BYU-IDAHO PHYSICAL THERAPIST ASSISTANT PROGRAM APPLICATION

**You may turn this application in at any time during spring semester, but it is due by the Monday after spring graduation**

Non-Discrimination Statement
BYU-Idaho admits students of any race, color, creed, sex, nationality or ethnic origin to all rights, privileges, programs, and activities generally made available by the university. It does not discriminate on the basis of race, color, creed, sex, national or ethnic origin in the administration of its educational policies, admissions policies, scholarship and loan programs, student employment program, and other school-administered programs. Students are admitted, provided that they meet the university's academic requirements and that their personal behavior conforms to the BYU-I Honor Code. The Honor Code is found at www2.byui.edu/StudentHonor and in the BYU-I Catalog under Personal Honor.

Instructions:
Only students who are admitted to BYU-Idaho can apply for this program. If you are not yet admitted to BYU-Idaho, you may go to this URL to begin the process…
www.besmart.com

If you are a transfer student you will need to have BYU-I transcripts that include a transfer evaluation before submitting this application. If you need more information on this, please go to this URL…
http://www.byui.edu/transfer-evaluation

If you are currently admitted as a student at BYU-I and your BYU-I transcripts reflect all transfer evaluations, then please carefully read the following instructions to complete this application. You will need to submit several documents.

Mail or Deliver your completed application to:

BYU-Idaho Physical Therapist Assistant Program
Attention: Judie Hood
525 S. Center St.
Clark 145
Rexburg Idaho, 83460-0695
# BYU-IDAHO PHYSICAL THERAPIST ASSISTANT PROGRAM APPLICATION

## CHECKLIST

To help you organize this application and turn it in fully complete, we have provided you a checklist. This checklist should have a check in each box as well as your signature at the bottom. This checklist should be the first page of all the documents you submit.

| ☐ | I am admitted to BYU-Idaho and I have a current BYU-I number. |
| ☐ | I understand that even if I am accepted to BYU-Idaho, I must be eligible to apply to the PTA program. I meet all of the following criteria… |
| | - My transcripts show at least one semester with 12 credits or more successfully completed. |
| | - I have completed all of my pre-requisite courses. |
| | - I currently have an overall GPA that is at least 3.0 and I have no grades lower than a “C” in any pre-requisite courses. |
| | - I can complete the PTA program with less than 120 total BYU-Idaho credits. Or complete BS and AAS in less than 140 credits. |
| | - I do not have a Bachelor’s or higher degree. |
| ☐ | I have completed and enclosed the personal information and pre-requisite certification form (Next Page). |
| ☐ | I have read and understand the extra costs notification (Appendix A of this packet). I am prepared to fund these extra costs. |
| ☐ | I have completed and enclosed my documentation of 60 experience hours (20 of which are in acute care) and all information and signatures are completed (Official Forms for documenting these hours are in Appendix B of this packet). |
| ☐ | I have asked a supervising physical therapist or physical therapist assistant to complete my recommendation and they have returned it to me in a sealed envelope with their signature over the seal. I have submitted at least one letter of recommendation and understand that the BYU-Idaho PTA program requires at least one letter of recommendation but will accept up to two. I have enclosed this recommendation form from Appendix C. |
| ☐ | I have enclosed my unofficial BYU-Idaho transcripts. These transcripts were printed within a week of the day I submitted this application. |
| ☐ | CLICK HERE to access our official PTA Program Student Handbook. Checking this box certifies that you have read the handbook and that you understand the expectations of you as a student and that you understand the policies and procedures for the BYU-Idaho PTA program as outlined in the handbook. |
| ☐ | Complete Truescreen background check (see Step 3 on “How to Apply” page). |

I certify that to the best of my knowledge, I have completed the requirements in the checklist above. I also certify that to the best of my knowledge all of the supporting documentation is complete and accurate.

Name (please print): ____________________________________________________________

Signed: ____________________________________________________________ Date: __________
PERSONAL INFORMATION and Pre-requisite Certification

*Please Print*

Name: ____________________________________________  ____________________________
                     Last                        First                          Middle

Present Address: _________________________________________________________________
                  Street                       City                         State    Zip

Phone: ____________________________    BYU-I Email Address: __________________ @byui.edu

BYU-I Identification Number: ___ - _______ - _________

PRE-REQUISITE CERTIFICATION

Complete the following pre-requisite matrix. Identify the grade in each course below from your transcripts.

