



**ODESSA  
COLLEGE**

**PROGRAM FACT SHEET (pages 1-7)**  
**CHECKLIST (page 8)**  
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**Program Website:**  
[Physical Therapist Assistant](#)

**PTA Program Email:**  
Email: [pta@odessa.edu](mailto:pta@odessa.edu)

**Program Director**  
Alexis Kauten-Crews, PT, DPT  
Email: [acrews@odessa.edu](mailto:acrews@odessa.edu)  
Phone: 432.335.6468

**Academic Coordinator of Clinical  
Education:**  
Domenica Urquidi, PTA  
Email: [durquidi@odessa.edu](mailto:durquidi@odessa.edu)  
Phone: 432.335.6830

## **PROGRAM FACT SHEET**

### **Job Description:**

Physical therapist assistants (PTAs) are technically educated health care providers who are licensed in Texas and most other states. PTAs work under the direction and supervision of a licensed physical therapist (PT) and help to manage conditions such as back and neck injuries, sprains/strains and fractures, arthritis, burns, amputations, stroke, multiple sclerosis, birth defects, injuries related to work and sports, and others. PTAs implement the plan of care developed by the PT by training patients in exercises and activities of daily living and administering treatments utilizing special equipment, physical agents and/or therapeutic massage. PTAs must communicate regularly with the PT regarding patient progress and must be prepared to respond to acute changes in the patient's physiologic status. They may not perform definitive evaluative and assessment procedures, alter a plan of care or goals, or recommend assistive devices or architectural barrier alterations.

### **Employment Opportunities:**

Opportunities exist in a wide variety of practice settings. PTAs may work in hospitals; rehabilitation facilities; out-patient clinics; skilled nursing, extended care or sub-acute facilities; homes; schools; hospices; education or research centers; industrial, workplace, or other occupational environments; and fitness centers and sports training facilities. According to the Bureau of Labor Statistics Occupational Outlook Handbook, employment of PTAs is expected to grow by [33%](#)<sup>1</sup> (much faster than average) from 2019 through 2029, and is listed as the [eighth fastest growing occupation](#)<sup>1</sup> for this same time frame.

**Salary:**

The Bureau of Labor Statistics reports PTAs in 2023 had average annual earnings in the United States of \$65,860 and the 2023 average annual earnings in Texas was \$72,060. Salaries vary considerably based on geographic locations and settings.

**Application Deadline:**

May 7<sup>th</sup> is the application deadline. All testing must be completed and submitted prior to this date. All components emailed or delivered by this date.

**Number of Students Admitted to the Program:**

14-16: The number admitted each year depends on the availability of clinical placements.

**Program Length:**

The program begins each fall semester and students graduate 20 months/5 semesters later in May (i.e. if one begins in Fall 2027, the soonest he or she can graduate is May 2029, with national testing for state licensure to follow in July 2029).

**Licensure, Certification or Registry:**

PTAs in the State of Texas are licensed by the Texas Board of Physical Therapy Examiners. The board may revoke or suspend an existing valid license, disqualify a person from receiving or renewing a license, or deny to a person the opportunity to be examined for a license because of a person's conviction of a felony or misdemeanor if the crime directly relates to the practice of physical therapy. Those crimes which the board considers to be directly related to the duties and responsibilities of a licensed physical therapist or physical therapist assistant shall include, but are not limited to: (1) any felony which involves an act of fraud, dishonesty, or deceit; (2) any criminal violation of the Act or other statutes regulating or pertaining to physical therapy or the medical profession; (3) any crime involving moral turpitude; (4) murder; (5) assault; (6) burglary; (7) robbery; (8) theft; (9) rape or sexual abuse; (10) patient/client abuse; (11) injury to an elderly person; (12) child molestation, abuse, endangerment, or neglect; (13) felony conviction for driving while intoxicated, driving under the influence of alcohol or drugs, or driving while ability is impaired; (14) sale, distribution, or illegal possession of narcotics, controlled substances, or dangerous drugs; (15) tampering with a governmental record; (16) offenses which include attempting or conspiring to commit any of the offenses in this subsection.

