2014-2015
Physical Therapist Assistant Program
Accredited by the Commission on Accreditation for Physical Therapy Education

Admissions Information
Specific Program Requirements
TO: Enrolling Physical Therapist Assistant Students
FROM: Dr. Barbara-Anne Huculak, P.T., Ed.D.
       PTA Program

Welcome to Western Iowa Tech Community College’s Physical Therapist Assistant program.

The admissions information included in this booklet will guide you through your application for admission to the Physical Therapist Assistant program. This information is to be used in conjunction with the WITCC college catalog.

Admissions information specific to the Physical Therapist Assistant program is presented here. You may find that there are still questions not specifically covered in this booklet. Please contact the PTA program advisors to assist you with your questions or concerns.

We strive to create a supportive and challenging environment to enable our students to gain the knowledge and skills necessary to become competent Physical Therapist Assistants.

We are here, willing and eager, to assist you to master the program objectives and competencies necessary for your successful completion of the physical therapist assistant program. Please feel free to contact us if you have questions. Dr. Barbara-Anne Huculak, PTA Program (712) 274-6400 ext. 1321 or 1-800-352-4649; or, Linda Mercer, MPT, at ext. 1451.

Revised Spring 2013. This booklet is subject to change.
Students are encouraged to read the WITCC general catalog for information regarding student rights, services, activities, and special programs which may be available to them. The catalog is available online at www.witcc.edu.
Mission Statement

The mission of the Physical Therapist Assistant program at Western Iowa Tech Community College is to educate physical therapist assistants to play an active role in expanding quality physical therapy services under the direction of a licensed physical therapist. The PTA program incorporates the mission of WITCC, which is . . .

“. . . to provide quality education and to economically enhance the communities we serve.”

Preparation includes a two-year curriculum leading to an associate degree. The curriculum includes classroom and laboratory work at the College with clinical affiliations in a variety of settings.

Philosophy

The faculty and administration of the Physical Therapist Assistant program are committed to the beliefs of the mission statement of the PTA Program integrated under the mission of Western Iowa Tech Community College.

All values and guiding principles of WITCC are adopted, specifically the following are the PTA program beliefs and commitments.

- We believe in the uniqueness and inherent worth and dignity of students, faculty, staff, clinicians, and patients. Each individual brings characteristics that strengthen the program. We recognize that individuals also have spiritual, intellectual, social, physiological, and psychological needs. The diversity is a strength of this institution. (*Student Learning, Diversity, Access*)

- We believe that lifelong learning will help assure individual and societal stability in terms of continued competence of a paraprofessional who delivers physical therapy services under the supervision of the physical therapist. (*Lifelong Learning*)

- We believe that the Physical Therapist Assistant must be an integral and contributing member of the community and that activities outside the profession enhance the individual’s ability to function in the professional and public community. (*Lifelong Learning, Shared Governance, Dedication*)

- The faculty serve as facilitators in the learning process, and this process is continuous from simple to complex learning. The learner, as the focus of the educational process, has the right and responsibility to be an active participant in the learning process. Through the multiplicity of structured experiences at Western Iowa Tech Community College and affiliating agencies, the learner has exposure to varied and selected learning experiences that allow direct application of knowledge. Physical Therapist Assistant education and selected arts and sciences courses contribute to the growth of the learner. This education involves the promotion of learning through the application of theory and skills to prepare the graduate for entry level practice under the direction of a physical therapist in a varied work environment. (*Quality, Academic Freedom*)

- The faculty believes the educator is a multifaceted individual who is a transmitter of knowledge, a resource person, an evaluator, and a role model and who possesses empathy and a sense of humor. The educator is also responsible for remaining current in practice and education. (*Professional Integrity, Quality, Dedication*)

- The commitment of faculty is to (1) excellence in teaching and (2) service resulting in an environment that encourages students to achieve excellence in their performance. (*Professional Integrity, Efficiency, Effectiveness*)

Accreditation

The PTA program at Western Iowa Tech Community College is accredited by the Commission on Accreditation in Physical Therapy Education. The Commission is recognized as the accrediting body for educational programs in Physical Therapy by the U.S. Department of Education and the Council on Postsecondary Accreditation. The Commission therefore has the responsibility for establishing standards of quality for educating the physical therapist assistant.
Physical Therapist Assistant

Overview
Physical therapist assistants work under the supervision of a physical therapist. The duties of the PTA include assisting the physical therapist in implementing treatment programs according to the plan of care, supervising patients in exercises and activities of daily living, conducting treatments using special equipment, administering modalities and other treatment procedures, and reporting to the physical therapist on the patient’s response to such interventions.

Career Outlook
Employment opportunities for the Physical Therapist Assistant exist nationwide. Hospitals, nursing homes, school systems, private practices, and rehabilitation centers are some of the areas where PTAs are needed.

Program Objectives
The PTA student will be able to:
• Practice under the supervision of a physical therapist or physical therapist assistant in a variety of settings.
• Problem solve in a clinical decision arena under the supervision of a physical therapist or physical therapist assistant.
• Use effective written and verbal communication.
• Function as part of an interdisciplinary team in a variety of settings.
• Be socialized into the profession of physical therapy.
• Have a knowledge base about ongoing research and its application to physical therapy practice.
• Educate patients, caregivers, technicians, the public, and students under the supervision of a physical therapist or physical therapist assistant.

Program Outcomes
Upon successful completion of the Physical Therapist Assistant program:
• Graduates will be academically and clinically prepared to practice under the supervision of a physical therapist in a variety of settings.
• Students and graduates will be socialized into the profession of physical therapy.
• Graduates of the PTA program at WITCC actively seeking positions will be successfully employed in the field.

Professionalism in Physical Therapy: Core Values
• Accountability
• Altruism
• Compassion/Caring
• Excellence
• Integrity
• Professional Duty
• Social Responsibility

Admissions Procedures and Criteria
Specific Admission Requirements:
• All students must submit a copy of final official high school, GED or HiSET transcript and all college transcripts to the Admissions Office for evaluation. All students must complete the Computerized Placement Test (CPT) which identifies a student’s reading, sentence skills, algebra, and science levels.
• Completion of the CPT test is required, and the test must be completed prior to the student’s enrollment/acceptance in a PTA course.
• The following CPT results must be achieved before beginning the PTA courses. Students not achieving these scores will be advised to take remedial courses before retaking the test.

