The Physical Therapist Assistant (PTA) program is a two-year program of study that prepares students to work within the practice of physical therapy under the supervision of a physical therapist. Upon satisfactory completion of the program, students are awarded the Associate of Applied Science Degree and are eligible to write the PTA licensure examination.

**Admission Procedure**
The applicant must submit the following materials to the MCC Office of Admission:

1. MCC application for admission, if not a current MCC student. [https://banssb2.meridian.mcc.cc.ms.us/prod/bwskalog.P_DisplLoginNon](https://banssb2.meridian.mcc.cc.ms.us/prod/bwskalog.P_DisplLoginNon)

2. PTA Program Application
   - A. PTA Information Sheet
   - B. Essay
   - C. Verification of Observation
   - D. Reference Forms
   - E. A letter of good standing for those previously admitted to a PTA Program

3. Official transcripts from every college you attended if you are transferring to MCC. Official transcripts must be sent directly to the MCC Admissions office. [Note: Most colleges and universities charge a nominal fee for this service. Transcripts become the property of MCC and cannot be returned to an applicant or forwarded to another school or individual.]

4. Official ACT Score Report or high school transcript denoting ACT Score. Regarding ACT:
   - A. students must attain an 18 or higher ACT composite score, (scores adjusted if ACT written prior to October 1989)
   - B. Attain a 16 or 17 ACT composite and complete 18 semester hours of program general education coursework with an average of "C" or better from an accredited college or university.
     - The 18 hours of coursework should be selected from the following: Physical Science I; Anatomy and Physiology I & II; College Algebra; English Composition I; General Psychology, Public Speaking, Humanities/Fine Arts elective.

The Physical Therapist Assistant Program at Meridian Community College is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-706-3245; email: accreditation@apta.org; website: [http://www.capteonline.org](http://www.capteonline.org).

*Meridian Community College does not discriminate on the basis of race, color, national origin, sex, disability, religion or age in admission or access to, or treatment or employment in its programs and activities. Compliance with Section 504 is coordinated by Ms. Soraya Welden, Dean of Student Services, 910 Highway 19 North, Meridian, MS 39307. 601-484-8628, Fax: 601-484-8635, email: swelden@meridiancc.edu. Compliance with Title IX is coordinated by Mr. Derek Mosley, Social Science Instructor, Smith Hall, 910 Highway 19 North, Meridian, MS 39307. 601-553-3453, Fax: 601-484-8635, email: dmosley@meridiancc.edu.*
Application deadline will be May 1, 2019. The application must be complete to be considered. Transcripts must be updated following coursework completion. Transcripts and ACT score verification must be completed by the Admissions office and verification of all other forms by the PTA Program. Interviews are held during the month of May. All applicants will be notified in writing of their selection to participate in the interview process. Resulting information will be forwarded to the PTA Admissions Committee.

NOTIFY THE MCC ADMISSIONS OFFICE OF ANY CHANGE IN MAILING ADDRESS OR TELEPHONE NUMBER. PLEASE CALL THE MCC ADMISSIONS OFFICE AT 601-483-8241 OR 1-800-MCC-THE1.

After program admission and prior to the first day of class, students must present a physical examination, a CPR Healthcare Provider certification denoting Basic Life Support Training (BLS), and proof of immunization for MMR. A random drug screening, a Mantoux Two-Step TB Skin Test and background check will be scheduled after the beginning of classes.

Mississippi Law now requires healthcare professionals or occupational education students enrolled in programs whose primary purpose is to prepare professionals to render patient care services submit to criminal background checks and fingerprinting prior to beginning any clinical rotation in a licensed healthcare entity. If such fingerprinting or criminal background checks of the student discloses a felony conviction, guilty plea or plea of nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, sex offense listed in Section 45-31-3 (I), child abuse, arson, grand larceny, burglary, gratification of lust, aggravated assault or felonious abuse and/or battery of a vulnerable adult which has not been reversed on appeal or for which a pardon has not been granted, the student shall not be eligible to be admitted to such health program of study or will not be eligible to participate in clinical training in a licensed entity. The student's eligibility to participate in the clinical training phase of their healthcare program shall be voided if the student receives a disqualifying criminal record check.

In addition to the disqualifying events listed in Section 37-29-232 of the Mississippi Code of 1972 annotated, clinical affiliates may, at their discretion, refuse to provide clinical experiences to any student whom the clinical affiliate feels are not suitable for employment or for the clinical experience setting.

