

Central Methodist University

Physical Therapist Assistant Program

Student Application

Information session code # _____

Full Legal Name: _____
Last First Middle

Preferred Name or Nickname _____ Maiden Name _____

Permanent Address: _____
Street City State Zip

Phone (____) _____ (____) _____ / ____/____
Home Cell Date of Birth

Email Address _____ Student ID Number (CMU) _____

Emergency Contact _____
Name Phone number

ACADEMIC RECORD: List all previous academic experience: high school, GED, college. Begin with high school and progress to present.

| School | City/State | Dates attended | Degree attained |
|--------|------------|----------------|-----------------|
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CURRENT COLLEGE LEVEL COURSEWORK (include dual credit)

| Course Title # | Hours | College |
|----------------|-------|---------|
| | | |
| | | |
| | | |

Have you taken any courses at CMU?

YES

NO

WORK EXPERIENCE: In chronological order, beginning with most recent. Provide the following information regarding your prior work experiences in the past 5 years.

| Employer | Job Title | Dates of Employment | # of hours worked per week | Related to health care field? Yes/No |
|----------|-----------|---------------------|----------------------------|--------------------------------------|
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VOLUNTEER EXPERIENCE/COMMUNITY INVOLVMENT/LEADERSHIP ROLES

In the space provided describe any volunteer, community service and or leadership roles you have participated in. Explain how these roles have prepared you for success at the university and professional levels. Provide details of specific projects you have been involved in, awards you have garnered, and offices you may have held. Use the back of this form or addition paper as needed.

The FERPA permits us to request that you waive your right to inspect the letters of reference and statements of recommendation received by the office for admission into the PTA Program. I hereby waive my right to inspect letters of reference and statements of recommendation received by the PTA program director at Central Methodist University when used for admission purposes.

Student Signature

Date

All PTA application materials should be submitted electronically via email or mailed to:

Jennifer Spielbauer, MSPT
 PTA Program Director
 Central Methodist University
 411 Central Methodist Square
 Fayette, Mo 65248
jspielba@centralmethodist.edu

Central Methodist University

Observation Hours Report Form

To be eligible for admission to the PTA Program applicants are responsible for completing 24 hours of observation in a Physical Therapy Clinic. This should include at least one out patient and one inpatient setting. This can include work related experience if applicable. Please complete the following form and submit with your application for admission to the PTA Program.

| Facility | Setting | Hours | Supervisor Signature |
|---------------------------------------|--|----------------|----------------------|
| <i>Example: Wayne County Hospital</i> | <i>Ex: Acute Care, out patient, home health etc.</i> | <i>8 hours</i> | |
| | | | |
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| | | | |
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Please submit this completed form via mail or scanned and emailed to the following:

Jennifer Spielbauer, MSPT
PTA Program Director
Central Methodist University
411 Central Methodist Square
Fayette, Mo 65248
jspielba@centralmethodist.edu

**Central Methodist University
Physical Therapist Assistant Program
Recommendation Form**

Applicant Name: _____

Date: _____

Thank you for taking your time in support of this student's educational endeavors. As a part of the application process for the Physical Therapist Assistant program at Central Methodist University we require that all students submit a recommendation from an employer, mentor, educator, organization leader or supervisor. This process assists us with our screening process and is important to our ability to enroll and graduate successful clinicians. Again we appreciate your time with this task.

Please rate the following abilities of the student you are referring.

| 3= Strongly agree | 2=Agree | 1=Disagree | |
|--|----------------|-------------------|------|
| 1. The student demonstrates a commitment to learning | 3 | 2 | 1 NA |
| 2. The student demonstrates strong interpersonal skills | 3 | 2 | 1 NA |
| 3. The student demonstrates effective communication skills | 3 | 2 | 1 NA |
| 4. The student demonstrates effective time management | 3 | 2 | 1 NA |
| 5. The student accepts and uses constructive criticism | 3 | 2 | 1 NA |
| 6. The student demonstrates strong problem solving skills | 3 | 2 | 1 NA |
| 7. The student demonstrates effective organizational skills | 3 | 2 | 1 NA |
| 8. The student presents themselves in a professional manner when appropriate (dress, attitude, behavior) | 3 | 2 | 1 NA |

What is your relationship to this student? _____

Do you recommend this student for the PTA program at Central Methodist University? Why or why not?

Your name: _____

Organization name: _____

Please return this form in one of the following:

1. Scan and email directly to Jennifer Spielbauer, PTA program director at jspielba@centralmethodist.edu. This must be received no later than March 15.
2. Return the form to the student in a sealed envelope to be returned by the student with other application materials. All application materials are due by March 15.