

Washtenaw Community College

Physical Therapist Assistant (APPTA)

Fall 2025 Entry (2025-2026 Academic Year)

Application Deadline: **Monday, January 13, 2025 at 12pm** (or until all accepted and/or alternate seats are filled)

PROGRAM APPLICATION AND REQUIREMENTS CHECKLIST

WCC Student ID: _____ Date: _____

Last Name: _____ First Name: _____ Middle Name: _____

Previous/Former Names: _____

*Street Address: _____ Apt: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Cell Phone: _____

WCC Email/netID: _____ Other Email: _____

*Address must match "Basic" address on record ("Mailing" address NOT sufficient for residency verification) .To confirm and/or make changes, log in to [MyWCC](#) and click on *Student Services, Student Services Dashboard*, and then *Personal Information* under the *General* menu.

REQUIRED CHECKLIST

All of the requirements below **must** be successfully completed **before** submitting an application to the program.

1. **Admission to WCC**

An [admission application](#) to the school can be submitted on WCC's website.

2. **Mandatory Meeting with Advisor**

You **must** meet all "required" checklist items and have an advisor approve your application **before** you will be eligible to apply to the program. Your advisor must send an email to healthadmissions@wccnet.edu to confirm completion of your appointment. To ensure availability of an appointment, we encourage students to schedule their appointment as soon as possible with [Academic Advising](#). Please call (734) 677-5102 to request your "Mandatory PTA Advising" appointment with one of WCC's Health Program Advisor's.

Appointment Date	Advisor Name

3. **Program Prerequisite Courses**

Please indicate how you met each requirement below.

a. **Academic Math Level 3 or higher or MTH 160 (Basic Statistics) with a minimum grade of C/2.0**

If a level 3 or higher-level college math course (e.g. [MTH 125](#), [MTH 167](#), [MTH 169](#), [MTH 176](#), etc.) was successfully completed, the grade will be used in the GPA calculation for points. If a math level 3 or higher level was established based on test scores or remedial level courses (e.g. [MTH 094](#), [MTH 097](#), etc.), the score/grade will **NOT** be used in the GPA calculation for points.

- MTH 160 or equivalent course completed (provide details below).
- Academic Math Level 3 or higher met based on college level math course completed (provide details below).
- Academic Math Level 3 or higher met based on test scores or remedial level math course completed.

PROGRAM APPLICATION AND REQUIREMENTS CHECKLIST continued for APPTA Fall 2025 (2025-2026 Academic Year)

School	Subject	Course	Grade	Credits	WCC Equivalent (if transfer)

- b. **HSC 101 (Healthcare Terminology) with a minimum grade of C/2.0**
[HSC 124](#) (Medical Terminology) may be substituted.

School	Subject	Course	Grade	Credits	WCC Equivalent (if transfer)

- c. **ENG 111 (Composition I) with a minimum grade of C/2.0**
[ENG 226](#) (Composition II) or other substitutions may be noted in DegreeWorks.

School	Subject	Course	Grade	Credits	WCC Equivalent (if transfer)

- d. **BIO 111 (Anatomy & Physiology-Normal Structure and Function) with a minimum grade of B-/2.7**
 Student's may use multiple courses and labs to meet this requirement from transferring schools. If taken between multiple schools, a course substitution must be submitted by the department.

School	Subject	Course	Grade	Credits	WCC Equivalent (if transfer)

4. **Minimum Cumulative Program Prerequisite GPA of 2.8**
 The calculation of MTH 160 or college level MTH course, HSC 101 or HSC 124, ENG 111 or ENG 226, & BIO 111.

Cumulative Prerequisite GPA

5. **Program Application and Requirements Checklist** (this form, pages 1-4)
6. **Additional Information Form** (pages 5-6)
7. **Technical Standards for Health Science Programs at WCC** (page 7)
 Please visit WCC's [Technical Standards Process for Requesting Accommodations](#) website for details on requesting accommodations through WCC's [Learning Support Services](#).
8. **12 hours of observation in a physical therapy setting with a minimum of three (3) hours in at least two (2) different types of physical therapy settings**
 Guidelines for completing observation hours can be found on our [Clinical Observation](#) website. The **Observation Verification Form** (page 8) must be completed by the student and PT/PTA observed to verify the hours.

