

**Amarillo College**  
**DIVISION OF HEALTH SCIENCES**  
**Physical Therapist Assistant Program**  
**2016-2018**

Instructions: Please PRINT all information requested on the forms. ALL items must be answered before the form is considered complete. If any are not applicable, mark as N/A. ALL information submitted on this form must be current and accurate. After the form is submitted, it must be updated as necessary through a written notification to the Physical Therapist Assistant program director.

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<b>First name</b>	<b>Middle name</b>	<b>Last name</b>
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Name you wish to be called by:

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**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(Clinical sites require a SSN. You will be providing this to sites as needed. If you do not have a SSN, you may not be able to be placed in clinical rotations, may not be able to progress through the program and may not be able to obtain a degree as a PTA.)

**Driver's license:** State \_\_\_\_\_ Number \_\_\_\_\_

(Some clinical sites require a DL. You will be providing this to sites as needed. If you do not have a DL, you may not be able to be placed in clinical rotations, may not be able to progress through the program and may not be able to obtain a degree as a PTA.)

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

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<b>City</b>	<b>State</b>	<b>Zip</b>
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**Email:** \_\_\_\_\_

How often do you check this account? Hourly \_\_\_\_ Daily \_\_\_\_ Weekly \_\_\_\_

**Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Emergency contact:** \_\_\_\_\_

**Name**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Relationship**

**STUDENT NAME:** \_\_\_\_\_

**Are you employed:** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where \_\_\_\_\_

and number of hours worked per week: \_\_\_\_\_

**Health Insurance:**

Student health insurance is the sole responsibility of the student and is recommended to be carried by all students.

Insurance Company: \_\_\_\_\_

Policy number: \_\_\_\_\_

**Prescription & Nonprescription Drugs**

This is to inform the Health Science faculty that I am presently taking  
the following medications:

<b>Name of medication/OTC drug</b>	<b>Reason or diagnosis for taking med</b>

A release statement may be required from your physician stating that the medications will not interfere with your decision making and/or performance.

It is my responsibility to update this form as any changes arise in my medication treatment regimen (additions, deletions).

Print name of student: \_\_\_\_\_

Signature of student: \_\_\_\_\_

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

**STUDENT NAME:** \_\_\_\_\_

The following information must be reported to the Commission on Accreditation in Physical Therapy Education, CAPTE. Your cooperation by providing this information is greatly appreciated!

**Sex:** Male \_\_\_\_\_ Female \_\_\_\_\_

**Date of birth INCLUDING YEAR:** Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

**Current Age** \_\_\_\_\_ years, \_\_\_\_\_ months

**How did you learn about the profession of Physical Therapy?**

- \_\_\_ personal experience (someone I know was treated in PT)
- \_\_\_ career search/career counseling
- \_\_\_ computer search/internet
- \_\_\_ media – TV, radio, brochure
- \_\_\_ job fair/recruitment event
  - \_\_\_ Amarillo College event
  - \_\_\_ Other location \_\_\_\_\_
- \_\_\_ other source: Please name, be specific \_\_\_\_\_

**How did you learn about Amarillo College's PTA program?**

- \_\_\_ personal experience (someone I know told me about the program)
  - Who was that person \_\_\_\_\_
- \_\_\_ career search/career counseling
- \_\_\_ computer search/Internet
  - What did you search for? AC \_\_\_\_\_
  - PT \_\_\_\_\_
  - Other \_\_\_ what \_\_\_\_\_
- \_\_\_ media – TV, radio, brochure
  - Please list which source specifically \_\_\_\_\_
- \_\_\_ recruitment event
  - Amarillo College event
    - \_\_\_ Sneak Peek
    - \_\_\_ high school visitation day
    - \_\_\_ Other event \_\_\_\_\_
- \_\_\_ other source: Please name, be specific \_\_\_\_\_

**STUDENT NAME:**\_\_\_\_\_

**Ethnicity and Race**

**Are you Hispanic/Latino? (Choose only one)**

\_\_\_No, not Hispanic/Latino

\_\_\_Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

The above question is about ethnicity, not race. ***No matter what you selected above,*** please continue to answer the following by marking one or more lines to indicate what you consider your race to be.

