Here are the Steps that must be followed to successfully apply to the program:

STEP 1:  READ THE INFORMATION IN THIS PACKET
Please read all of the information in this packet carefully and follow all instructions. Admission to this Program is highly competitive and has a selective admission process. It is your responsibility to assure that you accurately understand the information in this packet and follow it accordingly.

STEP 2:  COMPLETE ALL ADMISSION CHECKLIST REQUIREMENTS
The Admission Requirements Checklist in this packet details admission requirements and other important information. You must complete all checklist items for your application to be considered complete and ready for review. Please note that it is the applicant’s responsibility for assuring that the application is complete and received. If any of the required items are incomplete/missing when you submit your application material, your application will not be processed (i.e. reviewed). We will mail it back to you.

STEP 3:  SUBMIT YOUR COMPLETED APPLICATION
We will begin taking completed applications on September 24, 2012. All completed applications received by close of business on February 15, 2013 will be reviewed for potential acceptance to the program. Completed applications may be considered under the same procedure after this date because space remains available in the program or waitlist, but there is no guarantee of such consideration. Admission to this program may close at any time after this date without notice. Thus, the only guarantee of consideration is to have the completed application submitted within the above dates. Applicants who submit completed applications between September 24, 2012 and February 15, 2013 will receive written notification of an admission decision in a letter postmarked by April 2, 2013. If offered admission, a non-refundable $100.00 deposit will be required to secure your acceptance to this Program.

- Walk-in Submission - We strongly recommend that you submit your items in person so that we can review them with you to make sure that your application items are complete.

- Mail-in Submission - As stated above, it is the applicant’s responsibility for assuring that the application is complete and received. You can mail the items to us (see the NSCC application form for address). However, if any of the required items are incomplete/missing when you submit your application material; your application will not be processed. We will mail it back to you.
**Admission Requirements Checklist**

**PHYSICAL THERAPIST ASSISTANT PROGRAM**

**INSTRUCTIONS (Page 1 of 2):** The last Column of this form is to be completed by the applicant. It identifies the admission requirements for this program.

