Applicants will be considered for the program beginning Fall 2016 only. Applicants not selected must complete and resubmit all required documents for future application submissions. Any change of address must be submitted, in writing, to the Health Program Selection Committee via the Office of Recruitment and Admissions. Only completed applications with all documents, transcripts, and test scores verifying basic application requirements and preference points will be accepted. Official transcripts must be submitted with the application even if the transcripts are already on file at OCCC. Questions regarding the application or selection process for the Physical Therapy Assistant Program should be directed to the Office of Recruitment and Admissions, (405) 682-7513.

Please note:

1. All students admitted to the Physical Therapist Program will be required to provide a criminal history and sex offender background check as a pre-requisite for participating in the required clinical component of the program. Information regarding this requirement will be forwarded to those students selected for admission.

2. Applicants for Oklahoma licensure as a Physical Therapist Assistant must meet all state and federal requirements. Questions regarding these requirements should be directed to the Oklahoma Board of Medical Licensure and Supervision at (405) 962-1400. Ask for Theresa or Ruth.

3. All students accepted into the program will be required to pass a randomly administered drug test.

BASIC APPLICATION REQUIREMENTS

All applicants must meet the basic requirements listed below. There are no exceptions to these application requirements.

1. Eligibility for admission to Oklahoma City Community College
   Criteria for admission to Oklahoma City Community College may be found in the College Catalog.

2. Proof of payment of Selective Admissions Application Fee (Fee is required each application period.)
   All applicants must provide a printed receipt of payment of the nonrefundable $20.00 Selective Admissions Application Fee. Valid receipts can be printed using the OCCC Bursar Office Online Payment System or can be issued for cash or check payments made at the OCCC Bursar Office. The Office of Recruitment & Admissions DOES NOT ACCEPT payment of this fee. Applicants must provide PROOF OF PAYMENT ONLY when they submit their application. Applicants are cautioned NOT to mail cash or check payments with their application as they will be automatically rejected as “Incomplete”.

3. Eligibility for placement in college level English and science courses
   Listed are specific courses for which the applicant must be eligible to enter in order to meet the basic requirements; ENGL 1113 English Composition I; BIO 1314 Human Anatomy & Physiology I*. 
   *This course must be completed with a minimum of grade “C” prior to entering the program.

4. College Retention Grade Point Average (GPA) . . . . . . . Minimum 2.500
   The College Retention GPA must include a minimum of 12 credit hours earned at a regionally accredited institution in 1000-level or above science, math, social science, or English courses excluding credit awarded by advanced standing. It will include all coursework attempted with the exception of courses forgiven through the Repeat, Reprieve, or Renewal provisions as outlined in the College Catalog. Students who wish to request academic forgiveness must submit a petition to the Records Office prior to the application deadline. Any student who has requested academic forgiveness must submit a letter with the health application to inform the selection committee that the request has been made. Graduate credit may be included in the retention GPA used for admission to a health program. Graduate credit will only be included if a written request is submitted with the health application.

   If the applicant has not attempted or completed the minimum of 12 credit hours at a regionally accredited institution of higher learning in 1000-level or above science, math, social science, or English courses excluding credit awarded by advanced standing, a High School Graduation GPA of 3.00 or a GED Transcript Reflecting Average Score of 550 may be utilized. The High School Graduation GPA or GED Average Score may NOT be used if a College Retention GPA as specified is lower than 2.5.

5. Standard COMPASS Reading placement test score . . . . . Minimum 86
   OR
   CPT ACCUPLACER Reading placement test score . . . . Minimum 77
   Standard COMPASS or ACCUPLACER scores must be no older than two years from the date this application first becomes available (July 6, 2013). Students who wish to raise their standard COMPASS or ACCUPLACER reading score should visit with an advisor from the Office of Academic Advising about retesting guidelines. ACT and SAT scores cannot be used to meet the reading test score requirement.

6. CPM-IV test score . . . . . . . . . . . . . . . . . . . . . . Minimum 70%
   CPM-IV scores must be no older than two years from the date this application first becomes available (July 6, 2013). The CPM-IV is a mathematics test exclusive to OCCC. Please check with an advisor if you are unsure if you have taken the CPM-IV test. The CPM-IV will be listed as either Test D or Math Assessment 4 on your score sheet. Completion of the MATH 0403, College Prep Math IV course will not be accepted in place of the CPM-IV test.