Prior to applying for licensure, an individual seeking licensure may request that the board review the person's criminal history to determine if the person is eligible for licensure based solely on the person's criminal background up to that point in time. The State Auditor's Office Best Practices Guide: Applying for an Occupational License After Conviction or Deferred Adjudication is available at: <http://www.sao.texas.gov/Manuals/GuideToApplyingForLicenseAfterConviction/Requestor's> must submit their requests in writing to the board at the address above and include: (1) A statement by the petitioner or applicant detailing the event(s) that led to the conviction/deferment; (2) Copies of any court documents including (but not limited to): indictments, orders of deferred adjudication; judgments; convictions; probation/parole records and evidence of completion of probation/parole; and (3) The fee required by the board, which is not refundable. The fee is currently \$50, but is subject to change.

**Cost:**

The estimated cost is \$11,047 for the two-year program. This includes in-district tuition and fees for 65 credit hours taken at Odessa College and an estimate of book costs; out-of-district or out-of-state costs will be higher. The cost of licensure upon graduation is approximately \$730. Additional costs will include health insurance, professional liability insurance, immunizations, CPR certification, uniforms, clinical travel, drug screens, background check/s and other miscellaneous expenses.

**Acceptance into the Program:**

Those students who have successfully completed the application procedure and have met all deadlines will be considered for admission. Acceptance into the Program is determined by a point system based on:

- Score on Admissions Exam (HESI)
- Academic Record
  - **Grades** in Anatomy and Physiology I & II (BIOL 2401 and 2402)
  - **Grades in \*general education** classes
- Minimum of 3 professional/ personal confidential letters of reference in support of applicant
  - *E-mailed **from** person completing reference **to** PTA Program; professional references (PTs, PTAs, health care credential and/or A&P Professor) preferred*
- Score from face-to-face interview with a panel of stakeholders
- Score of handwritten writing sample completed at the time of the interview—a response to a prompt evaluated on the basis of grammar/sentence structure, content, and ability to express thoughts in a written format
- Completion of 40+ Observation hours of physical therapy treatment by a PT *and* PTA where roles of the two clinicians are understood by the observer (**Required:** 2+settings. Examples of settings: acute care, inpatient rehab, outpatient rehab, skilled nursing, home health is not accepted)
- Score on reasoning test taken onsite after completion of interview

Academic Coursework:

**Prerequisite courses:**

- BIOL 2401 Anatomy and Physiology I
- BIOL 2402 Anatomy and Physiology II

**\*General Education courses:**

- PSYC 1300 Learning Framework (or any 090 core)
- PSYC 2314 Lifespan Growth & Development (preferred) OR PSYC 2301 General Psychology
- HUMA 2319 American Minority Studies (preferred) OR HUMA 2323 World Cultures (preferred) OR any 040 core [Language, Philosophy & Culture] OR any 050 core [Creative Arts]

**Not** all applicants will progress to the interview stage of the process; the top applicants, based on point totals **prior** to the interview, are selected for an interview. Upon completion of the clinical reasoning test, interview and writing sample, the total number of points will determine acceptance. The relative weight of points for each component of the process can be found below:

| Application Components                                     | Points      |
|------------------------------------------------------------|-------------|
| HESI Exam                                                  | ≤35         |
| Grades in Anatomy & Physiology I and II (BIOL 2401 & 2402) | ≤22         |
| Grades in General Education* Courses                       | ≤3          |
| Reference Letters in support (professional preferred)      | ≤3          |
| Interview                                                  | ≤20         |
| Reasoning Test (completed at interview)                    | ≤12         |
| Writing Sample (completed at interview)                    | ≤5          |
| <b>Total</b>                                               | <b>≤100</b> |

### **Prerequisites for Admission:**

The Program has selective admissions. **INCOMPLETE APPLICATIONS will NOT BE CONSIDERED.** Submit all application components as outlined on

In order to be admitted to the PTA Program, students must:

- Be a high school graduate or have earned a GED
- **If not previously enrolled at Odessa College**, please visit <http://www.odessa.edu> regarding Applying to the college:
  - Initiating the admissions process to OC
  - Submitting transcripts from other institutions
  - Applying for Financial Aid
- If applicable, request a Transcript Evaluation for all other colleges or universities attended. Contact the Registrar's/Record's Office, 432.335.6404, or request online at <https://www.odessa.edu/current-students/records/transcripts/request-evaluation-of-another-colleges-transcript>
- Complete the HESI Exam by May 7<sup>th</sup>. For more information, contact the Testing Center via phone at 432.335.6620
- Select three (3) or more persons to complete and return an Odessa College Physical Therapist Assistant Program **Reference Form** to [pta@odessa.edu](mailto:pta@odessa.edu). Professional references are preferred over other references. Examples of a professional reference are: a PT/ PTA, other healthcare professional with credentials, Anatomy and Physiology professor. Each Reference Form should be:
  - **Confidentially** completed and **signed** on the envelope seal by the person selected as a reference
  - E-mailed to [pta@odessa.edu](mailto:pta@odessa.edu). **Applicant should not hand-deliver references, due to reasons of confidentiality.**
- Complete forty (40) hours *or more* of observation / volunteer / work hours in two (2) different types of facilities where physical therapy treatment is provided. Only a PT or PTA may complete the Odessa College Physical Therapist Assistant Program **Observation Hours Form** emailed to [pta@odessa.edu](mailto:pta@odessa.edu).

**Notes:**

- BIOL 2401 & BIOL 2402 must be completed within the last **THREE (3)** years of starting the PTA Program in the Fall. If applying for a place in the Program to begin in Fall 2026, these courses must be completed as recent as Fall 2023. Courses completed earlier than Fall 2023 will not be accepted as part of the application process.

**Submission of Application:**

The application deadline is May 7<sup>th</sup>. Incomplete applications will not be considered. Applications are considered complete if items i-iv are submitted by deadline.

1. Students should complete the afore mentioned requirements and compile the following items together, paper or electronic depending on submission format:
  - i) Application for Admission to PTA Program (last page of this packet)
  - ii) Unofficial transcripts or copies of transcripts from all other colleges or universities attended.
  - iii) Copy of Transcript Evaluation, REQUIRED if any transcripts submitted besides Odessa College (this is an OC transcript with courses transferred from other institutions)
  - iv) Copy of HESI exam scores.
2. The above items (i-iv) should be either
  - i) Emailed to [pta@odessa.edu](mailto:pta@odessa.edu) by May 7<sup>th</sup>, by 11:59pm
  - ii) Hand delivered to the PTA Department by the due date of May 7<sup>th</sup> at 1pmReference Forms and Observation Hours should be e-mailed directly to the [pta@odessa.edu](mailto:pta@odessa.edu) , and will be added to applicant's file when received.
3. After the application deadline, a PTA Program representative will contact qualified applicants to schedule interviews, contact information (phone numbers and email) provided on the Application (last page of this packet) will be used for communication.

**Additional Admission Information:**

Regarding the HESI Exam:

- The exam may be taken up to two (2) times and the applicant's best scores from each section will be used; however, there must be a minimum of four (4) weeks between attempts.
- Resources may be found on the [HESI - Elsevier Student Life](#)

Regarding enrollment in BIOL 2401 and/or BIOL 2402 at the time of application:

- If an applicant is enrolled in either BIOL 2401 or BIOL 2402 during the spring semester when admission decisions are made, points equivalent to a grade of C will be added to the total for the purpose of sorting for interview selection.
- Applicants are required to provide proof of enrollment in either of these classes.

- Admission decisions will be based on the applicant's final grade in the course (if enrolled in BIOL 2401 or BIOL 2402); therefore, applicants must provide a transcript as soon as possible upon completion of the course.

### **Additional Requirements, if Accepted:**

If accepted, students must comply with all school and physical therapist assistant program policies. Program policies are delineated in the Student Handbook. Health Insurance, as required by clinical sites, will be at the expense of the student. Students must present proof of required immunizations and of health insurance. After admission to the program, new students will authorize and pay for a criminal background check, urine drug screen, and immunizations. Odessa College will carry Liability Insurance for each student once enrolled into the program.

