

*Amarillo College*  
*Physical Therapist Assistant*  
*Application*  
*2015*

*Dear Applicant,*

Thank you for submitting your online information for the Physical Therapist Assistant (PTA) program application process at Amarillo College. This email includes the steps, processes and forms needed to move forward in applying to Amarillo College's Physical Therapist Assistant program. The forms, plus supporting documentation you provide as directed, are the items you are to bring with you to an application finalization session.

If you have not applied to Amarillo College, you must do that now. Go to [www.actx.edu/contact/index.php?module=article&id=31](http://www.actx.edu/contact/index.php?module=article&id=31), click the tab "apply". You cannot participate in a finalization session unless you have been accepted to Amarillo College.

If you have attended any other college or university, you must have those schools send official transcripts to the Amarillo College Registrar, P.O. Box 447, Amarillo Texas. The registrar will determine which courses transfer. I do not file paperwork for course substitutions until AFTER an applicant has officially been accepted to the Amarillo College PTA program.

If you have declared any other major besides PTA with AC, change it to PTA now. You can do that at <http://www.actx.edu/registrar> and use the left menu bar to access "change of information. This is checked prior to finalization sessions through degree audit.

After you have applied to the college for admission, requested all school transcripts AND declared PTA as your major, it is time to start completing the enclosed forms. You are awarded points from some of these forms. These forms are turned in at a finalization session. These sessions will be held after the end of the spring semester.

If you change your email address in the next 6 months, you may miss communications. If you change your email it is your responsibility to notify me in writing (an email).

If you do not attend an application finalization session, your online application will be removed from the applicant pool. If you do not bring every requested form with supporting documentation to the finalization session, your online application will be removed from the applicant pool. In either case, you are welcome to reapply next year. Your application becomes the property of Amarillo College and no part of it will be returned to you. It will be destroyed to protect your private information. If you choose to reapply, completion of a new application packet will be required.

If you have any questions about the application packet, process or forms, please email me at [kjjones@actx.edu](mailto:kjjones@actx.edu).

Again, congratulations to you on your decision to apply to Amarillo College's physical therapist assistant program.

*Sincerely,*

*Kelly Jones  
Director Physical Therapist Assistant Program*

**AMARILLO COLLEGE**  
**Health Sciences Division**  
**PHYSICAL THERAPIST ASSISTANT**  
**PROGRAM**

**APPLICATION FINALIZATION SESSION CHECKLIST**

The application forms and records you are to bring with you to finalize your application

**INCLUDE THE FOLLOWING:**

1. Release of liability and waiver signed, dated (Form 1)
2. Immunization verification and copies of official records for all required immunizations (Form 2)
3. Verification of varicella (chicken pox) (copy of official record **OR** Form 3)
4. Observation record (Form 4)
5. Observation statement of completion (form 5)
6. Course listing (Form 6)
7. Official **ORIGINAL, SEALED** envelopes containing transcripts for each college attended including Amarillo College
8. Personal Requirements Statement (Form 7)
9. Copy of criminal background check payment receipt
10. Copy of current negative TB test
11. Copy of current CPR card both sides

**Bring every form, transcript, document and copy/copies for items 1-11 from above with you to the application finalization session.** This is the **ONLY OPPORTUNITY YOU HAVE TO TURN IN THE REQUIRED ITEMS.**

Without the above items, an applicant has not completed the application process. By not providing the items, there is not sufficient evidence to calculate points. Without points, an applicant cannot be ranked into the applicant pool.

Please understand that if you do not bring every item listed above, you will need to apply again next year to the program. If you do not bring all the required documents, those you do bring are the property of Amarillo College and will be retained then destroyed to protect the applicant.

Amarillo College Health Sciences Division  
STATE OF TEXAS  
**RELEASE AND WAIVER OF LIABILITY**  
**PTA Program Form 1 – print & complete**

COUNTY OF POTTER

AGREEMENT OF RELEASE made this day between AMARILLO JUNIOR COLLEGE DISTRICT ("Amarillo College") and \_\_\_\_\_ ("Student").  
(print full legal name of applicant)

In consideration of Student being permitted to enroll at Amarillo College in the Physical Therapist Assistant program and the acknowledgment of Student of the following facts:

1. That student will be required, as part of the normal educational process towards Student's degree or certificate to be placed in a teaching environment including, but not limited to, local medical facilities, offices of local practitioners, ambulances, medical laboratories, and other medical environments (hereinafter called "medical affiliates"). Student may be exposed to conditions which could cause bodily injury and/or death and may be exposed to patients afflicted with terminal or potentially terminal disease processes which may be of a contagious nature; and,
2. That Student will first be provided, as part of the normal educational process toward Student's degree or certificate with detailed information about the nature, risks and preventive measures related to communicable diseases of a terminal or potentially terminal nature prior to the assignment of Student in an environment where these diseases are known to be present; and,
3. That Student could be exposed to high-risk toxic substances in the medical affiliates, but will first be provided with information concerning prevention from becoming ill with same.

Student does hereby:

1. Authorize Amarillo College officials to place Student into the respective medical affiliates as they deem necessary for the completion of Student's educational program;
2. Release, waive, and covenant not to sue Amarillo College, its officers, agents, employees, and persons or entities acting together with Amarillo College in its education programs (hereinafter called "Releasees") from all liability to Student for any and all loss or damage, and any claims or demands whatsoever therefore on account of injury to the person or property or resulting in the death of Student or emanating from exposure to said disease processes and toxic substances, or any of these, whether caused by the negligence of Releasees or otherwise while the Student is on or within any of the program medical affiliates;
3. Indemnify and hold harmless Releasees from any loss, liability, damage or cost that Student may incur due to the presence of Student in or upon any of the medical affiliates or in any way observing for any purpose or participating in the educational process in said medical affiliates; and,
4. Assume full responsibility for any and all risks due to participation in the normal educational process in the medical affiliates described above.

Student expressly acknowledges and agrees that the activities described above could be dangerous and involve the risk of injury and/or death and/or contracting terminal or potentially terminal disease processes and exposure to high risk toxic substances.

The UNDERSIGNED expressly agrees that the foregoing Release, Waiver, and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the Laws of the State of Texas and if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The UNDERSIGNED **is at least eighteen years of age** and has read and voluntarily signed the Release and Waiver of Liability and Indemnity Agreement, and agrees that no oral representations, statements or inducements apart from the foregoing written Agreement have been made.

I have read this document. I understand it is a release of all claims. I understand I assume all risks inherent in the educational process and clinical experience conducted in the medical affiliates of Amarillo College as part of my progressing toward a degree or certificate as set out above. I voluntarily sign my name evidencing my acceptance of the above provisions.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

Signed: \_\_\_\_\_  
(full legal name)

Print name: \_\_\_\_\_  
(full legal name)

**Physical Therapist Assistant Program**  
**AMARILLO COLLEGE**  
**Health Sciences Division**  
**Texas Immunization Requirements**  
**PTA Program Information about Form 2**

The state of Texas requires colleges in Texas who have students enrolled in health career programs to provide proof of certain immunizations. Students enrolled in programs that involve direct patient contact in program affiliated medical care facilities must comply with the law. This includes Physical Therapist Assistant program students.