**What is your race? (Choose one or more)**

\_\_\_**American Indian or Alaska Native.** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains a tribal affiliation or community attachment.)

\_\_\_**Asian.** (A person having origins in any of the peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

\_\_\_**Black or African American.** (A person having origins in any of the Black racial groups of Africa.)

\_\_\_**Hispanic/Latino of any race**—A person of Cuban, Mexican, Puerto Rican, South ***or Central American***, or other Spanish culture or origin, regardless of race. ***The term “Spanish origin” can be used in addition to “Hispanic/Latino or Latino.”***

\_\_\_**Native Hawaiian or Other Pacific Islander.** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

\_\_\_**White.** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

**STUDENT NAME:** \_\_\_\_\_

### **OFF CAMPUS TRIP RELEASE FORM**

The Division of Health Science of Amarillo College endorses a number of off campus trip experiences for you, the adult students. These trips are planned to be an educational experience and are sponsored by a number of organizations related to the PTA curriculum. Any student who participates in a field trip becomes a representative of Amarillo College. Since your behavior is a reflection on your curriculum you are expected to conduct yourself in a mature manner that would favorably reflect your chosen profession.

An Amarillo College PTA student must be ever mindful of HIPAA, the Physical Therapy Standard of Ethics and professional conduct. If you are to be respected in your anticipated profession you must be worthy of it.

I, (print name) \_\_\_\_\_ understand that every effort will be taken to ensure my safety and welfare on any field trip endorsed by my curriculum. I will not hold any Health Science Division faculty or Amarillo College employee responsible for any accident or injury incurred to, from or on any field trip. This includes travel by private vehicle which I operate as a licensed driver, is driven by a licensed classmate or by a licensed Amarillo College employee.

Print name of student: \_\_\_\_\_

Signature of student: \_\_\_\_\_

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

**STUDENT NAME:** \_\_\_\_\_

**PHYSICAL THERAPIST ASSISTANT PROGRAM  
AMARILLO COLLEGE  
PHOTOGRAPHIC MODEL/STUDENT CONSENT RELEASE**

1. In consideration of the sum of ZERO dollar(s), I am a minor born on \_\_\_\_\_, \_\_\_\_\_ (initial). I will not be involved in photographs while a minor enrolled in Amarillo College's PTA program.

2. In the consideration of the sum of ZERO dollar(s), I certify I am eighteen years of age or over \_\_\_\_\_ (initial)

And I hereby give Amarillo College, its successors and assigns and those acting under its permission or upon its authority, the unqualified right and permission to reproduce, copyright, publish, circulate or otherwise use my name and/or photographic likeness of me still, single multiple or moving in which I may be included in whole or in part, or composite.

I waive any right to inspect and approve the finished product or copy that may be used or the use to which it may be applied. This authorization and release covers the use of said materials in any published or broadcast form, and any medium or advertising, publicly or trade in any part of the world for a period of ten years.

Furthermore, for the consideration above mentioned, I, for myself, my heirs, executors, administrators, or assigns, transfer to Amarillo College, its successors and assigns, all my rights, title, and interests in and to all representatives of the organization. This agreement represents in full all terms and consideration, and no other inducements, statements, or promises have been made to me.

Print Name of model/student:

\_\_\_\_\_

Signature of student/model:

\_\_\_\_\_

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

Signature of Amarillo College's Representative:

\_\_\_\_\_

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

**STUDENT NAME:** \_\_\_\_\_

### **Amarillo College PTA Program Course Repeat Statement**

I am aware of the policy related to one repeat of PTA courses. As stated in the 2016 AC Catalogue online at [2016-2017 Catalog](#)

“A grade of C or higher is required for satisfactory completion of all PTHA courses and any prerequisite courses.

To continue in the program, a student may repeat a PTHA course only one time and may repeat no more than two PTHA courses while enrolled in the program. The term “repeat” shall be interpreted to mean re-enrollment following withdrawal, drop or unsatisfactory grade.

