Wayne County Community College District

Physical Therapist Assistant Program

APPLICATION PACKET

2027 – 2028

Wayne County Community College District
CURTIS L. IVERY DOWNTOWN CAMPUS
1001 W. Fort St.
Detroit, MI 48226
313-496-2758 Ext. 2034

Ssagger1@wcccd.edu
313-496-2818

CAPTE
Commission on Accreditation in Physical Therapy Education
Click to Verify

CAPTE Accredited Program

Wayne County Community College District

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Follow Us!

Dear Prospective Physical Therapist Assistant Student,

Thank you for your interest in the Physical Therapist Assistant (PTA) Program at the Wayne County Community College District (WCCCD). The following information is intended to help you make an informed decision about your career choice.

PTAs are movement experts who work under the direction and supervision of physical therapists to treat people of all ages and abilities. PTAs are licensed health care providers who work in a variety of settings including outpatient clinics, hospitals, rehabilitation facilities, nursing homes, home healthcare settings, and school systems. They help people avoid surgery and prescription drugs while maximizing their mobility, manage pain, chronic conditions, and improve physical function and fitness.

This packet outlines the process specific to completion of prerequisite courses and application for entry into the limited enrollment PTA Associate of Applied Science degree program.

The mission of the PTA program is to empower students to become highly skilled, safe, and responsible PTAs by providing them with access to high-quality contemporary physical therapist assistant education in an environment that is dedicated to meeting the diverse needs of the individuals and communities it serves.

Any student interested in applying to the PTA program is strongly encouraged to make contact with the PTA program staff listed below who will serve as advisors regarding the PTA program.

Dr. Sherry Saggers, PTA Program Dean
Email: ssagger1@wcccd.edu
Phone: (313) 496-2818

Dr. Celestine Walker, PTA Program Associate Dean
Email: cwalker2@wcccd.edu
Phone: (313) 496- 2758 ext. 2034

We look forward to the opportunity to share information with you regarding the Physical Therapist Assistant program.

All the best as you begin your journey!!!

Table of Contents

The PTA Program reserves the right to modify the application packet, including admission criteria and required documentation, at any time without prior notice. Any changes will be published on the program's official webpage and announced in the Latest PTA Program **News & Updates** section.

WAYNE COUNTY COMMUNITY COLLEGE DISTRICT

PHYSICAL THERAPIST ASSISTANT PROGRAM

CAPTE
COMMISSION ON ACCREDITATION IN PHYSICAL THERAPY EDUCATION

ACCREDITATION STATUS

The Physical Therapist Assistant Program at Wayne County Community College District is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085; telephone: 703-706-3245; email: accreditation@apta.org; website: http://www.capteonline.org.

If needing to contact the program/institution directly please call (313) 496-2818 or email ssagger1@wcccd.edu.

WAYNE COUNTY COMMUNITY COLLEGE DISTRICT

PHYSICAL THERAPIST ASSISTANT PROGRAM

(313) 496-2818

ssagger1@wcccd.edu

Acceptance Criteria

Admission to the PTA Program is determined on an objective, non-discriminatory basis. Candidates must fulfill all College and PTA program admission requirements. Students who have completed all requirements and procedures by the application deadline will be considered for admission. If a student will be completing prerequisite courses during the semester prior to the start of the PTA program, they may still submit an application for consideration. ***Qualified students are ranked for admission based on a 100-point scale. The top 24 students will be offered a seat in the PTA program.***

PTA Application Point Scale

CRITERIA	POINTS	NOTES
TEAS Exam	35	60% or higher is required
Weighted Course Grades	30	A 'B' or better is required in PTT101, BIO240, BIO 250
Cumulative GPA	25	Minimum of 2.5 GPA required. High school GPA is used if the student has taken less than 12 college credits.
Observation Hours	10	Minimum total of 8 hours (4 hours in two different clinics)
Letters of Recommendation	0	Professional only. No friends, family, or co-workers.
Required Forms	0	Must submit all required forms.
TOTAL	100	

*Weighted courses must have been taken within the most recent 5 years. PTT 101 must be taken at WCCCD.

Bonus Points

Prior achievement bonus points will be awarded to applicants who have the following backgrounds:

- Physical therapy technician experience *(1+ years required)* 10-points
- Military service (proof of service required) 7-points
- Higher level degree (Bachelor, Master, Doctorate) 3-points

Note: Applicants are limited to a maximum of 10 bonus points regardless of their prior achievement status. Example: An applicant who is a veteran, has a bachelor's degree, and worked as a technician for 2 years would be awarded 10 bonus points.

To receive bonus points, the applicant must provide written, verifiable proof of status (i.e., employment letter, DD214, college transcripts, etc.). Must be submitted prior to the application deadline. Late documents will not be accepted.

PTA Program Application Process Checklist

To be considered for admission to the WCCCD PTA Program, applicants must complete all eleven (11) steps listed below. Use this checklist to track your progress. This form and all other materials must be submitted by May 15th at 5:00 PM of the application year.

Steps	Description	Completed (initial)
Step 1: College Enrollment	Apply to WCCCD at www.wcccd.edu. If you are currently enrolled, you do not need to reapply.	
Step 2: Submit Official Transcripts	Order official transcripts, from all prior institutions, through the National Student Clearinghouse (NSC) and have them sent directly to WCCCD for transfer credit evaluation and posting to your student record.	
Step 3: Complete Prerequisite Coursework	Finish all required courses with a **GPA of 2.5+** by the end of spring semester. Must earn a B or better in BIO 240, BIO 250, and PTT 101 (taken at WCCCD).	
Step 4: Meet with Program Dean or Associate Dean: Dr. Saggers ssagger1@wcccd.edu Dr. Walker cwalker2@wcccd.edu	Applicants are required to meet with one of the Program Deans to review the application process and ensure all requirements are clearly understood prior to submission.	
Step 5: Complete Clinical Observation Hours	Complete a total of 8 physical therapy observation hours [**4 hours at each of two different facilities**]. Must use the program form in the application packet. Forms must be signed by a PT or PTA. Applicant selects	
Step 6: Submit Two Letters of Professional Recommendation	References must be professional (e.g., instructors, physician, clergy, or supervisors - **no friends, family, or co-workers**) and sent directly to the Program Dean by the recommender.	
Step 7: Complete Background Check and Drug Screen	Submit results by May 15th, 5:00 pm. Refer to Addendum 002-02 for positive result procedures and policies.	
Step 8: Submit PTA Application Documents	Submit the Health Science Program application, all signature pages, and required documents to the PTA Program Dean by May 15th, 5:00 PM. Late materials will NOT be accepted.	
Step 9: Submit Unofficial Transcripts	Submit unofficial transcripts from all colleges (including WCCCD) to the PTA Program Dean. Due by May 15th, 5:00 pm.	
Step 10: Take the TEAS Entrance Exam	Proctored on Downtown Campus in March & April. Achieve a score of 60% or higher. No external TEAS scores accepted. Max two attempts per application cycle.	
Step 11: Attend Mandatory Information Session	Attend a required session before May 15th. Dates will be provided by program deans.	

