

**KILGORE COLLEGE  
PHYSICAL THERAPIST ASSISTANT PROGRAM  
ADMISSION PACKET**

Dear Prospective Student:

Thank you for your interest in the Physical Therapist Assistant Program at Kilgore College. There is a limited number of applicants admitted to the program due to limited space in the classroom and available clinical assignments. Application to the PTA program is a multi-step process. Acceptance to the program is based on multiple criteria. Applicants will be ranked by points using information the student provides to the PTA Department.

If after reviewing this packet you have questions, please feel free to contact me.

Carla Gleaton, P.T., M.Ed.  
Physical Therapist Assistant  
Program Director  
(903)983-8148  
cgleaton@kilgore.edu

Step 1

For admission consideration, one must first be admitted to Kilgore College. **This requires that the following must be on file in the Registrar's Office at Kilgore College. Send or have sent the following information to:**

**REGISTRAR'S OFFICE  
Kilgore College  
1100 Broadway  
Kilgore, TX 75662**

- 1) Completed application for admission to Kilgore College
- 2) THEA or alternative placement test scores as required by the College. If there are questions in regard to testing, please contact the Testing Office at (903) 983-8215. If remediation is mandated by these test scores, all remedial courses must be completed or with a plan for completion before entering the program.
- 3) An **official** copy of all college transcripts

If you are currently attending Kilgore College, you may have already completed Step 1 and do not need to repeat it.

Step 2

In addition to admission to Kilgore College, a student must submit additional materials as part of an application packet for the Physical Therapist Assistant Program. **The deadline for all applications is June 3<sup>rd</sup>. This means that all application packets must be postmarked or hand-delivered by June 3<sup>rd</sup>. This PTA application packet requires that the following be submitted in its entirety to:**

**PHYSICAL THERAPIST ASSISTANT PROGRAM  
Kilgore College  
1100 Broadway  
Kilgore, TX 75662**

Submit the following materials to the above address to complete your application packet for the PTA Program:

- \_\_\_\_\_ 1) **Physical Therapist Assistant Application For Admission** form (included)
- \_\_\_\_\_ 2) **If you have attended or are attending college**, submit an **official** copy of all college transcript(s), including one from Kilgore College. Official transcripts mean they are sent directly from the Registrar of the college or university in a sealed envelope with the raised seal of the institution on the transcript. Allow sufficient time for these transcripts to be sent to you before you have to send them to us in your completed packet. **Have these transcripts sent directly to you. DO NOT OPEN THESE TRANSCRIPTS OR THEY MAY BE INVALIDATED. ENCLOSE THEM IN YOUR PACKET IN THEIR SEALED ENVELOPES.**
- \_\_\_\_\_ 3) Two **Applicant Reference Forms** (included) -One reference **must** be from an employer or a teacher if you have not or are not working. The other can be from another employer, co-worker, teacher, counselor, pastor, or friend. Have these sent directly to you in a sealed envelope and include it in your packet in the envelope.
- \_\_\_\_\_ 4) A typed, double-spaced, well-developed one-to-two page essay that explains your interest in the PTA Program. Spelling and grammar count so use all available resources. Use a readable 12-point font and 1-inch margins. Comment on previous work experiences and hobbies that demonstrate a strong interest in the field of physical therapy. Include ideas about how the PTA Program and subsequent licensure as a licensed physical therapist assistant may assist you in your personal/professional goals. Indicate why you want to become a PTA.
- \_\_\_\_\_ 5) Evidence of **at least 16 hours** of work or observation in **at least three** different **types** of Physical Therapy Departments/Clinics **for a total of 48 hours minimum** on the **Physical Therapy Exposure of Observation/Work** forms (included). **One form must be used for each setting type. There are more than three setting type forms attached - you only have to complete three of them.** Each facility must complete a **Volunteer/Observation Evaluation Form** (included) to be included in a sealed envelope. Copies of this Form may be made as needed.
- \_\_\_\_\_ 6) A resume or brief outline of your work experience for the last 10 years.
- \_\_\_\_\_ 7) Signed **Essential Job Functions** form (included).

