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. PTAs are employed in hospitals, clinics, rehabilitation centers, extended care facilities, home health agencies and other health care settings. Admission to the program is selective and competitive. Upon satisfactory completion of the program, students are awarded the Associate of Applied Science Degree and are eligible to write the PTA licensure examination.

### FIRST YEAR

<table>
<thead>
<tr>
<th>First Semester</th>
<th>Second Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Science I</td>
<td>College Algebra</td>
</tr>
<tr>
<td>English Composition I</td>
<td>Public Speaking</td>
</tr>
<tr>
<td>Anatomy and Physiology I</td>
<td>Anatomy and Physiology II</td>
</tr>
<tr>
<td>General Psychology</td>
<td>Fundamental Skills of the PTA</td>
</tr>
<tr>
<td>Fundamental Concepts of Physical Therapy</td>
<td>Kinesiology</td>
</tr>
<tr>
<td>Health Care Experience I</td>
<td>Humanities/Fine Arts Elective</td>
</tr>
</tbody>
</table>

### SUMMER

- Therapeutic Modalities
- Electrotherapy
- Clinical Education I
- Seminar
- Seminar

### SECOND YEAR

<table>
<thead>
<tr>
<th>First Semester</th>
<th>Second Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapeutic Exercise &amp; Rehabilitation I</td>
<td>Clinical Education II</td>
</tr>
<tr>
<td>Therapeutic Exercise &amp; Rehabilitation II</td>
<td>Clinical Education III</td>
</tr>
<tr>
<td>Medical Conditions &amp; Related Pathology</td>
<td>Clinical Education IV</td>
</tr>
<tr>
<td>Seminar</td>
<td>Physical Therapy Seminar</td>
</tr>
</tbody>
</table>

Advanced placement credit and/or College Level Examination Program (CLEP) will not substitute for program coursework.

Standard for Progression: Students must obtain a grade of "C" or higher in each Physical Therapist Assistant (PTA) course with an overall 2.00 GPA (a "C" average on the 4.00 scale) to progress in the 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.

Applications will be accepted through May 1, 2018. Each applicant must complete both college "General Admission Procedures" and ALL PTA program application forms (INCLUDES TRANSCRIPTS). Each is outlined below. The application must be complete to be considered.* Receipt of transcripts and ACT score verification should be completed by the Admissions office and verification of all other forms by the PTA Program.

General Admission Procedure
The applicant must submit to the MCC Admissions office:
1. MCC application for admission, if not a current MCC student.
2. High school transcript or General Educational Development (GED) test transcript. You must have graduated from an accredited high school or must provide documentation of passing the GED test;
3. Official transcripts from every college you attended if you are transferring to MCC;
4. Official American College Test (ACT) score report. Note that a Residual ACT will NOT be accepted.

Program Application
The applicant must also submit the attached forms and documents to Tommy Winston:
1. PTA Reference Forms;
2. Verification of Observation (Documented on MCC Application Forms Only);
4. Information Sheet
5. If you have been in a PTA Program previously, you will need a letter of good standing.

The PTA Admissions Committee will select each class from the pool of applicants who meet admission requirements. Any application with incomplete records will not be considered for admission. The admission process is competitive and completion of minimum requirements is not a guarantee of admission. An admission point system is utilized based on ACT score, GPA, essay and interview. Priority consideration will be given to those students having completed program and/or general coursework at MCC.

The Physical Therapist Assistant Program at Meridian Community College is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) of the American Physical Therapy Association (APTA).

The Commission on Accreditation in Physical Therapy Education
Department of Accreditation
American Physical Therapy Association
1111 North Fairfax Street Telephone: 703-706-3245
Alexandria, VA 22314 Website: www.apta.org/CAPTE

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.
INSTRUCTIONS TO PTA PROGRAM APPLICANTS

Deadline for submission of general and program application data is May 1, 2018. Early application is encouraged.

I. Program Application

All application information and forms must be mailed to the MCC Admissions Office at the above address using your full and complete legal name on all forms.

Program application will be considered only when all (includes transcripts) of the following materials have been received by the MCC Admissions office:

A. Both "General Admission" and "Program Application" data as outlined previously;
B. A recent photograph to be used for verification of records (optional). Please write your name on the back of the photograph;
C. Official transcripts from ALL colleges attended must be sent directly to the MCC Admissions office. [Note: Most colleges and universities charge a nominal fee for this service. Please direct the official transcript to the Admissions Office at MCC.] Transcripts become the property of MCC and cannot be returned to an applicant or forwarded to another school or individual.

II. Program Entrance Requirements

Minimum program entrance requirements to enter MCC's Physical Therapist Assistant program are:
A. Attain an 18 or higher ACT composite score, (scores adjusted if ACT written prior to October 1989);

OR

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

III. Admission Committee Notification

A. Applicants considered academically prepared and meeting all admission criteria for MCC and the PTA Program may be selected for an interview which is one component of the selection process.
B. All applicants will receive written notification of acceptance or denial of admission.
Points granted at interview will be based on: (1) Verbal and non-verbal communication skills; and (2) Knowledge of the field of physical therapy. Evaluation of writing skills will be determined by the applicant’s autobiographical essay. Program admission is competitive and based on a composite of all of the above components. (See next page)

Applications will be taken through May 1, 2018 with interviews held during the month of May. If granted an interview, make sure a transcript of recent (especially spring semester grades) has been sent to the admissions office in addition to transcripts sent prior to deadline. This is vital for the admissions process. All applicants will be notified in writing, by mid to late June of their admission status.

