

## MEMORANDUM (PROGRAM COPY)

**FROM:** PTA Program Director  
**TO:** Prospective PTA Students  
**DATE:** January 2012

**SUBJECT:** Application to the PTA Program

Enclosed please find two copies of this Memorandum, two copies of the Notice to PTA Program Applicants, one Screening Application for the PTA Program, one Observation Hours Form, and a policy on Student Background Checks.

TO BE CONSIDERED FOR THE 2012 – 2013 PTA PROGRAM YOU MUST SUBMIT THE FOLLOWING DOCUMENTS BY 4:00 PM ON MARCH 15<sup>TH</sup> 2012:

- a signed copy (including all four pages) of this Memorandum
- a signed copy of the Notice to PTA Program Applicants
- a completed Screening Application
- documentation of observation hours
- proof of health insurance, or a letter stating health insurance will be obtained by June 1, 2012 if admitted. Our clinical facilities require that each student has health insurance.
- an unofficial transcript from each college attended, including Volunteer State Community College. The Records department is not responsible for sending your transcript to us.
  - Your transcript should demonstrate that you have successfully completed (with a grade of “C” or better) or be currently enrolled in all of the first-year prerequisite courses. Grades of “D” or “F”, or courses with a grade of “incomplete” will not count toward meeting this requirement. For courses that you are currently enrolled in, you are responsible for getting proof of the final grade to them PTA Program prior to the meeting of the Selection Committee.
  - Transfer students should apply to the college and have official transcripts sent to the Admissions Office as soon as possible to ensure that transfer courses are accepted by VSCC. Do not assume your transfer courses will be accepted. *\*No transfer course automatically meets the PTA 110 and AHC 101 course requirements.*
  - All courses that are listed as prerequisites for the PTA Program should be highlighted on your transcript(s). If you have obtained a Course Waiver And/or Substitution Form for a class you completed at another institution you must include a copy of the signed form in your application.

**Failure to follow these directions and correctly submit all required documentation will result in your application not being considered for the 2012 – 2013 class.**

**All documents must be received at the address on the Screening Application by 4:00 p.m. March 15, 2012 or your application will not be considered.**

## MEDICAL REQUIREMENTS

A physical examination will not be required as part of the admission process. However any applicant accepted into the Program will need to submit the following (at personal expense) on the first day of class:

- Proof of freedom from tuberculosis in the form of a negative TB skin test or, if the TB test is positive, proof of a negative chest x-ray. The proof must be current (within the past year). Ideally the test should be performed no sooner than the first week of May 2012 so it will be valid (per most facility's protocols) through the entire clinical education experience.
- Proof of immunity from rubella in the form of evidence of rubella vaccination or evidence of rubella immunity through a rubella titer.
- Each student will be required to obtain a Hepatitis B immunization at their personal expense. The Hepatitis B vaccine may require up to three injections at various time intervals. The first injection must have been administered to meet this requirement. Due to new regulations, students who are involved in clinical rotations may not sign a waiver declining the Hepatitis B immunization unless it is due to religious or medical reasons. Questions about this requirement should be addressed to PTA Program faculty members.
- Each student may be required to provide additional medical requirements based on individual clinical site rules and regulations. This could include proof of having had a flu shot (during flu season), having the chicken pox or a positive titer, TB skin testing *within the last 3 months*, or proof of immunity to measles or mumps. In this instance, you will be notified in advance of the requirement.
- Negative Drug Screen needs to be submitted and approved by the director of the program before the first day of class. Failure to do so will mean forfeiture of your seat in the class. The cost of the screening is the responsibility of the student. You will receive more information about the drug screening policy in the acceptance packet received after admission to the program

***ANY ACCEPTED APPLICANT WHO DOES NOT PROVIDE THE REQUIRED MEDICAL INFORMATION INCLUDING PROOF OF A NEGATIVE DRUG SCREEN ON THE FIRST DAY OF CLASS WILL BE DENIED ADMISSION AND THEIR POSITION WILL BE OFFERED TO AN ALTERNATE! WHILE THE MEDICAL INFORMATION NEED NOT BE SUBMITTED WITH THE APPLICATION, MEDICAL APPOINTMENTS SHOULD BE MADE NOW FOR MID-MAY.***

Completion of these requirements does not guarantee admission to the Program. Admission will be competitively determined based upon approximately equal consideration of previous grades and the results of an interview. You must be ranked in the top 110 applicants based on GPA in order to be asked to interview. You must also meet all requirements established by VSCC for admission, including the college's immunization requirements.

Priority in the admission process may be given to VSCC students and/or residents of Tennessee. A student who has completed 10 semester credit hours or PTA 110 and AHC 101 at VSCC will be considered a VSCC student.