9. **Residency Verification**

Submit a copy of the front and back of your **Driver's License, State ID Card, or 3 documents**. Visit WCC's website for a list of [acceptable documentation](#) for verifying residency status. Your documents **must match** your "Basic" address on record at WCC. Your [residency](#) status may be updated accordingly based on the documentation submitted.

OPTIONAL CHECKLIST

The items below are **not required to apply** to the program. However, by successfully completing and/or meeting these items by the application deadline, you can earn additional points which may give you a more competitive edge.

1. **Military or Veteran Status**

Submit appropriate documentation to verify status if currently serving or **Form DD-214**.

2. **Alternate Candidate Status**

Students who made alternate candidate status and did not make admissions to the program based on a previous application will be awarded additional points.

Semester(s) given Alternate Candidate status

3. **Experience**

Students can be awarded points for **one (1)** of the experiences below (section a or b). For additional information, see the **Experience Form** (included in packet) and [Point Scales](#) found on WCC's [Health and 2nd Tier Admissions](#) website.

a. **Employment Experience**

Submit completed **Experience Form** (page 9) or veterans must submit **Form DD-214**.

b. **High School Health Science Technology Program with a grade of C/2.0* (minimum of 1 year)**

**Articulated credit is only accepted with a grade of B/3.0 or higher.*

Submit high school transcript and clarification documentation if not clearly stated on transcript.

Please read the statements listed below. By signing this form, I acknowledge that I have completely read and understand the statements below.

1. I have successfully completed all required checklist items and I have included all documentation needed to verify these requirements.
2. I have met with an [advisor](#) and discussed the [admission/program requirements](#) along with WCC's [Competitive Admission Process](#).
3. I have discussed a plan for meeting any necessary requirements with my advisor including my next steps should I not get accepted.
4. I understand an [advisor](#) will help guide me through this selection process. However, I understand that if I have completed multiple courses which would satisfy any single requirement outlined above, I take full responsibility for making the final selection of the course I wish to use towards my application which may affect my application points.

PROGRAM APPLICATION AND REQUIREMENTS CHECKLIST continued for APPTA Fall 2025 (2025-2026 Academic Year)

5. I understand the Health and 2nd Tier Admissions Office will send an email confirming receipt of my application within 2 business days or within 1 hour if submitted on the application deadline date. It is my responsibility to follow-up if I do not receive this email. I understand my application will not be considered if submitted after the application deadline unless the application remains open after the original deadline (see details regarding WCC's [Application Extension Process](#)).

Student's Printed Name: _____ **Student ID:** _____

***Student's Signature:** _____ **Date:** _____

An electronic signature will be recognized **ONLY IF this document is submitted directly from the students WCC email address.*

Student Notes/Comments (optional):

SUBMITTING APPLICATIONS

The preferred method of submitting an application is by email **directly from the student's WCC email**. It's recommended that applicants complete the fillable fields and attach their completed packet along with all supporting documentation. Students can scan or take pictures of their documentation.

Email	healthadmissions@wccnet.edu – Preferred method of submission
Mail	Health & 2nd Tier Admissions, Washtenaw Community College, 4800 E Huron River Dr, Ann Arbor, MI 48105
In-Person	Student Welcome Center (2nd floor, Student Center)

Applications must be **received** by WCC's Health and 2nd Tier Admissions Office prior to the application deadline. **Upon receipt of an application, an email is sent to the student's WCC email** within 2 business days or within 1 hour if submitted on the application deadline date. **If you do not receive an email confirmation, please contact our office.**

Students with questions or concerns regarding WCC's [Competitive Admission Process](#) or submitting an application to the program should contact the Health and 2nd Tier Admissions Office at (734) 973-3596, (734) 477-8998, or healthadmissions@wccnet.edu.

