

**Physical Therapist Assistant
Completion Checklist
Fall 2023**

****IMPORTANT**** Form MUST be the semester and year for which you are applying.

YOU MUST FILL IN ALL BLANKS

Student name (print): _____ NSHE #: _____
The semester for which I am applying is: _____ Phone: _____
The application deadline is: _____ Today's date: _____

1. Check if applicable:

_____ I am transferring or have transferred credits (attach a copy of MyCSN Transfer Credit Report).

Note: Grades of "P & TP," and "S or TS" received prior to spring 2020, will be considered a "C" unless you attach an **official** transcript showing a different grade – see LE Policy for additional information on "S & TS" grades. A grade of "TR" will not be accepted unless you attach an **official** transcript showing actual grade; and "LELC" courses will be accepted only with proof of approved substitution waiver/request.

PLEASE NOTE: PROOF OF APPROVED SUBSTITUTION WAIVER/REQUEST MUST BE ATTACHED IF APPLICABLE

2. Circle either TRUE or FALSE to ALL the following.

TRUE FALSE My science classes (BIOL or HHP) are less than 7 years old.

TRUE FALSE I understand that GPA on prerequisite courses must be 2.50 or higher.

TRUE FALSE I have attached three letters of recommendation on the approved form and in signed sealed envelopes.

TRUE FALSE I am not currently enrolled in a Limited Entry Program.

TRUE FALSE I have met with a Health Programs Advisor. Date of meeting: _____

TRUE FALSE I have completed the Limited Entry Workshop. Date of workshop: _____
(Quiz result must be attached).

TRUE FALSE I have paid the \$20.00 non-refundable Limited Entry Application Fee (receipt/proof of payment is attached).

TRUE FALSE I have completed the following prerequisite classes with a "C" or higher. ("C-" is not accepted).

_____ PT 100 (grade _____)

_____ ENG 100, 101, 107, 110 or 113 (grade _____)

_____ MATH 116, 120, 120E, 124, 124E or higher (class taken _____ / grade _____)

TRUE FALSE I have completed the following science classes with a "B" or higher. ("B-" is not accepted)

_____ HHP 123/BIOL 223 (year taken _____ / grade _____)

_____ HHP 124/BIOL 224 (year taken _____ / grade _____)

IF YOU ANSWERED "FALSE" OR LEFT ANY OF THE ABOVE ITEMS "BLANK", YOU CANNOT SUBMIT YOUR APPLICATION PACKET WITHOUT SELECTION SPECIFIC EXCEPTION WAIVER OR MEMORANDUM

3. Read and initial the following.

_____ I have read, understand, and agree to comply with the Limited Entry Academic Programs Policy and Procedures.

_____ I understand that my final grades, including transfer credits, must be posted in MyCSN by the deadline date.

_____ I understand that I must notify the Limited Entry office of any name, address, or phone change in writing.

_____ I understand that if I repeat a course, the highest of the first three attempts, including W, WT or AU, will be used.

_____ I understand that the official transcript evaluation of applicable transfer credits must be complete by the deadline date.

_____ I understand that no additional documentation can be added to my application after the deadline date.

_____ I understand that I must reproduce all documentation if I reapply in the future. The Limited Entry Office doesn't provide documents.

_____ I understand that I must submit everything at one time with this checklist even if submitted to another department.

_____ I understand that once I accept a position in a Limited Entry program, I cannot apply to another Limited Entry program until I complete or exit the program I originally accepted.

_____ I understand that I may receive a point deduction if I reapply to a program that I was previously enrolled in.

4. Circle either YES or NO for each item below that you are submitting for points.

YES NO I am a current PT Tech

YES NO I have attached a letter documenting 25 hours of humanitarian volunteer work (using approved format)

YES NO I have attached proof of 40 hours Physical Therapy observation/volunteer/work experience (on approved form)

YES NO I have attached proof of 20 hours Physical Therapy observation/volunteer/work experience in a neuro/peds setting (on approved form) - This point will only be awarded for students that completed 40 hours or more of Physical Therapy observation/volunteer/work experience

YES NO Proof of Completion of CTE Sports Medicine Program

YES NO Completion of Health Living and Aging Courses: HHP 150, 190, 201 and 213 with C or higher

Check all that apply. Fill in ALL blanks.

I have completed the following general education courses with a grade of "B" or better.

_____ COM 101, 102, 115, or 215 (class taken _____ / grade _____)

_____ Social Sciences/Humanities: (class taken _____ / grade _____)

_____ PSC 101 or HIST 100 (grade _____) **OR** _____ HIST 101 and 102 (grade _____)

OR _____ HIST 101 and 217 (grade _____)

OR _____ HIST 111 and 102 (grade _____)

_____ HIST 111 and 217 (grade _____)

5. Check all that apply. Fill in ALL blanks.

I have completed the following selected courses for points.

_____ BIOL 223 grade _____

_____ ALS 101 (grade _____)

_____ BIOL 224 grade _____

**SUBMIT YOUR COMPLETE APPLICATION PACKET TO THE LIMITED ENTRY OFFICE
WEST CHARLESTON, ROOM K-216, (702) 651-5633**

Student Signature _____