The afore mentioned procedures and related expenses are required for students to go to the various hospitals and agencies for clinical education; additional background checks and drug screens may be required by individual facilities. If the background check is positive for certain offenses, clinical agencies may not permit the student to participate in clinical experiences at their facilities. These circumstances would require dismissal of the student from the program due to inability to meet clinical objectives. Clinical facilities are located in TX (Odessa, Midland, Big Spring, Stanton, Andrews, Lubbock-area, Abilene, San Angelo, Sweetwater, Monahans) and New Mexico (Carlsbad). Successful completion of the program may require travel, a six-week extended stay in one or more of these locations, and additional expense in order to meet clinical objectives.

### **Ability to Work During the Program:**

Past experience shows it is very difficult for students to maintain good academic standing while working and attending school. Some students are able to keep part-time employment the first year of the program, especially if they have previously taken most/all of the general education courses. It becomes increasingly difficult to continue employment as the program progresses due to classroom and clinical demands.

### **Performance of Program Graduates**

Graduates of the PTA Program are eligible to take the National Physical Therapy Examination for Physical Therapist Assistants. Graduation rates, exam pass rates and graduate employment rates for program graduates are available on the PTA website the [Student Outcomes](#) tab.

### **Education Options:**

This two-year PTA associate degree *does not* fulfill the first two-year requirements of a doctor of physical therapy degree and does not necessarily give an applicant preference for acceptance into a doctor of physical therapy program. Applicants interested in pursuing a doctoral degree in physical therapy are encouraged to investigate admission requirements for the individual doctor of physical therapy programs they are considering.

Three PTA to PT Bridge programs exist in the United States. Anyone thinking about a completing a PTA degree on the path to a DPT degree, a Bridge Program is one option:

- Concordia University Wisconsin: <http://www.cuw.edu/dpt>
- University of Texas Medical Branch at Galveston: [www.shp.utmb.edu/PhysicalTherapy/BridgeRootFolder/Default/bridge.asp](http://www.shp.utmb.edu/PhysicalTherapy/BridgeRootFolder/Default/bridge.asp)

- University of Findlay: [www.findlay.edu/healthprofessions/physicaltherapy](http://www.findlay.edu/healthprofessions/physicaltherapy)

### **Accreditation Status**

The Physical Therapist Assistant Program at Odessa College is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-706-3245; email: [accreditation@apta.org](mailto:accreditation@apta.org); website: <http://www.capteonline.org>. This status was first granted on April 24, 1991, reconfirmed on June 3, 2016. The next on-site visit is planned for Fall of 2026.

The CAPTE accreditation program provides service of value to students, to the public, to institutions of higher education, and to the profession. CAPTE/APTA has an obligation to assure the public that individuals entering the profession are receiving from the physical therapy program a quality education which will prepare them to give safe, highly effective patient care. A second purpose of the accreditation program is to foster excellence in physical therapy education by enhancement of the programs which offer entry level degrees.

### **Application Packets:**

Application packets for the PTA Program may be downloaded and printed from the PTA Program website, [odessa.edu/programs/Schools/HealthSciences/Physical-Therapist-Assistant/index.html](http://odessa.edu/programs/Schools/HealthSciences/Physical-Therapist-Assistant/index.html)

### **INCOMPLETE APPLICATIONS will NOT BE CONSIDERED**

**This Fact Sheet contains information that is current when published. The College and/or Physical Therapist Assistant Program reserves the right to modify, amend or revise the program, courses, tuition, fees and any information in this publication.**

**PHYSICAL THERAPIST ASSISTANT PROGRAM  
ABBREVIATED APPLICATION CHECK-LIST**

*Note: This check-list is for your use in completing the application process for the Physical Therapist Assistant Program. Please be advised that it is not a substitute for reading and understanding the information in the Physical Therapist Assistant Program Fact Sheet. Additionally, it does not address State of Texas testing requirements for enrollment in college (Texas Success Initiative – THEA or COMPASS tests). All applicants are advised to carefully read the entire Fact Sheet and to seek advisement from the Counseling Center regarding TSI status.*

**Steps to complete:**

- ☐ Have official transcripts from all other colleges or universities attended sent to the Admission's Office, if applicable
- ☐ If applicable, request a Transcript Evaluation at for all other colleges or universities attended
- ☐ Take the HESI Exam up to two times, 30+ days apart
- ☐ Have three (3) or more references complete & e-mail the Reference Forms to [pta@odessa.edu](mailto:pta@odessa.edu)
- ☐ Complete forty (40) hours *or more* of observation / volunteer / work hours in **two (2) different** physical therapy settings. The verifying PT or PTA should confidentially complete & e-mail the Observation Hours Form to the PTA Program. **ONLY** a PT or PTA may verify observation hours