## ASSOCIATED COSTS

Textbooks for the Program represent a significant cost. We anticipate the cost will be approximately as follows: **Summer:** \$450 - \$550; **Fall:** \$200 - \$250; **Spring:** \$100 - \$150. These books will be the start of your professional library and will be used throughout the academic year. You should not anticipate selling the books after each semester.

We expect an additional cost of \$200 for supplies, APTA membership, and malpractice insurance. Malpractice insurance is required by the clinical site. This insurance must be in effect at the time of the summer session clinical rotation. You will be advised about obtaining this insurance after admission. A lab coat or scrubs may be required for some clinical sites.

Each student is responsible for the costs including transportation, additional medical requirements, parking, uniforms, etc that are related to clinical education.

## GENERAL INFORMATION

While some of our students in the past have been able to work part-time, your first priority while in the Program must be completing the requirements of the Program. Clinicals and classes will not be arranged around a work schedule. You are advised that some of the classes may meet in the evening and some of the clinical sites may expect you to be present on the weekends. You must be present based on the schedule that is assigned by the clinical site or the PTA Program.

You are required to practice all techniques on a laboratory partner before using the techniques to treat patients. You are also required to serve as the simulated patient for other students. Just as you will be expected to protect the dignity of your patients, your dignity will be protected during laboratory practice. Just as it is necessary to expose portions of a patient's body for effective treatment, you will need to expose portions of your body during laboratory sessions. All non-invasive procedures will be practiced in the laboratory. If you have any questions concerning these procedures, please discuss them with the Program Director prior to entering the Program.

Our mission is to graduate generalist Physical Therapist Assistants. In order to graduate, the student must complete all PTA courses with a grade of "C" or better. Since the Program does not allow time to repeat a course, a student with less than a "C" in any course will probably be dropped from the Program.

In order to practice as a Physical Therapist Assistant, the individual must complete the licensure requirements of each state in which he/she wishes to practice. Graduation from a Physical Therapist Assistant Program does not guarantee the right to practice.

Admission to the Physical Therapist Assistant Program is competitive. No applicant is guaranteed admission.

Employment opportunities in Physical Therapy are dependent on Federal and state policies and on the recognition of Physical Therapy by insurance companies. While the number of PTA positions open to new graduates has remained high over the last several years, no graduate is guaranteed employment.

**I certify that I have read and understand the above information.**

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

**A SIGNED COPY OF THIS MEMORANDUM MUST ACCOMPANY YOUR SCREENING APPLICATION.**

## MEMORANDUM (STUDENT COPY)

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

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## NOTICE TO PTA PROGRAM APPLICANTS (PROGRAM COPY)

The size of the 2012-2013 class is tentatively set at 32 students. Students requesting admission to the PTA Program are advised of and must agree to the following:

Clinical assignments are the responsibility of the academic faculty. While the student's concerns may be considered, the final placement decision rests with the academic faculty. All students must complete internships in a variety of settings to meet competencies determined by the academic and clinical faculty. Specialization is not an option in an entry-level program. In order to complete the Program, all students must successfully complete a total of 14 weeks of full-time clinical work which takes place in 4 to 5 week periods required throughout the curriculum. In addition, the student will complete a one-week observational clinical at the end of the summer session. Clinical education must be completed where assigned or the student must withdraw from the Program.

Students may be placed up to 80 miles from VSCC, or 80 miles from their home, whichever is farther. Inability to commute, to drive in city traffic, or to arrange for child care is not an adequate reason to refuse placement. Students should anticipate one or more placements at a considerable distance. Some students may be assigned to facilities that are too distant for commuting (beyond 80 miles from home or campus). Those placements will be voluntary.

Drug screening is required prior to the beginning of each clinical rotation. The cost of the screening is the responsibility of the student. Drug screenings must be performed by an approved vendor. Students who are found to have a positive drug screen will be removed from the clinical rotation and the Program.

Students will be required to complete a student background check per the policy found in this admissions packet. **DO NOT COMPLETE THE STUDENT BACKGROUND CHECK PROCESS NOW!** Due to time requirements, a background check completed in advance may not be accepted. If you are admitted to the PTA Program, you will be advised of the appropriate process related to background checks with your admission letter. You should begin the process within 24 hours of receiving the acceptance letter. Anyone who does not pass the background check, or anyone who does not have the process completed by the first day of class will be denied admission to the PTA Program. That student's position will be offered to the next alternate. **Please review the enclosed Policy on student background checks dated August 22, 2005.**

I CERTIFY THAT I UNDERSTAND AND HAVE BEEN PROVIDED A COPY OF THIS DOCUMENT. I CHOOSE TO APPLY TO THE PTA PROGRAM AND WILL ABIDE BY THE ABOVE.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## NOTICE TO PTA PROGRAM APPLICANTS (STUDENT COPY)

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SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**Confirmation of Observation Hours**  
**Volunteer State Community College**

The Physical Therapist Assistant program at Volunteer State Community College now requires that all applicants complete a total of 16 hours of volunteer or observation at two different types of facilities prior to application to our program. Due to the large number of applicants we have each year for the 32 available openings in the program, this helps to assure us, as well as you, that this is truly THE field for you.

