTEN RECOMMENDATIONS FOR YOU.**

NAME	POSITION	PTA/PT	ENCLOSED	SENT SEPARATELY

**IF APPLICABLE, LIST YOUR EMPLOYMENT CHRONOLOGICALLY FOR THE PAST FIVE YEARS.**

NAME AND LOCATION OF EMPLOYER	DESCRIPTION OF WORK	FROM (MO & YR) TO (MO & YR)

**ACADEMIC WORK:** LIST THE HIGH SCHOOL YOU ATTENDED AND, CHRONOLOGICALLY, EVERY COLLEGE, UNIVERSITY, OR PROFESSIONAL SCHOOL THAT YOU ATTENDED OR ARE ATTENDING. ENCLOSE TRANSCRIPTS FROM EACH SCHOOL. DO NOT ENCLOSE HIGH SCHOOL TRANSCRIPT IF 12 OR MORE COLLEGE CREDITS HAVE BEEN COMPLETED.

NAME OF INSTITUTION	CITY & STATE	FROM (MO & YR)	TO (MO & YR)	DEGREE, MAJOR, AND DATE DEGREE EARNED	ENCLOSED	SENT SEPARATELY

(CONTINUED ON NEXT PAGE)

**CRIMINAL BACKGROUND HISTORY:**

HAVE YOU EVER BEEN CONVICTED OF A CRIME INVOLVING THE ABUSE, NEGLECT, OR MISTREATMENT OF AN INDIVIDUAL? CHECK THE APPROPRIATE BOX. A CONVICTION DOES NOT NECESSARILY DISQUALIFY YOU. IF YES, ATTACH AN EXPLANATION OF OFFENSE, DATE, PLACE, AND DISPOSITION.  YES  NO

I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR COMPLETING A CRIMINAL BACKGROUND CHECK IF I AM ADMITTED TO THE PTA PROGRAM TO VERIFY THE INFORMATION ABOVE. PLEASE SIGN BELOW TO ACKNOWLEDGE THIS UNDERSTANDING.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PERFORMANCE ESSENTIALS:**

I HAVE RECEIVED AND READ THE PHYSICAL THERAPIST ASSISTANT PROGRAM PERFORMANCE ESSENTIALS DOCUMENT AND BELIEVE THAT I CAN FULFILL THESE FUNCTIONS WITH OR WITHOUT REASONABLE ACCOMMODATION. I UNDERSTAND THE PROCESS FOR REQUESTING REASONABLE ACCOMMODATION AS OUTLINED IN THIS DOCUMENT. (PLEASE SIGN BELOW TO ACKNOWLEDGE YOUR UNDERSTANDING OF THESE PERFORMANCE ESSENTIALS.)

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**HONESTY STATEMENT:**

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS COMPLETE AND ACCURATE.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**ADDITIONAL INFORMATION: HOW DID YOU HEAR ABOUT THE UNIVERSITY OF INDIANAPOLIS PTA PROGRAM?**

- PTA WEB PAGE
- CAREER DAY AT YOUR SCHOOL
- KSPT OPEN HOUSE
- ALUMNUS/ALUMNA
- HIGH SCHOOL DAY
- OTHER (PLEASE SPECIFY) \_\_\_\_\_

UNIVERSITY *of*  
**INDIANAPOLIS**®

**Krannert School of Physical Therapy**

1400 East Hanna Avenue

Indianapolis, IN 46227-3697

(317) 788-3457 or 1-800-232-8634, ext. 3457

Fax: (317) 788-3542





# RECOMMENDATION FROM SUPERVISOR, PROFESSOR/ TEACHER OR HEALTH PROFESSIONAL FOR ADMISSION

**INSTRUCTIONS TO APPLICANT:** PLEASE COMPLETE THE IDENTIFYING INFORMATION BEFORE DELIVERING THE RECOMMENDATION FOR ADMISSION FORM TO THE INDIVIDUALS YOU HAVE SELECTED AS RECOMMENDERS. EACH RECOMMENDER IS TO COMPLETE THE TWO-PAGE FORM, PLACE IT IN A SEALED ENVELOPE, SIGN THE ENVELOPE ON THE OUTSIDE OVER THE SEAL, AND RETURN IT TO YOU. YOU SHOULD THEN SUBMIT THE SEALED RECOMMENDATIONS WITH YOUR APPLICATION PACKET.

