



**MERIDIAN COMMUNITY COLLEGE
PHYSICAL THERAPIST ASSISTANT
PROGRAM APPLICATION
Fall 2021 Cohort**

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Fall 2021 Cohort

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 sit for the PTA licensure examination.

Admission Procedure

The applicant must submit the following materials:

1. MCC application for admission, if not a current MCC student.
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. Official Document Checklist
3. Official transcripts from every college you attended if you are transferring to MCC. Official transcripts should be mailed 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 OR
 - B. Score 16 or 17 composite ACT **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>.

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 Mrs. Deana Smith, Dean of Student Services, 910 Highway 19 North, Meridian, MS 39307. 601-484-8895, Fax: 601-484-8635, email: dsmith40@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, 2021. 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 via Eaglenet of their selection to participate in the interview process [Steps: 1. Go to www.meridiancc.edu 2. Login to Eaglenet 3. Click “Student” tab 4. In top section, click “Student Applications” under ‘Surveys, Personal Information, Student Apps’ and follow directions].**

PLEASE 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) through The American Heart Association, and proof of immunizations for MMR, Varicella, and Hepatitis B (series of 3). A random drug screening, a Mantoux Two-Step TB Skin Test, background check, and flu shot are conducted during the start of the program.

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) each semester.*

(Rev. 10/2020)

PTA POINT SYSTEM FOR ADMISSION

Scale for Rating Applicants for Admission

Category 1: ACT Composite Score

17 – 1 pt
18-20 – 2 pts
21-22 – 3 pts
23-24 – 4 pts
25 or above – 5 pts

Category 2: Overall GPA

2.0 – 1 pt
2.1-2.5 – 2 pts
2.6-3.0 – 3 pts
3.1-3.5 – 4 pts
3.6-4.0 – 5 pts

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

2.0 – 1 pt
2.1-2.5 – 2 pts
2.6-3.0 – 3 pts
3.1-3.5 – 4 pts
3.6-4.0 – 5 pts

Category 4: PTA Curriculum Courses Completed

	<u>A</u>	<u>B</u>	<u>C</u>
English Comp I	3	2	1
Psychology	3	2	1
Speech	3	2	1
Humanities/Fine Arts	3	2	1

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

	<u>A</u>	<u>B</u>	<u>C</u>
Physical Science Survey	4	3	2
A & P I	4	3	2
A & P II	4	3	2
Algebra	3	2	1

Category 6: PTA Essay & Interview Score

Essay	20	5	Interview	40	5
	19	4		39	4
	18	3		38	3
	17	2		37	2
	16	1		36	1

BS Degree = 2 pts

**MERIDIAN COMMUNITY COLLEGE
PHYSICAL THERAPIST ASSISTANT
INFORMATION SHEET**

Please complete the following: Date: _____
 Name _____ MCC ID _____
 Address _____ DOB _____
 City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 E-mail address _____
 Employer _____
 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.			
Course	Grade (Letter Only)	Location Taken (ex: MCC)	Semester and Year (ex: Fall, 2017)
Anatomy & Physiology I			
Anatomy & Physiology II			
Physical Science I			
College Algebra			
English Composition I			
General Psychology			
Principles of Speech			
Humanities or Fine Arts Course			

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

Office Use Only: Observation Forms _____ Reference Forms _____ Observational Essay _____

ESSAY

Please **TYPE** a **500 Word ESSAY** (single spaced, Times New Roman 12 point font) 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 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 experience impacted you as a potential applicant.
5. Signature and date at the end of the page denoting completion.

Name _____

MCC ID _____

**MCC's PHYSICAL THERAPIST ASSISTANT PROGRAM
VERIFICATION OF OBSERVATION**

Directions to the Applicant: MCC's PTA program admission requires observation in **ONE** areas of physical therapy (i.e. outpatient, acute, long-term acute, nursing home, rehabilitation hospital, home health, etc.) for fall 2021 applicants due to COVID-19 Restrictions. Applicants should observe for a combined total of **TEN HOURS**.

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) _____

Number of Hours _____

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
910 Highway 19 North
Meridian, MS 39307

Name _____

MCC ID _____

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Other (please list) _____

Number of Hours _____

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(Please print or type)

Position

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Telephone Number

PT or PTA Signature

Date

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Meridian, MS 39307

PROFESSIONAL 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 _____ MCC ID _____

Your relationship to applicant:
(Teacher, Advisor, Employer, etc.) _____

Please evaluate the applicant according to these categories.

	Excellent	Good	Fair	Poor	Unable to Assess
Ability to follow directions					
Ability to work with others					
Character (maturity, dependability, timeliness)					
Initiative					
Ability to perform under stress					
Communication skills					

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 that may affect his/her ability to be a physical therapist assistant.**

Return to:
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PERSONAL 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 _____ MCC ID _____

Your relationship to applicant:
(Teacher, Advisor, Employer, etc.) _____

Please evaluate the applicant according to these categories.

	Excellent	Good	Fair	Poor	Unable to Assess
Ability to follow directions					
Ability to work with others					
Character (maturity, dependability, timeliness)					
Initiative					
Ability to perform under stress					
Communication skills					

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 that may affect his/her ability to be a physical therapist assistant.**

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Meridian Community College
Physical Therapist Assistant Program
Application Envelope Packet Checklist

All applications must contain the following information to receive consideration program admission by the PTA Program's Admissions Committee:

- A completed **Application to Meridian Community College** (see page 2).
- Previous Transcripts** from all colleges attended. Please forward transcripts to Admissions Office of Meridian Community College.
- High school Transcript or Documentation** noting your ACT score.
- A completed **Personal Information Sheet** noting required coursework already taken and the grade received.
- A **500 word typed essay** discussing your physical therapy observation experience.
- Observation Documentation Form validating a minimum of 10 hours of direct physical therapy observation in ONE SETTING** (outpatient, inpatient, swing-bed, long-term acute care, rehabilitation hospital, home-health, etc.).
- Two sealed letters of **Recommendation (one personal one professional)**, using the provided form and a separate letter of reference.

Signature

Date

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