This includes:

- 
- [PTHA 1160 - Clinical I](#)
  - [PTHA 1161 - Clinical II](#)
  - [PTHA 1301 - The Profession of Physical Therapy](#)
  - [PTHA 1321 - Pathophysiology for the PTA](#)
  - [PTHA 1405 - Basic Patient Care Skills](#)
  - [PTHA 1413 - Functional Anatomy](#)
  - [PTHA 1431 - Physical Agents](#)
  - [PTHA 2301 - Essentials of Data Collection](#)
  - [PTHA 2305 - Neurology](#)
  - [PTHA 2317 - Issues in Health Care](#)
  - [PTHA 2431 - Management of Neurological Disorders](#)
  - [PTHA 2409 - Therapeutic Exercise](#)
  - [PTHA 2435 - Rehabilitation Techniques](#)
  - [PTHA 2567 - Practicum I](#)

I understand that failure to pass any PTA course on the second attempt with a “C” or better prohibits progression in Health Science programs. In addition, I am not eligible to re-enter the program or reapply to the program at any time in the future.

Print name of student: \_\_\_\_\_

Signature of student: \_\_\_\_\_

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

**STUDENT NAME:** \_\_\_\_\_

### **Amarillo College Services for Students with Disabilities**

The disAbility Services Department provides and coordinates services for Amarillo College students with documented disabilities. The purpose of these services is to ensure equal access for students to participate in all programs and activities.

DisAbility Services offers academic support and advising, professional tutoring, arrangements for placement test and class test administration, assistance with obtaining recorded books and materials, coordination of (ASL) interpreters, and other accommodations as required. Amarillo College students must apply to receive services. Students must provide a copy of documentation for each disability requiring accommodations. Services provided will be based on need and appropriateness for each individual. Reasonable accommodations are provided in a timely manner; however, students should allow some time for processing and the provision of services. This program does not provide diagnostic testing or evaluation, personal care attendants, or a specific learning disability program.

The Office of disAbility Services is located in the Student Service Center, Room 119. Students may contact the disAbility Services Department at 806 345 5639. More information is available online at [www.actx.edu/disability](http://www.actx.edu/disability)

Faculty in the Health Science Division believes it is important to provide equal educational opportunities to all students. In order to implement reasonable accommodations which may be needed, the faculty must be aware of your special needs. If you need accommodations for any type of disability, please contact disAbility Services Department at 806 345 5639.

I was made aware that if I need special accommodations, I can request them and to whom to direct the request.

Print name of student: \_\_\_\_\_

Signature of student: \_\_\_\_\_

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



**STUDENT NAME:** \_\_\_\_\_

### **PTA PROGRAM ATTENDANCE POLICY**

Regular attendance is necessary for satisfactory achievement. Therefore, it is the responsibility of the learner to attend class.

Amarillo College endorses attendance as a key to success. Attendance is required for successful completion of the Physical Therapist Assistant program.

At the beginning of each lecture and lab, learners will be expected to sign the roster provided by the instructor. Failure to sign in will result in the learner being marked absent for attendance purposes even if he/she is present in class and seen by the instructor. Attendance will be taken beginning with the first course class meeting the first day of the 2016 fall semester and will continue across the didactic courses through the last day of the 2018 spring semester.

Each learner will be allowed only one absence for lecture or one for lab in any class. After the first absence a penalty of five (5) points will be deducted from the final course grade for each subsequent absence. For example, a learner who misses three (3) lectures will have ten (10) points deducted from the final grade for the course.

Full attendance of class time is also expected. A learner will be counted as "absent" if the learner is out of class more than 20 minutes of a class time. For example, if in a given day a learner arrives 10 minutes late to class, takes an extra 5 minutes for break and leaves class for 5 minutes for any reason(phone calls, appointments, bathroom breaks, illness), that is considered an "absence" for the day. This type of absence counts in the total number of absences resulting in lowering of the final course grade.