**Applicants without all of the above will not be considered. Please read the above instructions carefully. Failure to follow instructions will result in points being deducted from your score and may affect your acceptance into the program.** After the above information has been reviewed, interview eligibility will be determined and interviews will be scheduled during early to mid **June**. If you are granted an interview, you will then need to schedule to take the **HOBET** (Health Occupations' Basic Entrance Test) either in the Kilgore College Testing Center. **You must take this at Kilgore College because the other versions of HOBET that are now available are significantly different.** More information regarding this process will be provided at a later point. This is a 3-hour computerized exam of basic math and scientific reading skills and also provides information regarding critical thinking and test-taking skills. The cost for this test is \$40.00.

The final decision will then be made as applicants will be numerically ranked and placed into available openings according to their rank. All applicants will then be notified of their conditional acceptance, alternate status, or non-acceptance. For those conditionally accepted, upon successful completion of a Drug Screen and Criminal Background Check, they will be officially accepted into the program to enter in the fall. If anything shows up on the drug screen or criminal background check, this must be clarified as noted on the website before the student can enter the program.

Even though Kilgore College has an open-door policy, the Physical Therapist Assistant Program must limit their enrollment. Successful completion of these criteria provides proof of qualification for the PTA Program but does not guarantee admission to the program. There is no restriction as to race, color, religion, national origin, sex, age, disability, marital status or veteran status. If the applicant does not meet minimum requirements of the admission criteria, the student will be directed to the Department of Guidance and Counseling for help in setting other career goals. Applicants who show questionable potential are advised to complete non-PTHA support courses and remedial courses. When they are successful in these classes, they can apply to the PTA Program for further consideration.

## **APPLICATION CHECKLIST:**

- Application and Acceptance to Kilgore College**
- PTA Application for Admission form**
- Official copies of all college transcripts including current KC transcript, if applicable**
- Two Applicant Reference forms**
- Essay of Interest**
- Documented 48 hours total work or observation in the field of physical therapy (16 hours in each of 3 different types of physical therapy)**
- Volunteer/Observation Evaluation Form for each physical therapy facility**
- Resume/Work Experience outline**
- Signed Job Essentials form**

**Kilgore College Physical Therapist Assistant Program Application For Admission**

Full Legal Name \_\_\_\_\_

Other name(s) \_\_\_\_\_

Home Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

Cell Phone ( ) -                      Home Phone ( ) -                      Business Phone ( ) -

Emergency Contact \_\_\_\_\_ Phone ( ) -

If you are not a U.S. citizen, what type Visa do you have? \_\_\_\_\_ # \_\_\_\_\_

Length of time in Texas? \_\_\_\_\_ Do you have your own transportation?  yes  no

Have you served in the U.S. military?  yes  no If yes, branch \_\_\_\_\_

Date Entered \_\_\_\_\_ Date Discharged \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Member of Reserve?  yes  no If yes, Active  or Inactive  ? Draft Status \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony other than minor traffic citations  yes  no  
 If yes, attach a description of charges including date, location and details. Any positive findings must be cleared in writing with the Texas State Board of Physical Therapy Examiners before a student can enter the program

Education List name and location of all schools attended (most recent first), including high school.

Name of School	Location	Hours Earned	Dates Attended

**All transcripts must be submitted, with the exception of high school transcripts.**

**Deadline for application is June 3<sup>rd</sup>**

If accepted to the Physical Therapist Assistant Program,

- 1) you will be responsible for your own transportation to Kilgore College campus and all clinical assignments
- 2) you will be responsible for purchasing uniforms and supplies as necessary
- 3) you will be responsible for purchasing student liability insurance that will be assessed with tuition fees each fall semester while enrolled in the program.

**Confirm by signing below that you have read the above information and the information you have provided in this application is true and complete to the best of your knowledge. Understand that any misrepresentation or falsification of information is cause for denial of admission and/or expulsion from Kilgore College.**

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**Kilgore College does not discriminate on basis of gender, race, color, creed or religion, national origin, sexual orientation, age, disability, or marital status.**