Students who were born on or after January 1, 1957 must show acceptable evidence of immunizations prior to first patient contact. **The only acceptable documentation is an immunization record from a clinic, hospital, doctor's office or school. Doctor's letters are not accepted. If records cannot be provided by the student, serologic (blood based lab test) confirmation of immunity is acceptable. Evidence of immunity must consist of a written laboratory report that indicates either confirmation of immunity or infection.**

Tetanus/Diphtheria – one dose within the past 10 years

Measles - two doses since 12 months of age for those born since January 1, 1957 administered since January 1, 1968

Rubella/German measles – one dose

Varicella/Chicken Pox – two doses unless the first dose was received prior to 13 years of age. Amarillo College does not recommend Varicella immunization of any person who has had Chicken Pox due to potential harm. It is recommended that an applicant pursue serological testing (blood) for this situation. Also acceptable is a sworn statement complete with notary seal and signature attesting to having had chicken pox OR having a varicella immunity. (See additional related pages).

Mumps – one dose since 12 months of age for those born since January 1, 1957

Hepatitis B –The student will not be allowed to enroll in Clinical courses without completing the full 3 injection series. Failure to complete HEP B by August 1 can result in the student not being able to enroll in fall PTA courses.

Under the requirements of a law enacted by the Texas State Legislature, students who are under 30 years of age and entering higher education in the spring of 2012 or later must demonstrate proof of inoculation against bacterial meningitis. This must be renewed every 5 years.

Written evidence of influenza(flu) vaccination EVERY YEAR. **Applicants must show proof of flu vaccination within last 12 months from date of finalization session.** Flu shot or flu mist records must have a date between May of last year and May of current year.

The Texas Department of Health, pharmacies at drug stores and grocers offer immunizations. P.R.I.M.E. is a local business that offers serologic testing for those who have had a prior immunization or illness that is not documented. Contact them for specific information.

Documentation of these immunizations must be turned in to the program director initially at the application finalization session. Once accepted, future immunization documentation must be provided to the program director as immunizations occur during the education process.

**Physical Therapist Assistant Program**  
**AMARILLO COLLEGE**  
**Health Sciences Division**  
**Texas Immunization Requirements**  
**PTA Program Form 2 print & complete**

Please initial each item attesting to the fact that you have the immunization listed. PLACE THIS PAGE IN FRONT OF THE COPIES OF YOUR IMMUNIZATION RECORDS. PLEASE NOTE THAT ORIGINAL IMMUNIZATION DOCUMENTS WILL NOT BE ACCEPTED – THE APPLICANT MUST PROVIDE COPIES OF THE IMMUNIZATIONS. THE PTA PROGRAM WILL NOT RETURN COPIES OF IMMUNIZATIONS TO APPLICANTS SO KEEP YOUR ORIGINALS IN A SAFE PLACE.

Measles - \_\_\_\_\_Initials

Mumps – \_\_\_\_\_Initials

Rubella/German measles – \_\_\_\_\_Initials

Varicella/Chicken Pox – \_\_\_\_\_Initials

Tetanus/Diphtheria – \_\_\_\_\_Initials

Hepatitis B –

First dose \_\_\_\_\_Initials

Second dose \_\_\_\_\_Initials

Third dose \_\_\_\_\_Initials

Bacterial Meningitis - \_\_\_\_\_Initials

Influenza vaccination - \_\_\_\_\_Initials \_\_\_\_\_ date

Physical Therapist Assistant Program  
AMARILLO COLLEGE  
Health Sciences Division  
Texas Immunization Requirement VARICELLA  
PTA Program Information about Form 3

*§97.65 of the Texas Administrative Code states, "A written statement from a parent (or legal guardian or managing conservator), adult-age student, or physician attesting to a student's positive history of varicella disease (chickenpox), or of varicella immunity, is acceptable in lieu of a vaccine record for that disease." Amarillo College shall accurately record the existence of any statements attesting to previous varicella illness or the results of any serologic tests supplied as proof of immunity. The original documents should be returned to the student. If a student is unable to submit such a statement or serologic evidence, varicella vaccine is required.*

Any **ONE** of three documents noted below is acceptable for verification of varicella, also known as chicken pox. **One** of the following 3 items must be submitted to complete the PTA application:

1. A copy of a vaccination record which applicant supplies, OR
2. A copy of results of serological testing indicating immunology which applicant supplies, OR
3. A sworn statement complete with notary seal and signature attesting that the applicant has had chicken pox (next page) which the applicant prints, has notarized and submits with application.



**Physical Therapist Assistant Program**  
**AMARILLO COLLEGE**  
**Health Sciences Division**

**Texas Immunization Requirements VARICELLA**  
**PTA Program Form 3, Option 3, print & complete**

**Sworn Statement of a History of Varicella Disease**

By my signature on this document, I \_\_\_\_\_, attest

Print full legal name

that I had varicella disease (chickenpox) on or about \_\_\_\_\_ and do

Approximate Month/Day/Year

not need the varicella vaccine.

Student Signature

(exactly as printed above): \_\_\_\_\_

Affix Notary Seal Below

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20 \_\_\_\_

Notary Public Signature:

\_\_\_\_\_

# Physical Therapist Assistant Program

## AMARILLO COLLEGE Health Sciences Division

### Clinical Site Observation PTA Program Information about Form 4

Each applicant seeking admission into the Physical Therapist Assistant program is required to complete observation of the practice of Physical Therapy. These observations will provide the applicant with the opportunity to see, first hand, the operation of the department including the job skills required by the physical therapist assistant.

Any facility that employs a licensed physical therapist or physical therapist assistant is considered a qualified site. Where the applicant elects to visit is dependent on the applicant's time frame and interests as well as clinical sites available. Some facilities will accommodate observations on the weekends but the applicant must ask.

The observation contact hours log sheet is used to document compliance with this requirement. Take the form or additional copies of the form with you to each visit.

To make a clinical site visit appointment, the applicant must...

1. Select a clinical site that provides physical therapy services. Any facility that offers physical therapy and employs licensed PTs and/or PTAs is acceptable. Observation does not have to be done in Amarillo. If licensed therapists or therapist assistants are employed by a facility, it is permissible to complete observations at that facility.
2. Contact the facility to schedule an appointment. Make an introduction and explain the reason for the observation. Appointments will be made at the convenience of the medical facility. PLEASE HONOR APPOINTMENT DAY AND TIME. IF THE APPOINTMENT MUST BE CANCELLED, PLEASE CALL THE FACILITY IN ADVANCE AND RESCHEDULE.
3. When on a clinical observation, please dress in a manner appropriate for a professional environment. Do not wear blue jeans or shorts and do not let tattoos show. Applicants should not wear heavy makeup or strong perfumes or colognes. Applicants should not chew gum. It is You should not have an odor of smoke, tobacco product, or alcohol on your body.
4. Take the observation form to the visit. Have a licensed Physical Therapist (PT) or Physical Therapist Assistant (PTA) sign and date the form in the spaces provided. If you need additional copies of form 4, make them. You may also use the observation log found on the PTA program website.
5. During the observation, please remain in the area(s) assigned by the staff. If there are questions, be careful not to ask the question within the hearing of a patient. Instead, wait until the patient has left the area.