Note: Reading and CPM-IV scores on file at OCCC must be obtained from the Testing & Assessment office and must be submitted with the application. Completion of college courses and/or degrees will not be accepted in place of the reading and math test requirements. All tests must be taken prior to 12:00 p.m. (noon), March 4, 2016.
PREFERENCE POINTS:
Applicants who meet all basic application requirements will be ranked according to preference points. A maximum of 19 total preference points may be awarded.

I. ACHIEVEMENT – 11 POINTS POSSIBLE

College Degree (maximum of 2 points) Points Awarded for Highest Degree Earned ONLY

<table>
<thead>
<tr>
<th>Degree</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associate Degree AA, AS, AAS Degree</td>
<td>1</td>
</tr>
<tr>
<td>Bachelor's Degree and above</td>
<td>2</td>
</tr>
</tbody>
</table>

GPA (maximum of 3 points)

<table>
<thead>
<tr>
<th>GPA Range</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.7500-4.0000</td>
<td>3</td>
</tr>
<tr>
<td>3.5000-3.7499</td>
<td>2</td>
</tr>
<tr>
<td>3.0000-3.4999</td>
<td>1</td>
</tr>
</tbody>
</table>

College Retention GPA must include a minimum of 12 college credit hours in 1000-level or above science, math, social science, or English courses, excluding credit awarded by advanced standing. If the applicant has not completed 12 college credit hours as designated, a high school graduation GPA may be used.

High School Graduating GPA

<table>
<thead>
<tr>
<th>GPA Range</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.75-4.00</td>
<td>2</td>
</tr>
<tr>
<td>3.50-3.74</td>
<td>1</td>
</tr>
</tbody>
</table>

OR

GED Score

<table>
<thead>
<tr>
<th>Score Range</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>670+</td>
<td>3</td>
</tr>
<tr>
<td>610-660</td>
<td>2</td>
</tr>
<tr>
<td>550-600</td>
<td>1</td>
</tr>
</tbody>
</table>

Science Courses (maximum of 3 points) 1 point per class.

<table>
<thead>
<tr>
<th>Description</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>High school lab science (1 Unit) or college-level science courses (3 credit hours or more) with a minimum grade of &quot;B&quot;</td>
<td>1-3</td>
</tr>
</tbody>
</table>

NOTE: High school lab science courses will NOT be applicable if at least one college-level science course has been attempted or completed.

College-Level Medical Terminology

<table>
<thead>
<tr>
<th>Description</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum grade of &quot;B&quot;; 1 credit hour or more, excluding credit awarded by advanced standing</td>
<td>1</td>
</tr>
</tbody>
</table>

Math Courses (maximum of 2 points) 1 point per class.

<table>
<thead>
<tr>
<th>Description</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum grade of &quot;B&quot;; 3 credit hours or more, excluding credit awarded by advanced standing</td>
<td>1-2</td>
</tr>
</tbody>
</table>

Courses which may earn points are: MATH 1503, Contemporary Mathematics; MATH 1513, College Algebra; MATH 2023, Foundations of Geometry and Measurements; Any college level statistics course; Any mathematics course which has been evaluated to be at a higher level than the previous listed math courses.

NOTE: Preference points will NOT be awarded for APPM 1313, Mathematics for Health Careers.

II. POTENTIAL – 4 POINTS POSSIBLE

(Note: CPT ACCUPLACER and COMPASS must be no older than two years from the date this application first becomes available (July 6, 2013). ACT scores must be no older than five years from the date this application first becomes available (July 6, 2010).

Reading (Maximum 2 points)

<table>
<thead>
<tr>
<th>Test Description</th>
<th>MINIMUM SCORE</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT ACCUPLACER Reading</td>
<td>91</td>
<td>2</td>
</tr>
<tr>
<td>or, Standard COMPASS Reading</td>
<td>92</td>
<td>2</td>
</tr>
<tr>
<td>or, ACT Reading</td>
<td>23</td>
<td>2</td>
</tr>
</tbody>
</table>

Writing/English (Maximum 2 points)

<table>
<thead>
<tr>
<th>Test Description</th>
<th>MINIMUM SCORE</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT ACCUPLACER Writing</td>
<td>96</td>
<td>2</td>
</tr>
<tr>
<td>or, Standard COMPASS Writing</td>
<td>91</td>
<td>2</td>
</tr>
<tr>
<td>or, ACT English</td>
<td>22</td>
<td>2</td>
</tr>
</tbody>
</table>

III. PROFESSIONAL REFERENCE/OBSERVATION OR WORK EXPERIENCE* – 4 POINTS POSSIBLE

Observation (maximum of 2 points)

<table>
<thead>
<tr>
<th>Description</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observed PT 15-40 Clock Hours</td>
<td>1</td>
</tr>
<tr>
<td>Observed PT&gt;40 Clock Hours</td>
<td>2</td>
</tr>
</tbody>
</table>

OR

Work Experience (maximum of 4 points)

<table>
<thead>
<tr>
<th>Description</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>500-1000 Clock hours of Work Experience in PT Field**</td>
<td>3</td>
</tr>
<tr>
<td>&gt;1000 Clock Hours of Work Experience in PT Field**</td>
<td>4</td>
</tr>
</tbody>
</table>

*All observation and work hours must be accompanied by a positive reference from a Supervising Physical Therapist.