**By May 7<sup>th</sup> email time stamp or hand delivered by the applicant, send via email with attachments to [pta@odessa.edu](mailto:pta@odessa.edu):**

- ☐ Copies of unofficial transcripts for all other colleges or universities attended (student copies are acceptable)
- ☐ HESI Test score page from each attempt
- ☐ As applicable, proof of enrollment in BIOL 2401 or 2402 (if not listed on transcript) or dates planned to complete
- ☐ Completed Application (page 19 of this packet)

**By May 7<sup>th</sup> email time stamp by the Reference filling out the forms (NOT the Applicant):**

- ☐ Three (3) Reference Forms (pages 9-14 of this packet, each reference form is 2 pages)
- ☐ Observation Hours Form/s 40+ hours (pages 15-18 of this packet)

**Email application file and forms to: [pta@odessa.edu](mailto:pta@odessa.edu)**

**Hand delivered to the PTA Department**

**Note: INCOMPLETE APPLICATIONS will NOT BE CONSIDERED**



**PHYSICAL THERAPIST ASSISTANT PROGRAM  
REFERENCE FORM (page 1 of 2)**

To: \_\_\_\_\_  
Name of Person Completing Reference  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State, Zip  
\_\_\_\_\_  
Preferred Phone or Email if contact needed by PTA program

**To Whom It May Concern:**

The person whose name appears at the bottom of this page is applying to the Odessa College Physical Therapist Assistant Program and is requesting a personal reference from you. Please complete the form and e-mail it by May 7<sup>th</sup> to:

[pta@odessa.edu](mailto:pta@odessa.edu)  
Physical Therapist Assistant Program  
Odessa College  
201 W University Drive  
Odessa TX 79764

**INCOMPLETE APPLICATIONS will NOT BE CONSIDERED**

**APPLICANT:**

\_\_\_\_\_  
Name of Person Applying to PTA Program  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City  
\_\_\_\_\_  
State  
\_\_\_\_\_  
Phone Number  
\_\_\_\_\_  
Email  
\_\_\_\_\_  
Zip Code

In order to provide adequate information as to my personal character and qualifications, I authorize the party receiving this form to give full and complete information as requested by the Odessa College Physical Therapist Assistant Program. I agree that the information requested will become a part of my application file. I further agree that the information will not be disclosed to me, but will be treated as confidential. I waive any right to see this information at any time either prior to, during, or subsequent to my application to the Odessa College Physical Therapist Assistant Program. I hereby authorize my references to be contacted and to speak freely regarding my qualifications. In that regard, I hold them harmless from any civil actions on my part regarding their comments.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**APPLICANT:****REFERENCE FORM (page 2 of 2)**


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Name of Person Applying to PTA Program

Considering your knowledge of the applicant, please indicate how much you agree or disagree with each of the statements below by placing a mark in the appropriate space. Feel free to add comments, if you desire.

|                                                                                     | Strongly Agree | Agree | Undecided | Disagree | Strongly Disagree |
|-------------------------------------------------------------------------------------|----------------|-------|-----------|----------|-------------------|
| 1. Rarely becomes discouraged in a difficult situation<br>Comments:                 | 5              | 4     | 3         | 2        | 1                 |
| 2. Accepts responsibility & follows through with assigned tasks<br>Comments:        | 5              | 4     | 3         | 2        | 1                 |
| 3. Consistently responds appropriately to constructive criticism<br>Comments:       | 5              | 4     | 3         | 2        | 1                 |
| 4. Behaves in an ethical manner<br>Comments:                                        | 5              | 4     | 3         | 2        | 1                 |
| 5. Maintains poise in extremely difficult situations<br>Comments:                   | 5              | 4     | 3         | 2        | 1                 |
| 6. Is tactful, considerate, and gets along well with others<br>Comments:            | 5              | 4     | 3         | 2        | 1                 |
| 7. Expresses self in an appropriate, clear & concise manner<br>Comments:            | 5              | 4     | 3         | 2        | 1                 |
| 8. Makes decisions after careful & logical gathering of relevant facts<br>Comments: | 5              | 4     | 3         | 2        | 1                 |
| 9. Writes clearly & legibly with good organization of thoughts<br>Comments:         | 5              | 4     | 3         | 2        | 1                 |
| 10. Is self-motivated with strong leadership qualities<br>Comments:                 | 5              | 4     | 3         | 2        | 1                 |