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<thead>
<tr>
<th>Raw</th>
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<tbody>
<tr>
<td>Reading Comprehension</td>
<td>87</td>
</tr>
<tr>
<td>Sentence Skills</td>
<td>92</td>
</tr>
<tr>
<td>Elementary Algebra</td>
<td>69</td>
</tr>
</tbody>
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Prerequisite for Anatomy & Physiology I (BIO 169):
- Science Placement Test OR Basic Biological Concepts (BIO 070) 12

• Observe a PT or PTA (20 hours minimum) at two different facilities. Use attached pages for documentation.
CPT Assessment Schedule

- Please call 712-274-8733, Ext. 6443 or 800-352-4649, Ext. 6443 to schedule your testing session.
- If you would like assistance preparing for the test, see the staff in the Student Success Center.
- Please bring or know your social security number for the CPT test.
- Bring a valid photo I.D. with you for identification purposes.
- This is not a timed test; however, plan on two hours for testing.
- Contact the College for future dates and times.
- Area Testing Sites: Cherokee, Denison, Le Mars, Sioux City

The CPT is offered daily and is available at campuses in Le Mars, Cherokee, Denison, and Sioux City. You must call to register for a test session.

For additional admission information, contact the Admissions Office, WITCC Main Campus, Sioux City, Iowa; 712-274-6403 or 1-800-352-4649, Ext. 1313 (Pamela Ives).

Start dates for the Physical Therapist Assistant (PTA) Program are based on the date that a student achieves the designated score on the CPT and space availability.

Complaints About the PTA Program and/or Its Students or Faculty from Clinical Sites, Public or Employers

The process for filing a complaint by clinical education sites, employers of graduates, and the general public regarding clinical experiences, didactic content, or the overall program is:

1. When a complaint is received, the division chair and PTA program faculty will meet with the individual(s). Together, they will determine actions to resolve the complaint and document the action, expected outcomes, and a timeline to accomplish the resolution.
2. If the complaint/situation has not been resolved in the agreed upon timeframe, the PTA program faculty will meet again with the individual(s) to follow up. If the parties do not believe they can come to resolution, the issues will be presented to the Dean of Instruction Chief Academic Officer (CAO).
3. If the party filing the complaint is still not satisfied with the outcome, they may meet with the Executive Vice President and she/he will make a determination.
4. All documentation of a program complaint will be filed in a secure place in the division chair’s office or maintained electronically for three years.

Enrollment Information

1. To apply for financial aid, visit the website www.fafsa.gov (WITCC school code 004590).
2. Students who wish to transfer credits from another college must submit official transcripts directly to the Admissions Office, Western Iowa Tech Community College, P.O. Box 5199, Sioux City, Iowa 51102-5199. Transfer forms are available from the Admissions Office and the Student Success Center. Students are responsible for requesting credits be transferred to WITCC. Students who enroll and complete at least one credit course each regular fall and spring semester (excluding summer sessions) are considered continuing students and may enroll for succeeding terms without reapplying.
3. Students who have not maintained continuous enrollment are readmitted to the college under the catalog program requirements in effect at the time of readmission.

Admission is based on 20 hours of observation, receipt of application for admission, and passing placement test. A maximum of twenty-four (24) students are admitted yearly. In the event that the class is full, you’ll be assigned to the next available start date and contacted if a spot opens up. Contact Pamela Ives for your admission standing (extension 1313).

Service Learning

During one semester of the PTA program, students are required to participate in a service learning project (integration of community service within the PTA curriculum).
Course of Study
While general education courses may be taken ahead of time, courses in the PTA program are hierarchial in nature. Students must follow the sequence as outlined, meeting all pre- and co-requisites for the program. All courses must be completed prior to Clinical Affiliation I and Seminar.

Time Limit
The entire work for the PTA program must be completed within three years of beginning the program.

Clinical Education
Clinical education opportunities exist primarily in Iowa, Nebraska, South Dakota, and Minnesota. Students are responsible for costs such as transportation and/or housing should distant sites be utilized. Travel time could be anywhere up to two hours away on some clinical placements. Prior to their first clinical education experience, students will receive the WITCC PTA Program clinical education handbook. Final clinical affiliation assignments will be made by the Academic Coordinator of Clinical Education, for all developmental and full-time experiences.

Academic Advising
Academic advising assists students in realizing the maximum educational benefits available by helping them to better understand themselves and to learn to use the resources available at WITCC to meet their specific educational needs.

A Physical Therapist Assistant advisor is assigned upon enrollment in your first physical therapist assistant course. Students will continue to have the same advisor throughout the program.

Students wishing to schedule an appointment during the summer are asked to call the WITCC Enrollment Services Office, Sioux City, at (712) 274-6403 or 1-800-352-4649.

Role of Student in Advising
The student is to contact his or her advisor regarding all academic issues. It is necessary to make advance appointments with advisors for efficiency in scheduling. Physical Therapist Assistant faculty are available to meet new students taking either support courses or physical therapist assistant courses prior to registering.

Students selected for the program must obtain advisor signatures on all course schedules, drop/add slips, transfer of program credit forms, and form for withdrawal from programs or the college.

The student must successfully pass all courses with a grade of “C” or better in order to graduate. Students must pass both practical and theory in PTA courses. Students may repeat a failed course one time and may re-enroll in the program one time. The student is ultimately responsible to meet all requirements for graduation.

Physical Therapist Assistant Program Advisors:
Barbara-Anne Huculak, Ed.D., P.T., Program Director, 712-274-6400, Extension 1321
Linda Mercer, M.P.T., Academic Coordinator of Clinical Education, 712-274-6400, Extension 1451

PTA Dress Code
Students in Physical Therapist Assistant courses will be required to follow the clinical education handbook regarding dress code while caring for patients.

Students in PTA specific classes will be required to be appropriately attired for lab per course syllabi.

Uniform Purchase/Dress Code
Students may wear polo shirts with WITCC logo available from the WITCC Bookstore.

Name tags will be ordered during your first week of the second semester. There is a small fee for name tags if they are lost.