Any drug conviction; bodily harm, neglect or abuse, or felony DUI conviction within a year of starting date of class is cause for denial of the clinical experience setting. Any convictions more than a year beyond the starting date of class will be examined by the “Review Standards Committee” with a decision rendered if the student is allowed to participate in the clinical experience setting. Any charges pending a resolution will require documentation of disposition from the student.

Even though the student may be allowed to progress in the chosen Health Education or Nursing program, local licensure agencies and state boards may not permit or accept an individual for registration, permit or licensure. Employability is not guaranteed in the chosen health education or nursing program. A student may complete some or all academic core courses prior to program admission; however, the course of study will remain two years. If accepted into the program, a student must remain enrolled full time (12 or more semester hour credits, excluding summer term) each semester.

(Rev. 9/18)
**Category 1: ACT Composite Score**

<table>
<thead>
<tr>
<th>Score Range</th>
<th>Points</th>
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<tr>
<td>17 – 17</td>
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<tr>
<td>18-20</td>
<td>2 pts</td>
</tr>
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<td>21-22</td>
<td>3 pts</td>
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<td>23-24</td>
<td>4 pts</td>
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<tr>
<td>25 or above</td>
<td>5 pts</td>
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**Category 2: Overall GPA**

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<th>Points</th>
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<td>2.1-2.5</td>
<td>2 pts</td>
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<tr>
<td>2.6-3.0</td>
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<td>3.1-3.5</td>
<td>4 pts</td>
</tr>
<tr>
<td>3.6-4.0</td>
<td>5 pts</td>
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</tbody>
</table>

**Category 3: Core GPA (General Education Courses in PTA Curriculum)**

<table>
<thead>
<tr>
<th>GPA Range</th>
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<tbody>
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<tr>
<td>2.1-2.5</td>
<td>2 pts</td>
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<tr>
<td>2.6-3.0</td>
<td>3 pts</td>
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<tr>
<td>3.1-3.5</td>
<td>4 pts</td>
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<tr>
<td>3.6-4.0</td>
<td>5 pts</td>
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**Category 4: PTA Curriculum Courses Completed**

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<th>Course</th>
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<th>B</th>
<th>C</th>
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<tbody>
<tr>
<td>English Comp I</td>
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<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Psychology</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Speech</td>
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<td>1</td>
</tr>
<tr>
<td>Humanities/Fine Arts</td>
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<td>2</td>
<td>1</td>
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</table>

**Category 5: Sciences Completed (If at MCC add 1 point)**

<table>
<thead>
<tr>
<th>Course</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Science Survey</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>A &amp; P I</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>A &amp; P II</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Algebra</td>
<td>3</td>
<td>2</td>
<td>1</td>
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**Category 6: PTA Essay & Interview Score**

<table>
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<th>Score Range</th>
<th>Essay</th>
<th>Interview</th>
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<td>20</td>
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</tr>
<tr>
<td>19 – 19</td>
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<tr>
<td>18 – 18</td>
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<td>38</td>
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<tr>
<td>17 – 17</td>
<td>17</td>
<td>37</td>
</tr>
<tr>
<td>16 – 16</td>
<td>16</td>
<td>36</td>
</tr>
</tbody>
</table>

BS Degree = 2 pts
Please complete the following:

Date: ___________________________

Name ___________________________ Soc. Sec. #/MCC ID ___________________

Address ___________________________________________ DOB _______________

City __________________________________ State ______________ Zip ____________

Home Phone ___________ Work Phone ___________ Cell Phone ____________

E-mail address ____________________________________________________________

Employer ________________________________________________________________

Currently in high school? ____Yes ____No If yes, where? ____________________________

Currently in college? ____Yes ____No If yes, where? ____________________________

Have you ever been enrolled in MCC’s or another PTA program? ____Yes ____No

If yes, where and when? _____________________________________________________

Reasons for leaving ________________________________________________________

Bachelor’s or Advanced degree? If so please list degree, major, and college.

National ACT Score: _______

Submitted ACT score or high school transcript to Admissions office? ____Yes ____No

For the courses listed below, indicate the year taken, grade earned, and college at which course was completed. Put ‘CE’ by those courses in which you are currently enrolled.