Print name of student: \_\_\_\_\_

Signature of student: \_\_\_\_\_

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

## **STUDENT**

**NAME:**\_\_\_\_\_ 2017

### **Progression in the PTA Program**

Candidates for a degree in any Health Science curriculum must meet the requirements for graduation of the college. In addition, students enrolled in the PTA program leading to an associate's degrees must progress in meeting the requirements of the program according to the following:

1. Students must complete all general education courses with a grade of "C" or better. In a semester when a student does not earn a grade of "C" or better in a course, a student will be placed on hold within the program. The student is eligible only in the next cycle of courses to retake courses not successfully completed. A student who fails to reenter the program at the next offered cycle of courses needed for the degree who wishes to complete an A.A.S. in PTA at Amarillo College must begin the PTA degree process again including application.
2. Students must maintain current CPR certification.
3. Students must maintain annual documentation of required immunizations and health testing such as flu and TB.
4. Students must maintain acceptable health status that allows required performance within the clinical environment.
5. Students must successfully complete and pass a background check and remain felony free while enrolled in the program.
6. Any student enrolled in the PTA Program at Amarillo College may be subject to random drug testing. At several points during their academic career, students will be eligible for random sampling. Refusal to submit will result in immediate removal from the program with no option to reapply or re-enter.
7. Students must complete all PTHA and general education courses with a grade of "C" or better prior to the end of the second fall semester in order to PTHA 2567: Practicum I at the start of the final semester of the PTA program.
8. Students must complete terminal clinical rotations within 18 months of the last day of enrollment in PTA courses if there should be a lapse between the sophomore fall semester and the sophomore spring semester.
9. Students are required to attend all scheduled classroom, laboratory and clinical sessions. The student must fulfill all requirements for each course in the level of study before promoting to the next higher level of study. The student must successfully complete all coursework including integrated

**STUDENT NAME:** \_\_\_\_\_

**Progression in the PTA Program, continued**

clinicals before promoting to the terminal clinical rotations. The grade a student earns on any assignment is the grade which will be recorded.

Print name of student: \_\_\_\_\_

Signature of student: \_\_\_\_\_

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

**STUDENT NAME:** \_\_\_\_\_

**PTA PROGRAM DRUG AND/OR ALCOHOL USE POLICY**

The PTA program adheres to the drugs and/or alcohol policy as outlined below. PTA faculty who suspect drug and/or alcohol abuse are required to take action as appropriate to patient and student safety. Any one or more of the following behaviors may constitute evidence that a student is under the influence of alcohol or drugs.

1. Observable lack of motor coordination without reasonable explanation.  
Such behavior must be described objectively by the person making such observations.
2. Incoherent speech without reasonable explanation.
3. Inappropriate decision-making behavior without reasonable explanation.  
This behavior must be described objectively by persons making such observations. The behavior must clearly be inappropriate based upon reasonable expectations of other students at the same academic level.
4. Odor of alcohol detected from a minimum distance of 2 feet.

Any student whose behavior or job performance indicates that they are working under the influence of drugs or alcohol in the clinical facility or campus laboratory will be approached by an instructor or clinical facility official. If the student acknowledges the use of drugs or alcohol, dismissal from the program will occur.

If a student refuses to acknowledge use of drugs or alcohol, upon being approached by the instructor, he or she may be asked to submit to a drug or alcohol test at the student's expense. If the student then chooses to submit, the fieldwork educator or college personnel will accompany the student to the emergency department to have the drug or alcohol test done. The student will be required to sign a release, which would enable Amarillo College to receive the test result(s).

Refusal to submit to a drug or alcohol test under these conditions will result in immediate removal from the clinical area or lab setting. Disciplinary action up to and including dismissal from the program may occur. The student will be asked to remain in the clinical facility or laboratory until someone can come to transport the student to his/her home.

A positive drug or alcohol test or an incident of reasonable suspicion will result in dismissal from the program. The incident will be reported to the Dean of the Health Science Division and Vice President of Student Affairs. A written report will be placed in the student's file.

Print name of student: \_\_\_\_\_

Signature of student: \_\_\_\_\_

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

**STUDENT NAME:** \_\_\_\_\_

### **Amarillo College PTA Program Student Agreement**

In consideration for my acceptance to the Physical Therapist Assistant program in the Health Science Division of Amarillo College, I, the undersigned, agree to pursue this course of education to the best of my ability.

1. I will take care to maintain a professional attitude in my relationship with patients, peers, and instructors.
2. I will abide by the Students Rights and Responsibilities governing the College.
3. I will perform my work, both didactic and clinical, to the best of my ability.
4. I will treat every patient with courtesy and consideration and will regard all information concerning patients as strictly confidential.
5. I will exercise extreme care to insure that my personal appearance and hygiene will not be questioned.
6. I will not conceal any health problem that might endanger my patients or peers.
7. I will do all in my power to live up to and improve the highest traditions of my chosen profession.