## Maturity

Occasionally acts immaturely

Acts maturely most of the time

Frequently acts immaturely

Very mature in all actions

## Neatness/Grooming

Consistently displays poor hygiene and grooming

Always neat and well groomed

Occasionally displays poor hygiene and grooming

Usually neat and well groomed

## Attitude/Personality/Interpersonal Skills

Displays evidence of difficulty getting along with people

Gets along well most of the time with most of the people

Makes an attempt to get along but easily swayed or angered

Always gets along with coworkers, supervisors, & subordinates

## Reaction to Stress

Displays good coping skills under stress

Easily upset by stressful situations

Needs frequent direction & assistance during stressful situations

Handles stress and shows some signs of distress during or immediately after stress

## Capacity for Problem-Solving

Needs frequent guidance & direction for problem solving

Independent thinker

Needs occasional guidance & direction for problem solving

Usually able to problem-solve independently needing minimal guidance

## Communication Skills

Frequently uses poor grammar & terminology in verbal & written communication

Occasionally uses poor grammar & terminology in verbal and written communication

Always uses proper grammar & terminology in verbal & written communication

Usually uses proper grammar & terminology in verbal & written communication

## Organization/Work Habits

Occasionally disorganized; requires excessive time to complete tasks

Completes task in timely manner even though disorganized

Disorganized; does not complete tasks

Well organized in work habits; productive

Comments:

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

Recommended by {print name}: \_\_\_\_\_

Business/Company: \_\_\_\_\_ Phone: \_\_\_\_\_



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Comments:

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

Recommended by {print name}: \_\_\_\_\_

Business/Company: \_\_\_\_\_ Phone: \_\_\_\_\_

**PHYSICAL THERAPY EXPOSURE  
OBSERVATION/WORK**

**NOTE: ONLY ONE TYPE OF PHYSICAL THERAPY FACILITY PER PAGE**

Name of Applicant \_\_\_\_\_

Type of Facility: \_\_\_\_\_

**ACUTE CARE**  
**(Includes hospital-based patients, long-term acute care, and all wound care)**

NAME OF FACILITY	LENGTH OF EXPOSURE (hours, days, months, or years)	DATES OF EXPOSURE	TYPE OF EXPOSURE (full-time aide/tech, part-time aide/tech, or volunteer)	SIGNATURE OF SUPERVISOR

**NOTE:** If you have observed or worked in a facility that covers a number of facility types, please divide your total time among the appropriate pages. For instance, if you have worked as a full-time aide or tech in a facility for 3 years total that includes work in the acute part 50% of the time, a skilled-nursing unit 25% of the time, and a rehab unit for the other 25% of the time, then 1½ years should be documented on the acute form, 9 months on the long-term care form, and 9 months on the rehab form with the total time and dates not overlapping. **If this is not followed, the applicant will only receive credit for one of the documented observation or work experiences.**

**PHYSICAL THERAPY EXPOSURE  
OBSERVATION/WORK**

**NOTE: ONLY ONE TYPE OF PHYSICAL THERAPY FACILITY PER PAGE**

Name of Applicant \_\_\_\_\_

Type of Facility: \_\_\_\_\_

**OUTPATIENT FACILITY**

**(P.T. Staff and facilities separate from hospital or  
rehab P.T. department)**

NAME OF FACILITY	LENGTH OF EXPOSURE (hours, days, months, or years)	DATES OF EXPOSURE	TYPE OF EXPOSURE (full-time aide/tech, part-time aide/tech, or volunteer)	SIGNATURE OF SUPERVISOR

**NOTE:** If you have observed or worked in a facility that covers a number of facility types, please divide your total time among the appropriate pages. For instance, if you have worked as a full-time aide or tech in a facility for 3 years total that includes work in the acute part 50% of the time, a skilled-nursing unit 25% of the time, and a rehab unit for the other 25% of the time, then 1½ years should be documented on the acute form, 9 months on the long-term care form, and 9 months on the rehab form with the total time and dates not overlapping. **If this is not followed, the applicant will only receive credit for one of the documented observation or work experiences.**

**PHYSICAL THERAPY EXPOSURE  
OBSERVATION/WORK**

**NOTE: ONLY ONE TYPE OF PHYSICAL THERAPY FACILITY PER PAGE**

Name of Applicant \_\_\_\_\_

Type of Facility: \_\_\_\_\_

**LONG-TERM CARE FACILITY  
(Includes Nursing Homes, and Alzheimer's Units,)**

NAME OF FACILITY	LENGTH OF EXPOSURE (hours, days, months, or years)	DATES OF EXPOSURE	TYPE OF EXPOSURE (full-time aide/tech, part-time aide/tech, or volunteer)	SIGNATURE OF SUPERVISOR