# Physical Therapist Assistant Program


6. Bring all signed observation forms to the application finalization session.
  
7. Points are calculated for the number of hours an applicant observes. Points are awarded as follows:
  - a. 10 points = 15-29 hours and/or only 1 setting
  - b. 20 points = 30 hours in 2 different settings (15 hours per setting)
  - c. 30 points = 30 hours in 3 different settings (10 hours per setting)

All applicants must have a minimum of 15 observation hours in at least 1 setting to apply for the PTA program. Applicants may submit a total of 30 observation hours in at least 3 settings (10 hours per setting) to increase their application score. **THE MAXIMUM NUMBER OF POINTS THAT WILL BE AWARDED FOR OBSERVATION HOURS IS 30.**

# Physical Therapist Assistant Program

## Clinical Site Observation Log

**PTA Program Form 4, print & complete-reprint this page**  
**as many times as needed**

Date	Facility name, Location (city, phone number if not in Amarillo)	Licensed # of PT personnel	PT personnel signature	Clock Time in/ Time out <small>Do not count breaks, meals, or time observing another discipline</small>	Clock hours
1/20/2014	ABC PT Clinic Center City Texas 888-1234-123	101010		9:00 – noon 1:00-5:00	7

THIS PAGE Total Hours \_\_\_\_\_

Applicant Printed Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_

# Physical Therapist Assistant Program

## Clinical Site Observation Statement of Completion

**PTA Program Form 5, print & complete-reprint this page**  
**as many times as needed to document each clinical observation**

Using the form on the previous page, please complete a statement for each observation that you complete. Fill in the day and location exactly as recorded on the observation log.

I \_\_\_\_\_ ( print first and last name of applicant )  
honestly attest by my signature that the observation hours for \_\_\_\_\_ (date)  
at \_\_\_\_\_ (facility name) were completed as recorded. I further verify  
by my initials here \_\_\_\_\_ that the observation hours were actual clock hours spent observing. These  
hours were not spent as a patient receiving therapy nor were these hours spent as a family member or friend  
watching a family member or friend receive therapy.

I \_\_\_\_\_ ( print first and last name of applicant )  
honestly attest by my signature that the observation hours for \_\_\_\_\_ (date)  
at \_\_\_\_\_ (facility name) were completed as recorded. I further verify  
by my initials here \_\_\_\_\_ that the observation hours were actual clock hours spent observing. These  
hours were not spent as a patient receiving therapy nor were these hours spent as a family member or friend  
watching a family member or friend receive therapy.

I \_\_\_\_\_ ( print first and last name of applicant )  
honestly attest by my signature that the observation hours for \_\_\_\_\_ (date)  
at \_\_\_\_\_ (facility name) were completed as recorded. I further verify  
by my initials here \_\_\_\_\_ that the observation hours were actual clock hours spent observing. These  
hours were not spent as a patient receiving therapy nor were these hours spent as a family member or friend  
watching a family member or friend receive therapy.

I \_\_\_\_\_ ( print first and last name of applicant )  
honestly attest by my signature that the observation hours for \_\_\_\_\_ (date)  
at \_\_\_\_\_ (facility name) were completed as recorded. I further verify  
by my initials here \_\_\_\_\_ that the observation hours were actual clock hours spent observing. These  
hours were not spent as a patient receiving therapy nor were these hours spent as a family member or friend  
watching a family member or friend receive therapy.

I \_\_\_\_\_ ( print first and last name of applicant )  
honestly attest by my signature that the observation hours for \_\_\_\_\_ (date)  
at \_\_\_\_\_ (facility name) were completed as recorded. I further verify  
by my initials here \_\_\_\_\_ that the observation hours were actual clock hours spent observing. These  
hours were not spent as a patient receiving therapy nor were these hours spent as a family member or friend  
watching a family member or friend receive therapy.

# Physical Therapist Assistant Program

## General Education A.A.S. Degree Requirements

### **PTA Program Information about Form 6**

Courses listed in the left hand column are the required core and related course requirements for the Amarillo College Physical Therapist Assistant Associate of Applied Sciences degree.

Please complete the information in each row beside the course to indicate that you have completed this course requirement, the college where the course was taken, the semester and year that the course was completed and the final grade of the course. If the course is in progress, fill in all the information possible and leave the grade blank.

Fill in the name and number of the math and humanities/fine arts courses completed along with the number of hours, college name, semester and year plus final grades.

Bring to the application finalization session **OFFICIAL SEALED TRANSCRIPTS FOR ALL COLLEGES and UNIVERSITIES LISTED ON THE FORM YOU COMPLETE.**

# Physical Therapist Assistant Program General Education A.A.S. Degree Requirements

## PTA Program Form 6 print & complete

Course name and number	Sem Hrs.	College name	Semester & Year	Final Grade
<b>BIOL2401</b> Human Anatomy & Physiology I	4			
<b>BIOL2402</b> Human Anatomy & Physiology II	4			
<b>ENGL 1301</b> Freshman Composition	3			
<b>PSYC 2301</b> General Psychology	3			
<b>PSYC 2314</b> Lifespan Developmental Psychology	3			
<b>HITT 1305</b> Medical Terminology I	3			
<b>SPCH 1315 OR SPCH 1318 OR SPCH 1321(circle one)</b> Speech	3			
<b>MATH # _____</b> <b>Name of course</b> _____ Credit math	3			
<b>Course Code</b> _____ <b>Name of course</b> _____ Humanities/fine arts from list	3			

# Physical Therapist Assistant Program

## Personal Requirements Statement

### **PTA Program Form 7 print and complete**

There are many important factors to consider when determining your future career. To be successful in the PTA classroom and employed as an PTA, you should be able to meet all of the following personal requirements:

- Attend class approximately 20-30 hours per week, including lecture, lab, and clinical observation times
- Attend (1) two week full-time and (2) seven week full-time clinical rotations
- Complete all assignments on time
- Participate in classroom discussions.
- Perform or instruct others in the following procedures (as learned in class): transfers, gait training, physical agents, activities of daily living, therapeutic exercise or activities, and data collection procedures.
- Use sound judgment and safety precautions.
- Exposure to blood-borne pathogens and/or infectious disease may occur as part of the educational experience. Students will be trained in safety/infection control and will be expected to follow these guidelines to avoid contracting or transmitting disease.
- Meet class standards for successful course completion.
- Use critical thinking when making decisions.
- Follow standards in the PTA Student Handbook.
- Address problems or questions to the appropriate person at the appropriate time.
- Maintain classroom work area, equipment, supplies, personal appearance and hygiene conducive to professional setting as appropriate.
- Behave in a competent, professional manner.
- Physical requirements for the PTA program include the need to occasionally, frequently, or continually stand 3-7 hours per day with lecture blocks up to 4 hours.
- Stand 1-6 hours with lab time blocks up to 4 hours.
- Travel 1-1 hours to clinic or be willing and/or financially able to relocate for up to 7 weeks.
- Lift up to 60 pounds unassisted.
- Push/pull up to 50 pounds of force exerted at waist level.
- Squat or stoop.
- Use auditory, tactile, and visual senses to assess physiological status of an individual.
- Demonstrate good standing and unsupported sitting balance.
- Demonstrate good finger dexterity.
- Coordinate verbal and manual instructions.
- Communicate effectively with a variety of people through written and verbal methods.
- Use hands repetitively.
- Shift weight in sitting or standing.
- Use a firm grasp.
- Reach above shoulder level.
- Kneel, kneel-stand, and half-kneel.
- Use equipment that emits electrical, ultrasonic, and thermal energy.
- Physically move and transfer patients.
- 
-



By my signature, I indicate that I can, to the best of my knowledge, perform the requirements for the PTA program. I have been provided a copy of the demands. If my ability to meet the demands change, I will notify the PTA program director immediately (within 12 hours).