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

NOTE: 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.

Noteworthy is, 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. (Rev 7/17)
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

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<thead>
<tr>
<th>Course</th>
<th>A</th>
<th>B</th>
<th>C</th>
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</thead>
<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>2</td>
<td>1</td>
</tr>
<tr>
<td>Humanities/Fine Arts</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</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>
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<td>2</td>
<td>1</td>
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</table>

Category 6: PTA Essay & Interview Score

<table>
<thead>
<tr>
<th>Score</th>
<th>Interview</th>
<th>Essay</th>
<th>Score</th>
<th>BS Degree</th>
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<td>19-20</td>
<td>5</td>
<td>2 pts</td>
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<tr>
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<td>5</td>
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<tr>
<td></td>
<td>31-32</td>
<td>13</td>
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<td></td>
</tr>
</tbody>
</table>

BS Degree = 2 pts
MERIDIAN COMMUNITY COLLEGE
PHYSICAL THERAPIST ASSISTANT
INFORMATION SHEET

Please complete the following:

Date:___________________

Name ____________________________________  Soc. Sec. # ___________________

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 _____________________________________________________

Do you already have a College degree? If so please list degree, major, and college.

Have you taken the National ACT?  ____Yes  ____No

If yes, what was your score?___________

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. Put ‘Summer’ by those courses which you plan to take in the summer and the institution you plan to attend.

<table>
<thead>
<tr>
<th>Course</th>
<th>Grade Earned</th>
<th>Institution</th>
<th>Semester and Year</th>
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</thead>
<tbody>
<tr>
<td>Anatomy &amp; Physiology I</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anatomy &amp; Physiology II</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Science I</td>
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<td></td>
</tr>
<tr>
<td>English Composition I</td>
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<tr>
<td>General Psychology</td>
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<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 ________

Rev 7/17
Please write an autobiographical essay in your own handwriting. Include your interest in physical therapy and examples of your participation in activities (community, service, extracurricular, etc.) which would enhance your career as a physical therapist assistant. Your concise response should be limited to this sheet of paper (this side only).

Signature ________________________________    Date ____________________

SS # ________________________________

Return to:
Meridian Community College
Tommy Winston
910 Highway 19 North
Meridian, MS 39307
**Directions to the Applicant:** Admission into MCC's PTA program requires observation in at least two different areas of two physical therapy departments 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 a location in 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 have been completed within one year prior to the admission deadline for consideration for the program. 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.

---

**VERIFICATION OF OBSERVATION**
**FOR**
**PHYSICAL THERAPIST ASSISTANT PROGRAM**

This is to certify that ___________________________ observed ___________________ hours

in this physical therapy department in partial fulfillment of requirements for the Physical Therapist Assistant Program at Meridian Community College.

*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

Rev 7/17
Directions to the Applicant: Admission into MCC’s PTA program requires observation in at least two different areas of two physical therapy departments 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 a location in 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 have been completed within one year prior to the admission deadline for consideration for the program. Completed hours must be documented on an MCC Observation Form to be considered for entrance into the PTA program.

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--------------------------------------------------------------------------------------------------------------------

VERIFICATION OF OBSERVATION
FOR
PHYSICAL THERAPIST ASSISTANT PROGRAM

This is to certify that ____________________________ observed _____________ hours
in this physical therapy department in partial fulfillment of requirements for the Physical Therapist Assistant Program at Meridian Community College.

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

Rev 7/17
**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 only the two required reference forms. 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></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 make decisions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to work with others</td>
<td></td>
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<tr>
<td>Character (maturity, dependability)</td>
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<tr>
<td>Initiative</td>
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<tr>
<td>Ability to perform under stress</td>
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<tr>
<td>Communication skills</td>
<td></td>
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</tr>
</tbody>
</table>

Please write a short statement about this applicant including any characteristics or qualities of this person which may affect his/her ability to be a physical therapist assistant.

---

Your Name ____________________________________________

Business (if professional reference) ____________________________________________

Your Address ____________________________ Telephone ___________________________

Date ___________________ Signature ____________________________

---

**Return to:**

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

Rev: 7/17
Directions to the Applicant: Admission into MCC’s PTA program requires references from two sources (one personal and one professional). Submit only the two required reference forms. The committee will not accept more than two references.

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(Teacher, Advisor, Employer, etc.)
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Please write a short statement about this applicant including any characteristics or qualities of this person which may affect his/her ability to be a physical therapist assistant.

Your Name ____________________________

Business (if professional reference) ____________________________

Your Address ____________________________ Telephone ____________________________

Date ____________________________ Signature ____________________________

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Rev: 7/17