**PT Field is defined as work experience supervised by a licensed Physical Therapist.

OVERALL TOTAL POINTS POSSIBLE: 19
APPLICATION PROCEDURE
To insure each applicant is fully informed of the application procedure, each applicant is encouraged to meet with an advisor from the Office of Academic Advising. Each applicant must submit a completed application including the following documents and verification of all requested preference points to the Office of Recruitment and Admissions no later than 12:00 noon, March 4, 2016.

1. An Oklahoma City Community College Application for Admission. Applicants who were admitted to OCCC within the last five years do not need to reapply to the college.
2. An Application for Admission to Oklahoma City Community College Physical Therapist Assistant program.
3. A printed receipt of payment of the Selective Admissions Application fee. Valid receipts can be printed using the OCCC Bursar Office Online Payment System or can be issued for cash or check payments made at the OCCC Bursar Office.
4. Official college transcript(s) from all colleges/universities. Official college transcripts must be submitted with the health application even if the transcripts have previously been submitted to OCCC. Each applicant must also submit an official OCCC transcript with his or her health application. Any applicant with fewer than 12 college credit hours earned should also submit an official high school transcript or GED scores.
5. An official report of the Standard COMPASS or CPT ACCUPLACER Reading placement test score.
6. An official report of CPM-IV testing.

SELECTION PROCEDURE

1. Applications on file by 12:00 noon, March 4, 2016 with the highest total preference points will be given priority for admission. Documentation of preference points must be submitted with the PTA application or else the points will not be awarded. All testing, when required, must be completed prior to the application deadline. Test scores on file at OCCC must be obtained from the Testing & Assessment office and must be submitted with the PTA application.
2. If applicants have identical preference point totals, individuals will be ranked according to high school grade point average or college retention grade point average as defined in the basic application requirements.
3. An application will be considered complete when the criteria in items 1-5 of the Basic Application Requirements are met. Documentation for preference points must be submitted with the application.
4. The applicants selected for admission to the program will be notified via their OCCC student email account.
5. All qualified applicants who have not been selected for admission to a class will be placed on an alternate list for that semester only.

Applications are ONLY accepted at the Office of Recruitment and Admissions. All documents must be submitted together. Do not submit documents separately. Do not submit documents to any office other than the Office of Recruitment and Admissions.

Students are strongly encouraged to submit their applications in person, but those who need to mail their applications are strongly encouraged to first contact the Office of Recruitment and Admissions at (405) 682-7513. The OCCC admissions office is not liable for applications lost in the mail. Applications mailed should be addressed exactly as follows:

OCCC Admissions
7777 South May Ave.
Oklahoma City, OK 73159
FALL 2016 PHYSICAL THERAPIST ASSISTANT APPLICATION

Name _______________________________ ___________________________ ID# ________

Last First MI Maiden

Address __________________________________________________________________________________________________________

Street City State Zip

E-mail __________________________________________ Phone ( _________________________________

High School of Graduation ___________________________________________ Year _________________

GED Certificate: □ Yes □ No Year ______________

Have you applied for Academic Forgiveness or Reprieve □ Yes □ No If yes, approximately when did you apply? _____________________

Colleges or universities attended (list all):

______________________________________________________________________________ Dates _______________________________

______________________________________________________________________________ Dates _______________________________

______________________________________________________________________________ Dates _______________________________

______________________________________________________________________________ Dates _______________________________

The failure to list all previously attended colleges or the submission of false information/academic records is grounds for denial of admission or immediate suspension.

Applicants will be considered only for the semester specified on this application. Applicants admitted to the program are notified via their OCCC student email. Applicants not selected must reapply to be considered for admission for any other academic semester.

APPLICATION AGREEMENT – READ CAREFULLY AND INITIAL BELOW EACH STATEMENT

I understand that applications submitted without all required documents will be considered incomplete and rendered ineligible for the application period. I also understand that all required documents and documentation of preference points should be submitted together and no additions or revisions may be made once my application has been submitted.

