



**2. Additional Science Courses – any science courses (i.e. other Biology courses, chemistry, physics, kinesiology etc.) OTHER than the general education (support courses):**

- a. **Recommended extra sciences: PHED 1301- Foundations of Kinesiology  
PHED 1338 – Concepts of Physical Fitness  
HPRS 2200 – Pharmacology for Health Professions**

b. **Extra points will be given for a maximum of three (3) extra sciences.**

Additional Science Course (give course number)	Institution Where Completed Course	Semester and Year Completed Course	Grade

TSI (Texas Success Initiative) Complete: Yes No

**KNOWLEDGE OF THE PT PROFESSION: Must be a total of 30 observation hours.**

- The hours must be observation of a licensed physical therapist or physical therapist assistant in two different types of physical therapy settings (i.e. inpatient, outpatient, skilled nursing facility, pediatric, home health etc.). It does not matter how hours are divided up between the two settings as long as there is a minimum of 8 hours in one of the settings.
- **Please use the Observation Hours Assessment Form on page 5 & 6 included in this packet to document your hours. You should have a minimum of two forms completed. Each form MUST be signed by the supervising physical therapist or physical therapist assistant.**
- Please make sure you conduct yourself in a courteous and respectful manner. The physical therapist will be assessing your conduct (please see form on page 5 & 6) during the observation time.
- **You should NOT be required to do any type of physical therapy intervention during the observation. You will not be assessed concerning any knowledge or skills used in physical therapy. You will only be assessed on the items identified on the Observation Hours Assessment Form.**
- When the physical therapist or assistant has completed the form please have them mail it to the PTA Office (**Please provide a stamped addressed envelope for each form**) or fax it to the Program Director, Laura Crandall at (361) 572-6441.
- The PT or PTA who will be assessing you is not required to share the results with you.
- The completed Observation Hours Assessment Form will be only ONE of the criteria used to rank your application (please see "Admission Requirements" and "Admission Process" in the Information Packet which can be located on the PTA website at [www.victoriacollege.edu/physicaltherapistassistant](http://www.victoriacollege.edu/physicaltherapistassistant)).

Total Hours Completed: \_\_\_\_\_

**The Victoria College**  
**Physical Therapist Assistant Program**

**APPLICATION CONFIRMATION CHECK LIST**

**Instructions:**

**Read each item of information, and then place your initials next to each item confirming notification. Retain a copy for your records.**

- \_\_\_ I have read all of the material contained in the PTA application packet and understand the application, selection process for summer following application deadline.
  
- \_\_\_ I understand that that I will not be qualified for admission if I submit an application packet that is incomplete, or does not meet application/program requirements.
  
- \_\_\_ I understand that after my application is accepted and verified, it is my responsibility to notify the Victoria College PTA Program Office (361) 572-6497 of any changes in my address or telephone number, or status.
  
- \_\_\_ I understand it is my responsibility to: follow proper application procedures, provide transcripts in the required time line, and keep informed on revisions regarding degree requirements, program requirements, selection process, and ensure course equivalency by contacting college Counseling Office for verification.
  
- \_\_\_ I understand that the Support Course requirements and/or the tuition/fee requirements for the A.A.S. Degree are subject to change.
  
- \_\_\_ I understand that if I am notified of being admitted into the program, my failure to submit "Acceptance – Intention Response Form" or "Alternate – Intention Response Form" to the PTA Program Office by the noted deadline will result in losing my seat in the program.
  
- \_\_\_ I understand that the PTA program admissions process will result in the compilation of a list of qualified students when the applicants submit their completed application with all supportive documentation and that there is an interview component.
  
- \_\_\_ I understand that my application will be ranked according to specific criteria, using a point system.
  
- \_\_\_ I understand that the PTA program admission policies are based on published college policies; Victoria College does not discriminate on the basis of race, color, religion, national origin, gender, sexual orientation, pregnancy, age, disability, genetic information, marital status, amnesty, veteran's status, or limited English proficiency. It is our policy to comply, fully, with the nondiscrimination provision of all state and federal rules and regulations.
  
- \_\_\_ I understand that The Victoria College reserves the right to make revisions in the PTA program requirements and/or selection procedures, and I am aware that I am responsible for monitoring the college and program websites as well as checking the on-line catalog to keep myself apprised of any changes.
  
- \_\_\_ I understand to apply to the PTA Program a criminal background check and drug screen will be required after acceptance, but before beginning the Program. The cost will be the responsibility of the student.
  
- \_\_\_ I understand if I do not have a clear criminal or substance abuse history that I may be denied a license from the Executive Council of Physical Therapy and Occupational Therapy Examiners (ECOPE) or that I may not be hireable by an agency even though licensed.
  
- \_\_\_ I understand that if I do not have a clear criminal or substance abuse history, it is my responsibility to request a criminal history evaluation through ECOPE (<https://www.ptot.texas.gov/page/home>) in order to determine if I would be eligible to be licensed by the state of Texas.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**THE VICTORIA COLLEGE**  
**PHYSICAL THERAPIST ASSISTANT PROGRAM**

**TECHNICAL STANDARDS FORM FOR PHYSICAL THERAPIST ASSISTANT PROGRAM**

The following tasks are normally performed by students in the Physical Therapist Assistant program curriculum. If a "No" response is given to one of the tasks, reasonable accommodation will be considered and utilized as appropriate.

