EACH APPLICATION MUST INCLUDE THE FOLLOWING:

- **DSU student ID number** (Must be a fully-admitted DSU student.)

- **Receipt of non-refundable $25.00 application fee** (Pay online at [http://dixie.edu/onlinepayments](http://dixie.edu/onlinepayments) select All Other Payments or in person at the Cashier’s Office located in the Holland Centennial Commons, 1st Floor.)

- **Minimum GPA of 2.7 in BIOL 2320/25, BIOL 2420/25, PTA 1010, and HLOC 1000 with no single grade below a 'C.' Prerequisite courses may be repeated only once.** 
  (BIOL 2320/25 and BIOL 2420/25 must have been taken within the last 7 years.)

- **Sealed official transcripts for prerequisite courses sent directly to the Health Science Advisor.** 
  (May include an unofficial transcript with application if currently enrolled in prerequisite courses during the spring semester. Upon completion of program prerequisites, an official transcript must be sent to the advisor within a week of grades being posted.)

- **Job shadowing form verifying required 16 hours of physical therapy observation or job shadowing**

- **Results of the PSB Health Occupations Aptitude Exam (PSB HOAE)**

Please note, upon acceptance into the program, applicants will be required to pay for the following – see advisor for details (must also pay the necessary fees to collect this information):

- Criminal background check
- Immunizations and flu shot
- 10 panel drug/alcohol screen

**WELCOME**

Welcome to the Dixie State University (DSU) Physical Therapist Assistant Program (PTA) admissions process – if you’re filling out this form to apply for admission, you’ve come a long way! The following will help you understand the requirements for admission and guide you through the process. Do not hesitate to contact the program coordinator or the health science advisor with concerns or questions during the process.

Students are admitted into DSU’s PTA program without regard to gender, age, creed, ethnic origin, or marital status. Space in the program is limited; therefore, admission will be competitive, based on an objective point system that has been strategically set up to predict student success. We admit up to 16 new students into the program yearly. Students are accepted into a “cohort” – a group of students who start the program at the same time, enroll in and complete the same program courses, perform clinical education at the same time, and graduate together as a group. The program cannot be taken part-time – it is a full-time commitment.

Before applying to the program, individuals should give careful consideration to the mental and physical demands of the program as well as the pressures involved in undertaking the responsibility of being a full-time PTA student. Any questions can be directed to Rachel Harris, Health Science Advisor, (435) 652-7695 or rachel.harris@dixie.edu. Thank you for your interest in Dixie State University and the Physical Therapist Assistant Program. Incomplete applications will not be processed. Be sure to keep a copy of your completed application.

**SUBMIT COMPLETED APPLICATION AND ALL ABOVE REQUIREMENTS TO:**

Dixie State University  
Attn: Rachel Harris  
Holland Centennial Commons #134  
225 South University Avenue  
St. George, UT 84770

Applications can be hand-delivered to  
Rachel Harris on the first floor of the  
Holland Building, Room 134.
# Physical Therapist Assistant Program

## Associate of Applied Science

**APPLICATION FOR ADMISSION**

### 1. Personal Information

<table>
<thead>
<tr>
<th>DSU Student ID Number</th>
<th>Dmail</th>
<th>Preferred Name</th>
<th>Birthday</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>MI</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Cell Phone</th>
<th>Other Phone</th>
<th>Personal Email</th>
</tr>
</thead>
</table>

### 2. Emergency Contact

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
</tr>
</thead>
</table>

### 3. Program Application Requirements

- I am a student in good standing.
- OR
- I am a transfer student and have completed the DSU admissions process.
- I have sent official transcripts to advisor or included an unofficial transcript if I am currently enrolled in program prerequisites.
- I have included results of my PSB HOAE.
- I have included confirmation of my 16 hours of physical therapy observation and/or work experience.
- I have included a receipt for the $25.00 application fee.

### 4. Educational History *(post-high school)*

<table>
<thead>
<tr>
<th>Institution</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Major</th>
<th>Graduation Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
5. Program Prerequisite Courses

Be sure and include College or University name. Do NOT use MIDTERM grades.
If currently enrolled, put ‘IP’ (In Progress) for your grade.