See PTA clinical education handbook for details.
Grading
The specific grading scale for all Physical Therapist Assistant courses is determined by the course instructors. The grading scale, and requirements to achieve desired grades, will be explained at the beginning of each course. All students must earn a “C” (2.0) or better in all courses. Students must pass both theory and practical components of PTA courses. This includes Kinesiology. Students may re-enroll only once in any PTA specific course.

Graduation
WITCC Physical Therapist Assistant students must meet the graduation requirements as set forth in the general WITCC College Catalog and the WITCC Student Handbook. Clinicals must be completed within eighteen (18) months of academic preparation. Students taking PTA specific courses do so on a full-time basis, sequentially. Students are responsible in meeting all requirements for graduation.

Program Costs, Retention, Graduation Rates
Please see the PTA Program web page.

Other Information
For additional information for academic policies, housing, security, student rights and responsibilities, including Code of Conduct and Due Process, please see the current College Handbook.
College Policies

Discrimination, Sexual Harassment, Americans With Disabilities Act Compliance
WITCC complies with Title IX of the Education Amendments of 1972, Title VI of the Civil Rights Act of 1964, section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, as well as other applicable federal, state, and local laws.

The person charged with monitoring and coordinating Equal Opportunity and Affirmative Action matters, as well as compliance with the aforementioned laws is Brenda S. Bradley, Equal Employment Opportunity Administrator/ADA Coordinator. She is located in Room A242 or may be contacted by phone at (712) 274-6400, Ext. 1220.

Sexual and Gender Harassment
WITCC is pledged to maintain an environment conducive to work and study for staff and students. That environment must be free of sexual and gender harassment and all forms of sexual intimidation and exploitation. Such behavior, including (1) suggestions that academic reprisals or rewards will follow refusal or granting of sexual favors or (2) behavior which creates an intimidating or hostile academic environment constitutes gross misconduct and will not be tolerated.

Complaints regarding sexual and gender harassment can be directed to Brenda S. Bradley, the Executive Director of Human Resources, who is the designated Sexual Harassment Conciliator. She is located in Room A242 or may be contacted by phone at (712) 274-6400, Ext. 1220.

Discrimination
Western Iowa Tech Community College does not discriminate on the basis of race, creed, color, gender, national origin, religion, age, disability, sexual orientation, gender identity, or other protected basis in its educational programs, activities, admission procedures, or employment practices.

In matters of discrimination, the EEO Administrator, Brenda S. Bradley, has primary responsibility for advising the complainant of the process and steps to follow. She is located in Room A242 or may be contacted by phone at (712) 274-6400, Ext. 1220.

Discipline
Students are to maintain orderly conduct that is consistent with an educational environment. An instructor may remove a student from class for disciplinary reasons. The violation is then reported to the Dean of Students for review and action. Discipline is the responsibility of the Dean of Students, who has the authority to act on any violation and take whatever action is deemed appropriate. The Dean of Students will review all complaints and may dismiss the allegations, make an administrative disposition, or conduct a formal hearing. Possible disciplinary actions, as well as procedures for disciplinary due process, can be found in the Student Handbook and the college catalog.

Disability
Students with verified disabilities requesting accommodations should go directly to the classroom instructor to request the accommodation. It is the student’s responsibility to inform the instructor of the disability and the type of accommodation needed. If the classroom instructor is unable to provide reasonable accommodation or if the student’s request is refused by the instructor, the student may request advocacy services from Brenda S. Bradley, ADA Coordinator, or the Coordinator for Disability Services. She is located in Room A242 or may be contacted by phone at (712) 274-6400, Ext. 1220.

In matters relating to accommodations under the Americans With Disabilities Act, the ADA Coordinator has primary responsibility for advising the complainant of grievance procedures and the steps to follow.

Release of Student Information
In general, the policy of Western Iowa Tech Community College is to keep the student’s record confidential. It is the intention of the college to fully comply with the provisions of the “Family Education Rights and Privacy Act of 1974” Section 513 of Public Law 93-380 as amended by Senate Joint Resolution 40. The College has established policies and procedures to implement compliance. These may be reviewed during normal business hours in the Enrollment Services Office.

The College considers the following information as public information and will release it without the student’s consent unless the student directs otherwise: name, address, telephone number, date and place of birth, program of study, participation in recognized activities and sports, dates of attendance, awards and previous institutions attended.

Any students objecting to the public release of this information must file a written objection with the Enrollment Services Office. Forms are available in the Enrollment Services Office. (Directory information will be furnished to law enforcement officials at their request.)
Drug-Free College Community
The College shall endeavor to provide a healthy, safe, and secure educational environment. It is the policy of the Board that within the powers of the college, reasonable measures shall be taken to establish and maintain a drug-free college community as required by the Drug-Free Workplace Act of 1988, the Drug-Free Schools & Communities Act/Amendment of 1988 (PL101-226), and applicable Iowa statutes.

Smoke-Free and Tobacco-Free Campus
Smoking and the use of tobacco products is prohibited in all College facilities and on all College property, including buildings, grounds, and parking lots and in any private or College vehicle located on College property and grounds. Smoking and the use of tobacco products is prohibited in vehicles which are owned, leased, or provided by the College. This restriction applies at all times and to all employees, students, customers, clients, vendors, and visitors.

The use of electronic e-cigarettes is also prohibited. Smoking is defined as the burning or inhaling of tobacco or other matter that can be smoked or inhaled, or the inhaling of smoke or vapor from an electronic smoking device.

Persons failing to abide by this policy shall be required to extinguish and/or dispose of their expended tobacco product or leave the restricted College premises immediately and shall be subject to sanctions and penalties as outlined in the Iowa Smoke-Free Air Act.

Applying for Financial Aid
To apply for financial aid a student must:

1. Complete the Free Application for Federal Student Aid (FAFSA). The FAFSA is available online at www.fafsa.ed.gov and may be submitted after January 1 for the school year beginning the next fall. If you need assistance accessing the FAFSA online, contact the Financial Aid Office.

2. To receive financial assistance, the following requirements apply:
   • Graduation from high school, completion of the GED, or successful completion of an Ability to Benefit test.
   • Admission into an eligible program at WITCC leading to a degree or diploma.
   • U.S. citizenship or eligible non-citizen status.
   • Possession of a valid Social Security number.
   • Must not be in default on any federal student loan or in repayment status on a federal grant.
   • Males who are required to be registered with the Selective Service must be registered.
   • If you are a returning student at WITCC, you must be making satisfactory academic progress as defined by the institution.

