|  |  |
| --- | --- |
| Description: UClogo43 | **Physical Therapist Assistant Program****Science and Health Dept.** **University of Cincinnati****Clermont College At UC East****1981 James E. Sauls Sr. Drive****Batavia, OH  45103** **Phone: (513) 558-5340****Fax: (513)732-1525** |

# December 1, 2013

Dear PTA Applicant,

Welcome to our annual selective admission process. Enclosed is an application packet for admission to the PTA Technical Core in the new semester format. Applications will only be accepted starting December 1, 2013 and continuing until Friday, January 3, 2014.

The completed original application ***must*** be uploaded into the Blackboard online PTA Advising Community no later than January 3, 2014 at the end of the day, 11:59 pm or postmarked for ***limited*** hard copy materials by the same date. It is the ***student’s responsibility*** to assure that the outlined materials are loaded according to the attached instructions on page 12 of this packet. (***Please use only PC compatible or universally acceptable file formats***) To facilitate an error free packet, the program will hold a series of informational sessions during which time guidelines will be discussed and any student desiring a check off of materials will be offered, without content quality reviews. This year a ***new requirement*** will be added; an aptitude survey for health science students. (See the dates at the Blackboard PTA Advising Community website, [Https://blackboard.uc.edu](https://blackboard.uc.edu)) An ***essay question*** will be completed this year by only the top qualifiers and submitted through Blackboard’s tool ***SafeAssign***, to guard against plagiarism. The essay scoring rubric is now posted in the Blackboard PTA Advising Community.

The final component of the application process involves a digitally produced video clip and essay question completed by the top scoring students, which is rated by an admissions committee of PT and academic community members. The above final components will occur at the ***Preview Session*** in mid-January-TBA. The community admissions group will assist the faculty in the ratings of students and final recommendations for advancement to the technical core that is limited to ***20-22*** students. The student will be notified in writing by early February of his or her status, including advice about any incomplete PTA-related course work that will need to be finished by the end of the UC Spring term. If a seat is conditionally offered to a student at this time, it will be contingent upon the student’s successful completion of the remaining Spring term course work at a “C” or better grade level in each course attempted. (See course listing below)

If there are any questions concerning applications or admissions, please feel free to contact me at 513-558-5340. The alternate contacts are: Jean Shannon, PT at 513-558-9871 or the Dept. administrative assistant at

513-732-5339.

Sincerely,

Sam Coppoletti, PT, DPT, CSCS

Program Coordinator/Educator

Assistant Professor

# APPLICATION FOR ADMISSION TO THE TECHNICAL CORE

(Please type or print)

Applicant’s Name

 Last First

Home Address

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Birth Date

M #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

I hereby swear that to the best of my knowledge all of the information I have supplied in this application is true, complete and correct. I realize that the admission process involves a review of my application and college records by the PTA Admissions Committee and give my permission for the information in this packet to be copied and distributed as needed. The decision of the PTA Admissions Committee is final.

 Signature

 Date

**The University of Cincinnati and Clermont College reaffirms their policy that discrimination on the basis of race, color, religion, national origin, ancestry, disability, medical condition, genetic information, marital status, sex, age, sexual orientation, veteran status, or gender identity and expression shall not be practiced in any of its activities.**

***University Rule 3361: 10-13-01***

Please indicate below if any special accommodations, treatment or handling of your application or process needs to be aware of initiated by the student and followed through by the faculty or admissions committee:

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Admissions Checklist-*copy for personal use* and *include original* with application

1. **Application to PTA Technical Core**

**2.** **Transcripts to University of Cincinnati: Clermont College \***

Name of College:

Name of College:

Name of College:

**3.** **Recommendations**

 PT / PTA

 Science / Health Education Faculty

**4.** **Job Shadowing Experience Documentation (See attached)**

 From:

 (clinical site name)

 From:

 (clinical site name)

 From:

 (clinical site name)

\* Note any other document submitted-e.g. UC degree audit or academic record. Altered records may lead to immediate rejection of the application.

Please note if you are sending the electronic version and or hard copy, if the college or university does not offer electronic versions.

