

**KILGORE COLLEGE  
PHYSICAL THERAPIST ASSISTANT PROGRAM  
ADMISSION PACKET FOR FALL 2024**

Dear Prospective Student:

Thank you for your interest in the Physical Therapist Assistant Program at Kilgore College. There are a limited number of applicants admitted to the program due to limited space in the classroom, restricted faculty-student ratio, 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.

Kristi Kleinig, PTA, M.Ed.  
Physical Therapist Assistant  
Program Director  
(903)983-8154  
kkleinig@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 with all necessary immunizations including the bacterial meningitis vaccination if applicable.
- 2) Be TSI complete or exempt. If there are questions in regard to your TSI status, please contact the Testing Office at (903) 983-8215. If remediation has been mandated by testing, all remedial courses must be completed or with a plan for completion before entering the program.
- 3) **An official copy of all college transcripts for transfer must be sent to Andrea Gauthier or Shelby Ramirez, the Health Occupations Counselors. Either will analyze each transcript, post it on a degree audit, and then take it to the Registrar's Office to be scanned into the computer. This does not include work taken at Kilgore College. These must be official transcripts from the College/University where the course was taken; courses shown for transfer credit on a different institution's transcript do not fulfill this requirement.**

If you are currently attending Kilgore College, you may have already completed Step 1 and do not need to repeat it. **Transcripts on file in the Registrar's Office (items 1-3 above) do not fulfill the transcript requirement in Step 2 for the PTA Program.**

## 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 April 15, 2024 by Noon. Application packets may be mailed or hand-delivered; however, all completed application packets must be received in the PTA Office (AEC 103) by noon on April 15. 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. OFFICIAL TRANSCRIPTS ON FILE IN THE REGISTRAR'S OFFICE DO NOT FULFILL THIS REQUIREMENT.** While we often advise applicants to retake A & P courses with a "C" or lower to improve their score, attempts to retake A & P more than twice (including "W"s) will result in point deductions. If you have not completed a course in time to obtain transcripts to submit on April 7, a letter with your grade for the semester signed by your instructor and included in your packet.
- \_\_\_\_\_ 3) **Two Applicant Reference Forms** (included) -One reference **must** be from an employer or a teacher if you have not or are not working. This person will complete the "EMPLOYER" reference form. The other can be from another employer, co-worker, teacher, counselor, pastor, or friend and will complete the "OTHER" reference form. The reference forms **should not** be completed by a family member. **These** are the only two reference forms that will be allowed in your packet. **Have these sent directly to you in a sealed envelope and include it in your packet in the envelope.** Make sure you instruct the person completing your reference form to answer each question and only mark one answer per question or this may negatively affect your score.
- \_\_\_\_\_ 4) A typed, **1.5-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, 1-inch margins, and 1.5 line spacing**. Comment on previous work experience/observations, hobbies, or personal experiences that demonstrate a strong interest in and knowledge of the field of physical therapy and your role as a PTA. 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) where you have observed under a licensed PT or PTA. **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 PT or PTA that you work or observe under must complete a **Volunteer/Observation Evaluation Form** (included) to be included in a sealed envelope. Copies of this Form may be made as needed. (\*\*\*)All observation must be completed under a licensed PT or PTA. Points will be**

deducted if observation forms are completed by any other healthcare provider other than a licensed PT or PTA)

- \_\_\_\_\_ 6) A typed, **1.5-spaced**, well-developed **one-to-two** page essay that explains your experience physical therapy observations. **Spelling and grammar count so use all available resources.** Use a readable **12-point font, 1-inch margins, and 1.5 line spacing.** Comment on the different types of therapy facilities you observed in relation to treatment and types of patients observed, PT/PTA/PT tech team and differences and similarities between each, which area of therapy or types of patients did you like most and which you liked least.
- \_\_\_\_\_ 7) A resume or brief outline of your work experience for the last 10 years.
- \_\_\_\_\_ 8) 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 on a **Friday or Saturday early in May.** If you are granted an interview, you will be instructed on how to schedule additional required testing prior to the interview. This testing will focus on reading comprehension and critical thinking.