General Admissions Procedure
General admissions procedures for all WITCC students is available in the WITCC College Catalog. Listings are as follow:
• Admissions Criteria
• Specific Courses
• Admissions Procedure
• Registration
• Student Classifications
• Financial Aid
• Scholarships

Student Organizations
PTA students are encouraged to participate in college-wide organizations and specific program organizations within the PTA program:
Student Senate – The Student Senate represents the student body in contacts with faculty and administration. Representatives to the Student Senate are elected from the various programs of instruction. These representatives are the voting members of the Senate, providing the students with a voice in college affairs. The Senate organizes and underwrites many special events planned for students. PTA students may elect one representative.

Student Insurance Overview
Malpractice Insurance – Students are highly encouraged to obtain their own individual coverage.
Student Accident and Health Insurance – From the Student Handbook: “WITCC does not have a compulsory insurance plan, but the College recommends that students enroll in a voluntary group accident and/or health insurance plan available through commercial insurance companies.” Insurance information is made available to students attending orientation sessions and is available in Enrollment Services. College liability insurance is not a substitute for health or accident insurance. It is highly recommended that students obtain their own health insurance coverage.
Student Workers’ Compensation Insurance – Students are covered by WITCC workers’ compensation insurance if they are injured while participating in a school-to-work program. Examples of school-to-work programs include job shadowing, internships, mentoring, training agreements, apprenticeships, and other work experiences through community placements. If an accident or injury occurs while participating in a school-to-work program, students must seek their own medical care. A Personal Injury/Medical Emergency Form must be completed and turned in to the WITCC Board Secretary. Additional information required with the completed form includes: Physician Summary (why was the treatment sought, what was done, and rationale for treatment) and all receipts for medications and medical services. WITCC submits claims to the workers’ compensation insurance company. The company reviews all claims and determines eligibility.

Weather Guidelines
Clinical and classes are only cancelled if the College has weather cancellations. You can check with KWIT FM90.3 radio station or call 274-8733, option 3, to check on school cancellation.

Licensure*
Most states require licensure in order to participate. The student must contact the licensing board in the state they wish to practice. There is a fee for the licensing process.

* If you have been charged/convicted of a felony, you may not qualify for licensure.

For Iowa contact:
   The Board of Physical and Occupational Therapy Examiners
   Bureau of Professional Licensure
   Iowa Department of Public Health
   Des Moines, Iowa 50319-0075
   Phone: (515) 281-4401

To obtain information regarding licensure boards of other states call American Physical Therapy Association (APTA) at 1-800-999-2782.
Physical Therapist Assistant students may also need to pass the national exam in order to practice. (Some states do not require this exam.) This information is obtained from the licensing board. There will be fees both for the examination and licensure.

Examination and Licensure are the responsibility of the student.

Physical Therapist Assistant (PTA)
Requirements Prior to Clinical Experience
1. CPR Certification – American Heart Association BLS Health Care Provider Course (infant, child, adult)*
2. Child Abuse – Mandatory Reporter Training*
3. Adult Abuse – Mandatory Reporter Training*
4. Health Evaluation – Completed health evaluation forms must be turned in by December 1, prior to the start of clinical. Send completed health evaluation forms to: Marilyn West, RN, BSN; Western Iowa Tech Community College; P.O. Box 5199; Sioux City, IA 51102-5199.
5. Criminal and Abuse Background Checks – When a student starts the program, the College will initiate the background check process and the student must be cleared by the external state agencies prior to clinical experience.

Photocopies of CPR, Child Abuse, and Adult Abuse certifications must be provided to Linda Mercer, PTA program instructor, prior to a student’s entering the clinical rotations. Clinical practice begins during the second semester within the Physical Therapy Science I course. Students participate in a clinical experience at an affiliating institution. If these requirements are not completed, students cannot be allowed to participate in the clinical rotations.

All requirements must be completed by December 1, prior to the first clinical.

*These courses are not part of the program requirements but must be taken before clinical assignments are made.
Cardiopulmonary Resuscitation
You are required to have a current CPR card and must have completed the American Heart Association BLS Health Care Provider course. This course is specifically for health professionals. If you now hold a card and it is due to expire halfway through the year, you should renew it early so that your card is current during the total clinical phase of the Physical Therapist Assistant course. We do not accept the American Red Cross CPR course.

Child and Adult Abuse – Mandatory Reporter Training
All health personnel are mandatory reporters of child and adult abuse. A short course, approximately three hours in length, is available to provide information on the law, recognition, documentation, and reporting of child and adult abuse. You can also take the course online or as a home study option. See WITCC’s home page at www.witcc.edu for further details.
For information on the short course, contact WITCC at 712-274-6404 or 1-800-352-4649.

Health Evaluation includes:
Health history, hearing, vision, immunization record, and physician physical.

Current Vaccinations
You must provide proof that your vaccination status is current. Dates must accompany the physical – just listing “current vaccinations” will not satisfy the requirements. If you are unsure of the vaccinations status, you should have your immunizations updated. Siouxland Health Department, 205 Fifth Street, provides an immunization clinic and laboratory services.

Hepatitis B
You must show documentation of either:
1. Receiving the Hepatitis B Vaccine (a series of three shots for the prevention of Hepatitis B, a disease of the liver)
2. Decline to Accept form
3. OR that you are currently receiving the series by providing a photocopy of the consent verifying the process. If you are planning to start the vaccine at a later date, sign the Decline to Accept Form and submit it.

Tuberculosis Test
Because of the increased incidence of tuberculosis, each student is required to have a current T.B. skin test. The T.B. skin test is valid for one year.

Completed Records
The completed records will be reviewed. If there is need for additional information or tests, you will be contacted. **Please make a copy of your health evaluation for your own records. In the future, copies will not be made available to you.** Copies of physicals may be required by clinical sites.
Please complete the health evaluation in its entirety and return a copy promptly to Marilyn West, RN, BSN; Western Iowa Tech Community College; P.O. Box 5199; Sioux City, Iowa 51102-5199. You may contact Marilyn at 274-8733, Ext. 1256. Your health evaluation is considered current for two years. If the course of your education extends past two years, your health evaluation must be repeated.
Mercy Business Health Services is available if you should have questions. If you need help finding a physician, you may contact Mercy Business Health Services at 233-5155, Monday through Friday, 8:00 a.m. to 4:30 p.m.