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Date

-

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Signature

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Printed Name

Students who have concerns about their ability to perform any of these functions should contact the PTA Program Director at 354-6043. Individuals with disabilities may request reasonable accommodations or information by calling disAbility Services at 371-5917.

Amarillo College does not discriminate on the basis of race, color, age, marital status, national origin, religion, sex, or disability.

**ANY APPLICANT/STUDENT WHO IS CURRENTLY BEING, OR HAS BEEN, TREATED BY A PHYSICIAN DURING THE LAST YEAR FOR ANY CONDITION WHICH MIGHT IMPACT ABILITY TO PERFORM THE REQUIREMENTS NOTED ABOVE SHOULD DISCLOSE THIS TO THE PROGRAM DIRECTOR.**

**THE APPLICANT/STUDENT MAY BE REQUIRED TO OBTAIN A DOCTOR'S RELEASE FROM THEIR PHYSICIAN PRIOR TO PARTICIPATION IN THE PROGRAM.**

**A MEDICAL CONDITION CAN NOT BY LAW HAVE ANY IMPACT ON A PERSON'S ABILITY TO ENTER THE PROGRAM.**

**A STUDENT WHO DOES NOT DISCLOSE A LIMITATION OR THE FACT THAT THEY ARE UNDER THE CARE OF A DOCTOR CAN BE IMMEDIATELY DISMISSED FROM THE PROGRAM DUE TO THE POSSIBILITY OF ADDITIONAL INJURY TO SELF AND PLACING OTHERS IN JEOPARDY OF INJURY.**

**IN ADDITION, STUDENTS RECEIVING MEDICAL CARE WHILE ENROLLED IN THE PTA PROGRAM WILL BE REQUIRED TO A OBTAIN DOCTOR'S RELEASE AS APPLICABLE.**

# Criminal Background Check Requirement

## Amarillo College PTA Program Information and instructions

### **Complete the background check online, print a copy of the receipt and submit it at the application finalization session**

The hospitals affiliated with Amarillo College, to provide clinical education courses, require criminal background checks on incoming students to insure patient safety. A background check typically takes 3 – 5 normal business days to complete.

The background checks are conducted by PreCheck, Inc., a firm specializing in background checks for healthcare workers. Your order must be placed **online only** through “StudentCheck.”

Go to [www.precheck.com](http://www.precheck.com) and click on the "Students" link. No fingerprinting is required.

Complete all required fields and hit Continue to enter your payment information. The payment can be made securely online with a credit or debit card. You can also pay by money order, but that will delay processing your background check until the money order is received by mail at the PreCheck office. You will be provided an order confirmation number and instructions on how to check the status on the completion of your report by email.

PreCheck will not use your information for any other purposes other than a background check. Your credit will not be investigated, and your name will not be given out to any businesses.

If you need assistance, please contact PreCheck at [StudentCheck@PreCheck.com](mailto:StudentCheck@PreCheck.com)

#### FREQUENTLY ASKED QUESTIONS:

- Do I get a copy of the report? *No. Only the affiliated hospitals and the director of the PTA program have access to the reports. However, you can order a copy of your report for an additional fee at the time you place your order.*
- Does PreCheck need every street address where I have lived over the past 7 years? *No, just the city and state.*
- I have been advised that I am being denied entry into the program because of information on my report and that I should contact PreCheck. Where should I call? *Call PreCheck's Adverse Action hotline at 800-203-1654. Adverse Action is the procedure established by the Fair Credit Reporting Act that allows you to see the report and to dispute anything reported.*
- I have a criminal record. What should I do? *Disclose the crime on your application.*

AMARILLO COLLEGE  
Health Sciences Division  
**PHYSICAL THERAPIST ASSISTANT  
PROGRAM**

**Complete the background check online and print a copy of the  
PAYMENT receipt from PRECHECK. Submit the PAYMENT receipt at the  
application finalization session**

**AMARILLO COLLEGE**  
**Health Sciences Division**  
**PHYSICAL THERAPIST ASSISTANT**  
**PROGRAM**  
**TB Requirement**

Amarillo College's Physical Therapist Assistant program requires a current negative TB test report to complete the application process. In addition the applicant that is accepted agrees to continually have a current negative TB test report on file with the program in preparation of clinicals and employment in health care facilities.

Documentation of this test must be turned in to the program director initially at the application finalization session. A copy of the medical record or test result is acceptable documentation.

**AMARILLO COLLEGE**  
**Health Sciences Division**  
**PHYSICAL THERAPIST ASSISTANT**  
**PROGRAM**  
**CPR Requirement**

Amarillo College's Physical Therapist Assistant program requires an applicant be currently CPR certified to complete the application process. In addition the applicant that is accepted agrees to continually have a current CPR card on file with the program in preparation of clinicals and employment in health care facilities.

**ONLINE CPR IS NOT ACCEPTED BY MANY HOSPITALS!!**

The PTA program does not accept online CPR.

**American Heart Association Healthcare Provider course**  
**is accepted at most hospitals.**

The PTA program accepts AHA Healthcare Provider CPR.

Amarillo College offers American Heart Association Healthcare Provider courses in CPR frequently. Search the Amarillo College website to find a course that suits your schedule.

Documentation of current CPR certification must be turned in to the program director initially at the application finalization session. A copy of both sides of the CPR card is acceptable documentation. If the applicant enters the PTA program, it is the students responsibility to keep current with CPR across the time of enrollment in PTA courses.

**AMARILLO COLLEGE**  
**Health Sciences Division**  
**PHYSICAL THERAPIST ASSISTANT**  
**PROGRAM**

## Application Finalization Requirement

Finalization sessions are conducted for applicants in groups. The session is held in the PTA lab, Health Sciences Building room 165. The sessions typically last approximately 1.5 hours. Space in each session is limited and spaces are filled on a first come first serve basis.

Please sign up for only ONE session. There are adequate spaces available for all applicants IF each person signs up for ONLY ONE SESSION. Be considerate of others attempting to schedule and make only ONE APPOINTMENT PER APPLICANT. If multiple appointments are noted for the same person, the earliest appointment will be kept in the system and all others will be deleted to free up space for other applicants. Be sure of the finalization session time you plan to attend BEFORE you sign up.

You will need to follow this link to schedule your appointment time.

Appointments are currently available for:

May 19<sup>th</sup> at 9:00 a.m.

May 19<sup>th</sup> at 2:00 p.m.

May 20<sup>th</sup> at 9:00 a.m.

May 20<sup>th</sup> at 2:00 p.m.

May 21<sup>st</sup> at 9:00 a.m.

Bring your application packet completed forms and supporting documentation to the session you sign up for. Do not fold your papers. Do not staple any papers. Do not place them in any type of folder with brads or fasteners. Arrive on time and be prepared to take notes from the presentation.

