



Physical Therapist Assistant Application Packet

Effective November 3, 2020, Shasta College Physical Therapist Assistant Program has been granted Candidate for Accreditation status by the Commission on Accreditation in Physical Therapy Education (1111 North Fairfax Street, Alexandria, VA, 22314; phone: 703-706-3245; email: accreditation@apta.org). If needing to contact the program/institution directly, please call (530) 339-3600 or email hsupconnect@shastacolleg.edu.

Candidate for Accreditation is an accreditation status of affiliation with the Commission on Accreditation in Physical Therapy Education that indicates the program may matriculate students in technical/professional courses. Achievement of Candidate for Accreditation status does not assure that the program will be granted Initial Accreditation.

All documents must be submitted in a sealed manila envelope

**SHASTA COLLEGE HEALTH SCIENCES AND UNIVERSITY PROGRAMS
PHYSICAL THERAPIST ASSISTANT (PTA) PROGRAM
2021 APPLICATION PACKET**

Application Packet Check-Off List

NAME: _____ ID#: _____
(Last) (First) (MI)

Physical Therapist Assistant application packets for the 2021 filing period will be accepted from Wednesday, September 1st, 2021, through 4:00pm on Friday, October 1, 2021 at the Shasta College Health Sciences Division office. *Mailed applications must be postmarked by October 1, 2021.* Please note: All packets turned in or postmarked on a given day will receive a randomized log-in number.

PACKETS WILL NOT BE ACCEPTED OUTSIDE OF THE APPLICATION PERIOD

COLLECT THE OFFICIAL DOCUMENTS REQUIRED AND SUBMIT WITH APPLICATION IN A SEALED ENVELOPE.

Additional documents will not be accepted after submission of the application packet.

Mail or hand deliver to: Shasta College Health Sciences Division, 1400 Market Street, Suite 8204, Redding, CA 96001

COMPLETED/ENCLOSED:

YES NO

Shasta College Application – every applicant must have a **new** admissions application on file at the Office of Admissions & Records **prior to turning in this packet.** A **new** online admission application must be submitted no earlier than January 1, 2021. **Do this step even if you have previously attended and/or applied to Shasta College.** A link to the online application can be found on the shastacollege.edu website under Admissions – Apply for Admission, or by going directly to this webpage: www.shastacollege.edu/apply and clicking the link for “New Students”.

Valid E-mail Address must be included. **(Lack of an email address may disqualify applicant.)**

Shasta College Physical Therapist Assistant Program Application Check List (this form, signed).

Shasta College Physical Therapist Assistant Program Application (signed).

OFFICIAL* High School Transcript showing the date of graduation, official transcript for completion of California High School Proficiency Examination (CHSPE) or HISET exam, or official transcript of G.E.D test results or certificate. ***Official high school transcript, official CHSPE or HISET, or official transcript of G.E.D test results are not necessary if applicant has a post-secondary degree and submits the official College Transcript showing the conferred degree.***

OFFICIAL* College Transcript from all colleges ever attended where work was attempted or classes were completed. If general education or prerequisite courses were not taken at Shasta College, please include course descriptions/syllabi from the other college(s) in your application packet.

NOTE: It is not necessary to submit an official Shasta College transcript; a transcript of your Shasta College courses will be obtained from the Admissions & Records Office and made an official part of your application packet.

NOTE: All other College and/or high school records that may already be on file with the Shasta College Admissions & Records Office **cannot** be used for this application packet. You must resubmit all college and/or high school records with the initial application packet.

***OFFICIAL RECORDS** are those which have been received from another educational institution in a sealed envelope and remain unopened. **DO NOT OPEN.** If an envelope has been opened (seal broken) prior to arriving at Shasta College, it cannot be accepted for the purpose of admission to the Physical Therapist Assistant.

Application Immunizations Documentation Check List form (signed) and required immunization documentation.

If applicable, Request an Appeal Form

Failure to follow any instructions or failure to include all required documents may result in disqualification of your Application. Once an Application packet has been submitted, all materials become the property of Shasta College and cannot be returned to the student.

Student Signature: _____ Date: _____

SHASTA COLLEGE PHYSICAL THERAPIST ASSISTANT PROGRAM 2021 APPLICATION

PLEASE PRINT IN INK

APPLICATION PACKET FILING DEADLINE: 4pm Friday, October 1, 2021

NAME (Last, First, MI.):		BIRTHDATE:
ALL OTHER NAMES UNDER WHICH YOU HAVE BEEN KNOWN:		STUDENT ID#:
E-MAIL (REQUIRED):	TELEPHONE:	ALT. PHONE:
CURRENT ADDRESS:		
Street	City	State Zip
NAME AND LOCATION OF HIGH SCHOOL LAST ATTENDED:		
HIGH SCHOOL GRADUATE: () YES () NO EQUIVALENT: () G.E.D. () PROFICIENCY () COLLEGE DEGREE		
ARE YOU A PREVIOUSLY QUALIFIED APPLICANT? () YES () NO If so, in what year(s) did you apply? _____		
WILL YOU BE SUBMITTING AN UPDATED TRANSCRIPT? () YES () NO, PLEASE USE MY PREVIOUSLY SUBMITTED TRANSCRIPT(S)		

LIST ALL COLLEGES AND UNIVERSITIES ATTENDED, INCLUDING SHASTA COLLEGE (Use additional sheet if needed)

NAME OF COLLEGE	LOCATION	UNITS COMPLETED <small>(indicate Quarter or Semester)</small>	DATES ATTENDED FROM/TO	DEGREE
		<input type="checkbox"/> Q <input type="checkbox"/> S		
		<input type="checkbox"/> Q <input type="checkbox"/> S		
		<input type="checkbox"/> Q <input type="checkbox"/> S		

OFFICIAL high school and/or college transcripts of attempted/completed course work must be enclosed in the application packet.