**If you are taking any of the courses below during the Spring semester that you complete this application, then simply put "in progress" on the application where it asks for a grade.**

<table>
<thead>
<tr>
<th>Foundations Pre-requisites</th>
<th>Grade</th>
<th>Core Science Pre-requisites</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>FDMAT 108</td>
<td>3 cr</td>
<td>BIO 264</td>
<td>3 cr</td>
</tr>
<tr>
<td>FDENG 101</td>
<td>3 cr</td>
<td>BIO 264 L</td>
<td>1 cr</td>
</tr>
<tr>
<td>FDENG 201</td>
<td>3 cr</td>
<td>BIO 265</td>
<td>3 cr</td>
</tr>
<tr>
<td>FDREL 225</td>
<td>2 cr</td>
<td>BIO 265 L</td>
<td>1 cr</td>
</tr>
<tr>
<td>FDREL 250</td>
<td>2 cr</td>
<td>HS 280</td>
<td>2 cr</td>
</tr>
<tr>
<td>HRHP 359</td>
<td>3 cr</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix A

Extra Costs Notification

BYU-Idaho Physical Therapist Assistant students may qualify for financial aid just like any other University student. Financial Aid options are explained on our Financial Aid Website. Students are encouraged to explore this site carefully.

http://www.byui.edu/financial-aid

However, the PTA program does require students to incur costs beyond the normal costs of tuition and books. Below is an explanation of extra costs that a student should expect when they are admitted and agree to participate in the BYU-Idaho physical therapist assistant program.

1. Students who apply and are enrolled in a cohort of the second year of our 1+1 program, must complete 2 semesters of classroom course work and 2 clinical externships. There is no formal “off- track” during this time. Clinical externships earn academic credit and students must pay for these credits the same as any other coursework on campus. Clinical externships run 7 weeks in length (40 hours per week). This means that a student must complete a total of 14 weeks (560 hours) of clinical training. Students get valuable and necessary hands on experience in these clinical courses. However, students are required to fund their own travel, housing and living expenses at these externships. Externships are complicated to arrange. Clinical site owners and staff members are asked to train you in an apprenticeship style experience. This often means that the clinical site owners and staff must decrease their own load and revenue to help you. In order to avoid overwhelming local clinical sites with these requests, we develop contract opportunities all over the country. We will randomly assign students to attend one of our viable and contracted externship sites.

The following cannot be stressed enough:

Students should be prepared to fund the travel and living expense of an externship anywhere in the United States. Students who cannot leave the area for any reason should avoid applying to the program as the inability to complete a clinical externship will void your opportunity to complete the PTA program and sit for the national licensure exam.

2. Many of our contracted externship sites have requirements for students that will require extra costs. These requirements include (but are not limited to) background checks, specific immunizations, uniforms, drug screening, and first aid/CPR certification. Students must bear the cost of any of these extra requirements.

3. Fees. Some courses in the PTA program have fees associated with them. These fees are used to cover expenses such as lotions, gels, electrodes, laundry, name tags, and other incidentals that arise in the training curriculum.

4. Students will be expected to pay for a national licensure exam. The cost to take this exam may differ by slight amounts depending on what state a student applies for licensure in. However, a student should expect to pay around 500.00 dollars to cover all the costs of sitting for this exam. A Program fee will be applied each semester to help cover the cost of this exam.
Experience Hours

Applicants are required to get 60 hours of experience in a physical therapy setting. Hours can be counted when shadowing, volunteering or working with a physical therapist or physical therapist assistant. It has been our experience that students do much better in the physical therapist assistant program if they have some idea as to what they are getting into.

We require that you get experience in at least two different physical therapy settings. We will not accept all 60 hours from the same clinic. Twenty hours of experience are required in an acute care setting. Acute care settings include any setting where patients receive treatments in their place of residence. For example, patients residing in hospitals, rehabilitation centers, transient care units, and nursing homes all receive therapy in the place that they reside. Home health would also count as acute care hours for this application.

As you complete your experience hours, we need to have you document your hours. You may print as many forms as you need on the next page. However, if you have already completed hours elsewhere and you want to use alternative documentation, then be sure that it includes the following items:

- Name, address and phone number of clinic
- Type of therapy seen, including examples (at least 2 different clinical settings)
- Name of supervisor (Must be a PT or PTA)
- Number of hours of experience (at least 60 total and at least 20 in acute care)
- Signature of your supervisor (certifying the number of hours you are documenting).

Submit this documentation with all other forms in the application packet.