**NOTE:** If you have observed or worked in a facility that covers a number of facility types, please divide your total time among the appropriate pages. For instance, if you have worked as a full-time aide or tech in a facility for 3 years total that includes work in the acute part 50% of the time, a skilled-nursing unit 25% of the time, and a rehab unit for the other 25% of the time, then 1½ years should be documented on the acute form, 9 months on the long-term care form, and 9 months on the rehab form with the total time and dates not overlapping. **If this is not followed, the applicant will only receive credit for one of the documented observation or work experiences.**

**PHYSICAL THERAPY EXPOSURE  
OBSERVATION/WORK**

**NOTE: ONLY ONE TYPE OF PHYSICAL THERAPY FACILITY PER PAGE**

Name of Applicant \_\_\_\_\_

Type of Facility: \_\_\_\_\_

**INPATIENT REHABILITATION  
UNIT OR FACILITY**

(Includes Assisted Living Facilities and Skilled  
Nursing Units)

NAME OF FACILITY	LENGTH OF EXPOSURE (hours, days, months, or years)	DATES OF EXPOSURE	TYPE OF EXPOSURE (full-time aide/tech, part-time aide/tech, or volunteer)	SIGNATURE OF SUPERVISOR

**NOTE:** If you have observed or worked in a facility that covers a number of facility types, please divide your total time among the appropriate pages. For instance, if you have worked as a full-time aide or tech in a facility for 3 years total that includes work in the acute part 50% of the time, a skilled-nursing unit 25% of the time, and a rehab unit for the other 25% of the time, then 1½ years should be documented on the acute form, 9 months on the long-term care form, and 9 months on the rehab form with the total time and dates not overlapping. **If this is not followed, the applicant will only receive credit for one of the documented observation or work experiences.**

**PHYSICAL THERAPY EXPOSURE  
OBSERVATION/WORK**

**NOTE: ONLY ONE TYPE OF PHYSICAL THERAPY FACILITY PER PAGE**

Name of Applicant \_\_\_\_\_

Type of Facility: \_\_\_\_\_

**OTHER**

**(Includes hippotherapy, aquatics, pediatrics  
and home health)**

**Please specify:** \_\_\_\_\_

NAME OF FACILITY	LENGTH OF EXPOSURE (hours, days, months, or years)	DATES OF EXPOSURE	TYPE OF EXPOSURE (full-time aide/tech, part-time aide/tech, or volunteer)	SIGNATURE OF SUPERVISOR

**NOTE:** If you have observed or worked in a facility that covers a number of facility types, please divide your total time among the appropriate pages. For instance, if you have worked as a full-time aide or tech in a facility for 3 years total that includes work in the acute part 50% of the time, a skilled-nursing unit 25% of the time, and a rehab unit for the other 25% of the time, then 1½ years should be documented on the acute form, 9 months on the long-term care form, and 9 months on the rehab form with the total time and dates not overlapping. **If this is not followed, the applicant will only receive credit for one of the documented observation or work experiences.**

Applicant's Name \_\_\_\_\_

**KILGORE COLLEGE PTA PROGRAM  
VOLUNTEER/OBSERVATION EVALUATION FORM**

Dear Clinician,

Thank you for allowing this applicant to the Kilgore College PTA Program to observe (or work) in your facility as part of their application process. Each applicant is required to complete a minimum of 16 hours of work or observation in each of three different types of physical therapy to help the applicant understand a little more about the field of physical therapy and what a physical therapist assistant actually is and what they do.

Please evaluate this applicant on his/her professional behavior during their experience in your facility. Only one form is required per facility even if you are able to offer multiple types of physical therapy exposure. **Please sign the form at the bottom and return it to the applicant in a sealed envelope with your name across the seal. Only the PTA Program admissions committee will have access to your markings and comments on the form.**

Thank you so much for your invaluable assistance to the program and the profession.