Health Evaluation Checklist
The following forms must be completed and turned in to Marilyn West by December 1:
- Acknowledgement of Receipt of Notice of Privacy Practices
- Mercy Medical Center – General Authorization for Disclosure of Health Information
- WITCC Clinical Health Evaluation – health history, physical, and immunizations
- Hepatitis B Vaccine Consent or Decline to Accept Form
WITCC Clinical Health Evaluation

Name: ___________________________ Last Name (Please Print) ___________________________ First Name ___________________________ Middle Initial ___________________________

Dater of Birth: ________ E-mail: ___________________________ Program of Study: ___________________________

Do you have any known allergies?  Yes ☐  No ☐  If yes, list all known allergies: ___________________________

Student Signature: ___________________________ Date: ___________________________

Health Care Provider Complete The Following

Immunizations:

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<tr>
<th>Immunization</th>
<th>Date Given</th>
<th>Titre Results</th>
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<tbody>
<tr>
<td>MMR #1</td>
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<tr>
<td>MMR #2</td>
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<tr>
<td>Measles titre results:</td>
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<td></td>
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<tr>
<td>Mumps titre results:</td>
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<td></td>
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<tr>
<td>Rubella titre results:</td>
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<td></td>
</tr>
<tr>
<td>Tetanus/Diphtheria (valid if within 10 years)</td>
<td>Date Given</td>
<td></td>
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<tr>
<td>Hepatitis B #1:</td>
<td>#2:</td>
<td>#3:</td>
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<tr>
<td>Chickenpox #1:</td>
<td>#2:</td>
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<td>Hepatitis B titre results:</td>
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<td>Chickenpox titre results:</td>
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#1 Tuberculin Skin Test-Mantoux 5 TU/PPD (valid if within one year) Given: ________ Read: ____________ PPD result (state reaction in mm): ____________ Professional Signature: ___________________________

#2 Tuberculin Skin Test-Mantoux 5 TU/PPD (valid if within one year) Given: ________ Read: ____________ PPD result (state reaction in mm): ____________ Professional Signature: ___________________________

Questions:

#1 - Have recommendations for limited physical activity been made?  ☐ Yes  ☐ No
If “Yes”, for how long and why: ___________________________

#2 - Do you recommend this individual for full participation in clinical?  ☐ Yes  ☐ No
If “No,” please comment: ___________________________

Health Care Provider Name (please print): ___________________________

Health Care Provider Signature: ___________________________ Date: ___________________________

Address: ___________________________ Phone #: ___________________________

Ways to Submit Physical

***Plan for it to take 7-10 days for submitted information to be reviewed and an update sent to your instructor. If there are any questions, e-mail Marilyn J. West RN BSN at marilyn.west@witcc.edu.

On Campus
Place documents in “Marilyn’s Podium” located in the College Admission office area.

E-mail (Preferred)
Scan or save as a PDF document and e-mail to: marilyn.west@witcc.edu
To: All WITCC Health Occupation Students
From: Marilyn J. West RN BSN

To provide a safe and healthy environment for you and those you will come in contact with, you must submit a completed WITCC Clinical Health Evaluation prior to your first day of clinical. You will not be cleared to participate in clinical until your clinical health evaluation is complete. Below are answers to the most commonly asked questions. If you have any further questions, please feel free to contact me at Marilyn.West@witcc.edu.

**Student Information**

Be sure to answer all personal information on the top of the health evaluation.

**Health Care Provider Complete The Following**

This part of your WITCC Clinical Health Evaluation is to be completed by a medical doctor, a nurse practitioner or a physician’s assistant. No other forms will be accepted.

**Measles/Mumps/Rubella (MMR)** – You will need to provide one of the following:
- two vaccination dates.
- positive titre for measles, positive titre for mumps and a positive titre for rubella.

**Tetanus/Diphtheria (Td)** – A Td is current for 10 years.

**Chickenpox** – You will need to provide one of the following:
- two vaccination dates.
- positive titre.

**Hepatitis B (Hep B)** – You will need to provide one of the following:
- vaccination dates.
- positive titre.
- signed decline form.

**Tuberculin Skin Test (TST)** – An initial baseline two-step TST is required. The second TST can be given one week to one year after the first TST as long as the first TST has not expired. A TST is current for one year. The first and second TST must be turned in before the start of clinical. If you have had a past positive TST, you will need to provide documentation of a negative chest x-ray. If the negative chest x-ray is more than one year old, you will also need to turn in a TB Symptom Assessment form.

Please make sure that you keep a copy of your WITCC Clinical Evaluation for your own records. In the future, a copy will not be made available to you!
Information About Hepatitis B Vaccine

NOTE: This form should be discussed with the physician of your choice, signed and returned with all other health forms.

The Disease
Hepatitis B is a viral infection caused by Hepatitis B virus (HBV) which causes death in 1-2% of infected patients. Most people with Hepatitis B recover completely, but approximately 5-10% become chronic carriers of the virus. Most of these people develop chronic active hepatitis and cirrhosis. HBV also appears to be associated with the development of liver cancer.

The Vaccine
Hepatitis B vaccine is produced from the plasma of chronic HBV carriers. The vaccine consists of purified, inactivated Hepatitis B antigen. It has been extensively tested for safety and efficacy in large scale clinical trials with human subjects. A high percentage of healthy people who receive three doses of vaccine achieve protection against Hepatitis B. Persons with immune-system abnormalities, such as dialysis patients, have less response to the vaccine. Full immunization requires 3 doses of vaccine over a six-month period, although some persons may not develop immunity even after 3 doses. There is no evidence that the vaccine has ever caused Hepatitis B. However, persons who have been infected with HBV prior to receiving the vaccine may go on to develop clinical hepatitis in spite of immunization. The duration of immunity is unknown at this time.

Possible Vaccine Side Effects
The incidence of reported side effects is low. A small percentage of persons receiving the vaccine experience tenderness and redness at the site of injection. Low grade fever may occur. Rash, nausea, joint pain, and mild fatigue have also been reported. Few cases of serious side effects have been reported with the vaccine, including Guillain-Barre Syndrome, although the possibility exists that more serious side effects may be identified with more extensive use. You may check with your insurance company concerning coverage.