**DIRECTIONS:** Please check the appropriate box on the right, sign, date, and return with your application. You may make a copy if you so desire.

A. ARE YOU ABLE TO:	YES	NO
1. Stand for 60+ minutes (up to 4 hours) on a tiled or carpeted surface?		
2. Sit for 50 minutes on a chair at a table or desk?		
3. Ambulate unassisted to include these functions: walk 600 feet one way on a tiled or carpeted surface? Turn to either direction on a tiled or carpeted surface? Walk backwards for up to 10 feet on a tiled or carpeted surface?		
4. Lift and carry varying weights and equipment of up to 20 lbs?		
5. Lift equipment such as a folded walker or crutches of approximately 8 lbs to shoulder level and then carry same up to 30 feet?		
6. Lift a weakened or flaccid extremity of 20-30 lbs above shoulder height?		
7. Assist patients from a backlying position to sitting on the edge of the bed (and vice versa) with varying degrees of assistance working with up to 250 lbs?		
8. Assist patients to transfer from surface to surface with varying amount of assistance?		
9. Maintain your standing balance in awkward positions (such as when you are handling equipment, using assistive devices, working with patients)?		
10. Bend, stoop, or crouch to reach a low object frequently?		
11. Twist your trunk (spine) from side to side frequently?		
12. Rotate your hand/wrist to turn knobs frequently?		
13. Reach overhead occasionally? Reach forward frequently? Reach side to side frequently?		
14. Maneuver equipment and patients in tight areas?		
15. Handle various sized objects (e.g. machine components, electrodes, gel bottles, assistive devices, exercise equipment, etc.)?		
16. Manipulate small objects such as dials, switches, buttons, push pins on assistive device extenders, gown ties, etc.?		

B. OTHER DEMANDS OF TRAINING IN THIS PROFESSION. ARE YOU ABLE TO:	YES	NO
1. SEE: read printed information; read control panels; observe patient skin before, during and after treatment; observe patient coloration before, during and after treatment; verify patient identification; read patient assessment information; observe that the work area is free of obstacles, etc.?		
2. HEAR: clinical and classroom instructor directions; patient questions/comments one on one and otherwise; health team members comments/ questions or directions one on one and otherwise; emergency call bells, timers, etc.?		
3. SPEAK: provide feedback to the instructors; give instructions to patients/family members; verify patient identification; provide direction in emergency situations, make group presentations, etc. in English?		

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

**The Victoria College Physical Therapist Assistant Program  
2200 E. Red River    Victoria, TX 77901**

**Observation Hours Assessment Form**

**PTA Applicant Name:** \_\_\_\_\_ **Facility** \_\_\_\_\_

Thank you for allowing this applicant to shadow you. Please evaluate this applicant's conduct during the time he/she was observing in your facility using the following key:

Always (behavior consistent)      Sometimes (behavior not consistent)      Never (behavior never seen during observation)

N/A (not applicable or did not have the opportunity to observe)

- |  |        |           |       |     |
|--|--------|-----------|-------|-----|
| 1. This applicant was courteous and professional when contacting you/your facility for this shadowing experience?                                      | Always | Sometimes | Never | N/A |
| 2. This applicant was on time for the shadowing experience.  | Always | Sometimes | Never | N/A |
| 3. This applicant was attentive and demonstrated an interest in learning about your field.   | Always | Sometimes | Never | N/A |
| 4. This applicant showed respect for patients/clients, caregivers, therapists and staff during the observation.  | Always | Sometimes | Never | N/A |
| 5. This applicant used appropriate language (did not use slang or disrespectful speech) when dealing with members of the healthcare team and patients. | Always | Sometimes | Never | N/A |
| 6. This applicant appropriately took direction from the clinician during the observation.  | Always | Sometimes | Never | N/A |
| 7. This applicant was appropriately dressed for this observation.  | Always | Sometimes | Never | N/A |
| 8. This applicant projected a professional image during this observation.  | Always | Sometimes | Never | N/A |
| 9. This applicant managed personal affairs in a manner that did not interfere with this observation.   | Always | Sometimes | Never | N/A |
| 10. This applicant showed respect and appreciation for the time and knowledge of the person(s) being observed.   | Always | Sometimes | Never | N/A |
| 11. This applicant observed you for a total of _____ hours.  |        |           |       |     |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physical Therapist Signature

\_\_\_\_\_  
Type of Setting (Inpatient, Outpatient, SNF, Peds, etc.)