*Amarillo College*  
*Physical Therapist Assistant*  
*Application*  
*2015*

*Dear Applicant,*

Thank you for submitting your online information for the Physical Therapist Assistant (PTA) program application process at Amarillo College. This email includes the steps, processes and forms needed to move forward in applying to Amarillo College's Physical Therapist Assistant program. The forms, plus supporting documentation you provide as directed, are the items you are to bring with you to an application finalization session.

If you have not applied to Amarillo College, you must do that now. Go to [www.actx.edu/contact/index.php?module=article&id=31](http://www.actx.edu/contact/index.php?module=article&id=31), click the tab "apply". You cannot participate in a finalization session unless you have been accepted to Amarillo College.

If you have attended any other college or university, you must have those schools send official transcripts to the Amarillo College Registrar, P.O. Box 447, Amarillo Texas. The registrar will determine which courses transfer. I do not file paperwork for course substitutions until AFTER an applicant has officially been accepted to the Amarillo College PTA program.

If you have declared any other major besides PTA with AC, change it to PTA now. You can do that at <http://www.actx.edu/registrar> and use the left menu bar to access "change of information. This is checked prior to finalization sessions through degree audit.

After you have applied to the college for admission, requested all school transcripts AND declared PTA as your major, it is time to start completing the enclosed forms. You are awarded points from some of these forms. These forms are turned in at a finalization session. These sessions will be held after the end of the spring semester.

If you change your email address in the next 6 months, you may miss communications. If you change your email it is your responsibility to notify me in writing (an email).

If you do not attend an application finalization session, your online application will be removed from the applicant pool. If you do not bring every requested form with supporting documentation to the finalization session, your online application will be removed from the applicant pool. In either case, you are welcome to reapply next year. Your application becomes the property of Amarillo College and no part of it will be returned to you. It will be destroyed to protect your private information. If you choose to reapply, completion of a new application packet will be required.

If you have any questions about the application packet, process or forms, please email me at [kjjones@actx.edu](mailto:kjjones@actx.edu).

Again, congratulations to you on your decision to apply to Amarillo College's physical therapist assistant program.

*Sincerely,*

*Kelly Jones  
Director Physical Therapist Assistant Program*



**AMARILLO COLLEGE**  
**Health Sciences Division**  
**PHYSICAL THERAPIST ASSISTANT**  
**PROGRAM**

**APPLICATION FINALIZATION SESSION CHECKLIST**

The application forms and records you are to bring with you to finalize your application

**INCLUDE THE FOLLOWING:**

1. Release of liability and waiver signed, dated (Form 1)
2. Immunization verification and copies of official records for all required immunizations (Form 2)
3. Verification of varicella (chicken pox) (copy of official record **OR** Form 3)
4. Observation record (Form 4)
5. Observation statement of completion (form 5)
6. Course listing (Form 6)
7. Official **ORIGINAL, SEALED** envelopes containing transcripts for each college attended including Amarillo College
8. Personal Requirements Statement (Form 7)
9. Copy of criminal background check payment receipt
10. Copy of current negative TB test
11. Copy of current CPR card both sides

**Bring every form, transcript, document and copy/copies for items 1-11 from above with you to the application finalization session.** This is the **ONLY OPPORTUNITY YOU HAVE TO TURN IN THE REQUIRED ITEMS.**

Without the above items, an applicant has not completed the application process. By not providing the items, there is not sufficient evidence to calculate points. Without points, an applicant cannot be ranked into the applicant pool.

Please understand that if you do not bring every item listed above, you will need to apply again next year to the program. If you do not bring all the required documents, those you do bring are the property of Amarillo College and will be retained then destroyed to protect the applicant.

Amarillo College Health Sciences Division  
STATE OF TEXAS  
**RELEASE AND WAIVER OF LIABILITY**  
**PTA Program Form 1 – print & complete**

COUNTY OF POTTER

AGREEMENT OF RELEASE made this day between AMARILLO JUNIOR COLLEGE DISTRICT ("Amarillo College") and \_\_\_\_\_ ("Student").  
(print full legal name of applicant)

In consideration of Student being permitted to enroll at Amarillo College in the Physical Therapist Assistant program and the acknowledgment of Student of the following facts:

1. That student will be required, as part of the normal educational process towards Student's degree or certificate to be placed in a teaching environment including, but not limited to, local medical facilities, offices of local practitioners, ambulances, medical laboratories, and other medical environments (hereinafter called "medical affiliates"). Student may be exposed to conditions which could cause bodily injury and/or death and may be exposed to patients afflicted with terminal or potentially terminal disease processes which may be of a contagious nature; and,
2. That Student will first be provided, as part of the normal educational process toward Student's degree or certificate with detailed information about the nature, risks and preventive measures related to communicable diseases of a terminal or potentially terminal nature prior to the assignment of Student in an environment where these diseases are known to be present; and,
3. That Student could be exposed to high-risk toxic substances in the medical affiliates, but will first be provided with information concerning prevention from becoming ill with same.

Student does hereby:

1. Authorize Amarillo College officials to place Student into the respective medical affiliates as they deem necessary for the completion of Student's educational program;
2. Release, waive, and covenant not to sue Amarillo College, its officers, agents, employees, and persons or entities acting together with Amarillo College in its education programs (hereinafter called "Releasees") from all liability to Student for any and all loss or damage, and any claims or demands whatsoever therefore on account of injury to the person or property or resulting in the death of Student or emanating from exposure to said disease processes and toxic substances, or any of these, whether caused by the negligence of Releasees or otherwise while the Student is on or within any of the program medical affiliates;
3. Indemnify and hold harmless Releasees from any loss, liability, damage or cost that Student may incur due to the presence of Student in or upon any of the medical affiliates or in any way observing for any purpose or participating in the educational process in said medical affiliates; and,
4. Assume full responsibility for any and all risks due to participation in the normal educational process in the medical affiliates described above.

Student expressly acknowledges and agrees that the activities described above could be dangerous and involve the risk of injury and/or death and/or contracting terminal or potentially terminal disease processes and exposure to high risk toxic substances.

The UNDERSIGNED expressly agrees that the foregoing Release, Waiver, and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the Laws of the State of Texas and if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The UNDERSIGNED **is at least eighteen years of age** and has read and voluntarily signed the Release and Waiver of Liability and Indemnity Agreement, and agrees that no oral representations, statements or inducements apart from the foregoing written Agreement have been made.

I have read this document. I understand it is a release of all claims. I understand I assume all risks inherent in the educational process and clinical experience conducted in the medical affiliates of Amarillo College as part of my progressing toward a degree or certificate as set out above. I voluntarily sign my name evidencing my acceptance of the above provisions.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

Signed: \_\_\_\_\_  
(full legal name)

Print name: \_\_\_\_\_  
(full legal name)

Physical Therapist Assistant Program  
AMARILLO COLLEGE  
Health Sciences Division  
Texas Immunization Requirements  
PTA Program Information about Form 2

The state of Texas requires colleges in Texas who have students enrolled in health career programs to provide proof of certain immunizations. Students enrolled in programs that involve direct patient contact in program affiliated medical care facilities must comply with the law. This includes Physical Therapist Assistant program students.