If you have any questions about Hepatitis B or the Hepatitis B vaccine, please discuss with your physician.

Consent Form
I have discussed with my physician and have read the above statement about Hepatitis B and the Hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits and risks of Hepatitis B vaccination. I understand that I must have 3 doses of vaccine to confer immunity. However, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. I request that it be given to me. My decision is voluntary. I understand that all arrangements for receiving the vaccine are my responsibility.

Date
Lot #
Site
Nurse

Name of Person to Receive Vaccine (Please Print) (1)

Signature of Person Receiving Vaccine (2)

Date Signed (3)
Information About Hepatitis B Vaccine

NOTE: This form should be discussed with the physician of your choice, signed and returned with all other health forms.

The Disease
Hepatitis B is a viral infection caused by Hepatitis B virus (HBV) which causes death in 1-2% of infected patients. Most people with Hepatitis B recover completely, but approximately 5-10% become chronic carriers of the virus. Most of these people develop chronic active hepatitis and cirrhosis. HBV also appears to be associated with the development of liver cancer.

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If you have any questions about Hepatitis B or the Hepatitis B vaccine, please discuss with your physician.

Decline to Accept
I have discussed with my physician and have read the above statement about Hepatitis B and the Hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits and risks of Hepatitis B vaccination. I understand the benefits and risks of the Hepatitis B vaccine and I do not wish to receive the vaccine.

Name of Person Declining Vaccine (Please Print)

Signature of Person Declining Vaccine

Date Signed

RETURN TO:
Marilyn West, RN, BSN
Western Iowa Tech
Community College
P.O. Box 5199
Sioux City, Iowa 51102-5199
marilyn.west@witcc.edu
Clinical Participation Requirements

WITCC uses external affiliated agencies for clinical experiences for our students. Affiliated agencies may impose requirements for students in order that they be allowed access to clinical experience.

- **Students may be required to provide the following information to external affiliated agencies:**
  - Health Screening/Immunizations
  - CPR
  - Mandatory Reporter
  - Criminal and Abuse Background Checks
  - Drug Test

- The **student should maintain copies** of the documents listed above. *Affiliating agencies may require the student to provide a copy of the documentation.*

- **Drug Testing**
  Students may need to consent for drug testing and release of that information to external affiliating agencies for clinical experience. Western Iowa Tech Community College is uncertain of what other drugs may be screened.

---

**NOTICE AND RELEASE - READ CAREFULLY BEFORE SIGNING**

I, the undersigned student in a health occupations program at Western Iowa Tech Community College, understand that participation in a clinical experience is part of the health occupations program and that participation in a clinical experience includes working at an affiliating agency. I further understand that affiliating agencies have the right to establish requirements for participation in clinical experience. I understand and agree that if I am rejected for participation in a clinical experience by an affiliating agency or if I refuse to submit to checks or tests that are required by an affiliating agency in order to participate in a clinical experience, I may be unable to complete my program of study and graduate from a health occupations program. I hereby release Western Iowa Tech Community College, its employees, and all affiliating agencies from any liability with regard to my participation in a clinical experience and decisions made concerning my participation in a clinical experience.

Print name: __________________________________________________________

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>Program</th>
<th>Date</th>
</tr>
</thead>
</table>

Revised 2/21/07
IOWA CORE PERFORMANCE STANDARDS

Iowa Community colleges have developed the following Core Performance Standards for all applicants to Health Care Career Programs. These standards are based upon required abilities that are compatible with effective performance in health care careers. Applicants unable to meet the Core Performance Standards are responsible for discussing the possibility of reasonable accommodations with the designated institutional office. Before final admission into a health career program, applicants are responsible for providing medical and other documentation related to any disability and the appropriate accommodations needed to meet the Core Performance Standards. These materials must be submitted in accordance with the institution’s ADA Policy.

<table>
<thead>
<tr>
<th>CAPABILITY</th>
<th>STANDARD</th>
<th>SOME EXAMPLES OF NECESSARY ACTIVITIES (NOT ALL INCLUSIVE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive-Perception</td>
<td>The ability to gather and interpret data and events, to think clearly and rationally, and to respond appropriately in routine and stressful situations.</td>
<td>□ Identify changes in patient/client health status</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Handle multiple priorities in stressful situations</td>
</tr>
<tr>
<td>Critical Thinking</td>
<td>Utilize critical thinking to analyze the problem and devise effective plans to address the problem.</td>
<td>□ Identify cause-effect relationships in clinical situations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Develop plans of care as required</td>
</tr>
<tr>
<td>Interpersonal</td>
<td>Have interpersonal and collaborative abilities to interact appropriately with members of the healthcare team as well as individuals, families and groups. Demonstrate the ability to avoid barriers to positive interaction in relation to cultural and/or diversity differences.</td>
<td>□ Establish rapport with patients/clients and members of the healthcare team</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Demonstrate a high level of patience and respect</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Respond to a variety of behaviors (anger, fear, hostility) in a calm manner</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Nonjudgmental behavior</td>
</tr>
<tr>
<td>Communication</td>
<td>Utilize communication strategies in English to communicate health information accurately and with legal and regulatory guidelines, upholding the strictest standards of confidentiality.</td>
<td>□ Read, understand, write and speak English competently</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Communicate thoughts, ideas and action plans with clarity, using written, verbal and/or visual methods</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Explain treatment procedures</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Initiate health teaching</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Document patient/client responses</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Validate responses/messages with others</td>
</tr>
<tr>
<td>Technology Literacy</td>
<td>Demonstrate the ability to perform a variety of technological skills that are essential for providing safe patient care.</td>
<td>□ Retrieve and document patient information using a variety of methods</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Employ communication technologies to coordinate confidential patient care</td>
</tr>
<tr>
<td>CAPABILITY</td>
<td>STANDARD</td>
<td>SOME EXAMPLES OF NECESSARY ACTIVITIES (NOT ALL INCLUSIVE)</td>
</tr>
<tr>
<td>----------------</td>
<td>---------------------------------------------------------------------------</td>
<td>------------------------------------------------------------</td>
</tr>
<tr>
<td>Mobility</td>
<td>Ambulatory capability to sufficiently maintain a center of gravity when met with an opposing force as in lifting, supporting, and/or transferring a patient/client.</td>
<td>□ The ability to propel wheelchairs, stretchers, etc. alone or with assistance as available</td>
</tr>
<tr>
<td>Motor Skills</td>
<td>Gross and fine motor abilities to provide safe and effective care and documentation</td>
<td>□ Position patients/clients&lt;br&gt;□ Reach, manipulate, and operate equipment, instruments and supplies&lt;br&gt;□ Electronic documentation/ keyboarding&lt;br&gt;□ Lift, carry, push and pull&lt;br&gt;□ Perform CPR</td>
</tr>
<tr>
<td>Hearing</td>
<td>Auditory ability to monitor and assess, or document health needs</td>
<td>□ Hears monitor alarms, emergency signals, auscultatory sounds, cries for help</td>
</tr>
<tr>
<td>Visual</td>
<td>Visual ability sufficient for observations and assessment necessary in patient/client care, accurate color discrimination</td>
<td>□ Observes patient/client responses&lt;br&gt;□ Discriminates color changes&lt;br&gt;□ Accurately reads measurement on patient/client related equipment</td>
</tr>
<tr>
<td>Tactile</td>
<td>Tactile ability sufficient for physical assessment, inclusive of size, shape, temperature and texture</td>
<td>□ Performs palpation&lt;br&gt;□ Performs functions of physical examination and/or those related to therapeutic intervention</td>
</tr>
<tr>
<td>Activity Tolerance</td>
<td>The ability to tolerate lengthy periods of physical activity</td>
<td>□ Move quickly and/or continuously&lt;br&gt;□ Tolerate long periods of standing and/or sitting as required</td>
</tr>
<tr>
<td>Environmental</td>
<td>Ability to tolerate environmental stressors</td>
<td>□ Adapt to rotating shifts&lt;br&gt;□ Work with chemicals and detergents&lt;br&gt;□ Tolerate exposure to fumes and odors&lt;br&gt;□ Work in areas that are close and crowded&lt;br&gt;□ Work in areas of potential physical violence&lt;br&gt;□ Work with patients with communicable diseases or conditions</td>
</tr>
</tbody>
</table>
Confidentiality Agreement