# ACADEMIC PREPARATION

A. *Completion of Prerequisite Courses*

***OFFICIAL (SEALED, UNOPENED FROM THE UNIVERSITY / COLLEGE)*** *TRANCRIPT(S) NEED TO BE INCLUDED FOR ALL COURSEWORK TAKEN OUTSIDE UNIVERSITY OF CINCINNATI OR*

*CLERMONT COLLEGE.*

 **Course** Column A Column B Column C

(credit hours) Year/Term Completed Grade or Term/year to CAHS, UC or other

 be completed

**English 1 (3) \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

**Anatomy and Physiology (4)\*** \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

**Chem 1 Lect (3)\*\* \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

**Intro. to Psychology 1 (3)**  \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

**HealthCare Edge ALH 1005 (1)\*\***\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Anatomy and Physiology 2 (4)\* \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Math 1021 or STATS (3) \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

PTA 1001 (3) \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Allied Health Physics (3) \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Humanities Elective-(3) \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

 (optional in Spring 1 term)

(\* indicate if an approved online A&P refresher course was taken, in addition to the regular courses)

(\*\*exceptions or substitutions, as approved by PTA coordinator, in concert with PTA major advisors, e.g. ALH 1011 at Blue Ash College is an acceptable substitute, yielding 3 credit hours. ALH 187 substitutes for PTA 1001 not ALH 10905/1011. Success in Allied Health Series from the UC- BHS program covers ALH 1005/1011.)

**Total GPA points: 50**

* 25 points or half of the points will be devoted to science GPA (A&P I-2001C and Chem I -1020 or their equivalents)
* 25 points or half of the points will be devoted to overall GPA (University, Clermont, or wherever 90% or more of the coursework has been completed. Varying weighting or splits of points is possible if, for example, 50% is completed elsewhere, 50% is completed at Clermont College)

**Maximum of 2 graded attempts** for any PTA five pre-requisite course(s) will be considered as an average of the 2 attempts for selection purposes only; or an ***optional formal grade replacement*** for one or more of the courses from the school of origin may be completed, if desired. (If the course is a UC course, a limit of 4 courses 10 semester hours may be attempted)

The Program Faculty may estimate your GPA by use of a specially designed spreadsheet calculator.

**Please note:** A minimum grade of “C” is required in all PTA prerequisite coursework and a minimum overall ***2.75*** GPA in all coursework that leads to graduation. Technical core coursework must be completed at a minimum “C” or above (75%). ***Previous Science coursework is valid for 6 years (or 7 years if from the KY Consortia).*** The ***five*** ***bolded*** courses are the essential courses under GPA consideration, while others may be in process. The calculation will be based upon a semester hour equivalent basis, if transfer/substitute credit arrived in the quarter or other system formats. ***Students are required to request transcripts from each liberal arts or community college attended when applying to UC Clermont College as a new, matriculating student***.

***Signed Ethical Statement*** of accuracy and representation of academic performance: I acknowledge and attest that the grades and overall/cumulative GPA’s offered above are accurate and a true representation of my coursework. I will forfeit my opportunity to progress in the application process should these prove later to be falsified.

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_ Witness\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. List any College or professional degrees you presently have. Indicate college and date received. (A narrative description or a bulleted list is acceptable)

Part Two

## BACKGROUND INFORMATION

1. List the names and addresses of the two people you have asked to recommend you. One should be a Physical Therapist or a Physical Therapist Assistant and the other a College / University Faculty member. Individuals should not be family members or close friends; they should be able to ***objectively*** comment on your abilities and qualities that would allow you to function successfully in the health care field, specifically as a Physical Therapist Assistant. (The persons should not be a relative or close friend)

A.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Applicants deficient in courses required for admission or with GPA below a ***2.75*** should use this space to explain to the Admissions Committee the reasons their applications should be considered. ***Science courses taken over 6 years ago will need to be repeated to assure the committee that all students are current with regards to this essential information* (unless approved by the Program Coordinator in concert with the PTA Major advisor, or unless courses are taken at a KY consortia school-7 year limit). Students are reminded that a minimum GPA of 2.75 in PTA prerequisite courses is required for consideration for admission and that an overall University GPA of 2.50 is required to graduate from Clermont College.**
2. Please list academic honors, accomplishments, extracurricular and summer activities, including volunteer work and employment. Be sure to mention any activities related to physical therapy. Please list activities within the last 5 years.