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ADDITIONAL INFORMATION FORM

Additional information is provided below that is important and pertains to the program. **Please carefully read all statements.**

1. The requirements outlined in this packet are based on the academic year/semester indicated above. Admission requirements and criteria are reviewed annually and subject to change. You are expected to meet all admission requirements for each semester you apply, and if offered admission, you must meet all [program requirements](#) for the **catalog term** in which you **first begin** the program.
 - a. Program applications are semester-specific and only valid for the semester in which you applied. If your application is closed for any reason and you wish to be reconsidered for admission, you will need to meet all current admission requirements and submit a new application to a future semester.
 - b. Each year, approximately 20 students are accepted to the program for a Fall semester start. This is a full-time program and no part-time option is available.
2. This program utilizes WCC's [Competitive Admission Process](#) for determining admission. Please read the [Admission to High Demand Programs](#) board policy and review WCC's [point scales](#) for details on how points are calculated and awarded towards a program application.
3. Please read and review the [degree requirements](#) including continuing eligibility requirements. Visit the [Physical Therapist Assistant Department](#) website for additional information regarding the program.
4. **All communication regarding your application and admission status is sent directly to your WCC student email address. It is extremely important to check your WCC email weekly (minimally) so you do not jeopardize your status.** WCC assumes any information sent to your WCC email has been received. In addition, it is important to keep all contact information current in the College system (including addresses, emails, and phone numbers). If we are unable to reach you and/or you do not respond to any contacts made by WCC regarding your application and/or status in the program, **your application will be closed.**
 - a. Contact information can be updated through your [MyWCC](#) account by clicking on *Student Services, Student Services Dashboard*, and then *Personal Information* under the *General* menu or through the [Student Welcome Center](#) (2nd floor, Student Center) by calling (734) 973-3543 or emailing info@wccnet.edu.
5. Residency status is a factor when determining application points. Visit WCC's [residency](#) website for information on policies and procedures and/or to learn of [documentation](#) that can be used for verifying residency status.
6. **Official transcripts** must be submitted before any transfer credit can post to your WCC record and/or count towards application and degree requirements.
 - a. All defined courses plus any substitutions approved by the department prior to the application deadline will be used to meet prerequisite requirements. If a course is not clearly stated on your transcript and/or the course cannot be determined an equivalent based on the course description, you must provide a course syllabus for further review. **WCC is not responsible for your application being delayed due to lack of clarification or approval of a course substitution.**
 - b. If two (2) or more transfer courses are completed to meet the equivalent of one (1) of WCC's required courses, **you must meet the minimum grade requirement in each course.** Grades are not averaged between the two courses.

7. Upon admission to the program, the **Entrance Requirements** outlined below must be successfully completed to be eligible to begin the program. Students who fail to comply or meet these requirements will forfeit their seat in the program.
- a. Mandatory RSVP to the department and mandatory attendance at two (2) new student orientation sessions. Details will be included in the program acceptance and alternate candidate letters.
 - b. Obtain a criminal background check from the college-designated vendor and submit completed health records. Specific details and deadlines will be included in the program acceptance and alternate candidate letters and/or provided at the first mandatory orientation. If any of the convictions indicated below are found on your criminal background check, you will not be eligible to begin the program.
 - a felony or an attempt or conspiracy to commit a felony within the previous **fifteen (15)** years
 - a misdemeanor that involved abuse, neglect assault, battery, or criminal sexual conduct against anyone or fraud or theft against a vulnerable adult (as defined under the Michigan Penal Code) or a substantially similar state or federal crime within the previous **ten (10)** years
 - other criminal convictions affecting clinical education and licensure
 - c. Students who have not completed a class using an online Learning Management System (LMS) through their high school or at WCC must familiarize themselves with WCC's LMS system (Canvas). WCC offers LMS help and students can find information on the website of the LMS system. The student must sign a statement confirming fluency using WCC's online Learning Management System upon admission.
 - d. In order to participate in the required Clinical Education experiences, reliable transportation is required. Clinical education sites may require travel of up to about one hour's drive.
8. If we do not receive enough applicants to fill all accepted and/or alternate seats by the initial application deadline, the application will remain open until all seats are filled. In this event, WCC's [Application Extension Process](#) will be utilized and student's who do not meet admission requirements by the original deadline, but expect to meet by the end of **Winter 2025**, may submit an incomplete application to be considered on a conditional basis. Under this process, all applicants (complete or incomplete) who submit an application **after the initial application deadline** will be considered for a position based on the date the application was received. If multiple applications are received in a single day, the applicant's position is chosen based on a lottery. As soon as all seats are filled, the application will close. We will immediately stop collecting applications and remove the application packet from WCC's [Health and 2nd Tier Admissions](#) website.
- a. Please be aware that it is **unusual** for this particular program to not have enough applicants by the initial deadline. However, we still do encourage students who are not eligible to apply by the deadline but expect to meet requirements by the end of the semester indicated above to check WCC's website **the day after the deadline** in the **rare instance** the application has been extended.
 - b. **Incomplete applications should NOT be submitted until the day after the initial application deadline and ONLY in the event the application remains open after the original deadline date.** In this case, applications may be submitted beginning on **Tuesday, January 14, 2025**.