<table>
<thead>
<tr>
<th>Course</th>
<th>Grade (Letter Only)</th>
<th>Location Taken (ex: MCC)</th>
<th>Semester and Year (ex: Fall, 2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy &amp; Physiology I</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anatomy &amp; Physiology II</td>
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<tr>
<td>Physical Science I</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>College Algebra</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>English Composition I</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Psychology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Principles of Speech</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Humanities or Fine Arts Course</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Return to:
Meridian Community College
Tommy Winston
910 Highway 19 North
Meridian, MS 39307

Office Use Only:

Observation Forms _____________
Reference Forms ______________
Autobiographical Essay ________
ESSAY

Please **TYPE** a **ONE PAGE** essay regarding your interest in physical therapy in general and the physical therapist assistant program at MCC specifically. The essay should also include a summary of one of your observation experiences that helped in your decision to become a physical therapist assistant.

The essay should include:

1. The Applicant’s name
2. A short autobiography that includes your participation in activities (community, service, extracurricular, etc.).
3. The Facility name in which the observation experience occurred.
4. How the observation experience impacted you as a potential applicant.
5. Signature and date at the end of the page denoting completion.
MCC’s PHYSICAL THERAPIST ASSISTANT PROGRAM
VERIFICATION OF OBSERVATION

Directions to the Applicant: MCC's PTA program admission requires observation in two different areas of physical therapy (i.e. outpatient, acute, long-term acute, nursing home, rehabilitation hospital, home health, etc.) preferably at two separate facilities. Applicants should observe for a combined total of sixteen hours with no more than eight hours at one facility. Applicants are only allowed to document eight (8) hours from a location in which they are employed OR which they complete clinical assignment hours for degree completion.

Make as many copies of “Verification of Observation” forms as necessary to document additional observations. Observation hours must be completed during the year prior to the admission deadline for consideration for the program (May 1 – April 30). Completed hours must be documented on an MCC Observation Form to be considered for entrance into the PTA program.

Professional attire required for observation: Shirt must have collar, pants (no jeans or shorts), no sandals or tennis shoes.

---

Dates of Observation: ____________________________________________

Supervising Therapist Name: _______________________________________

Type of Setting: Acute Hospital_______ Outpatient_______ Rehabilitation_______
Skilled Nursing_______ Nursing Home_______ Home Health_______

Other (please list)___________________________________________________________

Comments:

__________________________________________
Physical Therapist or Physical Therapist Assistant
(Please print or type)

______________________________  ________________________________
Position

______________________________  ________________________________
Facility

______________________________  ________________________________
Telephone Number

______________________________  ________________________________
PT or PTA Signature

Date

Please send to:
Meridian Community College
Tommy Winston
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Meridian, MS  39307

Rev 9/18
MCC’s PHYSICAL THERAPIST ASSISTANT PROGRAM
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Supervising Therapist Name: __________________________________________

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Skilled Nursing_______ Nursing Home_______ Home Health________

Other (please list)___________________________________________________________

Comments:

________________________________________

Physical Therapist or Physical Therapist Assistant
(Please print or type)

______________________________

Facility

______________________________

PT or PTA Signature

______________________________

Position

______________________________

Telephone Number

______________________________

Date

Please send to:
Meridian Community College
Tommy Winston
910 Highway 19 North
Meridian, MS  39307

Rev 9/18
**STUDENT APPLICANT REFERENCE FORM**
**MCC PHYSICAL THERAPIST ASSISTANT PROGRAM**
(Please print or type)

**Directions to the Applicant:** Admission into MCC’s PTA program requires references from two sources (one personal and one professional). Submit this reference form along with a written letter of reference attached to this document for each reference source. The committee **will not accept** more than two references.

Applicant's Full Name ___________________________ SS# ___________________________
Your relationship to applicant: (Teacher, Advisor, Employer, etc.) ___________________________
Please evaluate the applicant according to these categories.

<table>
<thead>
<tr>
<th>Ability to follow directions</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Unable to Assess</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to work with others</td>
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<td></td>
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<td></td>
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<tr>
<td>Character (maturity,</td>
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<tr>
<td>dependability, timeliness)</td>
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<tr>
<td>Initiative</td>
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<tr>
<td>Ability to perform under</td>
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<tr>
<td>stress</td>
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<tr>
<td>Communication skills</td>
<td></td>
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</tr>
</tbody>
</table>

Your Name ____________________________________________________________
Business (if professional reference) __________________________________________
Your Address ____________________________________________________________ Telephone _______________
Date __________________________ Signature ____________________________

***Please submit a separate letter of reference about this applicant including any characteristics or qualities of this person which may affect his/her ability to be a physical therapist assistant.***

---

**Return to:**
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Tommy Winston  
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Meridian, MS 39307

Rev: 9/18
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