### 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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<tr>
<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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<td>2.</td>
<td>Verify official transcripts, from high school (or GED) and all colleges previously attended, have been received and a copy is in your Division of Health Sciences advisement folder. <strong>NOTE: It is the student’s responsibility to follow up with Student Records for transfer of credits.</strong></td>
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<td>3.</td>
<td>List <strong>ALL</strong> colleges attended</td>
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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. Met face-to-face with a Health Sciences advisor within the past six months. Circle **Yes** or **No**

8. Generic applicants must meet one of the following criteria:

   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 OR
   Score at least a 57 (adjusted individual total score) on the TEAS V and complete the following courses: BIO 210, BIO 211, PSY 201, MAT 120, ENG 101, ENG 102, and 3 hours of an approved humanities course with a total GPA ≥ 2.75 at last college attended.

**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): __________  __________
9. 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 PTA 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 Therapy Assistant courses in the program of study (BIO 210, BIO 211, ENG 101, ENG 102, MAT 120, & PSY 201) with a GPA ≥ 2.75. Math courses must be completed within the last five years. Biology courses must be taken within 18 months of the date of application.
      c. Wait a minimum of two academic years from time of second failure to apply.

10. 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 maintain 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.
   a. 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.
   d. I must be eligible and able to attend all clinical sites utilized by the PTA program.
   e. 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.

Applicant signature ____________________________ Date __________
Given an application YES NO ____________________________ ____________________________
Advisor signature ____________________________ Date __________
Signature of applicant ____________________________ Date __________