By signing this form, I acknowledge that I have completely read and understand the statements above.

Student's Printed Name: _____ Student ID: _____

*Student's Signature: _____ Date: _____

An electronic signature will be recognized **ONLY IF this document is submitted directly from the students WCC email address.*

Technical Standards for Health Science Programs at Washtenaw Community College (WCC) – Physical Therapist Assist APPTA

The technical standards aim to inform students choosing to enter a Health Sciences Certificate and Degree Program at WCC with the bare minimal technical standard requirements, which must be met to complete all coursework objectives and student outcomes. The listed standards encompass what is minimally required to perform the tasks necessary, with a few associated examples provided. This list is not exhaustive and can be modified as the College deems necessary. Students enrolled in a Health Science program at WCC must provide safe and effective care. These technical standards apply to any student enrolling in any one of the health sciences programs. To meet program technical standards, the student must demonstrate sufficient cognitive, emotional, professional, motor (physical), sensory, and other abilities, with or without accommodation.

Students with documented disabilities or who believe that they may have a protected disability can request accommodations that may assist with meeting the technical standards for Health Science Programs at WCC. Please contact the WCC Learning Support Services (LSS) office at (734) 973-3342 or email: learningsupport@wccnet.edu

DISCLAIMER: EXAMPLES PROVIDED ARE NOT AN EXHAUSTIVE LIST OF ASSOCIATED TASKS TO MEET PROGRAM TECHNICAL STANDARDS.

