APPLICATION INFORMATION & INSTRUCTIONS

- **APPLICATION PERIOD:** September 15 – January 15

- **COLLEGE ADDRESS:** Howard Community College
  Attn: Nursing & Allied Health
  Office of Admissions and Advising, RCF-Room 242
  10901 Little Patuxent Parkway
  Columbia, MD 21044

- **QUESTIONS?**
  Telephone: 443-518-4230  Email: alliedhealth@howardcc.edu
  Fax: 443-518-4589  Admissions Webpage: www.howardcc.edu/ptaadmissions

- **ADMISSIONS REQUIREMENTS:** Supplemental applications, along with additional admissions requirements, may be submitted in person at the Office of Admissions & Advising (RCF-242), emailed, faxed or mailed to the address listed above.

  1. Submit the **HCC General Admissions Application** ($25 fee) with Physical Therapist Assistant (#282) declared as area of study. *(Only if not a current HCC student)*
  2. Submit the **Physical Therapist Assistant Supplemental Application**
  3. Submit the one-time $25 application fee; checks and money orders should be made payable to HCC *(The $25 fee is waived for active military, active military spouses and veterans)*
  4. Submit two documents for proof of residency *(Howard County residents only – see chart below)*
  5. Submit official academic transcripts from each college/university for prior learning credit *(if applicable)*
  6. Submit the **Transcript Evaluation Request Form** for prior learning credit *(if applicable)*
  7. Submit the **Clinical Observation Documentation Form(s)** with 50 documented hours
  8. Math and science courses must be completed with a grade of ‘C’ or higher with the exception of Anatomy & Physiology I *(BIOL-203)* which must be completed with a grade of ‘B’ or higher
  9. Have a science GPA of 2.25 or higher
  10. Have an overall HCC GPA of 2.25 or higher
  11. Priority in the lottery will be given to Howard County residents with all pre- and co-requisite courses completed at the time of admission deadline

- **PROOF OF RESIDENCY:** Applicants who reside in Howard County for a minimum of 90 days prior to the application deadline will be given priority in the selection process. Howard County applicants must submit one of the following documents from each of the lists below for a total of two. The College reserves the right to request additional information and documentation as necessary.

<table>
<thead>
<tr>
<th>Select One From This List:</th>
<th>Select One From This List:*</th>
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</thead>
<tbody>
<tr>
<td>• Valid Maryland driver’s license</td>
<td>• Utility bill: gas, electric, phone, cable, water</td>
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<tr>
<td>• MVA issued change of address card</td>
<td>• Howard county tax bill</td>
</tr>
<tr>
<td>• Valid state issued ID</td>
<td>• Statement from bank, credit card or insurance company</td>
</tr>
<tr>
<td>• Voter’s registration card</td>
<td>• Pay stub with current address</td>
</tr>
</tbody>
</table>
| • Rental agreement/deed/lease | *Must be dated within three months of submitting application*

- **CORRESPONDENCE:** All correspondence will be sent to your HCC email account. Please check this account on a regular basis as it will be the official form of communication, including receipt of application, notification of missing documents and admissions decision. Applicants who need assistance accessing their HCC email account should contact the Help Desk at 443-518-4444.

- **INTERNATIONAL (F1) STUDENTS:** Clinical courses cannot be guaranteed, therefore, international (F1) students may **not** enroll in the Physical Therapist Assistant area of study.
PRIOR LEARNING CREDIT: If you expect to transfer credit, all academic coursework taken outside of HCC from an accredited college/university should be evaluated by submitting official transcripts in sealed envelopes from each institution along with a Transcript Evaluation Request Form (available in the Office of Admissions & Advising or at www.howardcc.edu/transcriptevaluation). Academic coursework completed outside of the United States must first be evaluated, course-by-course, for transfer by a nationally accredited transcript evaluation service accepted by HCC (list available in the Office of Admissions & Advising) and then sent to Howard Community College, Office of Admissions & Advising.

CLINICAL OBSERVATION DOCUMENTATION: Applicants to the Physical Therapist Assistant Program are required to complete a minimum of 50 hours of documented PT clinical observation experience. It is preferred that the clinical observation be obtained from two different clinical sites. Applicants currently employed in PT clinical settings are required to obtain experience from two different clinical sites, with their place of employment being allowed as one of the two settings. Please complete the Clinical Observation Documentation Form(s). If more than one clinical site is used to complete this requirement, please use a separate form for each site.