Printed Name:_____ Signature: _____ Date:_____

Required Forms List

The following forms are required for your application; ensure each is completed and submitted prior to the deadline. Check off each form as you complete and submit it. **All items must be received by May 15th at 5:00 PM. Incomplete or late applications will not be considered.**

General Program Forms

- ☐ Application Process Checklist Form
- ☐ Required Forms List
- ☐ Student Information & Emergency Contact Sheet
- ☐ Prerequisite Course Evaluation Form
- ☐ Letter of Recommendation Form — Professional Reference #1
- ☐ Letter of Recommendation Form — Professional Reference #2

Clinical Observation Documents

- ☐ Observation Hours Acknowledgement Form
- ☐ Physical Therapy Observation Hours Verification (Facility #1 — 4 Hours)
- ☐ Physical Therapy Observation Hours Verification (Facility #2 — 4 Hours)

Background, Health & Safety Forms

- ☐ Essential Functions for the PTA Student Form *(Core Technical Standards Sign-off)*
- ☐ Health & Vaccination Acknowledgment Form
- ☐ Dress Code Acknowledgment Form
- ☐ Background Check & Drug Screen Form *(Program Consent Form)*
- ☐ Background Check & Drug Screen Policy Acknowledgement Form

Applicant Attestation and Sign-Off

Please Note: It is the sole responsibility of the applicant to ensure that all supporting documentation is included in their application packet. Incomplete applications or late documents will not be considered or accepted under any circumstances.

By signing below, I certify that I have completed all the requirements outlined in this checklist and that all submitted forms are accurate, truthful, and complete.

Applicant Printed Name: _____ A#:_____

Applicant Signature: _____ Date: _____

Applicant Eligibility Verification Worksheet

Physical Therapist Assistant Program

Complete and submit this worksheet with your application.

SECTION 1 - APPLICANT INFORMATION		
Full Name:		
Student ID#:	Application Year:	Current Overall GPA:
☐ I have verified that my overall GPA is 2.50 or higher.		

SECTION 2 - PREREQUISITE COURSE VERIFICATION			
Course	**Semester**	**Year**	**Grade**
BIO 240 Anatomy & Physiology I			
BIO 250 Anatomy & Physiology II			
PTT 101 Introduction to Physical Therapy			
ENG 119 English Composition I			
SPH 101 Fundamentals of Speech			
PS 101 American Government			
PSY 101 Introduction to Psychology			

SECTION 3 - REQUIREMENT CHECKLIST		SECTION 4 - TRANSFER CREDIT VERIFICATION
☐ BIO 240 grade is B or higher		List prerequisite courses transferred to WCCCD:
☐ BIO 250 grade is B or higher		1.
☐ PTT 101 grade is B or higher		2.
☐ ENG 119 grade is C or higher		3.
☐ SPH 101 grade is C or higher		4.
☐ PS 101 grade is C or higher		☐ I have submitted official transcripts from all colleges
☐ PSY 101 grade is C or higher		☐ I have reviewed my transcript in Wildcat Portal
☐ BIO 240 completed within most recent 5 years		☐ It is my responsibility to ensure credits are transferred
☐ BIO 250 completed within most recent 5 years		**IMPORTANT:** Application may be deemed incomplete if
☐ PTT 101 completed within most recent 5 years		Transcripts have not been received or transfer credit is not
☐ PTT 101 completed at WCCCD		Reflect in the Wildcat Portal by the deadline.

SECTION 5 - APPLICANT CERTIFICATION	
☐ I certify that the information provided on this worksheet is accurate.	
☐ I understand that meeting minimum requirements does not guarantee admission to the PTA Program.	
Applicant Signature:	Date

Essential Functions for the Physical Therapist Assistant Form

In accordance with expectations of the physical therapy profession, PTA students must be able to perform the following essential functions with or without reasonable accommodation.

Essential Function	Capabilities Expected
Motor Skills	The student must have sufficient motor abilities to perform safe and effective physical therapy procedures, including but not limited to: ● Assist and protect patients during activities ● Adjust, move, position, and lift patients/equipment ● Perform physical tasks (e.g., bending, twisting, standing, walking) - Provide CPR ● Manipulate equipment and adjust settings ● Endure an 8-hour workday in a clinical setting
Sensory Skills	The student must have adequate sensory abilities to assess and monitor patients effectively, including but not limited to: ● Visual ability to interpret expressions, body language, and movement patterns ● Auditory ability to respond to communication and alarms ● Tactile ability to palpate pulses, skin texture, and muscle tone
Communication	The student must be able to communicate effectively in English, both verbally and in writing. Capabilities required include but are not limited to: ● Read and write at a competency level for effective function ● Present information clearly to patients, families, and professionals - Interpret and respond to verbal/nonverbal communication ● Communicate patient status, safety, and rehab information
Behavior	The student must demonstrate good judgment, build therapeutic relationships, work well under stress, and tolerate close physical contact with patients and colleagues. Capabilities required include but are not limited to: ● Work with multiple patients/colleagues simultaneously ● Handle stressful situations and maintain professionalism ● Work with diverse backgrounds ● Act in the best interest of patients ● Maintain patient privacy and adhere to HIPAA guidelines
Critical Thinking	The student must be able to quickly comprehend and process information, understand three-dimensional and spatial relationships, and make sound clinical judgments based on complex information. Capabilities required include but are not limited to: ● Collect, interpret, and integrate information for clinical decision making - Prioritize tasks and make decisions effectively ● Apply education knowledge to physical therapy services ● Observe, measure, and modify interventions based on patient responses ● Act safely and ethically in the clinic

The ability to perform these functions does not reflect the ability to pass the state licensing examinations and may not reflect all the functions which may be required for employment of the graduate.

Printed Name _____ Signature _____ Date _____

Health & Vaccination Acknowledgment Form

Student Name (Print): _____ A #:_____

Participation in clinical education is a required component of the PTA Program. Please read each statement carefully and initial each item to acknowledge your understanding.