Please circle your response using the following key:

1=strongly disagree      2=disagree      3=agree      4=strongly agree

- |    |  |   |   |   |   |
|----|--|---|---|---|---|
| 1. | The applicant was courteous and professional when contacting you/your facility for this observation/work experience.   | 1 | 2 | 3 | 4 |
| 2. | The applicant was consistently punctual and arrived as scheduled.  | 1 | 2 | 3 | 4 |
| 3. | The applicant was appropriately attentive and demonstrated a commitment to learning about the field (includes inappropriate use of cell phones /text messaging while observing.) | 1 | 2 | 3 | 4 |
| 4. | The applicant showed concern and respect for patients/clients being observed or worked with.   | 1 | 2 | 3 | 4 |
| 5. | The applicant was appropriately dressed and projected a professional image during this observation or work experience.   | 1 | 2 | 3 | 4 |
| 6. | The applicant demonstrated respect for authority and complied with the decisions of those in authority during this observation or work experience.                               | 1 | 2 | 3 | 4 |

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

\_\_\_\_\_  
Clinician Signature

\_\_\_\_\_  
Facility

\_\_\_\_\_  
Date

**KILGORE COLLEGE  
ESSENTIAL JOB FUNCTIONS  
PHYSICAL THERAPIST ASSISTANT**

**The following are essential job functions for any Physical Therapist Assistant  
as compiled from observations of a wide variety of job experience.**

- 1. VISUAL ACUITY:**
  - Maintain a minimum standard of visual acuity required to observe a client's physical condition from a distance of 1-100 feet
  - Maintain a minimum standard of visual acuity for operation of equipment
  - Maintain a minimum standard of visual acuity for visual inspection of the environment, use of computer terminals, extensive reading, and using measurement devices at distances close to the eyes, such as goniometers
- 2. HEARING ACUITY:**
  - Perceive the nature of sound and receive and interpret detailed information through oral communication
  - Hear and respond to soft voices, heart/breath sounds, hear Kortokoff sounds (blood pressure), and patient assistance call devices/timers
  - Hear and retain pertinent information to relay instructions
- 3. COMMUNICATION ABILITY:**
  - Express, exchange or interpret ideas by means of the spoken or written word accurately, loudly and quickly as necessary
  - Communicate sufficiently nonverbally, in speech, reading and writing to appropriately interact with individuals and to communication their needs promptly and effectively for the client's best interest
- 4. DIGITAL DEXTERITY:**
  - Move the wrists, hands, or fingers in a repetitive motion either singularly or simultaneously
  - Coordinate movements into smooth, fluid motions including but not limited to eye/hand coordination activities and eye/hand/foot coordinated activities
  - Extend hand(s) and arm(s) in any direction (forward, downward, above shoulder level, etc.)
  - Apply pressure to an object with the fingers and palm; both a firm/strong grasp and light grasp
- 5. PHYSICAL ABILITY:**
  - Stand for sustained periods of time
  - Move from one area to another quickly, particularly for long distances and to be on the feet/mobile for 4-8 hours consecutively and maneuver in small spaces
  - Maintain body equilibrium to prevent falling when walking, standing, or crouching on narrow, slippery, or erratically moving surfaces exceeding what is required for ordinary locomotion and maintenance of body equilibrium
  - Ascend or descend stairs, stools, ramps, and the like using the feet and legs or hands and arms; move self from one position to another, e.g. supine to/from standing, supine to/from sitting
  - Pull/push, drag, haul, or tug objects weighing between 10 and 50 pounds in a sustained motion; lift objects of varying sizes and weights between 10 and 50 pounds or carry objects of varying sizes and weights between 10 and 50 pounds from a lower to a higher position or horizontally
  - Bend body at the waist, spine, hips or knees downward and forward in a stooping motion, move about on hands and/or knees, and return to an upright position requiring full use of the lower extremities and back muscles
- 6. ADAPTIVE ABILITY:**
  - Complete tasks or job functions within deadlines.
  - Complete required tasks/functions under stressful conditions.
  - Track and complete multiple tasks at the same time.
  - Perform independently with minimal supervision.
  - Interact appropriately with diverse personalities.

**I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS, AND MEET THESE STANDARDS FOR THE PHYSICAL THERAPIST ASSISTANT PROGRAM AT KILGORE COLLEGE. IF I CANNOT MEET THESE STANDARDS, I MAY BE DISMISSED FROM THE PROGRAM.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_