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, they will be required to successfully pass an online Criminal Background Check and a local Drug Screen within a short time frame after notification. Upon successful completion of the 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. The new Criminal Evaluation History procedure through the Executive Council of Physical Therapy and Occupational Therapy Examiners may take up to 120 days to complete so you need to start this process early if you know there is something that will show up on your Criminal Background Check. 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, veteran status, or genetic data. If the applicant does not meet the 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 transfer college transcripts to Andrea Gauthier or Shelby Ramirez**
- ❑ **Official copies of all college transcripts including current KC transcript to PTA Program**
- ❑ **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 PT/PTA observed or worked under**
- ❑ **Essay on Observations**
- ❑ **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 \_\_\_\_\_

Street address City State Zip Code

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

Street address City State Zip code

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

Best Phone Contact \_\_\_\_\_ Other 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 (including deferred adjudication and probation) of a misdemeanor or felony other than minor traffic citations  yes  no If yes, you must follow the Criminal History Evaluation Procedure of the Executive Council of Physical Therapy and Occupational Therapy Examiners as described on the program website.

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

Name of School	Location	Hours Earned	Dates Attended

**Official copies of all transcripts must be submitted, with the exception of high school transcripts.**

**Deadline for application is April 15, 2024**

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 race, color, religion, national origin, sex, age, disability, marital status, veteran status, or genetic data.**



### Maturity

Occasionally acts immaturely	Acts maturely most of the time	Frequently acts immaturely	Very mature in all actions
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### Neatness/Grooming

Consistently displays poor hygiene and grooming	Always neat and well groomed	Occasionally displays poor hygiene and grooming	Usually neat and well groomed
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### 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
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### 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
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### 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
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### 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
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### 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
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Comments:

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_  
Business/Company: \_\_\_\_\_ Phone: \_\_\_\_\_

**PHYSICAL THERAPIST ASSISTANT PROGRAM  
 APPLICANT REFERENCE FORM**

**OTHER**

The following person is using your name as a personal reference for application to the Physical Therapist Assistant Program. Please take the time to fill in the questionnaire and mail it back as soon as possible. **Mark at least one but only one choice in each category.**

**Please return this form as soon as possible to the applicant in a sealed envelope with your signature across the seal.**

**APPLICANT:** \_\_\_\_\_

**Waiver of Right to Examine:**

I, \_\_\_\_\_, waive my right to see this reference form once  
 (Name of Applicant)

**completed and understand that the comments and evaluations made on this form will not be available to me.**

\_\_\_\_\_  
**Applicant's Signature** \_\_\_\_\_ **Date**

PTA Applicant Reference Form:

How long have you known this person?

< 6 mos.                      6-12 mos.                      1-3 yrs.                      > 3 yrs.

In what capacity have you known the applicant?

Friend/Acquaintance    Teacher/Counselor/Pastor    Employer/Co-worker Non-PT Profession    Employer Co-worker PT Profession

Rate this applicant's behavior in the following areas:

Frequently absent or late - rarely calls if either                      Never absent or late                      Occasionally absent or late - sometimes calls                      Rarely absent or late - usually calls

**Initiative/Motivation/Enthusiasm**

Seldom needs direction & prompting; frequently initiates own activity	Self-motivated; asks appropriate questions & requests learning opportunities	Relies on direction for all actions	Occasionally initiates own activity needing occasional direction
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**Maturity**

Occasionally acts immaturely	Acts maturely most of the time	Frequently acts immaturely	Very mature in all actions
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**Neatness/Grooming**

Consistently displays poor hygiene and grooming	Always neat and well groomed	Occasionally displays poor hygiene and grooming	Usually neat and well groomed
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**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
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**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
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**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
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**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
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**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
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**Comments:**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
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 (mark if hours, days, month, 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 (mark if hours, days, month, 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 (mark if hours, days, month, 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 (mark if hours, days, month, 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 (mark if hours, days, month, 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 a Physical Therapist Assistant  
as compiled from observations of a wide variety of job experiences and Department of Labor terminology.**

- 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** \_\_\_\_\_