General Clinical Education Requirements	**Initial**
I understand that participation in clinical education requires compliance with all **health, safety, and immunization requirements** established by the PTA Program and clinical facilities.	
I understand that I am responsible for **obtaining, maintaining, and submitting documentation** for all required health and safety items, including immunizations, health appraisal forms, health insurance, CPR certification, background checks, and any additional site-specific requirements.	
I understand that failure to comply with clinical education safety requirements may result in **removal from the clinical setting and/or dismissal from the PTA Program**, in accordance with **PTA Program Policy #030**.	
Required Clinical Experiences	
I understand that **all students are required to complete at least one acute/medically complex inpatient clinical rotation** as part of the PTA Program.	
I understand that assignment to clinical rotations is based on **educational and experiential need**, **not** on a student's immunization status.	
I understand that most acute inpatient clinical sites require **full compliance with vaccination requirements**, including the **annual influenza vaccine**.	
Required Immunizations	
I understand that the following immunizations must be completed **prior to participation in clinical education**: ● MMR (Measles, Mumps, Rubella) ● Varicella Zoster ● Hepatitis B ● Tdap (Tetanus, Diphtheria, Pertussis – within the last 10 years) ● **Influenza (current seasonal vaccine)**	
I understand that **failure to obtain or maintain required immunizations will result in my inability to complete clinical education requirements and, therefore, the PTA Program**. *(For questions or concerns see the Clinical Education Coordinator)*	
COVID-19 Vaccination Disclosure	
I understand that COVID-19 vaccination is **not required for program admission**, but that **some inpatient clinical sites require proof of COVID-19 vaccination**.	
I understand that failure to obtain the COVID-19 vaccine **may limit available clinical placement options** and **may result in my inability to complete the PTA Program**. *(For questions or concerns see the Clinical Education Coordinator)*	

Additional Health & Safety Requirements	
I understand that I must complete a **Health Appraisal Form** by a licensed healthcare provider prior to clinical education.	
I understand that a **current Tuberculosis (TB) test** is mandatory, and that a **chest x-ray** may be required if the TB test is positive.	
I understand that some clinical sites may require a **urine drug screen**, and that I will be notified if this is required.	
I understand that prior to beginning clinical courses, I must obtain **BLS for the Healthcare Provider** through the **American Heart Association**.	
Acknowledgment of Responsibility	
I acknowledge that I have reviewed the PTA Program's **Clinical Education Safety Requirements**, including vaccination and health requirements, and understand my responsibility to ask questions if clarification is needed.	
I acknowledge that failure to meet vaccination or health requirements, **including the influenza vaccine,** may prevent me from completing required clinical experiences and **may result in inability to complete the PTA Program**.	

Student Signature: _____ Date: _____

Background Check & Drug Screen Acknowledgment Form

Name (print): _____ A #:_____ Date:_____

Acknowledgment: By initialing next to each statement below, I acknowledge that I have read , understand, and agree to comply.

Policy Statement	Initials
1. I understand that **criminal background checks and drug screens are required** as part of the PTA Program admission process and may be required again during enrollment.	
2. **I understand** that all required background checks and drug screens **must be completed through the vendor designated by the PTA Program**. Background checks or drug screens obtained independently or through another vendor **will not be accepted**.	
3. I understand that a **positive drug screen for any controlled substance**, including **THC (marijuana)**, will result in **disqualification from the program**, regardless of state legalization, medical marijuana status, or prescription authorization, due to **clinical site and federal healthcare requirements**.	
4. I understand that if I test positive for **non-THC substances**, I may be permitted **one (1) retest within 72 hours** of notification by the Program Dean, **at my own expense**. Failure of the retest will result in disqualification.	
5. I understand that **failure to pass**, **failure to complete**, or **refusal to participate** in a required background check or drug screen will be treated as a failed result and will result in **ineligibility for admission during that application cycle**.	
6. I understand that **clinical education sites may require additional, random, or for-cause background checks and/or drug screens** at any time during the program.	
7. I understand that I am responsible for **all costs**, **deadlines**, **transportation**, and **documentation** associated with background checks, drug screens, and clinical requirements, including health insurance and immunizations.	
8. I understand that **WCCCD is a drug-free institution**, and I must never attend class, lab, or clinical experiences **impaired or under the influence** of drugs or alcohol.	
9. I understand that **use of drugs or alcohol during any academic or clinical activity is strictly prohibited** and will result in **immediate dismissal from the PTA Program**.	
10. I understand that **clinical sites have the authority to deny placement** based on background check or drug screen results, and that **no alternative placement is guaranteed**.	
11. I understand that I am required to **self-report any arrests, criminal charges, or convictions** that occur after admission to the PTA Program. Failure to do so may result in dismissal.	
12. **I understand** that I am **financially responsible for all costs** associated with required background checks, drug screens, and any required retesting.	

Student Signature: _____ Date:_____

Dress Code Acknowledgment Form

Student Name: _____ A#:_____

As an applicant to the WCCCD Physical Therapist Assistant (PTA) Program, I acknowledge and understand the following Dress Code expectations. I understand that I am responsible for complying with all dress code requirements at all times during the technical phase of the program, including during classes, labs, field trips, and clinical activities.

Initials	Acknowledgment Statement
	I understand that the PTA Program has a mandatory dress code policy that promotes professionalism, safety, and medical asepsis.
	I agree to fully comply with the dress code at all times while enrolled in the technical phase of the PTA Program.
	I understand that I must arrive at the WCCCD campus fully dressed in my required uniform, with my hair clean, neat, and properly restrained, prior to entering the building.
	I understand that the classroom, lab, or hallways are not to be used to complete grooming or adjust attire.
	I understand that the dress code prohibits non-religious head coverings and requires all clothing to be clean, professional, and in accordance with Program Policy #013.
	I understand that failure to comply with the dress code may result in disciplinary action, up to and including dismissal from the PTA Program.
	I understand that I must purchase and wear the specific uniform and attire designated by the PTA Program. Personal substitutions are not permitted.
	I understand that if I am unable to comply with any part of the dress code for any reason, it is my responsibility to notify the Program Dean prior to class, lab, or clinical attendance.
	I understand that Dress Code Policy #013 is available for my review at any time in the PTA Student Handbook, course syllabi, or upon request from the Program Dean.
	I have received or reviewed a copy of the full Dress Code Policy (013) and understand my responsibility to ask program staff if I have questions about compliance.

By signing this form, I understand that my initials indicate agreement with each statement above, and that failure to comply with the dress code policy may result in disciplinary action, including dismissal from the program.

_____ _____

Student Signature Date

Clinical Observation Acknowledgement Form

OBSERVATION REQUIREMENT

Minimum hours: 8 contact hours across at least 2 different physical therapy settings

Deadline: May 15th, 5:00 PM — completed and submitted with application packet

Submit: The signed signature page must be attached to your application packet and returned to the PTA Dean.

SECTION 1 – SCHEDULING YOUR OBSERVATION

You are responsible for arranging all observation hours. Follow these guidelines when contacting and scheduling with facilities.

Arranging Hours	You are solely responsible for arranging your own observations. The PTA program will not contact facilities or provide referrals on your behalf.
Choosing Sites	Seek out at least 2 different physical therapy settings. Minimum 4 hours per facility. Hours may be completed in one visit or across multiple visits by mutual agreement with the site.
Contacting a Site	Contact the rehab manager or volunteer department. Introduce yourself by name and explain you are seeking admission to the PTA program at WCCCD. Clearly state that you are observing only — this is not a clinical placement. Ask politely and thank them regardless of the outcome.
Scheduling	Once scheduled, make every effort to attend. If an emergency or illness prevents attendance, notify the facility immediately to reschedule. These sites are potential future clinical placements — treat every interaction professionally.