Also, in Appendix C, you will find a form that we require as our “letter” of recommendation. Please have the physical therapist or physical therapist assistant who observed you in your experience hours the most fill out the recommendation form. The recommendation form should be put in a sealed envelope with the recommender’s signature across the seal on the back. Please include these forms as part of your application when you submit it.
**BYU-IDaho Physical Therapist Assistant Program Application**

*Experience Documentation From*

Shadowing, volunteer, or work experience under the supervision of any licensed physical therapist or physical therapist assistant will be acceptable. You should have experience in at least two different settings. A minimum of **60 total hours** is required. Of these 60 hours, a minimum of **20 hours in an acute care setting** is required.

<table>
<thead>
<tr>
<th>Name, Address and Phone Number of Clinic:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Hours in this Clinic:</td>
<td></td>
</tr>
<tr>
<td>Type of Therapy Observed (Give examples of some of the things you experienced):</td>
<td></td>
</tr>
<tr>
<td>Name of Supervising Therapist (PT or PTA):</td>
<td></td>
</tr>
<tr>
<td>Signature of Supervising Therapist:</td>
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</tbody>
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<td>Signature of Supervising Therapist:</td>
<td></td>
</tr>
</tbody>
</table>
Instructions for completing the BYU-Idaho PTA program
"Recommendation Form"

A student's professional behavior skills are important to the BYU-Idaho PTA program. We assess our students in 10 categories. We have a great student body and by default we feel comfortable making the assumption that our students have acceptable skill in each of the 10 categories below. However, if you feel that the skill level for the person you are assessing is either unacceptable or exceptional, we invite you to give specific examples and explanations as to why this is the case.

Please read over the assessment. If you agree that the person you are assessing has acceptable skill in each category, then there is no need to mark anything on the evaluation - feel free to turn it in blank (welcome to the easiest recommendation letter you have ever seen). A score of acceptable will be automatically entered for the student. However, if you choose "Unacceptable" or "Exceptional", then we ask that you write a comment that gives specific examples and explanation as to why a score different from acceptable is warranted.

**A score marked as Unacceptable or Exceptional without an explanation will be automatically reverted back to acceptable in our application process.**

Some of the affective behavior skills that we have categorized may seem to overlap. We have included questions to ask yourself in your assessment to help visualize how we separated the scope of these skills in our minds.

Please enclose the recommendation from in an envelope and sign the seal on the back and return it to the student so that they can submit this recommendation with their other application forms.

Any concerns or questions about this assessment should be addressed to:

Mark Coglianese, PhD, MPT
Program Director
BYU-Idaho
208.496.4687
coglianesem@byui.edu
BYU-IDAHO PHYSICAL THERAPIST ASSISTANT
PROGRAM APPLICATION

Name of the student whom you are assessing: ____________________________________________

Professional Behavior:
Consider the following as a measure of the student’s professional behavior;
1. Do they show up on time?
2. Do they work hard while on the job?
3. Is their personal hygiene and dress appropriate for the setting in which they work?
4. Do they avoid complaining or gossip that can be destructive to the workplace?
5. Do they represent the profession of physical therapy effectively?

Unacceptable  Acceptable  Exceptional
☐  ☐  ☐

Comments:

Respect:
Consider the following as a measure of the student’s professional behavior;
1. Do they avoid demeaning comments or behavior towards any group or individual?
2. Do they avoid confrontation?
3. Do they treat other people’s property with respect?
4. Do they avoid complaining or gossip that can be destructive in the workplace?

Unacceptable  Acceptable  Exceptional
☐  ☐  ☐

Comments:

Confidence:
Consider the following as a measure of the student’s professional behavior;
1. Does their body language and interactions make them appear appropriately confident when performing their job?
2. Do they display the appropriate initiative?
3. Do they rise up to or shrink from a challenge?
4. Do they self-assess, self-correct, and self-direct in appropriate ways to improve their performance?

Unacceptable  Acceptable  Exceptional
☐  ☐  ☐

Comments:
**Emotional Stability:**
Consider the following as a measure of the student’s professional behavior;

*A career in medicine can involve traumatic and difficult emotions. Patients and families often struggle to deal with the loss of function and their emotions can be close to the surface.*

1. Does the student maintain appropriate control of their own emotions while working with a patient who has lost control of their own?
2. Does the student demonstrate the ability to separate themselves from the trauma and drama of the work place or do they get caught up in the emotions of the moment to the degree that it affects their work performance?

   - [ ] Unacceptable
   - [ ] Acceptable
   - [ ] Exceptional

**Comments:**

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**Stress Management:**
Consider the following as a measure of the student’s professional behavior;

1. Do they handle themselves well under pressure?
2. Do they avoid bringing stressful situations from outside of work to the work environment?
3. Do they stay calm in stressful situations?
4. Do they demonstrate appropriate coping behaviors to deal with stressful situations?
5. Do they worry about a lot of things and share that worry with patients and co-workers?