**WAIVER STATEMENT:** THE WAIVER STATEMENT SHOULD BE SIGNED ONLY IF YOU WAIVE THE RIGHT, GRANTED YOU BY THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974, TO READ THIS REFERENCE.

I HEREBY FREELY AND VOLUNTARILY WAIVE MY RIGHTS OF ACCESS TO ANY INFORMATION CONTAINED ON THIS RECOMMENDATION FORM AND AGREE THAT THE STATEMENT SHALL REMAIN CONFIDENTIAL.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_

EVALUATOR \_\_\_\_\_ TITLE \_\_\_\_\_

CIRCLE ONE: WORK SUPERVISOR    PROFESSOR/TEACHER    HEALTH PROFESSIONAL    INSTITUTION \_\_\_\_\_

**INSTRUCTIONS TO RECOMMENDER:** PLEASE CHECK THE APPROPRIATE BOXES BELOW THAT BEST DESCRIBE THE CANDIDATE AS COMPARED TO OTHER STUDENTS AT THIS LEVEL. COMPLETE THE REVERSE SIDE OF THIS FORM.

SKILL	OUTSTANDING TOP 5%	EXCELLENT NEXT 5%	GOOD NEXT 25%	AVERAGE NEXT 20%	BELOW AVERAGE BOTTOM 45%	NO BASIS FOR JUDGMENT
<b>COMMITMENT TO LEARNING</b> (ABILITY TO SELF-ASSESS, SELF-CORRECT, AND SELF-DIRECT)						
<b>INTERPERSONAL SKILLS</b> (INTERACTS EFFECTIVELY WITH PEOPLE FROM DIVERSE BACKGROUNDS)						
<b>COMMUNICATION SKILLS</b> (COMMUNICATES EFFECTIVELY BY SPEAKING, READING, AND WRITING)						
<b>PROFESSIONALISM AND RESPONSIBILITY</b> (EXHIBITS APPROPRIATE PROFESSIONAL CONDUCT, FULFILLS COMMITMENTS, AND IS ACCOUNTABLE FOR ACTIONS AND RESULTS)						
<b>PROBLEM SOLVING &amp; CRITICAL THINKING</b> (RECOGNIZES AND DEFINES PROBLEMS, DEVELOPS AND IMPLEMENTS SOLUTIONS, RECOGNIZES AND DIFFERENTIATES FACTS FROM ILLUSIONS)						
<b>USE OF CONSTRUCTIVE FEEDBACK</b> (USES FEEDBACK FOR IMPROVEMENT)						
<b>EFFECTIVE USE OF TIME AND RESOURCES</b> (MAXIMIZES BENEFIT FROM MINIMUM INVESTMENT OF RESOURCES)						
<b>STRESS MANAGEMENT</b> (IDENTIFIES SOURCES OF AND COPES EFFECTIVELY WITH STRESS)						
<b>COOPERATION, RAPPORT, SENSITIVITY</b>						

I  STRONGLY RECOMMEND     RECOMMEND     RECOMMEND WITH RESERVATIONS     DO NOT RECOMMEND THIS APPLICANT

**ON REVERSE SIDE, PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT MIGHT RELATE TO THE CANDIDATE'S POTENTIAL AS A PHYSICAL THERAPIST ASSISTANT.**

(CONTINUED ON NEXT PAGE)





# PHYSICAL THERAPIST ASSISTANT GENERAL EDUCATION DOCUMENTATION

NAME \_\_\_\_\_

**INSTRUCTIONS: INDICATE COURSEWORK THAT HAS BEEN COMPLETED, IS CURRENTLY IN PROGRESS,  
OR WILL BE COMPLETED AS APPROPRIATE.**