Requirements	Standard	Examples
Critical Thinking, Emotional, and Cognitive Competencies	Sufficient critical thinking and cognitive abilities in classroom and clinical settings	Adhere precisely to course outlines, assignments, instructions, academic and clinical protocols, and any directives outlined by the dean, faculty, administration, or healthcare organization. Apply measurement, calculation, reasoning, analysis, and synthesis skills in the context of patient care. Recognize cause-and-effect relationships within various clinical scenarios and respond accordingly. Grasp and establish connections among specific ideas, concepts, and theories as they emerge and are discussed simultaneously. Formulate prompt, well-founded clinical judgments that prioritize safety. Employ the scientific method and adhere to current evidence-based practice (EBP) standards to strategize, prioritize, and execute patient care. Assess the efficacy of health-related interventions. Keep track of tasks and assignments for yourself and others, whether they are short-term or extended or longer durations. Show emotional resilience and exercise autonomous judgment and discretion to safeguard patient well-being.
Professionalism	Interpersonal skills sufficient for professional interaction with a diverse population of individuals, families, and groups	Cultivate effective, professional, and collaborative relationships with patients/clients, families, colleagues, and staff, acknowledging diverse socioeconomic, emotional, cultural, and intellectual backgrounds. Demonstrate the capability to adhere to all ethical and legal standards, encompassing those specific to the healthcare profession, accreditation and regulatory bodies, and the pertinent policies of the College and Clinical Placement Facilities. Uphold patient confidentiality while exercising ethical judgment. Exhibit professionalism through values and qualities such as integrity, honesty, responsibility, accountability, altruism, compassion, empathy, trust, tolerance, and unbiased attitudes. Embrace constructive criticism, identifying opportunities for professional development and lifelong learning within the dynamic healthcare landscape. Present a well-groomed, tidy appearance, and uphold standards of cleanliness and personal grooming consistent with close personal contact.
Communication	Communication sufficient for professional interactions	Exhibit proficient and respectful verbal and non-verbal communication skills with all stakeholders, encompassing patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers. Demonstrate sensitivity to patients'/clients' differences, values, and needs, including educating on the plan of care and securing informed consent. Accurately gather information from clients, family members/significant others, health team members, and/or faculty. Interpret and document health-related interventions and client responses accurately. Demonstrate proficiency in reading, writing, interpreting, comprehending, and legibly documenting in various formats using standard English. Communicate effectively and clearly in real-time interactions with patients, families, healthcare team members, peers, and faculty. Effectively educate all stakeholders using methods appropriate to meet the needs of the individual.
Mobility	Physical abilities sufficient for movement from room to room and in small spaces	Ensure adequate mobility within the patient's room, workspaces, and treatment areas. Rearrange objects, such as repositioning a hospital bed or chair, to create a safe environment for patient care. Demonstrate agility and swift adaptation to meet patient needs promptly, navigating small spaces with ease, particularly in urgent situations to ensure client safety, including safely assisting a patient to the floor. Execute physical tasks and functions for durations of up to 60 minutes, as well as tasks exceeding this timeframe. Engage in physical activities like bending, squatting, kneeling, and climbing stairs to proficiently carry out patient-related duties.
Motor Skills	Gross and fine motor abilities that are sufficiently effective and safe for providing Allied Health Care	Administer emergency procedures, including cardiopulmonary resuscitation. Demonstrate proficiency in calibrating and utilizing equipment for patient monitoring, data collection, and providing clear patient instructions on equipment usage. Execute entry-level manual therapy interventions following professional regulatory standards. Possess the physical strength necessary to perform patient care procedures, including assisting in turning, lifting, and transferring patients, and adapting to the diverse mobility levels of adult patients. Exhibit strength and manual dexterity for precise measurement of a patient's or client's movement while maintaining full control over the limb or extremity. Perform or assist in anticipated procedures, treatments, and patient management tasks using proper sterile or clean techniques, such as wound care. Demonstrate physical endurance adequate to fulfill all required tasks throughout the designated clinical practice period.
Sensory	Auditory and visual ability sufficient for observing, monitoring, and assessing health needs	Demonstrate proficiency in recognizing monitoring device alarms and responding to emergency signals effectively. Exhibit the capability to discern subtle sounds, including cries for help. Display keen observational skills to assess a patient's or client's condition and evaluate treatment responses. Collect information through attentive listening, keen observation, and utilizing senses like sight and smell, responding appropriately to gathered information. Detect and identify various sensory cues, including foul odors, smoke, changes in skin temperature, skin texture, edema, and other anatomical abnormalities, to assess the patient's needs accurately. Possess auditory acuity to effectively communicate with patient's.
Observation	Ability to sufficiently make observations in a health care environment, consistent with program competencies	Effectively interpret data derived from digital, analog, and waveform diagnostic tools, such as blood pressure, oxygen saturation, and cardiac rhythms. Observe, systematically collect data, and interpret various indicators, including patient postures, movements, movement patterns, heart and lung sounds, intergeneratory changes, body language, wound/tissue color, drainage, urine, feces, expectoration, sensitivity to heat, cold, pain, pressure, light touch, and manifestations of disease, pain, and infection. Effectively evaluate a patient's condition. Promptly initiate appropriate emergency care protocols, including cardiopulmonary resuscitation (CPR).
Tactile Sense	Tactile ability sufficient for physical assessment	Demonstrate proficiency in palpation during physical assessments and therapeutic interventions, including the ability to identify temperature changes, perceive vibrations (pulses), and discern variations in tissue textures. Detect both normal and abnormal tissue mobility with precision. Possess tactile and auditory acuity adequate for identifying and interpreting patient vital signs.