<table>
<thead>
<tr>
<th>Required Courses</th>
<th>DSU Course Number</th>
<th>MOST RECENT ATTEMPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Anatomy</td>
<td>BIOL 2320</td>
<td>Semester</td>
</tr>
<tr>
<td>Human Anatomy Lab</td>
<td>BIOL 2325</td>
<td>Grade</td>
</tr>
<tr>
<td>Human Physiology</td>
<td>BIOL 2420</td>
<td>Institution</td>
</tr>
<tr>
<td>Human Physiology Lab</td>
<td>BIOL 2425</td>
<td></td>
</tr>
<tr>
<td>Intro to Physical Therapy</td>
<td>PTA 1010</td>
<td></td>
</tr>
<tr>
<td>Medical Terminology</td>
<td>HLOC 1000</td>
<td></td>
</tr>
</tbody>
</table>

6. General Education Graduation Requirements

<table>
<thead>
<tr>
<th>Required Courses</th>
<th>Course Number</th>
<th>MOST RECENT ATTEMPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intro to Writing</td>
<td>ENGL 1010</td>
<td></td>
</tr>
<tr>
<td>Intermediate Writing</td>
<td>ENGL 2010</td>
<td></td>
</tr>
<tr>
<td>Human Development/Lifespan</td>
<td>PSY 1100 or FCS 1500</td>
<td></td>
</tr>
<tr>
<td>Interpersonal Communication</td>
<td>COMM 2110 or COMM 1020</td>
<td></td>
</tr>
<tr>
<td>OR Public Speaking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>College Algebra</td>
<td>MATH 1050 or MATH 1040 or MATH 1030</td>
<td></td>
</tr>
<tr>
<td>OR Intro to Statistics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OR Quantitative Reasoning</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Have you ever been admitted to, attended or completed any other PTA program?

☐ Yes  ☐ No

(If yes, you will need to submit the next page, “Prior Program Information” form.)

I do hereby certify that the statements in this application are true and complete to the best of my knowledge.

__________________________________________
Applicant Name (print)  Signature  Date  DSU ID#
Dixie State University
Physical Therapist Assistant Program

PRIOR PROGRAM INFORMATION FORM
(Only required if you have been admitted to, attended, or completed any other PTA program.)

Program: ____________________________________________________________

Location: ____________________________________________________________

Program Director: _____________________________________________________

May we contact the program concerning your status with the program?

☐ Yes  ☐ No

What was the reason for not completing the program?

____________________________________________________________________

____________________________________________________________________

Are you eligible for re-admission into the program?

☐ Yes  ☐ No

If not, why? __________________________________________________________

You will need a letter from the program on school letterhead stating:

• Why you are no longer in the program.
• Your status at the time of withdrawal/termination.

The letter must be mailed or emailed directly from the program to:

Dixie State University
Physical Therapist Assistant Program
Dr. William J. Patterson, DPT
225 South University Avenue
St George, UT 84770

Applicant Name (print)  Signature  Date  DSU ID#
LICENSURE

In order to be licensed as a Physical Therapist Assistant in the State of Utah, the licensure application must be in conformity with the State of Utah Physical Therapy Practice Act. Applicants who have been convicted of a felony, treated for mental illness or substance abuse should discuss their eligibility status for licensure with the Utah Division of Occupational and Professional Licensing. **Acceptance and completion of the PTA program does not assure eligibility to take the PTA licensure examination.** The State of Utah Division of Occupational and Professional Licensing makes the final decision as to whether a license will be issued to practice in the State of Utah. If you have questions regarding this please contact the State of Utah Department of Commerce, Division of Occupational and Professional Licensing, 160 East 300 South, PO Box 146741, Salt Lake City, UT 84114-6741; phone number (801) 530-6628.

**ACKNOWLEDGEMENT OF PROGRAM REQUIREMENTS FOR PERSONAL EFFORT AND COMMITMENT**

The nature of the Dixie State University PTA program, as with most health education programs, requires a substantial time commitment to fulfill the intensive requirements of the program in the classroom, laboratory, and clinical settings. The PTA program faculty recognizes its responsibility as facilitators of your learning and is committed to helping you succeed in the program, should you be accepted. However, it is important that you are aware of the responsibilities you will hold for your own learning while in the program.

As part of your application to the program, please read the following and sign below. Your signature is an acknowledgement of your understanding of the expectations of the program, should you be accepted.

1. There is a minimal expectation of two hours of study per week for each credit enrolled. A three hour class will therefore require approximately 6 hours of study/preparation.

2. Clinical Education: there is a mandatory 15 week requirement for full-time clinical education. This will require travel outside of the local area for one or more of the clinical experiences. All expenses for this are the responsibility of the student.

3. You will be learning a “new language” in the first year of your program. You will also be exposed to in-depth, comprehensive physical therapy/health care concepts and principles that may require more effort on your part to learn and understand.

4. You are expected to be prepared for class, lab, and clinical. This may include extensive reading and/or other assignments prior to your attendance.

5. Most exams given in PTA courses are structured similarly to the PTA licensing exam. This means that most of the items on the exams are application, analysis, and synthesis type questions rather than simple knowledge and recall. These questions require a higher-order of thinking to answer correctly. We provide you with learning strategies and test-taking strategies that help you take course exams.

6. You will find the PTA program very different and much more difficult than your past educational experiences. The program is designed this way to facilitate the quality of the program, prepare you to pass your licensing exam, and ensure you become a safe and competent PTA.