 (A narrative description or a bulleted list is acceptable)

### REQUIRED RECOMMENDATION TO THE PTA TECHNICAL CORE-**Professor Version**

Candidate’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I the undersigned:

\_\_\_\_\_\_\_ wish to retain the ability to review this recommendation

\_\_\_\_\_\_\_ agree I will not review this recommendation. (Please place into a sealed envelope and turn in or post mark by the published deadline to the program dept. secretary or Program Coordinator at UC East-Batavia)

Candidate’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_

The above student is applying for admission into the Technical Core of the Physical Therapist Assistant Program at the University of Cincinnati Clermont College and has selected you as a reference. If possible, please rate his/her potential for success as a physical therapist assistant, as listed below. ***Note to the Recommending Party: please complete as many areas as you deem appropriate, as students earn points by the ratings, as shown in the*** following table, using 1🡪5 (1 = least to 5 = best) scale. ***N/A*** is reserved for not sufficient information or exposure and averages will reflect this difference.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | N/A | **1** | **2** | **3** | **4** | **5** | **COMMENTS** |
| **POTENTIAL FOR SUCCESS IN THE HEALTHCARE FIELD** |  |  |  |  |  |  |  |
| **PROFESSIONALISM** |  |  |  |  |  |  |  |
| **MOTIVATION** |  |  |  |  |  |  |  |
| **RELIABILITY** |  |  |  |  |  |  |  |
| **INTELLECTUAL ABILITY** |  |  |  |  |  |  |  |
| **INTERPERSONAL****SKILLS**  |  |  |  |  |  |  |  |
| **COMMUNICATION SKILLS** |  |  |  |  |  |  |  |
| **INTEREST IN THE FIELD** |  |  |  |  |  |  |  |

**\_\_\_Strongly recommended \_\_\_Recommended \_\_\_Recommended with Reservations**

**\_\_\_Do not recommend at this time-needs more development in more than a few areas.**

Are there any other qualities you feel this individual has or lacks which should be considered by the Admissions Committee? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate how long and in what capacity you have known the applicant.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address and Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### REQUIRED RECOMMENDATION TO THE PTA TECHNICAL CORE-**Clinician Version**

Candidate’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I the undersigned:

\_\_\_\_\_\_\_ wish to retain the ability to review this recommendation

\_\_\_\_\_\_\_ agree I will not review this recommendation. (Please place into a sealed envelope and turn in or post mark by the published deadline to the program dept. secretary or Program Coordinator at UC East-Batavia)

Candidate’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_

The above student is applying for admission into the Technical Core of the Physical Therapist Assistant Program at the University of Cincinnati Clermont College and has selected you as a reference. If possible, please rate his/her potential for success as a physical therapist assistant, as listed below. ***Note to the Recommending Party: please complete as many areas as you deem appropriate, as students earn points by the ratings, as shown in the*** following table, using 1🡪5 (1 = least to 5 = best) scale. ***N/A*** is reserved for not sufficient information or exposure and averages will reflect this difference.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | N/A | **1** | **2** | **3** | **4** | **5** | **COMMENTS** |
| **POTENTIAL FOR SUCCESS IN THE HEALTHCARE FIELD**  |  |  |  |  |  |  |  |
| **PROFESSIONALISM** |  |  |  |  |  |  |  |
| **MOTIVATION** |  |  |  |  |  |  |  |
| **RELIABILITY** |  |  |  |  |  |  |  |
| **INTELLECTUAL ABILITY** |  |  |  |  |  |  |  |
| **INTERPERSONAL****SKILLS**  |  |  |  |  |  |  |  |
| **COMMUNICATION SKILLS** |  |  |  |  |  |  |  |
| **INTEREST IN THE FIELD** |  |  |  |  |  |  |  |

**\_\_\_Strongly recommended \_\_\_Recommended \_\_\_Recommended with Reservations**

**\_\_\_Do not recommend at this time-needs more development in more than a few areas.**

Are there any other qualities you feel this individual has or lacks which should be considered by the Admissions Committee? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate how long and in what capacity you have known the applicant.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address and Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***RECORD OF VOLUNTEER, OBSERVATION, OR JOB SHADOW HOURS***

***Recording or Face Sheet***

**Applicant’s Name** (Printed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicants need to attach documented hours on facility letterhead in addition to this form.**