GENERAL EDUCATION COURSE	REGIONALLY ACCREDITED INSTITUTION	COURSE DEPARTMENT & NUMBER	COURSE TITLE	NUMBER OF HOURS	GRADE
EXAMPLE: ENGLISH COMPOSITION & LITERATURE COURSES (6 SEMESTER HOURS)	UNIV. OF INDIANAPOLIS	ENG 101	ENGLISH COMPOSITION	3	B
	UNIV. OF INDIANAPOLIS	ENG 102	WESTERN WORLD LIT.	3	A-
CHEMISTRY (3 SEMESTER HOURS)					
COMMUNICATIONS (3 SEMESTER HOURS)					
ENGLISH COMPOSITION & LITERATURE COURSES (6 SEMESTER HOURS)					
HUMAN ANATOMY & PHYSIOLOGY (8 SEMESTER HOURS)					
MEDICAL TERMINOLOGY (1 SEMESTER HOUR)					
PHYSICS (4 SEMESTER HOURS)					
PSYCHOLOGY (3 SEMESTER HOURS)					
WELLNESS/FITNESS FOR A LIFETIME (1 SEMESTER HOUR)					

ADDITIONAL QUESTIONS ABOUT THE INFORMATION ON THIS FORM MAY BE DIRECTED TO THE KRANNERT SCHOOL OF PHYSICAL THERAPY, UNIVERSITY OF INDIANAPOLIS, TELEPHONE: (317) 788-3457 OR 1-800-232-8634, EXT. 3457. FAX: (317) 788-3542.

# CONFIRMATION OF PHYSICAL THERAPY VOLUNTEER/WORK HOURS

## TO THE CLINICIAN

THE PHYSICAL THERAPIST ASSISTANT PROGRAM AT THE UNIVERSITY OF INDIANAPOLIS REQUIRES APPLICANTS TO OUR PROGRAM TO PARTICIPATE IN VOLUNTEER/WORK HOURS IN PHYSICAL THERAPY. PRIOR TO APPLYING FOR ADMISSION, ALL APPLICANTS ARE REQUIRED TO SPEND TIME IN A PHYSICAL THERAPY SETTING, OBSERVING OR WORKING IN TWO OR MORE PHYSICAL THERAPY PRACTICE SETTINGS. STUDENTS MUST COMPLETE A MINIMUM OF 30 TOTAL HOURS. THE TIME SPENT IN THE PHYSICAL THERAPY SETTING WILL ALLOW STUDENTS TO MAKE AN INFORMED DECISION REGARDING PHYSICAL THERAPIST ASSISTANT AS A CAREER CHOICE. YOUR SUPPORT OF OUR PROGRAM IS VITAL, AND WE VALUE YOUR PERSPECTIVE. PLEASE COMPLETE THE FOLLOWING INFORMATION TO VERIFY THE TIME THE APPLICANT HAS SPENT IN DIRECT OBSERVATION OF PHYSICAL THERAPY PRACTICE IN YOUR FACILITY.

I GIVE MY PERMISSION FOR THE INFORMATION BELOW TO BE RELEASED TO THE PHYSICAL THERAPIST ASSISTANT PROGRAM AT THE UNIVERSITY OF INDIANAPOLIS. THIS INFORMATION IS TO BE INCLUDED IN MY APPLICATION PORTFOLIO.

SIGNATURE OF PTA PROGRAM APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT NAME (PRINTED) \_\_\_\_\_

DATE(S) OF OBSERVATION/EMPLOYMENT \_\_\_\_\_

TOTAL NUMBER OF HOURS SPENT IN OBSERVATION/EMPLOYMENT \_\_\_\_\_

NAME AND ADDRESS OF PHYSICAL THERAPY SETTING \_\_\_\_\_

DESCRIBE THE ACTIVITIES THE APPLICANT OBSERVED/PERFORMED \_\_\_\_\_

ADDITIONAL COMMENTS \_\_\_\_\_

SIGNATURE OF PHYSICAL THERAPY SUPERVISOR \_\_\_\_\_ DATE \_\_\_\_\_