Students who were born on or after January 1, 1957 must show acceptable evidence of immunizations prior to first patient contact. **The only acceptable documentation is an immunization record from a clinic, hospital, doctor's office or school. Doctor's letters are not accepted. If records cannot be provided by the student, serologic (blood based lab test) confirmation of immunity is acceptable. Evidence of immunity must consist of a written laboratory report that indicates either confirmation of immunity or infection.**

Tetanus/Diphtheria – one dose within the past 10 years

Measles - two doses since 12 months of age for those born since January 1, 1957 administered since January 1, 1968

Rubella/German measles – one dose

Varicella/Chicken Pox – two doses unless the first dose was received prior to 13 years of age. Amarillo College does not recommend Varicella immunization of any person who has had Chicken Pox due to potential harm. It is recommended that an applicant pursue serological testing (blood) for this situation. Also acceptable is a sworn statement complete with notary seal and signature attesting to having had chicken pox OR having a varicella immunity. (See additional related pages).

Mumps – one dose since 12 months of age for those born since January 1, 1957

Hepatitis B –The student will not be allowed to enroll in Clinical courses without completing the full 3 injection series. Failure to complete HEP B by August 1 can result in the student not being able to enroll in fall PTA courses.

Under the requirements of a law enacted by the Texas State Legislature, students who are under 30 years of age and entering higher education in the spring of 2012 or later must demonstrate proof of inoculation against bacterial meningitis. This must be renewed every 5 years.

Written evidence of influenza(flu) vaccination EVERY YEAR. **Applicants must show proof of flu vaccination within last 12 months from date of finalization session.** Flu shot or flu mist records must have a date between May of last year and May of current year.

The Texas Department of Health, pharmacies at drug stores and grocers offer immunizations. P.R.I.M.E. is a local business that offers serologic testing for those who have had a prior immunization or illness that is not documented. Contact them for specific information.

Documentation of these immunizations must be turned in to the program director initially at the application finalization session. Once accepted, future immunization documentation must be provided to the program director as immunizations occur during the education process.

**Physical Therapist Assistant Program**  
**AMARILLO COLLEGE**  
**Health Sciences Division**  
**Texas Immunization Requirements**  
**PTA Program Form 2 print & complete**

Please initial each item attesting to the fact that you have the immunization listed. PLACE THIS PAGE IN FRONT OF THE COPIES OF YOUR IMMUNIZATION RECORDS. PLEASE NOTE THAT ORIGINAL IMMUNIZATION DOCUMENTS WILL NOT BE ACCEPTED – THE APPLICANT MUST PROVIDE COPIES OF THE IMMUNIZATIONS. THE PTA PROGRAM WILL NOT RETURN COPIES OF IMMUNIZATIONS TO APPLICANTS SO KEEP YOUR ORIGINALS IN A SAFE PLACE.

Measles - \_\_\_\_\_Initials

Mumps – \_\_\_\_\_Initials

Rubella/German measles – \_\_\_\_\_Initials

Varicella/Chicken Pox – \_\_\_\_\_Initials

Tetanus/Diphtheria – \_\_\_\_\_Initials

Hepatitis B –

First dose \_\_\_\_\_Initials

Second dose \_\_\_\_\_Initials

Third dose \_\_\_\_\_Initials

Bacterial Meningitis - \_\_\_\_\_Initials

Influenza vaccination - \_\_\_\_\_Initials \_\_\_\_\_ date

Physical Therapist Assistant Program  
AMARILLO COLLEGE  
Health Sciences Division  
Texas Immunization Requirement VARICELLA  
PTA Program Information about Form 3

*§97.65 of the Texas Administrative Code states, "A written statement from a parent (or legal guardian or managing conservator), adult-age student, or physician attesting to a student's positive history of varicella disease (chickenpox), or of varicella immunity, is acceptable in lieu of a vaccine record for that disease." Amarillo College shall accurately record the existence of any statements attesting to previous varicella illness or the results of any serologic tests supplied as proof of immunity. The original documents should be returned to the student. If a student is unable to submit such a statement or serologic evidence, varicella vaccine is required.*

Any **ONE** of three documents noted below is acceptable for verification of varicella, also known as chicken pox. **One** of the following 3 items must be submitted to complete the PTA application:

1. A copy of a vaccination record which applicant supplies, OR
2. A copy of results of serological testing indicating immunology which applicant supplies, OR
3. A sworn statement complete with notary seal and signature attesting that the applicant has had chicken pox (next page) which the applicant prints, has notarized and submits with application.

Physical Therapist Assistant Program  
AMARILLO COLLEGE  
Health Sciences Division

Texas Immunization Requirements VARICELLA  
PTA Program Form 3, Option 3, print & complete

**Sworn Statement of a History of Varicella Disease**

By my signature on this document, I \_\_\_\_\_, attest

Print full legal name

that I had varicella disease (chickenpox) on or about \_\_\_\_\_ and do

Approximate Month/Day/Year

not need the varicella vaccine.

Student Signature

(exactly as printed above): \_\_\_\_\_

Affix Notary Seal Below

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20 \_\_\_\_

Notary Public Signature:

\_\_\_\_\_

# Physical Therapist Assistant Program

## AMARILLO COLLEGE Health Sciences Division

### Clinical Site Observation PTA Program Information about Form 4

Each applicant seeking admission into the Physical Therapist Assistant program is required to complete observation of the practice of Physical Therapy. These observations will provide the applicant with the opportunity to see, first hand, the operation of the department including the job skills required by the physical therapist assistant.

Any facility that employs a licensed physical therapist or physical therapist assistant is considered a qualified site. Where the applicant elects to visit is dependent on the applicant's time frame and interests as well as clinical sites available. Some facilities will accommodate observations on the weekends but the applicant must ask.

The observation contact hours log sheet is used to document compliance with this requirement. Take the form or additional copies of the form with you to each visit.

To make a clinical site visit appointment, the applicant must...

1. Select a clinical site that provides physical therapy services. Any facility that offers physical therapy and employs licensed PTs and/or PTAs is acceptable. Observation does not have to be done in Amarillo. If licensed therapists or therapist assistants are employed by a facility, it is permissible to complete observations at that facility.
2. Contact the facility to schedule an appointment. Make an introduction and explain the reason for the observation. Appointments will be made at the convenience of the medical facility. PLEASE HONOR APPOINTMENT DAY AND TIME. IF THE APPOINTMENT MUST BE CANCELLED, PLEASE CALL THE FACILITY IN ADVANCE AND RESCHEDULE.
3. When on a clinical observation, please dress in a manner appropriate for a professional environment. Do not wear blue jeans or shorts and do not let tattoos show. Applicants should not wear heavy makeup or strong perfumes or colognes. Applicants should not chew gum. It is You should not have an odor of smoke, tobacco product, or alcohol on your body.
4. Take the observation form to the visit. Have a licensed Physical Therapist (PT) or Physical Therapist Assistant (PTA) sign and date the form in the spaces provided. If you need additional copies of form 4, make them. You may also use the observation log found on the PTA program website.
5. During the observation, please remain in the area(s) assigned by the staff. If there are questions, be careful not to ask the question within the hearing of a patient. Instead, wait until the patient has left the area.



