

**KILGORE COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM
ADMISSION PACKET FOR FALL 2025**

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 in English. 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.

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 1-2 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 14, 2025. Application packets may be mailed or hand-delivered; however, all completed application packets must be received in the PTA Office (HSC 105) by noon on April 14. 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 14, 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 with their signature across the seal 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 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. If a positive drug screen is noted without proof of prescribed medication, the student will not be admitted to the PTA 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 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 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 14, 2025

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.

**PHYSICAL THERAPIST ASSISTANT PROGRAM
APPLICANT REFERENCE FORM
EMPLOYER**

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. Only the PTA Program admissions committee will have access to your markings and comments on this form.

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
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PTA Applicant Reference Form:

How long have you known this person?

< 6 mos.	6-12 mos.	1-3 yrs.	> 3 yrs.
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In what capacity have you known the applicant?

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

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 guid-
ance & 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 & termi-
nology in verbal &
written communication

Usually uses proper
grammar & terminology
in verbal & written
communication

Organization/Work Habits

Occasionally dis-
organized; 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 _____
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. Only the PTA Program admissions committee will have access to your markings and comments on this form.

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:

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In what capacity have you known the applicant?

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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 direc- tion & 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
--	---	--	--

Maturity

Occasionally acts
immaturely

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of the time

Frequently acts
immaturely

Very mature in all
actions

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Consistently displays
poor hygiene and
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poor hygiene and
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of difficulty getting
along with people

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of the time with most
of the people

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get along but easily
swayed or angered

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with coworkers,
supervisors, &
subordinates

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skills under stress

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stressful situations

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direction & assistance
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immediately after stress

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problem solving

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guidance & direction
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independently needing
minimal guidance

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poor grammar &
terminology in
verbal & written
communication

Occasionally uses poor
grammar & terminology
in verbal and written
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written communication

Usually uses proper
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Organization/Work Habits

Occasionally dis-
organized; 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 _____
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 _____