General Comments:

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Printed Name of Person Completing Reference

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Signature of Person Completing Reference

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Relationship to Applicant; credentials, if applicable

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Date

---

Phone Number

To: \_\_\_\_\_  
*Name of Person Completing Reference*

\_\_\_\_\_ *Address*

\_\_\_\_\_ *City, State, Zip*

\_\_\_\_\_ *Preferred Phone or Email if contact needed by PTA program*

[pta@odessa.edu](mailto:pta@odessa.edu)  
Physical Therapist Assistant Program  
Odessa College  
201 W University Drive  
Odessa TX 79764

**APPLICANT:**

|                                        |       |              |
|----------------------------------------|-------|--------------|
| Name of Person Applying to PTA Program |       | Phone Number |
| Address                                |       | Email        |
| City                                   | State | Zip Code     |

In order to provide adequate information as to my personal character and qualifications, I authorize the party receiving this form to give full and complete information as requested by the Odessa College Physical Therapist Assistant Program. I agree that the information requested will become a part of my application file. I further agree that the information will not be disclosed to me, but will be treated as confidential. I waive any right to see this information at any time either prior to, during, or subsequent to my application to the Odessa College Physical Therapist Assistant Program. I hereby authorize my references to be contacted and to speak freely regarding my qualifications. In that regard, I hold them harmless from any civil actions on my part regarding their comments.

---

Date

**APPLICANT:****REFERENCE FORM (page 2 of 2)**


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Name of Person Applying to PTA Program

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General Comments:

---

Printed Name of Person Completing Reference

---

Signature of Person Completing Reference

---

Relationship to Applicant; credentials, if applicable

---

Date

---

Phone Number

To: \_\_\_\_\_  
*Name of Person Completing Reference*

\_\_\_\_\_ *Address*

\_\_\_\_\_ *City, State, Zip*

\_\_\_\_\_ *Preferred Phone or Email if contact needed by PTA program*

**INCOMPLETE APPLICATIONS will NOT BE CONSIDERED**

|                                        |       |              |
|----------------------------------------|-------|--------------|
| Name of Person Applying to PTA Program |       | Phone Number |
| Address                                |       | Email        |
| City                                   | State | Zip Code     |

---

*Applicant's Signature*

*Date*

**APPLICANT:****REFERENCE FORM (page 2 of 2)**


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Name of Person Applying to PTA Program

Considering your knowledge of the applicant, please indicate how much you agree or disagree with each of the statements below by placing a mark in the appropriate space. Feel free to add comments, if you desire.

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General Comments:

---

Printed Name of Reference

---

Signature of Person Completing Reference

---

Relationship to Applicant; credentials, if applicable

---

Date

---

Phone Number



**PHYSICAL THERAPIST ASSISTANT PROGRAM  
OBSERVATION HOURS FORM (page 1 of 2)**

To Whom It May Concern:

The person whose name appears at the bottom of this page is applying to the Odessa College Physical Therapist Assistant Program and is requesting verification of observation hours from you. Please complete the form and e-mail it before May 7<sup>th</sup> to:

[pta@odessa.edu](mailto:pta@odessa.edu)

Physical Therapist Assistant Program  
Odessa College  
201 W University Drive  
Odessa TX 79764

**APPLICANT:**

\_\_\_\_\_  
Name of Person Applying to PTA Program

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

In order to provide adequate information as to my personal character and qualifications, I authorize the party receiving this form to give full and complete information as requested by the Odessa College Physical Therapist Assistant Program. I agree that the information requested will become a part of my application file. I further agree that the information will not be disclosed to me, but will be treated as confidential. I waive any right to see this information at any time either prior to, during, or subsequent to my application to the Odessa College Physical Therapist Assistant Program. I hereby authorize my references to be contacted and to speak freely regarding my qualifications. In that regard, I hold them harmless from any civil actions on my part regarding their comments.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**INCOMPLETE APPLICATIONS will NOT BE CONSIDERED**