ADMISSION SELECTION: Qualified applicants will be selected through a lottery process. Priority in the lottery is given to those applicants with pre- and co-requisites completed by the application deadline. Once all seats in the class have been assigned, the remaining eligible applicants will be placed on a waitlist. If an accepted student declines his/her offer of admission or fails to meet the provisions of their acceptance, as outlined in their letter of acceptance, the next eligible student on the waitlist will be notified for placement in the class. For those waitlisted students who do not receive a seat, a new supplemental application must be submitted for the next application cycle.

NON-REFUNDABLE $300 DEPOSIT: If admitted, a non-refundable $300 deposit will be required from accepted students to hold their seat in the class and will be applied to their Fall 2020 tuition. Once students have been admitted and have paid their deposit, all other active nursing and allied health applications will be withdrawn.

REQUIRED DOCUMENTATION FOR ADMITTED STUDENTS ONLY: In order to ensure the safety of patients in the clinical setting, newly admitted students to the clinical program will be required to attend a mandatory Physical Therapist Assistant New Student Orientation. During the orientation, the clinical coordinators will discuss and give a time-sensitive deadline for required Health Forms, including immunization and titer certifications, Healthcare Provider CPR Certification, Criminal Background Check and Drug Screening to be obtained. Students who do not comply with the drug screening and criminal background check are ineligible for placement in clinical agencies and therefore are not able to progress in the clinical nursing/allied health program. Students with a criminal background may be unable to progress in the clinical nursing/allied health program. It is the students’ responsibility to know whether they are eligible for licensure. If students have a criminal background, it is the students’ responsibility to explore whether the background will prohibit them from being licensed and employed in the health care industry. HCC faculty and staff are NOT able to provide legal advice. If you have any questions about your existing criminal background, you may wish to discuss this with legal counsel.

ACCREDITATION: The Physical Therapist Assistant Program at Howard Community College is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-706-3245; email: accreditation@apta.org; website: www.capteonline.org. If needing to contact the program/institution directly, please call 443-518-3042 or email kcrivelli@howardcc.edu.

Applications must be completed in their entirety. Incomplete applications will not be considered.
PLEASE REVIEW THE PTA PROGRAM ESSENTIAL FUNCTIONS LISTED BELOW: Applicants must be aware of the expectations (sometimes referred to as “essential functions”) within the field. They include:

**Visual Ability:**

Possess the visual acuity and depth perception to:
- read and write reports / charts as well as professional literature
- discern patient status via observations of their physical condition and non-verbal behavior
- differentiate colors, numbers as associated with various equipment
- observe the status/safety of equipment
- observe that the treatment area presents no hazards
- prepare equipment treatment parameters

**Auditory Ability:**

Possess the auditory ability to:
- hear and interpret patient’s and staff’s voices
- respond to equipment timers / alarms
- assess blood pressure, pulse rate, and breath sounds such as with a stethoscope

**Communication Skills:**

Demonstrate the ability to communicate in English, in both written and oral fashion, in order to:
- Utilize appropriate use of medical terminology
- Educate patients and stakeholders about treatment and activities of daily living
- Obtain informed consent
- Interact with individuals and be able to respect all differences in age, gender, sexual orientation, race, religion, disabilities, ethnic and cultural backgrounds

**Motor and Sensory Skills:**

Possess the gross and fine motor skills, as well as the sensation necessary to:
- Safely transfer or lift a 150 pound (68 kilogram) patient with maximal assist
- Provide safe gait training with and without assistive devices
- Palpate anatomic structures and physiological signs (i.e. pulses, temperatures)
- Adjust equipment such as therapeutic modalities (i.e. electrical stimulation) and adaptive devices (i.e. walkers, canes)
- Perform manual therapy skills (e.g. massage, passive range of motion)
- Obtain and maintain CPR certification for the Professional Rescuer

**Comprehensive Intellectual and Behavioral Skills:**

- Able to attain at least 70% (C) or better in all educational courses.
- Able to prioritize multiple tasks and demonstrate critical thinking skills while coping with professional demands.
- Recognize when to perform universal precautions during treatment.
- Adhere to the Howard Community College Student Code of Conduct in all academic and clinical settings.
**APPLICATION INFORMATION—PLEASE PRINT NEATLY AND COMPLETE FORM IN ITS ENTIRETY**

**HCC Student ID Number:** ____________________________ **HCC Email:** ____________________________

**Applicant’s Full Name:** ________________________________________________________________

  **first**  **middle**  **last**

**Address:** ________________________________________________________________

  **street address**  **city**  **state**  **zip code**  **County**

**Telephone:** ____________________________  **Howard County Resident:** ☐ Yes  ☐ No

**Are you a U.S. Citizen?** ☐ Yes  ☐ No  **If no, please indicate Immigration/Visa Status:** ____________________________

**Are you a Veteran or Active Duty United States Military?** ☐ Veteran  ☐ Active Duty  ☐ Active Military Spouse

  If active military or an active military spouse, please provide a copy of your PCS order. If a veteran, provide a copy of your DD214.