SECTION 2 - PROFESSIONAL APPEARANCE

	DO	AVOID
Clothing	Professional, work-appropriate attire	Shorts, jeans, midriff tops, revealing clothing
Shoes	Flat, closed-toe, comfortable footwear	Heels or open-toed shoes
Hair	Pulled back if long enough to cover face or collar	Hair loose over face or collar
Nails	Short to moderate length; polish chip-free	Long nails; chipped polish
Jewelry	Wedding rings, watches, small earrings	Excessive or dangling earrings
Fragrance	None	Perfume or cologne (allergy risk)

Dress and present yourself professionally — observation sites are potential future clinical placements and employers.

SECTION 3 - CONDUCT DURING OBSERVATION	
Arrival	Plan to arrive 10–15 minutes early.
Conduct	Be courteous to all staff and patients at all times. Ask questions about equipment and procedures — this is an opportunity to learn.
Avoid	Gum chewing, cell phone use, and rudeness are never appropriate. Do not offer patients advice, and do not seek personal medical advice from staff.
Confidentiality	All patient information observed or overheard during the visit is strictly confidential. Do not share or discuss patient information outside the facility.

Represent yourself, the program, and WCCCD with professionalism at all times during your visit.

IMPORTANT
The Clinical Observation Form must be completed by the student, signed by the supervising therapist(s), and submitted as part of your application packet to the PTA Program Dean no later than May 15th, 5:00 PM.

By signing below, I acknowledge that I have read, understand, and agree to comply with all guidelines contained in this Clinical Observation Acknowledgement Form.

Printed Name	Signature	Date

Clinical Observation Hours Form

KEY REQUIREMENTS

- **Hours:** 8 hours total (2 different facilities @ 4 hours each)
- **PT Techs:** Up to 4 hours may be completed at your workplace.
- **Verification:** Must be signed by a licensed PT or PTA. No other signatures accepted.
- **One form per site:** Complete a separate form for each facility.
- **Submission:** Turn in completed forms by application deadline, May 15th at 5:00 pm.

Student Name: _____ **Facility Phone:** _____

Facility Name:_____ **Facility Address:** _____

Facility Type

☐ Outpatient - Clinic ☐ Inpatient Hospital / Acute Care ☐ Skilled Nursing Facility
☐ Sports Rehab ☐ Pediatrics ☐ Other (specify): _____

Date(s) of Observation	Start / End Time	Contact Hours
	TOTAL HOURS:	

OBSERVATION SUMMARY

Brief Observation Summary *(3–5 sentences. Do not include patient names or identifying information.)*

SIGNATURES

_____ _____
Student Signature **Date**

SUPERVISING PT / PTA VERIFICATION

I confirm that the student named above completed the observation hours listed on this form at our facility.

Therapist Printed Name: _____ **PT** **PTA**

Therapist Signature: _____ **Date:** _____

Professional Recommendation Form

Name of Applicant: _____

The above applicant is applying for admission to the Wayne County Community College District Physical Therapist Assistant Program. As a reference for the applicant named above, please evaluate the individual's characteristics and qualities using the criteria listed below. Your responses will be used in the evaluation of this applicant's potential as a future physical therapist assistant.

CONFIDENTIALITY: By signing below, the applicant waives any and all rights to access or review this recommendation form and understands that all information provided by the recommender will remain unavailable to the applicant.

_____ _____

Applicant Signature **Date**

Applicant: Write your name, sign, and date this document before giving it to your recommender

RECOMMENDER INFORMATION		RELATIONSHIP TO APPLICANT	
Printed Name:		How long have you known the applicant? _____	
Title / Credentials:		Select One of The Following:	
Organization / Employer:		☐ Direct Supervisor	☐ Academic Advisor
Phone:		☐ Professor / Instructor	☐ Coach / Trainer
Email:		☐ Clergy	☐Other: _____

⚠ *Professional references must be individuals who have supervised, taught, mentored, or worked with the applicant in a professional, academic, volunteer, military, or healthcare setting AND have known the applicant a minimum of 16 weeks.* ***NOT ELIGIBLE:*** *References from family members, friends, classmates, patients, or personal acquaintances will not be accepted.*

APPLICANT EVALUATION	4 Outstanding	3 Above Average	2 Average	1 Below Average	Unknown
Initiative & Drive	☐	☐	☐	☐	☐
Stress Management	☐	☐	☐	☐	☐
Compassion & Caring	☐	☐	☐	☐	☐
Communication Skills	☐	☐	☐	☐	☐
Integrity	☐	☐	☐	☐	☐
Problem-Solving Skills	☐	☐	☐	☐	☐
Quality of Work	☐	☐	☐	☐	☐
Professional Appearance	☐	☐	☐	☐	☐
Maturity	☐	☐	☐	☐	☐
Punctuality & Reliability	☐	☐	☐	☐	☐
Interpersonal Skills	☐	☐	☐	☐	☐

OVERALL RECOMMENDATION

☐ I recommend this applicant with confidence.

☐ I recommend this applicant.

☐ I recommend this applicant with some reservations.

☐ I would not recommend this application for admission.

ADDITIONAL COMMENTS:

RECOMMENDER CERTIFICATION

I certify that the information provided on this form is accurate.

Signature: _____ Date: _____

SUBMISSION INSTRUCTIONS

This form must be submitted directly by the recommender. Forms submitted by applicants will **NOT** be accepted

DEADLINE: May 15th, 5:00 PM

Email: ssagger1@wcccd.edu

Mail or Deliver To: Dr. Sherry Saggers, PTA Program Dean Wayne County Community College 1001 W. Fort St Detroit, MI 48226

Wayne County Community College District

HEALTH SCIENCE CENTER

WAYNE COUNTY COMMUNITY COLLEGE DISTRICT • HEALTH SCIENCE PROGRAMS •

- Anesthesia Technology
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- Dental Hygiene
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Application for Program Admission

HEALTH SCIENCE PROGRAMS

Wayne County Community College District • Northwest Campus
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Wayne County Community College District

Application for Program Admission • Health Science Programs

PLEASE PRINT OR TYPE (USE BLUE OR BLACK INK)

Name: _____ (LAST) _____ (FIRST) _____ (MIDDLE)

Former Name: _____ (LAST) _____ (FIRST) _____ (MIDDLE)

Student ID #: A _____ Male ❑ Female ❑ WCCCD Email: _____

CURRENT ADDRESS AND PHONE NUMBERS

Home Address: _____ (STREET) _____ (CITY) _____ (STATE) _____ (ZIP)

Mailing Address (if different): _____ (STREET) _____ (CITY) _____ (STATE) _____ (ZIP)

Phone (include area codes): _____ (HOME) _____ (CELL) _____ (WORK)

If any of your transcripts, test scores, etc. might arrive under any name other than those listed above, enter names here:

IN CASE OF EMERGENCY CONTACT

Name: _____ (LAST) _____ (FIRST) _____ (MIDDLE)

Home Address: _____ (STREET) _____ (CITY) _____ (STATE) _____ (ZIP)

Phone (include area codes): _____ (HOME) _____ (CELL) _____ (WORK)

Relationship: _____

RESIDENCY

Are you a United States citizen? YES ❑ NO ❑

Are you a resident of the Wayne County? YES ❑ NO ❑ (If yes, include documentation of residency)

Are you 18 years of age or older? YES ❑ NO ❑

PRIOR ACADEMIC HISTORY

Have you received a High School Diploma? YES ❑ NO ❑

Have you received a GED? YES ❑ NO ❑ Date Received _____

Have you completed 12 hours of college credits at WCCCD with a grade of "C" or better? YES ❑ NO ❑

HIGH SCHOOL: _____ (SCHOOL) _____ (CITY) _____ (STATE) _____ (GRAD DATE)

COLLEGES/UNIVERSITIES ATTENDED - (LIST ALL) REQUEST TRANSCRIPTS FROM ALL:

	COLLEGES/UNIVERSITIES	CITY	STATE	DATES ATTENDED	DEGREE CONFERRED
1.					
2.					
3.					
4.					