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OBSERVATION VERIFICATION FORM

All applicants to the Physical Therapist Assistant program must complete 12 observation hours prior to applying to the program. Please refer to the department's [Clinical Observation](#) website for guidelines and additional details. Some facilities or organizations may contain more than one type of setting (i.e. acute care hospital and outpatient clinic). **Only one (1) form can be used per facility AND setting type.**

To be completed by student:

Students Name (printed): _____ WCC Student ID: _____

The following must be completed to meet the observation hours requirement:

- I must complete **twelve (12) hours in total** of volunteer and/or clinical observations of a **Licensed Physical Therapist or Physical Therapist Assistant** (no other health care provider will count in meeting this requirement).
- I must observe a **minimum of three (3) hours in two (2) different types of physical therapy settings.**

If you are currently employed in a physical therapy office:

- Check box** if you wish to use employment experience hours towards your observation hour requirement. To verify, your employer needs to complete the section below indicating the setting type and attach a completed Experience Form. *You may be awarded up to 9hrs in one setting type based on employment in a PT office. You must also complete 3hrs in a second setting type.*

To be completed by Physical Therapist or Physical Therapist Assistant observed:

The above student is interested in applying to the Physical Therapist Assistant program at WCC. As part of the admission requirements, students must observe the activities of a **Licensed Physical Therapist or Physical Therapist Assistant**. The purpose of this requirement, is to give the applicant an understanding of the relationship between the physical therapist and the physical therapist assistant, and the role of the physical therapist assistant in patient care. Thank you for supporting our students and allowing them the opportunity to observe!

Facility/Organization Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Please indicate the type of setting observed by the student (choose ONE (1) type per form):

- Hospital: Adult, Pediatrics, Burn Unit, Cardiac/Telemetry Unit, Oncology Unit
- Extended Care Facility/Long Term Acute Care
- Inpatient Rehabilitation Facility
- Hippotherapy/Therapeutic Riding
- Outpatient Adult Neuro
- Outpatient Pediatrics
- Outpatient Orthopedics
- Other: _____
- Skilled Nursing Facility
- School-based
- Home Health

Please indicate the date and number of hours observed by the student:

**All hours should be calculated in half hour increments (i.e. 4 hours and 30 minutes = 4.50)*

Date	Hours*

Date	Hours*

Credentials: PT or PTA Date: _____

-Tape business card here-

Printed Name (PT/PTA): _____

Phone Number: _____

*Signature (PT/PTA): _____

If completing and submitted electronically, an electronic signature will be recognized **ONLY IF this document is submitted directly from the official email address of the facility/organization. Please send to healthadmissions@wccnet.edu. If a paper form is completed, please attach a **business card** or statement on **organization letterhead** to verify the information.*

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EXPERIENCE FORM

Students can be awarded additional points towards their program application for **direct patient care** employment experience in a **hospital or health care facility/agency** if completed **within 8 years** of the application deadline. **This form needs to be attached to any experience submitted and a separate form must be submitted for each employer/organization.**

Direct patient care involves any hands-on interaction between healthcare professionals and patients that is intended to diagnose, treat, manage, or adjust the treatment plan for a patient's medical condition. This includes, but is not limited to performing physical examinations, conducting procedures, taking vital signs, providing personal hygiene assistance, transporting patients, educating patients about their medical condition and how to manage it, and making necessary adjustments to the treatment plan based on the patient's response. Direct patient care requires direct interaction with patients to assess their needs and provide necessary care and treatment.

To be completed by student:

Students Name (printed): _____ WCC Student ID: _____

Please check one (1):

- I am/was employed **full-time** (30 hrs or more per week). Employer must complete section below.
- I am/was employed **part-time** (15 hrs or more per week, less than 30 hrs). Employer must complete section below.

To be completed by employer/supervisor:

Employer/Organization Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

DATES OF EMPLOYMENT: From (date): _____ To (date): _____ **Check here if still employed**

The above student is/was employed for _____ **hours per week** between the dates listed above.

Job Duties/Services Performed:

Supervisor's Name: _____

-Tape business card here-

Job Title: _____

Phone Number: _____

*Signature: _____

Date: _____

If completing and submitted electronically, an electronic signature will be recognized **ONLY IF this document is **submitted directly from the official email address of the employer/organization**. Please send to healthadmissions@wccnet.edu. If a paper form is completed, please attach a **business card** or statement on **organization letterhead** to verify the information.*