In accordance with the Health Insurance Portability and Accountability Act (HIPAA), it is the policy of WITCC that confidentiality and privacy of information is of utmost importance for health occupations students. Confidential information is any client, physician, employee, and business information obtained during the course of your clinical experiences associated with WITCC. Please read and sign the following confidentiality statement.

I will treat all confidential information as strictly confidential, and will not reveal or discuss confidential information with anyone who does not have a legitimate medical and/or business reason to know the information. I understand that I am only permitted to access confidential information to the extent necessary for client care and to perform my duties. Information that may be construed as a breach of confidentiality includes but is not limited to:

(1) client’s name
(2) client’s diagnosis
(3) type of care being provided
(4) reason for seeking health care services, treatment, and response to treatment
(5) personal problems or actions

I will not access, use or disclose confidential information in electronic, paper, or oral forms for personal reasons, or for any purpose not permitted by agency policy, including information about co-workers, family members, friends, neighbors, celebrities, or myself. I will follow the required procedures at all agencies to gain access to my own confidential patient information.

In preparing papers, presentations, and other course work I will de-identify protected health information. I will not remove any individually identifiable health information from the facilities in which I am completing my clinical experience.

I agree to use all confidential information and the information systems of the facilities I am assigned in accordance with facility policy and procedure. I also understand that I may use my access security codes or passwords only to perform my duties and will not breach the security of the information systems or disclose or misuse security access codes or passwords. I will also make no attempt to misuse or alter the information systems of the facilities in any way.

I understand that I will be held accountable for any and all work performed or changes made to the information systems or databases under my security codes, and that I am responsible for the accuracy of the information I input into the system. I understand that violation of such policies and procedures may subject me to immediate termination of association with any facility, as well as civil sanctions and/or criminal penalties.

Any student who fails to maintain confidentiality and/or directly violates confidentiality may risk expulsion from the program in which they are enrolled.

I have read and understand the WITCC confidentiality policy and agree to abide by the policy as written above.

Print name: ________________________________

Student Signature___________________________ Date_____________________

Revised and Accepted 12/13/10
# Physical Therapist Assistant Program

## Curriculum

### First Semester

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Name</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>SDV 108</td>
<td>The College Experience</td>
<td>1</td>
</tr>
<tr>
<td>BIO-169</td>
<td>Human Anatomy and Physiology IA w/Lab</td>
<td>4</td>
</tr>
<tr>
<td>PTA-104</td>
<td>Introduction to Physical Therapy</td>
<td>1</td>
</tr>
<tr>
<td>PTA-130</td>
<td>Activities of Daily Living (ADL)</td>
<td>4</td>
</tr>
<tr>
<td>HSC-114</td>
<td>Medical Terminology</td>
<td>3</td>
</tr>
<tr>
<td>ENG-105</td>
<td>Composition I</td>
<td>3</td>
</tr>
<tr>
<td>HSC-170</td>
<td>Health Care Interaction</td>
<td>2</td>
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</tbody>
</table>

*First Semester Credits* .......................................................... 18

### Second Semester

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Name</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIO-174</td>
<td>Human Anatomy and Physiology IIA w/Lab</td>
<td>4</td>
</tr>
<tr>
<td>HSC-127</td>
<td>Kinesiology</td>
<td>4</td>
</tr>
<tr>
<td>PTA-170</td>
<td>Physical Therapy Science I</td>
<td>5</td>
</tr>
<tr>
<td>HSC-218</td>
<td>Clinical Pathology for Allied Health</td>
<td>3</td>
</tr>
</tbody>
</table>

*Second Semester Credits* ...................................................... 16

### Third Semester

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Name</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAT-121</td>
<td>College Algebra</td>
<td>4</td>
</tr>
<tr>
<td>PSY-111</td>
<td>Introduction to Psychology</td>
<td>3</td>
</tr>
<tr>
<td>SOC-110</td>
<td>Introduction to Sociology</td>
<td>3</td>
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</tbody>
</table>

*Third Semester Credits* ........................................................ 13