# Physical Therapist Assistant Program


6. Bring all signed observation forms to the application finalization session.
  
7. Points are calculated for the number of hours an applicant observes. Points are awarded as follows:
  - a. 10 points = 15-29 hours and/or only 1 setting
  - b. 20 points = 30 hours in 2 different settings (15 hours per setting)
  - c. 30 points = 30 hours in 3 different settings (10 hours per setting)

All applicants must have a minimum of 15 observation hours in at least 1 setting to apply for the PTA program. Applicants may submit a total of 30 observation hours in at least 3 settings (10 hours per setting) to increase their application score. **THE MAXIMUM NUMBER OF POINTS THAT WILL BE AWARDED FOR OBSERVATION HOURS IS 30.**

# Physical Therapist Assistant Program

## Clinical Site Observation Log

**PTA Program Form 4, print & complete-reprint this page**  
**as many times as needed**

Date	Facility name, Location (city, phone number if not in Amarillo)	Licensed # of PT personnel	PT personnel signature	Clock Time in/ Time out <small>Do not count breaks, meals, or time observing another discipline</small>	Clock hours
1/20/2014	ABC PT Clinic Center City Texas 888-1234-123	101010		9:00 – noon 1:00-5:00	7

THIS PAGE Total Hours \_\_\_\_\_

Applicant Printed Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_

# Physical Therapist Assistant Program

## Clinical Site Observation Statement of Completion

**PTA Program Form 5, print & complete-reprint this page**  
**as many times as needed to document each clinical observation**

Using the form on the previous page, please complete a statement for each observation that you complete. Fill in the day and location exactly as recorded on the observation log.

I \_\_\_\_\_ ( print first and last name of applicant )  
honestly attest by my signature that the observation hours for \_\_\_\_\_ (date)  
at \_\_\_\_\_ (facility name) were completed as recorded. I further verify  
by my initials here \_\_\_\_\_ that the observation hours were actual clock hours spent observing. These  
hours were not spent as a patient receiving therapy nor were these hours spent as a family member or friend  
watching a family member or friend receive therapy.

I \_\_\_\_\_ ( print first and last name of applicant )  
honestly attest by my signature that the observation hours for \_\_\_\_\_ (date)  
at \_\_\_\_\_ (facility name) were completed as recorded. I further verify  
by my initials here \_\_\_\_\_ that the observation hours were actual clock hours spent observing. These  
hours were not spent as a patient receiving therapy nor were these hours spent as a family member or friend  
watching a family member or friend receive therapy.

I \_\_\_\_\_ ( print first and last name of applicant )  
honestly attest by my signature that the observation hours for \_\_\_\_\_ (date)  
at \_\_\_\_\_ (facility name) were completed as recorded. I further verify  
by my initials here \_\_\_\_\_ that the observation hours were actual clock hours spent observing. These  
hours were not spent as a patient receiving therapy nor were these hours spent as a family member or friend  
watching a family member or friend receive therapy.

I \_\_\_\_\_ ( print first and last name of applicant )  
honestly attest by my signature that the observation hours for \_\_\_\_\_ (date)  
at \_\_\_\_\_ (facility name) were completed as recorded. I further verify  
by my initials here \_\_\_\_\_ that the observation hours were actual clock hours spent observing. These  
hours were not spent as a patient receiving therapy nor were these hours spent as a family member or friend  
watching a family member or friend receive therapy.

I \_\_\_\_\_ ( print first and last name of applicant )  
honestly attest by my signature that the observation hours for \_\_\_\_\_ (date)  
at \_\_\_\_\_ (facility name) were completed as recorded. I further verify  
by my initials here \_\_\_\_\_ that the observation hours were actual clock hours spent observing. These  
hours were not spent as a patient receiving therapy nor were these hours spent as a family member or friend  
watching a family member or friend receive therapy.

# Physical Therapist Assistant Program

## General Education A.A.S. Degree Requirements

### **PTA Program Information about Form 6**

Courses listed in the left hand column are the required core and related course requirements for the Amarillo College Physical Therapist Assistant Associate of Applied Sciences degree.

Please complete the information in each row beside the course to indicate that you have completed this course requirement, the college where the course was taken, the semester and year that the course was completed and the final grade of the course. If the course is in progress, fill in all the information possible and leave the grade blank.

Fill in the name and number of the math and humanities/fine arts courses completed along with the number of hours, college name, semester and year plus final grades.

Bring to the application finalization session **OFFICIAL SEALED TRANSCRIPTS FOR ALL COLLEGES and UNIVERSITIES LISTED ON THE FORM YOU COMPLETE.**

# Physical Therapist Assistant Program General Education A.A.S. Degree Requirements

## PTA Program Form 6 print & complete

Course name and number	Sem Hrs.	College name	Semester & Year	Final Grade
<b>BIOL2401</b> Human Anatomy & Physiology I	4			
<b>BIOL2402</b> Human Anatomy & Physiology II	4			
<b>ENGL 1301</b> Freshman Composition	3			
<b>PSYC 2301</b> General Psychology	3			
<b>PSYC 2314</b> Lifespan Developmental Psychology	3			
<b>HITT 1305</b> Medical Terminology I	3			
<b>SPCH 1315 OR SPCH 1318 OR SPCH 1321(circle one)</b> Speech	3			
<b>MATH # _____</b> <b>Name of course</b> _____ Credit math	3			
<b>Course Code</b> _____ <b>Name of course</b> _____ Humanities/fine arts from list	3			

# Physical Therapist Assistant Program

## Personal Requirements Statement

### **PTA Program Form 7 print and complete**

There are many important factors to consider when determining your future career. To be successful in the PTA classroom and employed as an PTA, you should be able to meet all of the following personal requirements:

- Attend class approximately 20-30 hours per week, including lecture, lab, and clinical observation times
- Attend (1) two week full-time and (2) seven week full-time clinical rotations
- Complete all assignments on time
- Participate in classroom discussions.
- Perform or instruct others in the following procedures (as learned in class): transfers, gait training, physical agents, activities of daily living, therapeutic exercise or activities, and data collection procedures.
- Use sound judgment and safety precautions.
- Exposure to blood-borne pathogens and/or infectious disease may occur as part of the educational experience. Students will be trained in safety/infection control and will be expected to follow these guidelines to avoid contracting or transmitting disease.
- Meet class standards for successful course completion.
- Use critical thinking when making decisions.
- Follow standards in the PTA Student Handbook.
- Address problems or questions to the appropriate person at the appropriate time.
- Maintain classroom work area, equipment, supplies, personal appearance and hygiene conducive to professional setting as appropriate.
- Behave in a competent, professional manner.
- Physical requirements for the PTA program include the need to occasionally, frequently, or continually stand 3-7 hours per day with lecture blocks up to 4 hours.
- Stand 1-6 hours with lab time blocks up to 4 hours.
- Travel 1-1 hours to clinic or be willing and/or financially able to relocate for up to 7 weeks.
- Lift up to 60 pounds unassisted.
- Push/pull up to 50 pounds of force exerted at waist level.
- Squat or stoop.
- Use auditory, tactile, and visual senses to assess physiological status of an individual.
- Demonstrate good standing and unsupported sitting balance.
- Demonstrate good finger dexterity.
- Coordinate verbal and manual instructions.
- Communicate effectively with a variety of people through written and verbal methods.
- Use hands repetitively.
- Shift weight in sitting or standing.
- Use a firm grasp.
- Reach above shoulder level.
- Kneel, kneel-stand, and half-kneel.
- Use equipment that emits electrical, ultrasonic, and thermal energy.
- Physically move and transfer patients.