<table>
<thead>
<tr>
<th>Checklist Item</th>
<th>Important Information</th>
<th>Applicant: initial below when complete (NOTE: Requirements are considered incomplete if in progress, scheduled, or requested)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Biology Requirement:</strong></td>
<td><strong>Complete ONE of the following courses or testing options:</strong></td>
<td>Initial here after circling the option in the previous column by which you meet this requirement</td>
</tr>
<tr>
<td></td>
<td>• BIO103 with a grade of C or higher</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• BIO101 or BIO105 with a grade of C or higher (no time limit)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• TEAS version V only - Science section score of 50% or higher (no time limit)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• LPN Certificate (no time limit)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Bachelor of Science in Biological science (no time limit)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• One of the following within the past 5 calendar years:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o H.S Biology with a C or higher</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o CLEP test with a score of 50 or higher</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o AP Biology Test with a 3 or higher</td>
<td></td>
</tr>
<tr>
<td><strong>TEAS Exam - version V</strong></td>
<td>The TEAS V exam can be taken at NSCC, or another site approved by ATI Testing (Note: if not taken at NSCC, an applicant must pay an additional charge to ATI to have an official transcript sent to NSCC). Applicants are limited to two attempts within a year; regardless of the testing site and program to which they are applying. Although there are no minimum required scores, each of the following sections are required to be taken: Reading; English; Math; and Science.</td>
<td>Initial:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>See the TEAS Policy and procedure document in this packet for study/preparation information</td>
</tr>
<tr>
<td>Communications and Math Proficiency</td>
<td>There are many ways to demonstrate this, including but not limited to: placement testing, by course work here or at another College, SAT scores, and some Entrance Exams. For details visit <a href="http://www.northshore.edu/academics/basic_skills.html">http://www.northshore.edu/academics/basic_skills.html</a></td>
<td>Initial:</td>
</tr>
<tr>
<td><strong>NSCC Application for Admission</strong></td>
<td>This form must be completed for the year for which you are applying; regardless of whether you are a new or current student (a previously submitted application does not count).</td>
<td>Initial:</td>
</tr>
<tr>
<td><strong>Mandatory Information Session Attendance Form</strong></td>
<td>Upcoming dates are included in this packet. When you attend the session, you will be given an attendance form to submit.</td>
<td>Initial:</td>
</tr>
<tr>
<td><strong>Checklist Item</strong></td>
<td><strong>Important Information</strong></td>
<td><strong>Applicant: initial below when complete ( NOTE: Requirements are considered incomplete if in progress, scheduled, or requested)</strong></td>
</tr>
<tr>
<td>--------------------</td>
<td>--------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Clinical Observation Form</td>
<td>You must participate in a 4 hour clinical observation. Contact a local physical therapy clinic or hospital to request permission for an observational visit. Complete the form enclosed in this packet upon completion of the observation requirement.</td>
<td>Initial:</td>
</tr>
<tr>
<td>High school transcript or GED score report</td>
<td>Submit an official copy of the high school transcript or GED score report. If you previously submitted the transcript or score report and attended classes within the past 5 years, then Enrollment likely has it on file.</td>
<td>Initial and check: Initial: ___ submitted now with packet of application material. ___ previously submitted</td>
</tr>
<tr>
<td>Official transcripts from all Colleges/Universities previously attended</td>
<td>Submit official transcripts from all Colleges/Universities previously attended. If the College/University will give an official transcript directly to you, then have them do so. This is the most efficient way for you to ensure that receipt of transcripts do not hold up your application. If you have previously submitted transcripts and have since completed courses or are currently registered for courses, then you need to submit an updated transcript. The sooner you start the transfer request process the better. It has been the College’s experience that it can take on average 1-2 months for transcript requests to be processed. Transfer students from another accredited Physical Therapist Assistant Program must also provide: • an official transcript proving enrollment in Physical Therapy courses within the last 3 years • course syllabi from all previous Physical Therapy courses NOTE: informational interview may be required by the Department Chairperson.</td>
<td>Initial and check the option(s) that apply: Initial: ___ submitted with this packet of application material. ___ mailed directly to NSCC ___ previously submitted (no new courses).</td>
</tr>
<tr>
<td>Questionnaire</td>
<td>The questionnaire is included in this packet. A word-processed questionnaire must be submitted for the year in which you are applying.</td>
<td>Initial:</td>
</tr>
<tr>
<td>Program’s Student Handbook</td>
<td>Read the Physical Therapist Assistant Student Handbook in its entirety. This can be accessed in the Library or on the website: <a href="http://www.northshore.edu/academics/programs/pta/student_handbook">http://www.northshore.edu/academics/programs/pta/student_handbook</a></td>
<td>Initial:</td>
</tr>
</tbody>
</table>
Evaluation Information
Admission decisions are based on careful evaluation of all admission requirements detailed in the checklist. All submitted transcripts will be evaluated for overall academic performance/history and course work in specific subjects (including but not limited to science, English, behavioral sciences, health courses and math). Questionnaire evaluation includes but is not limited to the following: correct grammar/spelling, overall content and quality of answer (e.g. accuracy, thoroughness, and relevance to the question asked).

Confirmation Statement
When you can initial every checklist item (on this page and the previous pages) as complete, then sign the confirmation statement below and submit your application to the Enrollment Center in Lynn or Danvers (submit in person if possible, but you can mail it to the address on the NSCC application form): I acknowledge that I have read all of the information in this admission application packet and the Physical Therapist Assistant Education Program’s Student Handbook in its entirety. I acknowledge that it is my responsibility that I understand all of the information contained in these items by seeking further information/clarification from an Academic Advisor and/or other appropriate College personnel. Furthermore, I agree to comply with all College policies including but not limited to Program policies should I be granted admission to this program.

Signature: ____________________________________________ Date: __________________________
Additional Important Information

1. **If you are accepted** you MUST attend a Mandatory Orientation/Registration day scheduled on **Thursday May 16, 2013**. Also, you will be required to attend additional orientation day(s) during the months of July and/or August, during which time you will receive further important program information and be orientated to guidelines for patient simulation scenarios. Further information (including dates/times) for these additional orientations will be given to you at the May 16, 2013 orientation.

2. Please be advised that **students accepted to this program will be required to fully participate in patient simulation scenarios** designed to closely replicate the healthcare workforce environment, which will prepare students to perform required competencies and care for patients. These scenarios are video recorded and viewed in debriefing sessions that allow for reflective learning, peer-to-peer learning, and evaluation by faculty/staff. Students are expected to respect and care for the patient simulators as if they were live patients, as well as to respect their fellow classmates during scenarios and debriefing sessions.

3. **The program anticipates accepting approximately 30 students for Fall 2013.** The decision in response to your completed application will be: accepted to Physical Therapist Assistant; accepted conditionally to Physical Therapist Assistant; or wait list for Physical Therapist Assistant; or denied admission to Physical Therapist Assistant.