Please complete a copy of this form at each site and have it signed by your contact person at that facility and include all copies in your application packet for the PTA program.

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

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

Number of hours: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

PT/PTA: \_\_\_\_\_

List three things you saw that impressed you about the field of Physical Therapy:

- 1.
- 2.
- 3.

List three things that DID NOT appeal to you about the field of Physical Therapy:

- 1.
- 2.
- 3.

Comments:

VOLUNTEER STATE COMMUNITY COLLEGE  
Division of Allied Health  
Physical Therapist Assistant Program  
1480 Nashville Pike  
Gallatin, Tennessee 37066

**SCREENING APPLICATION  
2012 – 2013**

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

V number: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Address  
(If different from above) \_\_\_\_\_

VSCC Email address \_\_\_\_\_

Other email address \_\_\_\_\_

Telephone number where you can most often be reached: \_\_\_\_\_

Person to be notified in case of an emergency:      Relationship: \_\_\_\_\_  
\_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

I am applying for admission to the 2012-2013 class of the Physical Therapist Assistant Program. I realize admission is competitive and application does not guarantee admission. Since practice as a Physical Therapist Assistant is governed by the licensure regulations of each state, I recognize that graduation from the PTA Program does not guarantee the right to practice. If admitted, I agree to abide by all Program regulations.

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

This application must be accompanied by signed copies of the enclosed Memorandum, the Notice to PTA Program Applicants, plus proof of health insurance or a statement of willingness to obtain insurance.

**The completed application must be returned to the PTA Program by 4:00 pm  
March 15, 2012 at the above address.**

## **STUDENT INFORMATION AND REQUIREMENTS BACKGROUND CHECKS**

### **General Information**

In an effort to comply with the 2004 Human Resource Standards of the Joint Commission on Accreditation of Healthcare Organizations, the majority of the major healthcare facilities and agencies utilized by the College for our clinical training will require that all students undergo a background check prior to participating in clinical rotations. The background check shall include the following:

- i) Name and Social Security number verification;
- ii) Seven-year multi-county or statewide felony and related misdemeanor criminal record search
  - Violent Sexual Offender and Predator Registry Search
  - Tennessee abuse registry maintained by TN Dept of Health pursuant to T.C.A. Section 68-11-1004
- iii) Employment verification, if applicable;
- iv) HHS/OIG list of excluded individuals/entities-
  - GSA list of parties excluded from federal programs
  - US Treasury, Office of Foreign Assets Control (OFAC)
  - List of Specially Designated Nationals (SDN)
- v) If applicable, healthcare licensure/certification verification

### **Program-specific Information**

For most of the College's Allied Health programs, the requirement for student background checks will be in effect beginning September 1, 2005 (Fall term). Your Program staff will give you specific information regarding the due date for submission of the results of your background check. No student will be permitted to participate in a clinical rotation until the College has received a satisfactory search result. Failure to submit the required background check report by the due date established by the Program staff will result in your termination from the Program.

#### **Arranging for Your Background Check Report**

Each student, at his/her expense, will be responsible for acquiring the background check report and authorizing the submission of the results to the College. Agencies conducting the background check should be directed to forward the report electronically to [AHD.StudentChecks@volstate.edu](mailto:AHD.StudentChecks@volstate.edu). You will be permitted to utilize any appropriate agency for securing the report. Your Program staff will provide you with information that the College has received from any outside agencies that provide these services.

### **Background Check Results**

The results of your background check will be sent by the outside agency to both you and the College. Students receiving a satisfactory report from the agency, and having fulfilled all other Program prerequisites, will be eligible to participate in any clinical requirements of the Program. **If the results of the background check are not satisfactory, you will not be eligible for clinical participation and will be required to withdraw from the Program.**

**VOLUNTEER STATE COMMUNITY COLLEGE  
POLICIES AND PROCEDURES MANUAL**

**POLICY NO: II:09:41 DATE: AUGUST 22, 2005**

**SUPERCEDES POLICY NO: N/A DATED:**

**REFERENCE TBR POLICY/GUIDELINE: N/A DATED:**

**SUBJECT: STUDENT BACKGROUND CHECKS**

**APPROVED: Warren R. Nichols, President** Warren R. Nichols

**Policy**

**Effective September 1, 2005, students seeking enrollment in designated Allied Health programs requiring participation in clinical training in area hospitals and related clinics/agencies must provide evidence of a passing score on a background check prior to official acceptance/enrollment into the respective program. Either the failure to provide the required background check results by the due date established or the receipt of anything other than a passing score on the background check will make a student ineligible for enrollment in the respective program.**