- 
-

By my signature, I indicate that I can, to the best of my knowledge, perform the requirements for the PTA program. I have been provided a copy of the demands. If my ability to meet the demands change, I will notify the PTA program director immediately (within 12 hours).

---

Date

-

---

Signature

---

Printed Name

Students who have concerns about their ability to perform any of these functions should contact the PTA Program Director at 354-6043. Individuals with disabilities may request reasonable accommodations or information by calling disAbility Services at 371-5917.

Amarillo College does not discriminate on the basis of race, color, age, marital status, national origin, religion, sex, or disability.

**ANY APPLICANT/STUDENT WHO IS CURRENTLY BEING, OR HAS BEEN, TREATED BY A PHYSICIAN DURING THE LAST YEAR FOR ANY CONDITION WHICH MIGHT IMPACT ABILITY TO PERFORM THE REQUIREMENTS NOTED ABOVE SHOULD DISCLOSE THIS TO THE PROGRAM DIRECTOR.**

**THE APPLICANT/STUDENT MAY BE REQUIRED TO OBTAIN A DOCTOR'S RELEASE FROM THEIR PHYSICIAN PRIOR TO PARTICIPATION IN THE PROGRAM.**

**A MEDICAL CONDITION CAN NOT BY LAW HAVE ANY IMPACT ON A PERSON'S ABILITY TO ENTER THE PROGRAM.**

**A STUDENT WHO DOES NOT DISCLOSE A LIMITATION OR THE FACT THAT THEY ARE UNDER THE CARE OF A DOCTOR CAN BE IMMEDIATELY DISMISSED FROM THE PROGRAM DUE TO THE POSSIBILITY OF ADDITIONAL INJURY TO SELF AND PLACING OTHERS IN JEOPARDY OF INJURY.**

**IN ADDITION, STUDENTS RECEIVING MEDICAL CARE WHILE ENROLLED IN THE PTA PROGRAM WILL BE REQUIRED TO A OBTAIN DOCTOR'S RELEASE AS APPLICABLE.**

# Criminal Background Check Requirement

## Amarillo College PTA Program Information and instructions

### **Complete the background check online, print a copy of the receipt and submit it at the application finalization session**

The hospitals affiliated with Amarillo College, to provide clinical education courses, require criminal background checks on incoming students to insure patient safety. A background check typically takes 3 – 5 normal business days to complete.

The background checks are conducted by PreCheck, Inc., a firm specializing in background checks for healthcare workers. Your order must be placed **online only** through “StudentCheck.”

Go to [www.precheck.com](http://www.precheck.com) and click on the "Students" link. No fingerprinting is required.

Complete all required fields and hit Continue to enter your payment information. The payment can be made securely online with a credit or debit card. You can also pay by money order, but that will delay processing your background check until the money order is received by mail at the PreCheck office. You will be provided an order confirmation number and instructions on how to check the status on the completion of your report by email.

PreCheck will not use your information for any other purposes other than a background check. Your credit will not be investigated, and your name will not be given out to any businesses.

If you need assistance, please contact PreCheck at [StudentCheck@PreCheck.com](mailto:StudentCheck@PreCheck.com)

#### FREQUENTLY ASKED QUESTIONS:

- Do I get a copy of the report? *No. Only the affiliated hospitals and the director of the PTA program have access to the reports. However, you can order a copy of your report for an additional fee at the time you place your order.*
- Does PreCheck need every street address where I have lived over the past 7 years? *No, just the city and state.*
- I have been advised that I am being denied entry into the program because of information on my report and that I should contact PreCheck. Where should I call? *Call PreCheck’s Adverse Action hotline at 800-203-1654. Adverse Action is the procedure established by the Fair Credit Reporting Act that allows you to see the report and to dispute anything reported.*
- I have a criminal record. What should I do? *Disclose the crime on your application.*



AMARILLO COLLEGE  
Health Sciences Division  
**PHYSICAL THERAPIST ASSISTANT  
PROGRAM**

**Complete the background check online and print a copy of the  
PAYMENT receipt from PRECHECK. Submit the PAYMENT receipt at the  
application finalization session**

**AMARILLO COLLEGE**  
**Health Sciences Division**  
**PHYSICAL THERAPIST ASSISTANT**  
**PROGRAM**  
**TB Requirement**

Amarillo College's Physical Therapist Assistant program requires a current negative TB test report to complete the application process. In addition the applicant that is accepted agrees to continually have a current negative TB test report on file with the program in preparation of clinicals and employment in health care facilities.

Documentation of this test must be turned in to the program director initially at the application finalization session. A copy of the medical record or test result is acceptable documentation.

**AMARILLO COLLEGE**  
**Health Sciences Division**  
**PHYSICAL THERAPIST ASSISTANT**  
**PROGRAM**  
**CPR Requirement**

Amarillo College's Physical Therapist Assistant program requires an applicant be currently CPR certified to complete the application process. In addition the applicant that is accepted agrees to continually have a current CPR card on file with the program in preparation of clinicals and employment in health care facilities.

**ONLINE CPR IS NOT ACCEPTED BY MANY HOSPITALS!!**

The PTA program does not accept online CPR.

**American Heart Association Healthcare Provider course**  
**is accepted at most hospitals.**

The PTA program accepts AHA Healthcare Provider CPR.

Amarillo College offers American Heart Association Healthcare Provider courses in CPR frequently. Search the Amarillo College website to find a course that suits your schedule.

Documentation of current CPR certification must be turned in to the program director initially at the application finalization session. A copy of both sides of the CPR card is acceptable documentation. If the applicant enters the PTA program, it is the students responsibility to keep current with CPR across the time of enrollment in PTA courses.

**AMARILLO COLLEGE**  
**Health Sciences Division**  
**PHYSICAL THERAPIST ASSISTANT**  
**PROGRAM**

## Application Finalization Requirement

Finalization sessions are conducted for applicants in groups. The session is held in the PTA lab, Health Sciences Building room 165. The sessions typically last approximately 1.5 hours. Space in each session is limited and spaces are filled on a first come first serve basis.

Please sign up for only ONE session. There are adequate spaces available for all applicants IF each person signs up for ONLY ONE SESSION. Be considerate of others attempting to schedule and make only ONE APPOINTMENT PER APPLICANT. If multiple appointments are noted for the same person, the earliest appointment will be kept in the system and all others will be deleted to free up space for other applicants. Be sure of the finalization session time you plan to attend BEFORE you sign up.

You will need to follow this link to schedule your appointment time:

[https://www.actx.edu/phys\\_therapist/finalization](https://www.actx.edu/phys_therapist/finalization)

Appointments are currently available for:

May 19<sup>th</sup> at 9:00 a.m.

May 19<sup>th</sup> at 2:00 p.m.

May 20<sup>th</sup> at 9:00 a.m.

May 20<sup>th</sup> at 2:00 p.m.

May 21<sup>st</sup> at 9:00 a.m.

Bring your application packet completed forms and supporting documentation to the session you sign up for. Do not fold your papers. Do not staple any papers. Do not place them in any type of folder with brads or fasteners. Arrive on time and be prepared to take notes from the presentation.