### Fourth Semester

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Name</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTA-270</td>
<td>Physical Therapy Science II</td>
<td>5</td>
</tr>
<tr>
<td>HSC-265</td>
<td>Clinical Neurology</td>
<td>2</td>
</tr>
<tr>
<td>PTA-189</td>
<td>Physical Agents</td>
<td>3</td>
</tr>
<tr>
<td>PTA-260</td>
<td>Management of Clinical Services</td>
<td>3</td>
</tr>
<tr>
<td>PSY-121</td>
<td>Developmental Psychology</td>
<td>3</td>
</tr>
</tbody>
</table>

*Fourth Semester Credits* ........................................................ 17

### Fifth Semester

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Name</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTA-441</td>
<td>Clinical Affiliation I and Seminar</td>
<td>3</td>
</tr>
<tr>
<td>PTA-442</td>
<td>Clinical Affiliation II and Seminar</td>
<td>4</td>
</tr>
<tr>
<td>PTA-443</td>
<td>Clinical Affiliation III and Seminar</td>
<td>5</td>
</tr>
</tbody>
</table>

*Fifth Semester Credits* ........................................................ 12

**PROGRAM TOTAL** ................................................................. 76

*Updated 02/2013*
WITCC STUDENT INSURANCE OVERVIEW

Medical Emergency
• Dial Extension 1316 or Extension 0, the College operator, with information regarding the incident and the location. If there is no response, dial 9-911. The College operator will contact campus security, so they may direct emergency vehicles to the proper location. The College does not provide, nor assume responsibility for medical services, nor does it expect employees or students to administer medical assistance.

Report of Personal Injury/Medical Emergency
• A Report should be completed by the person injured, a witness, or campus security for all personal injury/medical emergency incidents involving a student, an employee, or a campus visitor. The completed form should be submitted to the Board Secretary.

Liability for Incidents
• WITCC employees should be aware and inform injured persons that the determination of liability for an incident is entirely the responsibility of the College insurance company. No employee should make any judgment or statement regarding liability for an incident.

Transporting Injured Persons
• College employees may not transport an injured person(s) in a College vehicle because of the additional liability assumed. Employees should not transport an injured person(s) in their personal vehicle. An injured person(s) should be transported by qualified EMT/EMS personnel or by their own means.

Student Accident and Health Insurance
• From the College Catalog: “WITCC does not have a compulsory insurance plan, but the College recommends that students enroll in a voluntary group accident and/or health insurance plan, available through commercial insurance companies.” Insurance information is made available to students attending orientation sessions and is available in Enrollment Services. College liability insurance is not a substitute for health or accident insurance.

Student Workers’ Compensation Insurance
• Students are covered by WITCC workers’ compensation insurance if they are injured while participating in a school-to-work program. Examples of school-to-work programs include: job shadowing, internships, mentoring, training agreements, apprenticeships, and other work experiences through community placements.
REPORT OF PERSONAL INJURY/MEDICAL EMERGENCY

In case of accident by an employee of Western Iowa Tech Community College on duty, on or off Campus, or any person on owned or leased locations or participating in official activities of the College, or an accident involving WITCC owned or leased vehicles or equipment, the immediate supervisor or other WITCC employee will fill out this report as soon as possible. Copies of this report are to be routed to persons/offices as indicated below, within 24 hours.

Name of party injured or ill

Home Address

Social Security No.

WITCC employees only: Date of Employment

Occupation

Location of Occurrence (be specific):

Describe the injury or illness in detail and indicate part(s) of body affected:

Describe the circumstances of the occurrence (activity, conditions, supervision, as you saw it):

Procedures and care given (including parties providing assistance):

WITNESSES:

Had injured observed appropriate safety precautions and/or regulations (to the best of your knowledge)?

If taken to medical provider, which medical provider?

Family was notified by whom?

Phone number called: Person contacted?

Signed

(Person submitting report)

Signed

(Person injured)

Date submitted

ROUTING:  Board Secretary: White  Physical Plant Manager: Canary  Security: Pink  Reporter: Gold

Rev. 6/07/jb/pr
I have read and understand the grading and graduation policies, admission information booklet, of the Physical Therapist Assistant Program. The requirements for graduation from the PTA Program supersede the college requirements. I agree to abide by these policies.

Please print:

Name: ________________________________________________________________
Address: ______________________________________________________________
Phone #: ______________________________________________________________

_________________________________________ ______________________________
Signature                                   Date

This form will be filled out and submitted the first day of class to your PTA instructor. Please bring this handbook with you to the first day of your PTA class.

Revised and Accepted 2012
Western Iowa Tech Community College PTA Program

Observation Hours – Requirement for the PTA Program starting 2014

– Students must observe/job shadow a minimum of 20 hours prior to acceptance into the PTA program
– Maximum hours at one facility: 10 hours
– Minimum use of 2 practice settings- hospitals, nursing homes, private practice, etc.
– Must observe & sheets signed by a licensed Physical Therapist or Physical Therapist Assistant
– Must take place within 18 months of program admission
– Follow business casual dress code, no cell phones, maintain confidentiality
– Student initiates the observation times/places
– Mandatory to use the documentation sheet found at the back of the admission requirement booklet for evidence of participation (KEEP COPIES FOR YOURSELF)
– Email/mail Obs Hrs to Dr. Huculak at below address

Questions? Contact:

Dr. Barbara Anne Huculak, PT EdD
WITCC
PO Box 5199
Sioux City, IA 51102
barbara-anne.huculak@witcc.edu
712-274-8733 ext. 1321
PTA Observation Documentation

Name of Student: ________________________________

Student Phone Number: _________________________

Student Email: ________________________________

Facility Observed: ______________________________

Date of Observation: ___________________________

Number of Hours: ______________________________

Techniques, clinical conditions observed included:

Thank you for your support of the PTA program.

________________________________________________________________________

Physical Therapist or PTA

Phone Number ________________________________
PTA Observation Documentation

Name of Student: ____________________________________________

Student Phone Number: ______________________________________

Student Email: ______________________________________________

Facility Observed: ____________________________________________

Date of Observation: _________________________________________

Number of Hours: ____________________________________________

Techniques, clinical conditions observed included:


Thank you for your support of the PTA program.

__________________________
Physical Therapist or PTA

__________________________
Phone Number