Please Note: *Official transcripts from high school, GED scores or other colleges and universities, including your most recent WCCCD transcript, must be included in your admission file before the deadline date.*

WHICH HEALTH SCIENCE PROGRAM ARE YOU APPLYING FOR? (PLEASE PICK ONLY ONE)

- ❑ Anesthesia Technology Associate Degree
- ❑ Dental Assisting Certificate
- ❑ Medical Office Specialist Certificate
- ❑ Patient Care Technology Certificate
- ❑ Pharmacy Technology Certificate
- ❑ Practical Nursing Education (LPN) Certificate
- ❑ Physical Therapist Assistant Associate Degree
- ❑ Central Service Technician Certificate
- ❑ Dental Hygiene Associate Degree
- ❑ Nursing Assistant Training Certificate
- ❑ Pharmacy Technology Associate Degree
- ❑ Phlebotomy Technician Certificate
- ❑ Surgical First Assistant Certificate
- ❑ Surgical Technology Associate Degree

Are you a Veteran? ❑ Yes ❑ No V.A. Certificate #__________________

How did you hear about our programs?

❑ High School Counselor ❑ College Advisor ❑ Radio ❑ Television ❑ Newspaper ❑ Friend/Family ❑ Other

Based upon Michigan Law

Students applying for admission will be subject to a criminal background check, the results of which could preclude an applicant from admission to Wayne County Community College District on the basis of any of the following:

- A felony conviction, or conviction for an attempt or conspiracy to commit a felony within the past 15 years.
- Any misdemeanor conviction involving abuse, neglect, assault, battery or criminal sexual conduct within the past 10 years.
- Any misdemeanor conviction involving fraud or theft against a vulnerable adult.

OSHA REQUIREMENTS

Applicants must understand they may be exposed to hazardous air/blood pathogens and will be required to comply with all OSHA requirements. These requirements may include wearing tight-fitting masks, protective eye wear, gloves and gowns. A physician-signed examination form, TB test, Hepatitis B vaccination and other vaccinations will be required at the student's expense. Program specific OSHA requirements will be provided upon admission and possible drug testing. Additionally, the clinical practice site may require additional health requirements.

COMMUNITY SERVICE ACTIVITIES (PLEASE LIST)

______________________________ ______________________________

______________________________ ______________________________

______________________________ ______________________________

______________________________ ______________________________

EMPLOYMENT EXPERIENCES BEGINNING WITH MOST RECENT (PLEASE LIST)

NAME AND FULL ADDRESS OF SCHOOL OR COMPANY	EMPLOYMENT DATES: FROM: TO: ❑ FULL-TIME ❑ PART-TIME
	NAME AND TITLE OF SUPERVISOR: TELEPHONE:
POSITION	

NAME AND FULL ADDRESS OF SCHOOL OR COMPANY	EMPLOYMENT DATES: FROM: TO: ❑ FULL-TIME ❑ PART-TIME
	NAME AND TITLE OF SUPERVISOR: TELEPHONE:
POSITION	

NAME AND FULL ADDRESS OF SCHOOL OR COMPANY	EMPLOYMENT DATES: FROM: TO: ❑ FULL-TIME ❑ PART-TIME
	NAME AND TITLE OF SUPERVISOR: TELEPHONE:
POSITION	

PLEASE COMPLETE BELOW, INDICATING:

- the reasons you wish to be considered for admission into this program,
- your career goals and time frame for achievement, and
- any special qualities or characteristics that would be an asset in your chosen profession.

Be sureto answer all three of the above questions. Do NOT handwrite your statement. Type as a Word Must be a total of 500-700 words. Be sure to do a character count before submission. Submit the typed statement with your application packet by 5:00 PM on May 15th. No late submissions will be acccepted. Direct any questions or concerns regarding program application to the PTA Program Dean, Dr. Sherry Saggers, at ssagger1@wcccd.edu or the Associate Dean, Dr. Celestine Walker, at cwalker2@wcccd.edu. Be sure to sign and date this document (see below).

❑ I certify that all the information provided on this form is complete and accurate. I understand that falsifying any part of the application will result in cancellation of admission and/or registration. If admitted, I will be governed by the rules and regulations of the Wayne County Community College District Health Science Program.

Student's Signature _____ Date _____

ELECTRIONIC FORM: *By typing your name in the form field above, you acknowledge this text serves as your signature.*

NOTE: *Use Adobe Acrobat Reader to complete and submit this form electronically. Download Adobe Acrobat Reader get.adobe.com/reader/*
Email form to ssagger1@wcccd.edu
OR *mail completed form to:*
PTA Program Dean • Wayne County Community College District
1001 West Fort Street Detroit, MI 48226

Statement of Compliance with Federal and State Law
Wayne County Community College District (WCCCD), pursuant to the requirements of Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Vietnam-Era Veterans Readjustment Act of 1974, the Elliot-Larsen Civil Rights Act, Executive Order 11246, and Title II of the Americans with Disabilities Act (ADA) complies with all Federal and State laws and regulations prohibiting discrimination and with all requirements and regulations of the U.S. Department of Education.

It is the policy of WCCCD that no person, on the basis of race, color, religion, national origin, age, sex, height, weight, marital status, disability, or political affiliation or belief, shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise subjected to discrimination in employment or in any program or activity for which it is responsible or for which it receives financial assistance from the U.S. Department of Education. (Policy adopted by the Wayne County Community College District Board of Trustees, July 28, 1993)

Notice of Nondiscrimination
Any questions concerning Title IX of the Education Amendments of 1972 which prohibits discrimination on the basis of sex, or inquiries related to Section 504 of the Rehabilitation Act of 1973 which prohibits discrimination on the basis of handicap, and inquiries related to Title II of the Americans with Disabilities Act (ADA) which provides comprehensive civil rights protection for individuals with disabilities, or the College's Statement of Compliance with Federal and State law, should be directed to Director of Human Resources, Wayne County Community College District, 801 W. Fort, Detroit, MI 48226 or by calling: 313-496-2765.