Prerequisite courses may be in-progress when applying to the program. If prerequisites were completed and were not taken at Shasta College, please attach course descriptions of pre-requisite courses from college attended. *Anatomy and Physiology must have been completed within last 7 years.

PREREQUISITE COURSES	NAME OF COURSE(S)	NAME OF COLLEGE	Indicate one of the following:		GRADE
			COMPLETED Semester & Year	Course In-Progress	
ANAT 1: Human Anatomy*					
PHY 1: Physiology*					
HEOC 11: Medical Terminology					
HEOC 1: Introduction to Physical Therapy					

My Anatomy and Physiology have been completed outside the 7 year recency requirements. I have attached a request for appeal with supporting documentation.

By reading the [Shasta College Physical Therapist Assistant Application & Enrollment Process information on the Health Sciences webpage](#), I hereby acknowledge that the failure to follow application procedures or omission of required materials will result in disqualification of my application packet.

Signature of Applicant _____ Date _____



Name _____

Shasta College ID # _____

Date: _____

Dental Hygiene <input type="checkbox"/> Physical Therapist Assistant <input type="checkbox"/> Vocational Nursing <input type="checkbox"/>

Directions: Complete all the sections below and submit this form **and** copies of all of your immunization documentation in your application packet.

<p>Documentation: Immunity to infections may be documented by either vaccine administration or a positive titer. Vaccines and titers offer the most objective documentation and protection for the student and institution. You can obtain official immunization documentation from health departments, military records, medical offices, or school records.</p>

Please record dates of any immunizations from your official immunization record on this form. You need to keep any originals for your own records. (This form is a reporting document for Shasta College Health Sciences -- Not intended to be an official record).

Tetanus, Diphtheria, Pertussis (TDaP) - must show documentation of either:	
A. One-time dose of TDaP (includes pertussis) required for all Healthcare Personnel younger than age 65. OR	Date _____
B. Subsequent Td booster every 10 years following one-time TDaP	Date _____

Varicella* - must show documentation of either:	
A. Two doses of Varicella vaccine administered at least 4-8 weeks apart OR	Date #1 _____ Date #2 _____
B. Proof of quantitative IgG titer showing positive/immune to Varicella **If titer shows as negative OR equivocal immunity, proceed to Option 1 or 2.	Date _____ Results _____
**Options You must either: 1) provide proof of having previously received the original 2-dose vaccination series and having received one (1) booster after your negative titer OR 2) if you have no previous records, proof of obtaining the 2-dose series after your negative titer	Option 1: Original Series given: Date #1 _____ Date #2 _____ Date of Booster: _____ Option 2: Series given: Date #1 _____ Date #2 _____
* Note: A previous diagnosis of chickenpox is NOT accepted as proof of Varicella immunity. Must submit documentation of either A or B as outlined above.	



Measles, Mumps, Rubella (MMR) - must show documentation of either:

<p>A. Two doses of MMR vaccine administered at least 4-weeks apart OR</p>	<p>Date #1 _____ Date #2 _____</p>
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<p>B. Proof of quantitative IgG titer showing positive/immune to Measles, Mumps, and Rubella **If titer shows as negative OR equivocal immunity, proceed to Option 1 or 2.</p>	<p>Measles: Date _____ Result _____ Mumps: Date _____ Result _____ Rubella: Date _____ Result _____</p>
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<p>**Options You must either: 2) provide proof of having previously received the original 2-dose vaccination series and having received one (1) booster after your negative titer OR 2) if you have no previous records, proof of obtaining the 2-dose series after your negative titer</p>	<p>Option 1: Original Series given: Date #1 _____ Date #2 _____ Date of Booster: _____ Option 2: Series given: Date #1 _____ Date #2 _____</p>
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Hepatitis B - must show documentation of:

<p>A. Proof of Hepatitis B AB [antibody] Surface IgG titer (NOT AG [antigen]) showing positive/immune *If titer shows as non-reactive/negative immunity, proceed to Steps 1 & 2</p>	<p>Date _____ Results _____</p>
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<p>Step 1: Receive at least one (1) booster of the vaccine. Discuss with your healthcare provider if your titer results indicate that you may need multiple boosters or to repeat the entire series. PLEASE START THIS IMMEDIATELY.</p> <ul style="list-style-type: none"> • CDC standard recommendations are for series to be given at 0, 1, and 6 months. • CDC minimum requirements allow for series to be given at 0, 1, and 4 months. <p>Step 2: Obtain a new titer for Hepatitis B AB [antibody], NOT Hep B AG [antigen] at least 4 weeks after the final booster/dose and submit the results showing positive/immune</p>	<p>Date # 1 _____ Date # 2 _____ Date # 3 _____ Date _____ Results _____</p>
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For Health Sciences Division Use Only:

Date Received:

Immunization official documentation verified by:

Notes:



Physical Therapist Assistant

**Request for Appeal
Work Experience Verification Form**

In order to appeal the recency requirement for the Anatomy and Physiology prerequisites, applicants must be working in direct patient or client contact in a healthcare or exercise profession that utilizes the principles of Anatomy and Physiology. Work experience must be at least 500 hours within the last two (2) years

In order to prove work experience that utilizes the principles of Anatomy and Physiology, the applicants must complete the work verification statement below regarding their work experience in direct patient or client contact in a healthcare or exercise profession.

For work experience hours accumulated from more than one employer, a separate form must be submitted from each employer.

This verifies that _____ was an employee of _____
(Name of Employee) *(Name of Firm, Agency, etc)*

(Address of Firm, Agency, etc) *(Phone Number)*

From _____ to _____ for a total of at least 500 hours.

Employer/Supervisor's Signature: _____ Date: _____