

**Physical Therapist Assistant
Completion Checklist
Fall 2022**

****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.

PLEASE NOTE: PROOF OF APPROVED SUBSTITUTION WAIVER 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 or AU, will be used.

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

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

_____ 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 the program I originally accepted.

_____ I understand that I may receive a point(s) reduction 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 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 CTE Sports Medicine Program

YES NO Proof of Certificate of Completion in Health Living and Aging

5. 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 _____)

6. 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 _____

_____ HIST 111 and 217 (grade _____)

RETURN YOUR COMPLETED APPLICATION PACKET TO THE LIMITED ENTRY OFFICE.

WEST CHARLESTON, ROOM K-216

Student Signature _____