**VERIFICATION OF HOURS:**

Facility Name \_\_\_\_\_ Phone # \_\_\_\_\_

Facility Address \_\_\_\_\_

Dates of Observation \_\_\_\_\_ Total # of hours \_\_\_\_\_

and/or

Dates of Employment \_\_\_\_\_ Total # of hours \_\_\_\_\_

Printed Name of Clinician (PT or PTA) Verifying Hours: \_\_\_\_\_

Signature & Job Title \_\_\_\_\_ License #: \_\_\_\_\_

**(only a PT or PTA may verify hours)**

**APPLICANT:****OBSERVATION HOURS FORM (page 2 of 2)**


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*Applicant's Name*

*Considering your knowledge of the applicant's behavior while observing / volunteering / working in your facility, please indicate how much you agree or disagree with each of the statements below by placing a mark in the appropriate space. Feel free to add comments, if you desire.*

|                                                                                | Agree | Undecided | Disagree |
|--------------------------------------------------------------------------------|-------|-----------|----------|
| 1. Well groomed, neat & clean, dressed appropriately<br><i>Comments:</i>       | 3     | 1         | 0        |
| 2. Always arrives at prearranged times<br><i>Comments:</i>                     | 3     | 1         | 0        |
| 3. Expresses self in a clear, concise & appropriate manner<br><i>Comments:</i> | 3     | 1         | 0        |
| 4. Maintains composure under difficult conditions<br><i>Comments:</i>          | 3     | 1         | 0        |
| 5. Listens well, asks for further clarification as needed<br><i>Comments:</i>  | 3     | 1         | 0        |
| 6. Displays enthusiasm and interest in physical therapy<br><i>Comments:</i>    | 3     | 1         | 0        |

*General Comments:*

*Supervising Physical Therapist or Physical Therapist Assistant:*

|                                                                  |                   |                 |
|------------------------------------------------------------------|-------------------|-----------------|
| <hr/>                                                            | PT / PTA          | License # <hr/> |
| <i>Printed Name of Clinician</i>                                 | <i>circle one</i> |                 |
| <hr/>                                                            |                   | <hr/>           |
| <i>Signature of Clinician</i>                                    |                   | <i>Date</i>     |
| <hr/>                                                            |                   |                 |
| <i>Preferred phone or email if contact needed by PTA Program</i> |                   |                 |



**PHYSICAL THERAPIST ASSISTANT PROGRAM  
OBSERVATION HOURS FORM (page 1 of 2)**

To Whom It May Concern:

The person whose name appears at the bottom of this page is applying to the Odessa College Physical Therapist Assistant Program and is requesting verification of observation hours from you. Please complete the form and e-mail it before May 7<sup>th</sup> to:

[pta@odessa.edu](mailto:pta@odessa.edu)

Physical Therapist Assistant Program  
Odessa College  
201 W University Drive  
Odessa TX 79764

**APPLICANT:**

\_\_\_\_\_  
Name of Person Applying to PTA Program

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

In order to provide adequate information as to my personal character and qualifications, I authorize the party receiving this form to give full and complete information as requested by the Odessa College Physical Therapist Assistant Program. I agree that the information requested will become a part of my application file. I further agree that the information will not be disclosed to me, but will be treated as confidential. I waive any right to see this information at any time either prior to, during, or subsequent to my application to the Odessa College Physical Therapist Assistant Program. I hereby authorize my references to be contacted and to speak freely regarding my qualifications. In that regard, I hold them harmless from any civil actions on my part regarding their comments.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**INCOMPLETE APPLICATIONS will NOT BE CONSIDERED**