7. Physical/Other Demands: Frequent lifting, pushing and pulling, and/or carrying of objects weighing up to 25 pounds. Walking, standing, bending, stooping and sitting for extended periods. Full use of gross and fine motor skills of upper extremities. Good verbal and written communication skills. Ability to use insight when utilizing equipment.

I certify that all of the statements in this application and all of the documents submitted with this application are true and accurate to the best of my knowledge. I acknowledge that I have read and understand the above statements, and if I am accepted into Dixie State University’s PTA program, I agree to organize my time and personal affairs in order to meet the commitment necessary to succeed. Finally, I understand the current accreditation status of PTA program and the ramifications thereof.

Applicant Name (print)  Signature  Date  DSU ID#
HEALTHCARE WORK HISTORY

In the spaces below, list only your employment in healthcare settings. Do not list any positions that are not patient-care related.

*Note: Be prepared to provide proof of employment.*

<table>
<thead>
<tr>
<th>Name / Location of Facility</th>
<th>Dates of Employment</th>
<th>Job Title*</th>
<th>Type</th>
<th>Total Hours</th>
<th>Supervisor Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>FT / PT / VO</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>FT / PT / VO</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>FT / PT / VO</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>FT / PT / VO</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>FT / PT / VO</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>FT / PT / VO</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>FT / PT / VO</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>FT / PT / VO</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>FT / PT / VO</td>
<td></td>
</tr>
</tbody>
</table>

*For example: PT Aide, CNA, COTA, LPN, Restorative Aide, etc.*

Applicant Name (print)  Signature  Date  DSU ID#
DIXIE STATE UNIVERSITY
PHYSICAL THERAPIST ASSISTANT PROGRAM

JOB SHADOWING FORM
MINIMUM OF 16 HOURS

Name of Applicant: _______________________________ Student ID: ______________________

******* TO BE COMPLETED BY FACILITY *******

Name of Facility: ________________________________________________________________

Start Date: ___________________________ End Date: ________________________________

Total Hours Completed: __________________

Duties/Comments:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Supervisor: __________________________________________ Title: ______________________

Physical Therapist Signature: ______________________________
Please Note: The following application scoring sheet is for your information ONLY.

DIXIE STATE UNIVERSITY
PHYSICAL THERAPIST ASSISTANT PROGRAM
Student Application Scoring Sheet

LAST: ____________________________________________
FIRST: __________________________________________
SSN/SID: _________________________________________
ADDRESS: _________________________________________
CITY: ____________________________________________
STATE/ZIP: ________________________________________
PRIMARY PHONE: _________________________________
PRIMARY E-MAIL: _________________________________

PREREQUISITE COURSES

<table>
<thead>
<tr>
<th>COURSE Description</th>
<th>GRADE</th>
<th>GPA</th>
<th>POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Human Anatomy w/ lab BIOL 2320/2325</td>
<td>_____</td>
<td>_____</td>
<td>X 12.5 = ____/50</td>
</tr>
<tr>
<td>2. Human Physiology w/lab BIOL 2420/2425</td>
<td>_____</td>
<td>_____</td>
<td>X 6.25 = ____/25</td>
</tr>
<tr>
<td>3. Intro to Physical Therapy PTA 1010</td>
<td>_____</td>
<td>_____</td>
<td>X 3.75 = ____/15</td>
</tr>
<tr>
<td>4. Medical Terminology HLOC 1000</td>
<td>_____</td>
<td>_____</td>
<td>X 2.50 = ____/10</td>
</tr>
</tbody>
</table>

**TOTAL** _______________________/100

PREREQ GPA _______________________/100
OVERALL GPA ________________________/12.5

APTITUDE EXAM: (12.5 POINTS)
Students will be scored in 5 areas on the PSB test including:
- Academic Aptitude
- Spelling
- Reading Comprehension
- Info on Natural Sciences
- Vocational Adjustment Index

In each category: 50-59th percentile = .5 pts; 60-69th percentile = 1 point; 70-79th percentile = 1.5 pts; 80-89th percentile = 2.0 pts; 90-100th percentile = 2.5 pts.

EXTRA POINTS (OPTIONAL):

PRIOR COLLEGE DEGREE:
AA/AS- 1 point
BA/BS- 2 points
MA/MS/etc.- 3 points

HEALTHCARE WORK (must be direct patient care related):
1 Point: > 520 hours (equivalent 3 months full time, 6 months part time)
2 Points: > 1040 hours (equivalent 6 months full time, 1 year part time: 20 hrs/wk)
3 Points: > 2080 hours (equivalent 1 year full time, 2 years part time)
4 Points: > 4160 hours (equivalent 2 years full time)
*Bonus Point: Worked directly in Physical Therapy

VOLUNTEER EXPERIENCE (must be Healthcare related):
1 Point: > 100 hours

**TOTAL SCORE** _______________________/112.5