Initial: ___________

I understand that I must submit a valid printed receipt of payment of the nonrefundable $20.00 Selective Admissions Application fee.

Initial: ___________

I understand that I must submit OFFICIAL transcripts from all previously attended colleges/universities even if those transcripts are already on file at OCCC. I also understand that all applicants who have earned credits at OCCC must submit an official OCCC transcript with this application. I also understand that test scores on file at OCCC must be obtained from the Testing & Assessment office and submitted with this application.

Initial: ___________

I understand that a criminal history and sex offender background investigation and random drug test must be completed if I am selected for admission.

Initial: ___________

I understand that official eligibility for this program is determined in the Office of Recruitment & Admissions and applications should not be submitted to any office other than the Office of Recruitment & Admissions. I understand that applications are not to be submitted to the PTA program director or Division of Health Professions.

Initial: ___________

I understand the deadline for this application is NOON (12 p.m.) March 4, 2016.

Initial: ___________

Applicant’s signature is required below. Signature confirms that the applicant has read and understands the application requirements and preference point system for the Physical Therapist Assistant program.

Applicant’s Signature: ___________________________________________ Application Received By: ________________________________

ONLY COMPLETED APPLICATIONS WITH ALL VERIFYING DOCUMENTS, TRANSCRIPTS, AND TEST SCORES WILL BE ACCEPTED. NO ADDITIONS OR REVISIONS MAY BE MADE TO AN APPLICATION ONCE SUBMITTED. ALL DOCUMENTS MUST BE SUBMITTED TOGETHER AND MUST BE SUBMITTED TO THE OFFICE OF RECRUITMENT & ADMISSIONS.
OKLAHOMA CITY COMMUNITY COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM

CLINICAL WORK EXPERIENCE

THIS FORM MUST BE SUBMITTED IN A SEALED ENVELOPE AND MUST ACCOMPANY THE HEALTH APPLICATION IN ORDER TO OBTAIN PREFERENCE POINTS.

APPLICANT NAME_________________________________________ID#__________________________
(College ID or SS#)

I understand that Federal law insures my right to access to this document after enrollment. I also understand that I have the right to hereby waive______ not waive_________ this right of access.

Applicant Signature:__________________________Date______________

***Therapist Information*** The purpose of this form is to obtain information about the applicant with regard to behaviors observed while in a clinical environment. While we understand it may be difficult to assess in a short amount of time, the admissions team will have only written information.

THIS FORM MAY ONLY BE COMPLETED BY A LICENSED PHYSICAL THERAPIST
Please place in a sealed envelope and return to the student.

How long have you known the applicant?__________________________

In what capacity have you known the applicant?________________________________________

Please check one of the following:

The applicant has worked in a physical therapy clinic/hospital setting
Job Title/Job Duties_________________________________________________________
Please indicate the number of hours worked

The applicant has observed in the PT clinic
Please indicate the number of hours the applicant observed

Please circle the appropriate rating based on your observations:

1. Applicant arrived promptly.

   0 1 2 3 4 5
   Never Always

2. Applicant’s appearance was neat and appropriate.

   0 1 2 3 4 5
   Never Always

3. Applicant showed effective listening skills and good interpersonal communication.

   0 1 2 3 4 5
   Never Always

4. Applicant was attentive and interested; appears to invest self to reach goals.

   0 1 2 3 4 5
   Never Always
5. Applicant demonstrated confidence and enthusiasm.
   
   
   0 1 2 3 4 5
   Never Always

6. Applicant demonstrated a genuine concern for others including consideration of others’ feelings and ability to view others’ points of view.
   
   0 1 2 3 4 5
   Never Always

7. Applicant’s questions/comments demonstrate a desire to learn about the profession of Physical Therapy.
   
   0 1 2 3 4 5
   Never Always

8. How would you rank this student as compared to others you have known who have been accepted into an academic physical therapy program? (Please circle one)
   
   **Truly exceptional** 100-99%
   **Outstanding** 98-90%
   **Above Average** 89-75%
   **Average** 74-60%
   **Below Average** 59-0%

9. How do you recommend this applicant for admission into this Program?
   
   ______ Recommend with enthusiasm       ______ Recommend with reservation
   ______ Recommend                              ______ I DO NOT recommend

Physical Therapist Signature_________________________________________Date_____________________

Printed Name__________________________________________PT License Number_____________________

Contact number________________________Facility____________________________________________

Position_____________________________________________________

Address__________________________________________________________________________________

__________________________________________________________________________________________

THANK YOU SO MUCH FOR PARTICIPATING IN THIS IMPORTANT ENDEAVOR!