Institutional Accreditation
Wayne County Community College District is accredited by the Higher Learning Commission, 230 South LaSalle Street, Suite 7-500, Chicago, Illinois 60604; 312-263-0456, 1-800-621-7440 (fax at) 312-263-7462. The Higher Learning Commission accredits degree granting institutions within the 19-state North Central region of the United States. General questions and information may be located on the website www.hlcommission.org or by email to info@hlcommission.org. Information regarding WCCCD's status of accreditation is made available on the WCCCD HLC website. Complaints can be directed by email to complaints@hlcommission.org.

4/2023

WAYNE COUNTY COMMUNITY COLLEGE DISTRICT

Physical Therapist Assistant Program

FREQUENTLY ASKED QUESTIONS

Applicant Information Guide

Answers to common questions regarding the WCCCD PTA Program application process.

Physical Therapist Assistant Program
Wayne County Community College District
ssagger1@wcccd.edu
313-496-2818

Quick Facts

Item	Information
Application Deadline	May 15, 5:00 PM
Cohort Start	Fall Semester
Seats Available	24
Program Length	6 Semesters
Technical Track	Full-Time Day Program
Minimum GPA	2.50
Minimum TEAS Score	60%
Observation Hours	8 Hours Total (4 Hours at Two Different Facilities)
Clinical Education	624 Hours
Admission Decisions	Sent via WCCCD Student Email

SECTION 1 — ACADEMIC REQUIREMENTS

What GPA is required?

Applicants must have a cumulative GPA of at least 2.5.

What are the weighted courses?

PTT 101, BIO 240, and BIO 250 are weighted in the admissions rubric and must each be completed with a grade of B or better.

Can I transfer prerequisite courses?

Most prerequisite courses may be transferred if accepted by WCCCD. PTT 101 must be completed at WCCCD - it cannot be transferred.

SECTION 2 — POINTS & SCORING

How is the 100-point admissions score calculated?

Qualified applicants are ranked on a 100-point scale. The breakdown is as follows:

Criteria	Max Points	Requirements
TEAS Exam	35	60% or higher required
Weighted Courses	30	B or better — BIO 240, BIO 250, PTT 101
Cumulative GPA	25	High school GPA used if fewer than 12 college credits
Observation Hours	10	Minimum 8 hours at 2 facilities
Letters of Recommendation	0	Two professional letters required (see below)
TOTAL	100	

How are GPA points calculated?

GPA is scored on a normalized scale. Applicants can earn between 12.95 and 20 points based on the formula: (GPA ÷ 4.0) × 20. Applicants below a 2.5 GPA are not eligible to apply.

Cumulative GPA	Application Points
3.80 – 4.00	20.00
3.60 – 3.79	18.95
3.40 – 3.59	17.95
3.20 – 3.39	16.95
3.00 – 3.19	15.95
2.80 – 2.99	14.95
2.60 – 2.79	13.95
2.50 – 2.59	12.95
Below 2.50	Not eligible to apply

How are weighted course points calculated?

PTT 101, BIO 240, and BIO 250 are each scored based on the grade earned. Grades with pluses or minuses (e.g. A−, B+) are counted as the base letter grade. Points are awarded based on the first two attempts only — a grade earned on a third or subsequent attempt earns zero points. No points are awarded for non-weighted prerequisite courses.

Note: A grade of ‘C’ satisfies the prerequisite requirement but earns zero weighted course points. To be competitive, applicants should aim for a B or higher in all three weighted courses.

Course	Grade A	Grade B	Grade C	Notes
PTT 101 — Introduction to Physical Therapy	10 pts	8 pts	0 pts	Max 5 years old. WCCCD only.
BIO 240 — Human Anatomy & Physiology I	10 pts	8 pts	0 pts	Max 5 years old.
BIO 250 — Human Anatomy & Physiology II	10 pts	8 pts	0 pts	Max 5 years old.

How are TEAS scores converted to points?

TEAS application points range from 21 (minimum) to 35 (maximum) and are calculated using the formula: (TEAS Score × 0.35) × 100. A sample of score conversions is shown below:

TEAS Score	Application Points
100%	35.00
99%	34.65
95%	33.25
90%	31.50
85%	29.75
80%	28.00
75%	26.25
70%	24.50
65%	22.75
60%	21.00
Below 60%	Not eligible

What bonus points are available?

Prior achievement bonus points may be awarded for the following:

- Physical therapy technician experience (1+ years required) - 10 points
- Military service (proof of service required) - 7 points
- Higher-level degree (Bachelor's, Master's, or Doctorate) - 3 points

Why are letters of recommendation required if they are worth zero points?

Two professional letters of recommendation are required as part of a complete application. They are not scored in the admissions rubric but are reviewed qualitatively. Letters may be considered in cases where two applicants are otherwise equal in total points.

What if two applicants have the exact same point total?

In the rare event of a tie, admission priority is given to the applicant who was first enrolled at WCCCD as a Health Science or Associate in Science major.

SECTION 3 — TEAS EXAMINATION

What is the TEAS?

The ATI TEAS (Test of Essential Academic Skills) is designed to assess a student's preparedness for entering the health science fields. It consists of 170 multiple-choice questions across four subject areas: Reading, Math, Science, and English & Language Usage.

Is the TEAS timed?

Yes. Testers are given a total of 209 minutes across four individually timed sections:

Section	Questions	Time
Reading	53	64 minutes
Math	36	54 minutes
Science	53	63 minutes
English & Language Usage	28	28 minutes
TOTAL	170	209 minutes

How is the TEAS scored?

TEAS scores are calculated using a process called equating, which means some questions carry more weight than others. You will not know which questions are weighted more heavily. Scores are rounded to the nearest tenth.

What score do I need?

A minimum overall score of 60% is required for eligibility. Applicants who score between 57.0% and 59.9% may be considered if all other admission requirements are fully met.

How many times may I take the TEAS?

Up to two times per application year, with at least 30 days between attempts. TEAS scores are valid for the current application year only - scores from previous cycles will not be accepted.

When will I receive my results?

Scores are available immediately following the examination. You must print a copy of your scores and provide it to the proctor before leaving the exam room.

Where and how do I take the TEAS?

The TEAS is administered in-person on the WCCCD downtown campus and is proctored by program faculty or staff. A calculator is built into the exam - you do not need to bring one.

How do I register for the TEAS?

Registration details, exam dates, times, and location are published by program staff no later than February of the application year. The TEAS is generally offered in April and May. You must pay approximately $85 online by debit or credit card prior to your scheduled test date. All sales are final - no refunds are issued.

Are there study guides available?

Yes. Visit the ATI TEAS website at atitesting.com/teas-prep for study materials. Resources are also available in the Learning Resource Center (LRC) on the downtown campus.

What if I need testing accommodations?

Students requesting accommodations should contact Disability Support Services at (313) 496-2634 before registering for the TEAS to discuss WCCCD's policies and procedures.

Is conditional acceptance available for TEAS scores below 60%?

Applicants who score between 57.0% and 59.9% may be considered for conditional acceptance if they meet all of the following requirements:

- ➢ Score at least 50% in three of the four TEAS sections
- ➢ Complete all other admission requirements
- ➢ Retake the TEAS one additional time
- ➢ Meet al requirement outlined in the Conditional TEAS Score Acceptance Policy

Conditional acceptance is reviewed on a case-by-case basis and does not guarantee admission.

