TCL Division of Health Sciences Program  
Application Checklist & Instructions  
Physical Therapist Assistant Program  
Fall 2016 program entry

**Applicant Name** ____________________________

**Instructions**
Initial and date each item below prior to submission. Schedule an appointment with a Health Sciences advisor to review and submit your completed checklist. You will receive a Health Sciences physical therapist assistant program application if checklist is complete and all required documents are in your Health Sciences folder. Completed applications must be accompanied by a receipt from the TCL cashier’s office for the $50 nonrefundable application fee.

**Student initial & date**

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<td>1.</td>
<td>Official TCL admissions application on file. It is necessary to re-apply if you have not attended classes at TCL for &gt;1 year.</td>
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| 2. | Verify official transcripts, from high school (or GED) and all colleges previously attended, have been received by TCL.  
*NOTE: It is the student’s responsibility to follow up with Student Records for transfer of credits.* |
| 3. | List ALL colleges attended  
___________________________________________________________________________  
_____________________________________________________________________________  
_____________________________________________________________________________ |
| 4. | Biophysical science course credits and mathematics course credits must be earned within five years of admission to any Health Science program. |
| 5. | Must be eligible to take MAT 120 and BIO 210 for entry into the program. |
| 6. | Have you been accepted into the TCL PTA program in the past? Circle Yes or No |
| 7. | I have not been unsuccessful in two (2) or more Physical Therapy Assistant courses at TCL or any other Physical Therapy Assistant program. |
| 8. | Have you met face-to-face with a Health Sciences advisor within the past six months? Circle Yes or No |
| 9. | Score at least a 63 (adjusted individual total score) on the TEAS V and:  
a. Minimum TCL GPA of 2.5, GPA of 2.5 from the most recent college attended if no TCL GPA, or  
b. Minimum high school GPA of 2.5 for students graduating within 12 months of application date  
The TEAS test may only be taken twice within a 12 month period from date of first test. Only the highest score will be considered. Copies of ALL TEAS Test Results must be included (not just those taken within the past 12 months).  
Date(s) Taken: __________ __________  
Individual Score(s): __________ __________ |
10. Applicants with two or more failures (D, F, WF) in required non-PTA courses (BIO 210, BIO 211, ENG 101, ENG 102, MAT 120, PSY 201) within the last five years must:
   a. Score at least a 63 (adjusted individual total score) on the TEAS V
   b. Complete all required non-PTA courses (BIO 210, BIO 211, ENG 101, ENG 102, MAT 120, PSY 201, and 3 hours of an approved humanities course) with a total TCL GPA ≥ 2.75. Math and biology courses must have been completed within the last five years.

   OR

   Applicants with two or more failures (D, F, WF) in Physical Therapist Assistant courses have one opportunity for admission. Applicant must:
   a. Score greater than 70 adjusted individual total score) on the TEAS V.
   b. Complete all non-Physical Therapist Assistant courses in the program of study (BIO 210, BIO 211, ENG 101, MAT 110, PSY 201, and 3 hours of an approved humanities course) with a TCL GPA ≤ 2.75. Math courses must be completed within the last five years. Biology courses must be completed within 18 months from the date of application.
   c. Wait a minimum of three academic years from time of second failure to apply.

11. I understand that if accepted into the program:
   a. I must attend a mandatory orientation on the date stated in my acceptance letter.
   b. I must have a TCL GPA of at least 2.5 to enter the program.
   c. I must have access to a computer and internet as all PTA courses have an online component.
   d. I must be able to attend clinical rotations at sites within a 60 mile radius of the Beaufort or New River campus which may include weekend and evening rotations.
   e. I must be eligible and able to attend all clinical sites utilized by the PTA program.
   f. I will be required to complete a drug screen and background check. If I have concerns about results that may be present on my background check, I must schedule a meeting with the Dean upon receiving my acceptance letter.

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Applicant signature __________________________ Date __________________________

Given an application YES NO

__________________________________________
Advisor signature __________________________ Date __________________________

Signature of applicant __________________________ Date __________________________