**Were you enrolled in the HCPSS ARL?** ☐ Yes  ☐ No  **If yes, please indicate the program:** ____________________________

**Please indicate if you have a prior degree:** ☐ Associate  ☐ Bachelor  ☐ Masters  ☐ Doctorate  ☐ Medical Doctor

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**REQUIRED COURSEWORK**

### PREREQUISITE COURSES

<table>
<thead>
<tr>
<th>Course Description</th>
<th>List College or University Where Course Was Completed/Will Be Completed</th>
<th>List Year Completed/Will Be Completing</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENERAL BIOLOGY I (BIOL-101) or MICROBIOLOGY (BIOL-107 or BIOL-200)</td>
<td></td>
<td>[10 year time limit]</td>
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<tr>
<td>4 credits with lab (completed with a ’C’ or higher)</td>
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<tr>
<td>STATISTICS (MATH-138)</td>
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<tr>
<td>3-4 credits (completed with a ’C’ or higher)</td>
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<tr>
<td>COLLEGE COMPOSITION I (ENGL-121)</td>
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<tr>
<td>3 credits (completed with a ’C’ or higher)</td>
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**The following courses may be taken as pre- or co-requisites. Preference in the admissions lottery is given to applicants who have completed all pre- and co-requisites by the application deadline.**

<table>
<thead>
<tr>
<th>Course Description</th>
<th>List College or University Where Course Was Completed/Will Be Completed</th>
<th>List Year Completed/Will Be Completing</th>
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</thead>
<tbody>
<tr>
<td>ANATOMY &amp; PHYSIOLOGY I (BIOL-203)</td>
<td></td>
<td>[5 year time limit]</td>
</tr>
<tr>
<td>4 credits with lab (completed with a ’B’ or higher)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANATOMY &amp; PHYSIOLOGY II (BIOL-204)</td>
<td></td>
<td>[5 year time limit]</td>
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<tr>
<td>4 credits with lab (completed with a ’C’ or higher)</td>
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<tr>
<td>GENERAL PSYCHOLOGY (PSYC-101)</td>
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<tr>
<td>3 credits</td>
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<tr>
<td>SPEECH REQUIREMENT (SPCH-101, SPCH-105 or SPCH-110)</td>
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<tr>
<td>3 credits</td>
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Carefully review and initial each item listed below and then please sign and date.

_______ I understand that I may submit supplemental applications for admission to more than one of the nursing and allied health programs. However, once I submit a $300 deposit to hold my seat in a program, all other active nursing and allied health applications will be withdrawn.

_______ If not already declared, I authorize the Office of Admissions and Advising to add Physical Therapist Assistant (#282) to my active area of study.

I understand that if admitted:

_______ I will be required to submit a **non-refundable** $300 deposit along with my **Admission Acceptance Form** by the given deadline. The deposit will hold a seat in the class and be applied to my Fall 2020 tuition. If I do not submit the deposit and form by the given deadline, my admission may be revoked.

_______ I will be required to abide by college policy as outlined in HCC’s Catalog, Student Handbook, including the Student Code of Conduct, and the Physical Therapist Assistant Student Handbook.

_______ I will be required to attend a mandatory **Physical Therapist Assistant New Student Orientation** (date and time TBD). During the student orientation, the clinical coordinators will discuss and give a time sensitive deadline for required **Student Health Forms**, including **immunization and titer certifications, Healthcare Provider CPR Certification, Criminal Background Check and Drug Screening** to be obtained. These requirements must be submitted prior to enrollment in any clinical course in order to ensure the safety of patients in the clinical setting. Failure to submit these requirements by the stated deadline may result in my admission being revoked.

_______ I will be assigned and expected to participate in off-site clinical experiences and will be responsible for my own transportation and parking fees. Sites may be located in or around the state of Maryland.

_______ The Office of Admissions and Advising will register me for my clinical coursework each term.

My signature confirms that the information I have provided on this application is truthful, that I have read all instructions carefully and that I agree with all stipulations as outlined in the application and admission process. In addition, I acknowledge that I have been given the opportunity to obtain the necessary information about the Physical Therapist Assistant Program including the admissions requirements, academic standards and essential functions.