   - [ ] Unacceptable
   - [ ] Acceptable
   - [ ] Exceptional

**Comments:**

---

**Integrity:**
Consider the following as a measure of the student’s professional behavior;

1. Are they honest?
2. Do they make decision that are guided by good moral principles?
3. Are they honorable?
4. Do they fulfill commitments and are they accountable for their actions and outcomes?

   - [ ] Unacceptable
   - [ ] Acceptable
   - [ ] Exceptional

**Comments:**
### Compassion:
Consider the following as a measure of the student’s ability to display compassion:
1. Do they display appropriate empathy and sympathy for patients, family members and colleagues who are struggling?
2. Do they show kindness in an appropriate manner?
3. Are they sincere in their communication?
   - Unacceptable
   - Acceptable
   - Exceptional

Comments:

### Interpersonal Relationships:
Consider the following as a measure of the student’s ability to engage in good Interpersonal Relationships:
1. Do they use oral and body language in an appropriate manner when communicating with others?
2. Do they extend the hand of friendship in an appropriate manner to patients, colleagues and others?
3. Are they courteous in their greetings and conversations with people on the phone, in letters or in person?
   - Unacceptable
   - Acceptable
   - Exceptional

Comments:

### Sound Judgment:
Consider the following as a measure of the student’s ability to display Sound Judgment:
1. Do they show wisdom in their choices?
2. Do they demonstrate the ability to foresee consequences of their choices?
3. Do they prioritize safety in their decision making?
   - Unacceptable
   - Acceptable
   - Exceptional

Comments:

### Problem Solving:
Consider the following as a measure of the student’s ability to Problem Solve:
1. Do they show a quick learning curve when learning new information or skills?
2. Are they creative in their approaches and thinking through a new problem?
3. Do they know how to use appropriate resources to help them find solutions?
4. Do they have an appropriate knowledge base to work through problems?
   - Unacceptable
   - Acceptable
   - Exceptional

Comments:

Signature: ___________________________ Date: ___________________________
BYU-IDAHO PHYSICAL THERAPIST ASSISTANT PROGRAM APPLICATION

Note: After completing the recommendation, please place in an envelope and sign across the seal, give it back to the applicant so it can be included as part of the application packet.

Part 1. To be completed by Applicant: CONFIDENTIALITY (Check one)
I waive my right of access to this confidential report ☐. I do not waive my right of access to this confidential report ☐.

Applicant’s Signature: ___________________________ Date: ______________

Applicant’s Name (Print): ___________________________

Part 2. (To be completed by Recommender): The individual named above has applied for acceptance in the Brigham Young University – Idaho Physical Therapy Assistant Program and is requesting a recommendation from you. Please assist us in evaluating this applicant’s potential. We appreciate your honest and confidential evaluation of his or her abilities and attitudes.

Length of time you have known the applicant?

How would you evaluate yourself giving ratings of this kind to students? Please circle one.

<table>
<thead>
<tr>
<th>Generous</th>
<th>Average</th>
<th>Very conservative</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
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</tr>
</tbody>
</table>

Please use the scale shown below to compare the applicant with a representative group of students whom you have known during your career.

<table>
<thead>
<tr>
<th>Trait</th>
<th>Superior Top 2%</th>
<th>Outstanding Top 10%</th>
<th>Excellent Top 20%</th>
<th>Good Top 50%</th>
<th>Avg/Poor Lower 50%</th>
<th>No basis for judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to exhibit Professional Behavior</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Ability to demonstrate Respect</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Ability to exhibit Confidence in actions and learn from mistakes</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Their Emotional Stability</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Ability to Manage Stress</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Ability to display Integrity</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Ability to display compassion</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>Ability to engage in good Interpersonal Relationships</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Ability to make Sound Judgments</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>Ability to Problem Solve</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>Overall competence and potential</td>
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<td>☐</td>
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</tbody>
</table>

The Physical Therapy Assistant Program assumes that in all likelihood the applicant is a competent person. We will be most appreciative if instead of describing his or her general excellence, you would tell us what makes this candidate especially promising when compared to other applicants who may appear equally well qualified. If or any reason you have substantial reservations about the candidate’s potential for success, please explain why. (Write your comments either on this form or on a separate page.)

Signature of Recommender: ___________________________

Name of Recommender (Print): ___________________________

Date: ___________________________

Position: ___________________________

Address: ___________________________