*(Please complete these hours in a timely manner; times may not be available or clinicians may not be able to complete these in time, if scheduled very close to the deadline; 2-3 weeks prior notice suggested.* This form may be copied. Please ask that your clinician signs and attaches record(s) on their letterhead, **not** this form and to identify the type of setting he or she works in-e.g. what comprises 80% or more of their typical caseload?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE** | **NAME OF FACILITY/ PHONE NUMBER** | **TYPE OF FACILITY****SETTING (3) required @ 8 hours per setting** | **PRINT PT’S or PTA’s NAME**  | **# of HOURS**  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Information and Instructions for Job Shadowing Hours for**

**The UC Clermont College PTA program: 2013-14**

The purpose of job shadowing is to provide each applicant with a more detailed and face to face exposure to the actual work, personnel, and settings of the practicing PTA. Accordingly, the student is able to make an informed decision about his or her career choice. In addition to this experience, students may review career information at [www.apta.org](http://www.apta.org), specifically: <http://www.apta.org/PTACareers/>.

Documentation is required for the admission process: the student is required to observe a total of ***24*** hours of physical therapy, divided across ***3 different practice settings***\* while shadowing a PT /PTA . The student MUST observe at LEAST ***8*** hours in any one of the 3 practice settings to count as a legitimate setting. ***Observations are not valid if more than 3 years have passed since the time of the experience, as compared to the application deadline***. Submit a signed statement or a form on the facility letterhead that evidences that the hours were completed on the date(s) specified, the type of setting, along with the student’s name on the form. The clinician needs to be an appropriately licensed PT or PTA. His or her signature and title are required.

HIPAA training and clearance may be required at some facilities in order to observe patient treatment activities. Joining as a volunteer at most hospital/rehabilitation systems will enable you to gain access to training and clearance for confidential patient information. (Training may be required and referrals are available at the web site of the Greater Cincinnati Health Council at www. gchc.org.) The following notice was posted in September of 2013:

***IMPORTANT NOTICE:*** Job Shadowing is currently offered at the hospitals listed below.  Please refer to the specific sites and/or contacts for information on their respective shadowing programs.[***http://www.gchc.org/work-force/career-planning-high-school/job-shadowing/***](http://www.gchc.org/work-force/career-planning-high-school/job-shadowing/)

TB/Mantoux testing and updated immunizations may be required. Students need to ***maintain professional levels*** of hygiene, grooming, dress, and behavior while visiting the sites, as you are informal ambassadors of the College and the PTA Program. Please see the ***Professional Abilities*** definitions at our PTA Advising Community website under the Admission Process tab. No formal malpractice insurance is required for this experience, as it is only observational.

***Practice settings*** may include, but not limited to: home health, occupational medicine, acute medical-surgical, federal (VA)**#** facilities, school based cooperatives, skilled nursing centers, inpatient rehabilitation units or CARF facilities, outpatient (ambulatory care) orthopedics/sports medicine, neurorehabilitation, private practice, or transitional care units.

***Applicants should be sensitive*** to the busy clinicians’ schedules and be appropriately flexible in consideration of observational scheduling. Please be courteous to the sites by contacting them 2-3 weeks prior to the scheduled visits.

***# Special note:*** Federal facilities such as the VA recommend a limit of ***4*** hours of job shadowing, due to increased demands upon students beyond this minimum total. (I.e., extensive background checks, etc.)

**\*Other options to typical job shadowing include: employment as a therapy aide/technician, assistance offered in a full therapy program as an attendant with a family member or friend, or therapy received to self, all within the past 3 years. *These other options may only be considered as one of your practice settings.***

***Instructions for new online application processing***

***First the Exceptions…***

1. **Transcripts:**

Please be advised that the official transcript may ***only*** be accepted in its original, college/university sealed, envelope; if the envelope is opened, this transcript is no longer considered valid and subsequently will **NOT** be accepted. If all coursework was taken at UC or its branch campuses, an unaltered, printed degree audit or copy of the student’s academic work is sufficient, again supplying the required copy. Repeating courses is limited to one re-take and total course/hours limitations set by the University. Repeating courses may be affected by the new Federal financial aid guidelines, so students should contact the financial aid dept. for advice. Students are required to request transcripts from each college attended when applying to UC Clermont College as a new, matriculating student, unless the college is not accredited or is a trade school without liberal arts components.

**II. Recommendation forms:**

This situation is applicable for only those forms that are marked as not reviewable by the student by the recommending party.