**Background**

**In an effort to comply with the recommendations of the Joint Commission on Accreditation of Healthcare Organizations, the majority of the major healthcare facilities and agencies utilized by the College for our clinical training are requiring that each student must provide documentation of a passing score on a background check prior to participating in clinical rotations.**

**The background check shall include the following:**

- vi) Name and Social Security number verification;
- vii) Seven-year multi-county or statewide felony and related misdemeanor criminal record search
  - Violent Sexual Offender and Predator Registry Search
  - Tennessee abuse registry maintained by TN Dept of Health pursuant to T.C.A. Section 68-11-1004
- viii) Employment verification, if applicable;
- ix) HHS/OIG list of excluded individuals/entities-
  - GSA list of parties excluded from federal programs

- US Treasury, Office of Foreign Assets Control (OFAC)  
List of Specially Designated Nationals (SDN)
- x) If applicable, healthcare licensure/certification verification

**The following eligibility criteria established by area healthcare agencies will be utilized in determining a failing listing:**

- **Persons with a history of any felony conviction within the last seven years**
- **Persons with a history of class A misdemeanor conviction within the last five years**
- **Persons with a history of class B misdemeanor conviction within the last two years**
- **Persons on the registry maintained by the Department of Health pursuant to T.C.A. Section 68-11-1004**
- **Persons listed on the HHS/OIG list of excluded individuals**
- **Persons with an encumbered license (current or prior) in a health related field**

### **Student Responsibilities/Requirements**

**In order to establish eligibility for enrollment in their respective program, each student, at their own expense, must solicit the services of a vendor of their choice to undergo a background check that includes the required components outlined above. It is the responsibility of the student to arrange for the electronic submission to the College of a report from that vendor that specifies a pass/fail score relative to the eligibility criteria outlined above. The pass/fail score submitted by the vendor to the College will be final and is not subject to appeal, except in the case of errors. It is the responsibility of the student to rectify any report errors with the vendor and arrange for the resubmission of a corrected report to the College.**

### **College Responsibilities**

**The College will ensure that the informational materials/sources (brochures, application packets/flyers, web sites) for each applicable Allied Health Program clearly identifies the requirement for the background check, the specifics outlined in this policy, and the methodology and specific due date for the submission of the completed check.**

## Vendor Requirements and Expectations

### Services

1. Conduct criminal background search including physical courthouse records search using all known names and social security number
2. Search state and federal registry and exclusion lists:
  - Violent Sexual Offender and Predator Registry Search
  - Tennessee abuse registry maintained by the Department of Health pursuant to T.C.A. Section 68-11-1004.
  - HHS/OIG List of Excluded Individuals
  - GSA List of Parties Excluded from Federal Programs
  
- . U.S. Treasury, Office of Foreign Assets Control (OFAC), List of Specially Designated Nationals (SDN)
  
- 3.. Health care licensure verification if current or previous licensee
4. Contract directly with the individual student to perform the required services
5. Provide individual schools and programs with a pass/fail listing of all students using the eligibility criteria established by the hospitals:
  - a. Persons with a history of any felony conviction within the last seven years.
  - b. Persons with a history of class A misdemeanor conviction within the last five years.
  - c. Persons with a history of class B misdemeanor conviction within the last two years.
  - d. Persons on the registry maintained by the Department of Health pursuant to T.C.A. Section 68-11-1004.
  - e. Persons listed on the HHS/OIG list of excluded individuals
  - f. Persons with an encumbered license (current or prior) in a health related field
6. Provide students with pass/fail notice, specific findings from the background search and appeal processes as required by federal law.
7. Archive the individual background results for 7 years
8. Provide customer support services to assist students and schools.

The attached list of vendor resources is offered as a courtesy. This non-exclusive list should not be deemed to remove any responsibility you may have to perform your own due diligence to assure that any vendor is acceptable

to perform the tasks identified.

**Verified Credentials** \* THA Preferred Vendor – Meets all Requirements

Contact: Client Services

Toll Free: 800-938-6090

Email: [clientservices@verifiedcredentials.com](mailto:clientservices@verifiedcredentials.com)

Link to student website: <https://client.verifiedcredentials.com/tnacd/default.cfm>

\* Click link or type into browser

**\*\*CertifiedBackground.com**

Contact: Candy Haynes

Castle Branch Inc

P888.666.7788 ext 7252

F910.772.1528

[cphayne@castlebranch.com](mailto:cphayne@castlebranch.com)

[www.castlebranch.com](http://www.castlebranch.com)

[www.certifiedbackground.com](http://www.certifiedbackground.com)