What happens if I am admitted under conditional acceptance?

Students admitted under conditional acceptance must successfully complete a mandatory remediation plan throughout the technical phase of the program. Requirements include:

- Weekly meetings with program faculty
- Weekly self-reflection assignments
- 100% compliance with attendance requirements
- Timely completion of all coursework
- Demonstration of professional behaviors
- Maintaining at least an 80% average in PTA coursework

Failure to comply with the remediation plan may result in dismissal from the program.

SECTION 4 — ADMISSIONS & APPLICATION

What is the application deadline?

All materials must be received by 5:00 PM on May 15. Late materials are not accepted.

How many students are accepted each year?

One cohort of up to 24 students is admitted each fall semester.

How are applicants selected?

Qualified applicants are ranked using a 100-point admissions rubric that considers GPA, weighted course grades, TEAS score, and applicable bonus points.

What if I am not accepted?

You may reapply in a future admission cycle. Applications are not carried forward from one year to the next.

How will I be notified?

Admission decisions are sent to your WCCCD student email account.

What if I am offered a seat but cannot accept it?

If you are offered a seat but are unable to accept it for any reason, you must reapply during a subsequent application cycle to be considered for a future cohort. Declining an offer does not guarantee acceptance in any future cycle.

What if I have a criminal background?

All applicants must undergo a criminal background check at their own expense through CastleBranch.com. WCCCD clinical partners may not accept students with certain convictions, and the inability to secure clinical placement will render an applicant ineligible for admission.

All federal, state, and local convictions must be disclosed to the PTA Program Dean. Convictions before admission must be disclosed prior to acceptance. Convictions after acceptance must be reported immediately. Failure to disclose a conviction is grounds for immediate dismissal.

The program follows waiting periods specified in Michigan Mental Health Code MCL 330.1134a. The waiting periods below begin after completion of all terms and conditions of sentencing:

Waiting Period	Type of Offense
Lifetime Ban	Felonies related to patient neglect or abuse; health care fraud; unlawful manufacture/distribution of controlled substances (on or after Aug 21, 1996); adulteration of drugs; selling/distributing products containing ephedrine or pseudoephedrine.
15 Years	Felonies involving intent to cause death or serious injury; resulting in death or serious injury; involving force or violence; cruelty or torture; criminal sexual conduct; abuse or neglect; use of a firearm or dangerous weapon; diversion or adulteration of prescription drugs.
10 Years	Misdemeanors involving use of a firearm or dangerous weapon with intent to injure or resulting in injury; criminal sexual conduct; cruelty or torture; abuse or neglect; force or violence.
5 Years	Misdemeanors involving home invasion; embezzlement; negligent homicide; larceny; retail fraud (2nd degree); any misdemeanor involving assault, fraud, theft, or controlled substance possession or delivery. (Cruelty misdemeanor if under age 16.)
3 Years	Misdemeanor assault (no firearm, no intent for murder or great bodily harm); retail fraud (3rd degree); misdemeanor involving creation, delivery, or possession with intent to manufacture a controlled substance.
1 Year	Controlled substance misdemeanor if under age 18 at time of conviction; larceny or retail fraud (2nd or 3rd degree) if under age 16 at time of conviction.

What if I have a positive drug screen?

All applicants must complete a drug screen as part of the admissions process. A positive result for any controlled substance — including THC (marijuana) — will disqualify an applicant from admission. There are no exceptions, including for medical marijuana or prescribed controlled substances. Although marijuana is legal under Michigan state law, it remains federally illegal and is prohibited by clinical site contracts.

Applicants who test positive for a non-THC controlled substance may be allowed a one-time retest at their own expense, which must be completed within 72 hours of notification. If the retest is negative, the applicant may continue in the admissions process. If the retest is positive or not completed within 72 hours, the applicant will be ineligible for that application cycle. THC is not eligible for retesting.

Applicants who test positive for other prescription medications must meet with the PTA Program Dean and provide documentation from a licensed provider confirming the medical necessity and that the student can meet all program and clinical standards without impairment. All documentation must be submitted within 72 hours of notification.

Students must never attend class, lab, or clinical activities while impaired or under the influence of any substance. Violation of this policy will result in immediate dismissal from the program.

What if I have a disability?

The PTA Program complies with the Americans with Disabilities Act (ADA). Qualified applicants with disabilities are welcome to pursue admission, provided they can meet the essential program requirements with or without

reasonable accommodation. The program holds all students to the same standards regardless of disability status.

Applicants who require accommodations should contact Student Support Services at (313) 496-2634 prior to admission. A list of essential functions required for the PTA Program is included in the application packet - all applicants must review and complete the Acknowledgment of Essential Functions form.

SECTION 5 — OBSERVATION HOURS

How many observation hours are required?

A minimum of 8 total hours at two different physical therapy facilities, with at least 4 hours completed at each site.

Can my work hours count?

If you are currently or were previously employed as a PT technician, up to 4 of your required observation hours may come from that position.

Observation hours must be documented on the Observation Hours Form in the PTA Application Packet.

SECTION 6 — CLINICAL EDUCATION

Can I choose my clinical sites?

Students may indicate preferences, but final placement decisions are made by the PTA Program.

How many clinical hours are required?

Students complete 624 total hours of clinical education across three courses. All clinical experiences are unpaid and take place at facilities throughout Southeastern Michigan.

Course	Type	Hours	Schedule
PTA 220 - Clinical Education I	Part-time	80 hours	Mon-Fri, 8 hrs/day for 2 weeks
PTA 230 - Clinical Experience II	Full-time	272 hours	Mon-Fri, 8 hrs/day for 7 consecutive weeks
PTA 240 - Clinical Experience III	Full-time	272 hours	Mon-Fri, 8 hrs/day for 7 consecutive weeks

Are clinical experiences paid?

No. Clinical education experiences are a required component of the PTA curriculum and are completed without compensation. Students should plan accordingly, as clinical sites do not provide wages, stipends, or employee benefits.

SECTION 7 — PROGRAM EXPECTATIONS

How is the program structured?

The PTA program totals 72 credits and is divided into two phases:

- Prerequisite Phase (Semesters 1 & 2): Typically two semesters. Students complete required coursework and fulfill all program application requirements.
- Technical Track Phase (Semesters 3–6): A full-time, 16-month program equivalent to four semesters (Fall, Spring, Summer, Fall). Students graduate in December of the second fall semester.