**Online Loading Instructions:**

Please upload **PC Compatible or universally acceptable** file formats of all of your materials in the order of the pages. Follow this guide:

|  |  |  |
| --- | --- | --- |
| *Application page or Type of Form* | *Blackboard Column or Heading* | *Comments*  |
| 2-3 | Introductory Forms |  |
| 4-7 | Academic Preparation |  |
| 8 | Professor Recommendation form (+) | Must be hard sciences or health sciences professor; may be from a high school instructor. (If the recommending party or the student has chosen to not allow you to review this form, please forward a hard copy in a sealed and signed envelope to the program coordinator or dept. secretary by the deadline.) |
| 9 | Clinician Recommendation form (+) | Must be from an appropriately licensed PT or PTA, who is not a close friend or relative.(If the recommending party or the student has chosen to not allow you to review this form, please forward a hard copy in a sealed and signed envelope to the program coordinator or dept. secretary by the deadline) |
| 10 and attached evidences from clinics or facilities | Job Shadowing Forms | Please attach letterhead evidence, per the instructions in the application, along with the job shadowing recording sheet. |
| Transcripts or UC degree audits | Transcript or Degree Audit | E-files are acceptable for transcripts-send hard copy to the program coordinator if not available. UC degree audits are acceptable if they have not been modified for UC coursework. |

***(+) Please do not load any extra personal recommendations or letters of reference into the online portal.***

**DETERMINATION OF ADMISSIONS STANDING**

***Do not upload-for reference only***

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_M #\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This form is for your reference only-the Admissions Committee will complete this form and evaluate your standing, based upon a fair and equitable review of all of the submitted materials, utilizing the following format. These represent maximum allowable points per each category.**

1. ***Academic Performance***

Multiply by 6.25 the overall or cumulative and Sciences college ***GPA of coursework to date*** (including Fall term) *A one grade level bonus for higher level chemistry or Anatomy/Physiology courses will be embedded within the Science GPA calculations below*. (These are now based upon semester hours)

(Anatomy I and Chemistry I or their equivalents, limit of 6 or 7 years age)

 6.25 x Science GPA\_\_\_\_\_\_= \_\_\_\_\_/25

(Weighted average, based upon a percentage of hours/grade quality points per each college)

 6.25 x Cum. GPA \_\_\_\_\_\_\_ = \_\_\_\_\_/25

(Aptitude Survey, based upon rankings or percentiles) \_\_\_\_/25

***2.*** ***Interest or Aptitude for PTA***

1. 1 (one) form letter of Recommendation-Health Education / Sciences Faculty

 \_\_\_\_\_/5

1. 1 (one) form letter of Recommendation from PTA or PT clinician \_\_\_\_\_/5
2. Essay Responses#-written from posted questions \_\_\_\_\_/2
3. Video Clip\* rating-Timed communication expression \_\_\_\_\_/8
4. Job Shadowing hours (2.5) and settings (2.5) from clinicians \_\_\_\_\_/5

 **TOTAL BASE SCORE \_\_\_\_\_/ 100**

**Details and instructions about the timed STAR\* video clip session:**

(By invitation only for the top 25-30 scoring applicants, held on the same day or night as the Preview Session.) Dress code is business casual. A 3 X 5 index card will be given to you for the purpose of taking a few notes to bring with you into the session. The faculty facilitators will be present to run the camera and for you to speak to in a one way fashion, but they will not give you any nonverbal or verbal feedback during the recording except logistical in nature-i.e., that the time has begun or has been expended.

**Preparation:**

1-students should have prepared a 1 minute personal career plan statement ready prior to the video session. You will start the recorded session expressing this aspect, after showing or stating your application number.

2-students will be allowed 1 minute to prepare for a randomly drawn question, applying the STAR\* method.

**Action:**

A-the student will first speak about his or her career plan during the first minute of the session.

B-the student will then use the remaining 3 minutes to answer the question posed, using the STAR method.

***ADA accommodations:*** The program will allow for increased preparation time, as documented by the Disabilities Office on campus and given to the Program Coordinator in advance. The intent is to capture a spontaneous sample of your responses, similar to a clinical problem-solving event and/or a client/patient interaction.

\*Student applicants need to visit the following web site to learn and practice with the STAR method.

<http://careerservices.sites.lehigh.edu/view_keyword.php?keyword_id=195>

or

<http://www.rightattitudes.com/2008/07/15/star-technique-answer-interview-questions/>