**VERIFICATION OF HOURS:**

Facility Name \_\_\_\_\_ Phone # \_\_\_\_\_

Facility Address \_\_\_\_\_

Dates of Observation \_\_\_\_\_ Total # of hours \_\_\_\_\_

and/or

Dates of Employment \_\_\_\_\_ Total # of hours \_\_\_\_\_

Printed Name of Clinician (PT or PTA) Verifying Hours: \_\_\_\_\_

Signature & Job Title \_\_\_\_\_ License #: \_\_\_\_\_

**(only a PT or PTA may verify hours)**

**APPLICANT:****OBSERVATION HOURS FORM (page 2 of 2)**


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*Applicant's Name*

*Considering your knowledge of the applicant's behavior while observing / volunteering / working in your facility, please indicate how much you agree or disagree with each of the statements below by placing a mark in the appropriate space. Feel free to add comments, if you desire.*

|                                                                                | Agree | Undecided | Disagree |
|--------------------------------------------------------------------------------|-------|-----------|----------|
| 1. Well groomed, neat & clean, dressed appropriately<br><i>Comments:</i>       | 3     | 1         | 0        |
| 2. Always arrives at prearranged times<br><i>Comments:</i>                     | 3     | 1         | 0        |
| 3. Expresses self in a clear, concise & appropriate manner<br><i>Comments:</i> | 3     | 1         | 0        |
| 4. Maintains composure under difficult conditions<br><i>Comments:</i>          | 3     | 1         | 0        |
| 5. Listens well, asks for further clarification as needed<br><i>Comments:</i>  | 3     | 1         | 0        |
| 6. Displays enthusiasm and interest in physical therapy<br><i>Comments:</i>    | 3     | 1         | 0        |

*General Comments:*

*Supervising Physical Therapist or Physical Therapist Assistant:*

\_\_\_\_\_  
*Printed Name of Clinician* PT / PTA  
circle one

License # \_\_\_\_\_

\_\_\_\_\_  
*Signature of Clinician*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Preferred phone or email if contact needed by PTA Program*



**PHYSICAL THERAPIST ASSISTANT PROGRAM  
APPLICATION FOR ADMISSION—PTA PROGRAM (1 PAGE)**

Note: INCOMPLETE APPLICATIONS will NOT BE CONSIDERED

**Applicant Information: PLEASE PRINT**

Name: \_\_\_\_\_

Last

First

Middle

OC Student ID Number (if applicable): \_\_\_\_\_ U.S. Citizen (yes/no) \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Street

City

State

Zip

Mailing Address *if different from above*: \_\_\_\_\_

Street

City

State

Zip

E-Mail address for Program to communicate during application cycle: \_\_\_\_\_

Other Name(s) on Transcript: \_\_\_\_\_

Phone Number: Primary: *with Area Code* \_\_\_\_\_ please indicate: mobile/home/work

Secondary: *with Area Code* \_\_\_\_\_ please indicate: mobile/home/work

Emergency Notify: \_\_\_\_\_

Name

Relationship

Phone Number(s) for Emergency Contact: *with Area Code* \_\_\_\_\_

Interested in On-campus Housing **if accepted in to PTA Program**: YES ☐ NO ☐

**Educational Background: High School/GED**

| Name of School | Location | Dates Attended | Diploma/GED Date |
|----------------|----------|----------------|------------------|
|                |          |                |                  |
|                |          |                |                  |

**College/University: List most recent first; list all attended**

| Name of School | Location | Dates Attended | Maj. Course of Study | Degree Earned / Date |
|----------------|----------|----------------|----------------------|----------------------|
|                |          |                |                      |                      |
|                |          |                |                      |                      |
|                |          |                |                      |                      |

List any health-related work experience, beginning with the most recent (type another page if necessary): \_\_\_\_\_

Professional licenses or certifications: \_\_\_\_\_

The Physical Therapist Assistant Program has selective admissions. Not all candidates who apply are accepted.

**Notice:**

Completion of the Physical Therapist Assistant Program does not guarantee eligibility to take the licensing examination to become a licensed physical therapist assistant. Eligibility is determined by the Texas State Board of Physical Therapy Examiners. The Board has established a procedure for initiating the review of criminal history for potential licensees. PTA program students or applicants with criminal histories must complete the **Criminal History Evaluation Form** available on the Board's website at <http://www.ptot.texas.gov> submit it to the Board for review. There is no need to call the office and speak with an investigator. As mandated by the Legislature, it will cost the individual with the criminal history \$50.00 for this review.

**Certify:**

*I certify that all of the information I have entered on this application is accurate and complete to the best of my knowledge. I understand that falsification of an application is cause for program rejection or dismissal.*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_