\_\_\_\_\_  
Date

**PLEASE MAIL THIS FORM IN A SEALED ENVELOPE TO THE PTA PROGRAM (THE STUDENT SHOULD SUPPLY YOU WITH A STAMPED ADDRESSED ENVELOPE) OR FAX IT TO ATTENTION: TAMMY MIKULIK AT (361) 572-6441.**

The Victoria College Physical Therapist Assistant Program  
2200 E. Red River Victoria, TX 77901

Observation Hours Assessment Form

PTA Applicant Name: \_\_\_\_\_ Facility \_\_\_\_\_

Thank you for allowing this applicant to shadow you. Please evaluate this applicant's conduct during the time he/she was observing in your facility using the following key:

Always (behavior consistent)      Sometimes (behavior not consistent)      Never (behavior never seen during observation)

N/A (not applicable or did not have the opportunity to observe)

- |  |        |           |       |     |
|--|--------|-----------|-------|-----|
| 1. This applicant was courteous and professional when contacting you/your facility for this shadowing experience?                                      | Always | Sometimes | Never | N/A |
| 2. This applicant was on time for the shadowing experience.  | Always | Sometimes | Never | N/A |
| 3. This applicant was attentive and demonstrated an interest in learning about your field.   | Always | Sometimes | Never | N/A |
| 4. This applicant showed respect for patients/clients, caregivers, therapists and staff during the observation.  | Always | Sometimes | Never | N/A |
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| 10. This applicant showed respect and appreciation for the time and knowledge of the person(s) being observed.   | Always | Sometimes | Never | N/A |
| 11. This applicant observed you for a total of _____ hours.  |        |           |       |     |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physical Therapist Signature

\_\_\_\_\_  
Type of Setting (Inpatient, Outpatient, SNF, Peds, etc.)

\_\_\_\_\_  
Date

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**Victoria College Physical Therapist Assistant Program  
Recommendation Form (Page 1 of 2)**

**Section I: Must be completed by applicant (please provide a stamped envelope to the person providing the recommendation)**

Applicant's Name: \_\_\_\_\_  
 Applicant's Address: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

The Family Educational Rights and Privacy Act (FERPA) allows a candidate to waive his/her rights of access to recommendations written on his/her behalf if the recommendation is used solely for the purpose of admission. You are not required to waive access. Under legislation, you have the option of signing a waiver.

Check one and sign:    \_\_\_\_\_ I waive my right of access to this recommendation  
                                   \_\_\_\_\_ I do not waive my right of access to this recommendation

Applicant's Signature: \_\_\_\_\_

.....

**Section II: Must be completed by applicant's instructor or employer. Please proceed ONLY if Section I has been completed and signed by the applicant.**

The above individual is applying for admission to the Physical Therapist Assistant (PTA) Program. The PTA Program requires the completion of two recommendation forms. One must be completed by a college-level instructor of the applicant, and the other must be completed by an employer of the applicant. Recommendation forms completed by friends or relatives of the applicant are unacceptable. Please rate the applicant on the following characteristics by checking the appropriate boxes. The point level is indicated in each box from 4 (Excellent) to 1 (Poor). **PLEASE CHECK A BOX IN EACH LINE ITEM.**

Criteria	4 Excellent	3 Good	2 Fair	1 Poor	Unable to Assess
<b>Instructor: Academic Ability</b>					
<b>Employer: Job Skills</b>					
<b>Written Communication Skills</b>					
<b>Oral Communication Skills</b>					
<b>Maturity</b>					
<b>Respect for Others</b>					
<b>Initiative</b>					
<b>Dependability</b>					
<b>Punctuality</b>					
<b>Critical Thinking/Problem Solving</b>					
<b>Instructor: Self-directed Learning</b>					
<b>Employer: Works Independently</b>					
<b>Leadership</b>					

**Victoria College Physical Therapist Assistant Program  
Recommendation Form (Page 2 of 2)**

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

What is your relationship to the applicant? Please Circle:    College-level Instructor       Employer

What do you feel are the applicant's strengths?

What do you feel are areas in which the applicant needs improvement?

Name of Person Completing this Form: \_\_\_\_\_

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

Title: \_\_\_\_\_

Institution or Company: \_\_\_\_\_

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

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

**Please place the completed form in provided addressed and stamped envelope, seal the envelope and sign your name across the seal. Please mail to:**

**Victoria College  
Physical Therapist Assistant Program  
2200 E. Red River  
Victoria, TX 77901**



**Victoria College Physical Therapist Assistant Program  
Recommendation Form (Page 1 of 2)**

**Section I: Must be completed by applicant (please provide a stamped envelope to the person providing the recommendation)**

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 Applicant's Address: \_\_\_\_\_  
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Check one and sign:    \_\_\_\_\_ I waive my right of access to this recommendation  
                                   \_\_\_\_\_ I do not waive my right of access to this recommendation

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<b>Dependability</b>					
<b>Punctuality</b>					
<b>Critical Thinking/Problem Solving</b>					
<b>Instructor: Self-directed Learning</b>					
<b>Employer: Works Independently</b>					
<b>Leadership</b>					

**Victoria College Physical Therapist Assistant Program  
Recommendation Form (Page 2 of 2)**

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

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What do you feel are the applicant's strengths?

What do you feel are areas in which the applicant needs improvement?

Name of Person Completing this Form: \_\_\_\_\_

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

Title: \_\_\_\_\_

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

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

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**Victoria College  
Physical Therapist Assistant Program  
2200 E. Red River  
Victoria, TX 77901**