X __________________________________________  ____________________________

**Applicant Signature**             **Date**

Howard Community College is committed to providing equal opportunity through its educational programs, admissions and the many services it offers to the community. It is the policy of the college to abide by all applicable requirements of state and federal law so that no person shall be discriminated against or otherwise harassed on the basis of race, religion, disability, color, gender, national origin, age, political opinion, sexual orientation, veteran status, genetic information or marital status.

The College reserves the right to change unilaterally, without notification, any requirement, fee or program if it is deemed necessary.
## PHYSICAL THERAPIST ASSISTANT

**CLINICAL OBSERVATION DOCUMENTATION**

**TO BE FILLED OUT BY APPLICANT AND FORWARDED TO PT CLINIC SUPERVISOR—PLEASE PRINT NEATLY**

<table>
<thead>
<tr>
<th>Applicant’s Full Name:</th>
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<thead>
<tr>
<th>Address:</th>
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<tbody>
<tr>
<td>street address</td>
<td>city</td>
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<tr>
<th>Telephone:</th>
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Please read the following admissions policy and sign below.

I understand that PTA applicants are required to have a minimum of 50 hours of documented PT clinical observation experience. It is **preferred** that the clinical observation be obtained from two different clinical sites. Applicants currently employed in PT clinical settings may use their place of employment as one of the two settings.

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### PHYSICAL THERAPY CLINIC SUPERVISOR

PTA applicants must complete a minimum of 50 documented hours of clinical observation in which they can learn more about the PT field. We appreciate your assistance by completing this form which will become part of the applicant’s admissions package. Please contact Mary O’Rourke, Director of Admissions for Nursing & Allied Health, with questions at 443-518-4778.

**Documentation must be received by the Office of Admissions & Advising no later than January 15, 2020 in order to be considered:**

Howard Community College  
Office of Admissions and Advising (RCF-242)  
10901 Little Patuxent Parkway  
Columbia, MD 21044

### PHYSICAL THERAPY CLINIC SUPERVISOR—PLEASE COMPLETE AND SIGN

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>Telephone:</th>
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<table>
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<tr>
<th>Facility Address:</th>
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<tbody>
<tr>
<td>street address</td>
<td>city</td>
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<thead>
<tr>
<th>Dates of Experience:</th>
<th>Number of Hours Spent in Clinic:</th>
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</table>

The primary type of involvement the applicant had in the clinic was as:  

(\☐) Volunteer  \☐ Paid employee  \☐ Patient  \☐ Observer of a friend/family member who was a patient  \☐ Other

If other, please describe: __________________________________________________________

The type of experience the applicant had in the clinic included:  

(\☐) Observation only  \☐ Observation and conversation with patients/staff

(\☐) Some hands-on experience with patient  \☐ Frequent assistance with treatment under staff supervision

(\☐) Some patient transport duties  \☐ Occasional assistance with equipment and monitoring of independent treatment activities

If other, please describe: __________________________________________________________

This facility can best be described as:  

(\☐) Inpatient rehabilitation setting  \☐ Outpatient orthopedic setting  \☐ Outpatient rehabilitation setting

If other, please describe: __________________________________________________________

<table>
<thead>
<tr>
<th>Supervisor’s Name:</th>
<th>Title:</th>
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</tbody>
</table>
Applicant’s Full Name: ___________________________________________________________________________________________________

Address: __________________________________________________________________________________________

Telephone: ___________________________ Email: ____________________________

Please read the following admissions policy and sign below.
I understand that PTA applicants are required to have a minimum of 50 hours of documented PT clinical observation experience. It is preferred that the clinical observation be obtained from two different clinical sites. Applicants currently employed in PT clinical settings may use their place of employment as one of the two settings.

Signature: ____________________________ Date: ____________________________

Facility Name: ____________________________ Telephone: ____________________________

Facility Address: __________________________________________________________________________________________

Dates of Experience: ____________________________ Number of Hours Spent in Clinic: ____________________________

The primary type of involvement the applicant had in the clinic was as: (select one)

- Volunteer
- Paid employee
- Patient
- Observer of a friend/family member who was a patient
- Other

If other, please describe: ________________________________________________________________

The type of experience the applicant had in the clinic included: (select all that apply)

- Observation only
- Observation and conversation with patients/staff
- Some hands-on experience with patient
- Frequent assistance with treatment under staff supervision
- Some patient transport duties
- Occasional assistance with equipment and monitoring of independent treatment activities

If other, please describe: ________________________________________________________________

This facility can best be described as:

- Inpatient rehabilitation setting
- Outpatient orthopedic setting
- Outpatient rehabilitation setting

If other, please describe: ________________________________________________________________

Supervisor’s Name: ____________________________ Title: ____________________________

Signature: ____________________________ Date: ____________________________