Print name of student: \_\_\_\_\_

Signature of student: \_\_\_\_\_

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

**STUDENT NAME:** \_\_\_\_\_

## **STUDENT RESPONSIBILITIES**

### **Informed Consent**

Throughout the PTA Program, students are often requested to perform physical therapy demonstration, interventions and assessments (collectively known as “activities”) on other students, instructors and /or patients. Each person must accept the following responsibilities when involved in PTA program activities.

### **Faculty Responsibilities**

Prior to participation as a subject or student practitioner in demonstration or assessment or, intervention, the faculty will:

1. Explain the purpose, risks and benefits of the activity.
2. Provide the opportunity for questions regarding the activity.
3. Provide an appropriate level of licensed supervision throughout the activity.
4. Respect the student’s and patient’s rights to not participate as a subject without adverse effect to grades.

### **Subject Responsibilities**

When participating as the subject in a demonstration, assessment or intervention, the student is responsible to:

1. Inform the faculty of any medical condition or change in medical condition that would prevent safe participation in the activity.
2. Immediately notify the student practitioner and faculty of any discomfort or pain caused by the activities.
3. Immediately request that the faculty assist in the application of an activity if there are any concerns about the skill or procedures used by the student practitioner.
4. Report any injury to the faculty immediately

### **Student Practitioner Responsibilities**

When performing demonstrations, assessments or interventions on a subject, the student is responsible to:

1. Obtain verbal consent from the subject.
2. Immediately terminate the activity upon any verbal or physical indication by the subject.
3. Refrain from performing any activity that the student practitioner is not adequately prepared to perform safely.
4. Request assistance from the faculty when needed.
5. Inform the faculty of any factors that prevent safe performance of an activity.

**STUDENT NAME:**\_\_\_\_\_

**STUDENT RESPONSIBILITIES, continued**

Please be advised that refusing to participate as a student practitioner or subject will prevent the student from successful completion of the PTA program.

Print name of student: \_\_\_\_\_

Signature of student: \_\_\_\_\_

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

**STUDENT NAME:** \_\_\_\_\_

**CLINICAL EDUCATION AND THE AMARILLO COLLEGE  
PHYSICAL THERAPIST ASSISTANT PROGRAM**

Student's Name: \_\_\_\_\_

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

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

Beginning in the first semester of the program, students will be involved in integrated clinical experiences. The Amarillo College Physical Therapist Assistant Program also requires students to successfully complete full-time clinical rotations. Full-time rotations consist of a two-week clinical in the first summer of the program as part of PTHA 1160: Clinical I as well as two seven-week clinicals in the second spring semester of the program for the course PTHA 2567: Practicum I.

In order to promote student success with clinical experiences and to insure variety in clinical experiences, the Academic Clinical Coordinator of Education (ACCE) reserves the right to determine all clinical placements. Clinical placements are determined based on student academic needs, not convenience.

The student hereby acknowledges that he/she will be required to complete at least one out-of-town full-time clinical rotation and may have to complete up to three out-of-town full-time clinical rotations. The student acknowledges that he/she will be required to adhere to the work hours established by the clinical site for each rotation. I

Print name of student: \_\_\_\_\_

Signature of student: \_\_\_\_\_

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



**STUDENT NAME:** \_\_\_\_\_

**Amarillo College PTA Program Student Agreement**

In consideration for my acceptance to the Physical Therapist Assistant program in the Health Science Division of Amarillo College, I, the undersigned, agree to pursue this course of education to the best of my ability.

1. I will take care to maintain a professional attitude in my relationship with patients, peers, and instructors.
2. I will abide by the Students Rights and Responsibilities governing the College.
3. I will perform my work, both didactic and clinical, to the best of my ability.
4. I will treat every patient with courtesy and consideration and will regard all information concerning patients as strictly confidential.
5. I will exercise extreme care to insure that my personal appearance and hygiene will not be questioned.
6. I will not conceal any health problem that might endanger my patients or peers.
7. I will do all in my power to live up to and improve the highest traditions of my chosen profession.

Print name of student: \_\_\_\_\_

Signature of student: \_\_\_\_\_

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