PTA Program Course Sequence

PREREQUISITE PHASE Semesters 1 & 2	SEMESTER 3 Technical	SEMESTER 4 Technical	SEMESTER 5 Technical	SEMESTER 6 Technical
ENG 119 English Composition I (3 cr)	**PTA 102** Clinical Pathology (2 cr)	**PTA 110** Patient Assessment (3 cr)	**PTA 204** Neurological Rehabilitation (4 cr)	**PTA 230** Clinical Experience II 272 hours (6 cr)
BIO 240 Human Anatomy & Physiology I (4 cr)	**PTA 103** Functional Mobility (3 cr)	**PTA 112** Therapeutic Exercise (3 cr)	**PTA 205** Pediatric Management (2 cr)	**PTA 240** Clinical Experience III 272 hours (6 cr)
BIO 250 Human Anatomy & Physiology II (4 cr)	**PTA 104** Clinical Kinesiology (3 cr)	**PTA 114** Orthopedic Manual Interventions (3 cr)	**PTA 210** Therapeutic Modalities (3 cr)	
PTT 101 Intro to Physical Therapy (2 cr) Spring/Fall	**PTA 105** Neurological Foundations (2 cr)	**PTA 115** Professional Preparation (2 cr)	**PTA 212** Seminar in Specialty Practice (3 cr)	
PS 101 American Government (3 cr)	**PTA 106** Functional Movement Development (2 cr)	**PTA 220** Clinical Education I 80 hours (2 cr)		
SPH 101 Fundamentals of Speech (3 cr)	**PTA 107** Clinical Documentation (2 cr)			
PSY 101 General Psychology (3 cr)				

How long does it take to complete the program?

Two prerequisite semesters followed by four technical-track semesters - approximately two years total.

Can I attend part-time?

No. The technical track is a full-time daytime program. All technical courses must be taken in the order that they are scheduled.

Can I work while in the program?

Many students do work while enrolled. The technical track involves classes, labs, and clinical rotations Monday through Friday during daytime hours, so outside commitments will need to be scheduled around your program schedule.

Is the program accredited?

Yes. The PTA Program is fully accredited by CAPTE (Commission on Accreditation in Physical Therapy Education).

What happens after I graduate?

Graduates are eligible to sit for the National Physical Therapy Examination (NPTE) for PTAs, which is required for licensure.

What is the program's mission?

The mission of the PTA Program is to empower students to become highly skilled, safe, and responsible physical therapist assistants through high-quality, contemporary education in a diverse environment dedicated to meeting the needs of individuals and communities.

The program is built on three core beliefs:

- Excellence in curriculum and instruction
- Empowerment of student-centered learning
- Service to the community

The program adheres to the nine Core Values of the American Physical Therapy Association (APTA):

1. Accountability
2. Altruism
3. Collaboration
4. Compassion and Caring
5. Duty
6. Excellence
7. Inclusion
8. Integrity
9. Social Responsibility

What will I be prepared to do as a graduate?

Graduates of the PTA Program are prepared to enter the workforce as safe, legal, ethical, and effective entry-level physical therapist assistants working under the supervision of a licensed physical therapist. Specifically, graduates will be able to:

- Competently deliver physical therapy interventions in a safe, patient-centered manner.
- Use critical thinking to assess patient response and progress or modify treatment as directed by the supervising PT.
- Produce accurate and timely clinical documentation using appropriate medical terminology.
- Demonstrate professionalism, cultural competence, and effective communication across all patient populations.
- Commit to lifelong learning and professional development.
- Serve as a resource and advocate for the health needs of the community.

Is financial aid available?

Students may be eligible for federal financial aid, scholarships, and work-study programs through WCCCD. Contact the Financial Aid office for more information.

What costs should I expect beyond tuition, fees, and books?

The following are estimated additional costs. Actual costs may vary. These estimates apply to the technical track semesters only.

Estimated PTA Program Costs Beyond Tuition, Fees, & Books

Item	Estimated Cost	Notes
TECHNICAL SEMESTER 1 (Fall)		
PTA Uniform (polo shirts, pants, jacket)	$200	Required
Immunizations	$450	Required. Cost varies based on prior status and insurance.
Health Insurance	Varies	Required. Cost varies by provider and coverage.
TECHNICAL SEMESTER 2 (Spring)		
AHA CPR Training for Healthcare Providers	$75	May be offered free by the program.
APTA Student Membership	$90	Not required but strongly recommended.
Scorebuilders Mock Exam	$50	Required for all students.
Travel to/from clinical site	Varies	Depends on distance and vehicle.
Site-specific uniform	Varies	May be required by clinical site.
Background check / drug screen	$65	May be required by clinical site.
TECHNICAL SEMESTER 3 (Summer)		
PEAT Mock Exam	$90	Required for all students.
Licensure exam (compilation of fees)	~$900	Approximate cost. Not required for program completion, but required to work as a PTA in any state. Begin registering this semester.
Background check for licensure	$65	Required for licensure application. May also be required by clinical sites.
TECHNICAL SEMESTER 4 (Fall)		
Travel to/from clinical sites	Varies	Depends on distance and vehicle.
Site-specific uniform	Varies	May be required by clinical sites.

PHYSICAL THERAPIST ASSISTANT PROGRAM
Closing & Submission Checklist

Thank You for Your Interest in the PTA Program

The Physical Therapist Assistant Program at Wayne County Community College District is committed to preparing the next generation of skilled, compassionate, and community-focused PTAs. We appreciate the time and effort you have invested in preparing your application.

Please review the checklist below carefully before submitting your application packet. Incomplete applications will not be considered. If you have any questions, do not hesitate to contact the PTA Program Dean.

We wish you the very best as you pursue this rewarding career.

ALL MATERIALS MUST BE RECEIVED BY: May 15 — 5:00 PM

APPLICATION SUBMISSION CHECKLIST

Program Forms

- ☐ Program Application Form
- ☐ Applicant Eligibility Verification Worksheet
- ☐ Clinical Observation Acknowledgement Form
- ☐ Clinical Observation Hours Form — Site 1
- ☐ Clinical Observation Hours Form — Site 2
- ☐ Professional Recommendation Form — Recommender 1
- ☐ Professional Recommendation Form — Recommender 2
- ☐ Acknowledgment of Essential Functions Form

Academic Documents

- ☐ Official transcripts from all colleges attended
  Transfer credit for all prerequisite courses must be reflected in the Wildcat Portal prior to the deadline.
- ☐ TEAS score report (printed copy)
  Minimum score of 60% required. Scores valid for current application year only.

Background & Screening

- ☐ Criminal background check results (via CastleBranch.com)
- ☐ Drug screen results

Supporting Documentation (if applicable)

- ☐ Documentation of Wayne County residency
- ☐ Proof of PT technician experience (for bonus points)
- ☐ Proof of military service (for bonus points)
- ☐ Proof of higher-level degree — Bachelor's, Master's, or Doctorate (for bonus points)
- ☐ Prescription medication documentation (if required by drug screen results)

SUBMIT YOUR COMPLETED PACKET TO:

Mail or deliver to:

Dr. Sherry Saggers
PTA Program Dean
Wayne County Community College District
1001 W. Fort St, Detroit, MI 48226

Or email to:

ssagger1@wcccd.edu

Questions?

Contact the PTA Program Dean directly at the address or email above. We are happy to assist you.

Recommendation forms must be submitted directly by the recommender - forms submitted by students will not be accepted.