

**Physical Therapist Assistant  
Completion Checklist  
Fall 2021**

**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 for 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, or 113 (grade \_\_\_\_\_)

\_\_\_\_\_ MATH 116, 120, 124 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" TO ANY OF THE ABOVE ITEMS YOU CANNOT TURN IN YOUR PACKET**

**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)  
OR 8 hours Physical Therapy observation/volunteer/work experience (on approved form) OR Video/Typed transcript of PTA interview

**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

**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 (grade \_\_\_\_\_) **OR** \_\_\_\_\_ HIST 100 (grade \_\_\_\_\_)

**OR** \_\_\_\_\_ HIST 101 (grade \_\_\_\_\_) **and** HIST 102/217 (grade \_\_\_\_\_)

**6. Check all that apply. Fill in all blanks.**

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

\_\_\_\_\_ BIOL 223 (year taken \_\_\_\_\_ / grade \_\_\_\_\_) \_\_\_\_\_ ALS 101 (grade \_\_\_\_\_)

\_\_\_\_\_ BIOL 224 (year taken \_\_\_\_\_ / grade \_\_\_\_\_) \_\_\_\_\_ I have provided proof of Sports Medicine CTE certification

**RETURN YOUR COMPLETED APPLICATION PACKET TO THE LIMITED ENTRY OFFICE. WEST CHARLESTON, ROOM K-216**

Student Signature: \_\_\_\_\_