4. Students interested in participating in an academic program that involves working with children, the disabled, or the elderly, or which includes a clinical affiliation, internship, or field placement with a private or public health care provider, may be required to undergo a **Criminal Offender Record Information (CORI) and/or Sex Offender Record Information (SORI) check(s)**. Depending on the contents of student’s CORI(s) or SORI(s), a student’s participation in clinical internship or field placement course may not be allowed, and therefore may impact a student’s ability to complete program requirements. Furthermore, please note that all screening requirements that occurred during the student’s enrollment in the program do not presume a guarantee of eligibility to sit for professional credentialing examination(s) or employment in a medical facility upon graduation.

5. **In order to practice as a Physical Therapist Assistant in the state of Massachusetts,** individuals must graduate from an accredited physical therapist assistant education program, apply to the Board of Registration and pass the licensure examination. Please note that upon applying to take the exam, candidates will be asked to answer questions directly related to felonies, which may impact safe and effective physical therapy practice.

6. **Working as a Physical Therapist Assistant is physically, mentally, and emotionally demanding.** Applicants who are offered admission must document their ability to perform all essential tasks with or without reasonable accommodation in order to begin the professional courses. If you are an otherwise qualified individual with a disability who seeks a reasonable accommodation, you need to contact the Office of Disability Services for eligibility determination for reasonable accommodation(s). A list of the essential tasks is in this packet under the section entitled, “Technical Standards for The Physical Therapist Assistant Program”.

7. **All students must document immunity** to measles, mumps, rubella, varicella and Hepatitis B via immunization or titer; document one-dose of tetanus, diphtheria and acellular pertussis vaccination; and to provide evidence of a negative TST (Tuberculin Skin Test) within 6 months or one negative chest x-ray per OSHA/CDC requirements following a positive TST. Please be advised that most clinical/fieldwork facilities may also require you to receive an annual influenza vaccination. **If you are accepted** a Health Packet will be mailed to you and must be thoroughly completed by your physician or nurse practitioner AS SOON AS POSSIBLE, but **no later than July 15, 2013**. Additionally, if accepted, you will be sent and will need to sign the Technical Standards form (a copy is included in this packet for your review as part of the admission application process).

8. Prior to beginning clinical placements, students must subscribe to **Student Liability Insurance**. Insurance must be maintained for the duration while the student is enrolled in the program.
9. Prior to beginning clinical placements, students must document that they have **CPR certification** at the health provider level.

10. During the program, **students are responsible for their own transportation** to a variety of clinical facilities (which may or may not be accessible by public transportation).

11. All students must maintain health insurance while enrolled in the program.
Application for Admission

How to Apply for Admission

GENERAL INSTRUCTIONS

• Complete ALL information requested on the application form. An incomplete application will delay admissions processing.
• Submit proof of high school graduation or GED. Some programs may require high school transcripts or GED scores.
• Submit official transcripts from each previous college listed on the application.
• Submit all documents to the following address:
  North Shore Community College, Enrollment & Student Records, PO Box 3340, Danvers, MA 01923

INFORMATION

• No application fee is required. NSCC has an open admissions policy.
• Some programs have specific selection procedures and interviews may be required. Prospective students are encouraged to call or visit the Enrollment Office in Danvers at 1 Ferncroft Road, or the Lynn Campus at 300 Broad Street.
• Students interested in participating in an academic program that involves working with children, the disabled, or the elderly, or includes a clinical affiliation, internship, or field placement with a private or public health care provider, may be required to undergo a Criminal Offender Record Information (CORI) check and/or SORI (Sex Offender Registry Information) check prior to participation.
• CORI and SORI checks are not used in any way as admission criteria. Depending on the contents of a student’s CORI and/or SORI, participation in a clinical affiliation, internship, or field placement may be denied. Programs involving a clinical affiliation, internship, or field placement are marked with a ✓ on the list of NSCC Credit Degree & Certificate programs.

FINANCIAL AID

North Shore Community College awards millions of dollars in federal, state and institutional financial aid each year to eligible students. Many students, however, miss out because they do not think they are eligible and do not complete the Free Application for Federal Student Aid (FAFSA). To apply for financial aid, students must complete the FAFSA available on the Federal Financial Aid Web site at www.fafsa.ed.gov. Financial Aid can be used to pay for tuition, fees, books, transportation, and other educational expenses.

We strongly encourage you to complete the FAFSA. If you need help with your financial aid application or college financial planning, our Financial Aid Office has counselors who can assist you.

For more information, please call 781-477-2107 or 978-762-4188. Admissions questions may also be emailed to: info@northshore.edu.
NSCC Credit Degree & Certificate Programs

Welcome! NSCC offers a wide variety of Associate Degree and credit Certificate Programs. To learn more about specific programs, such as locations, schedules and admissions requirements, please visit our website, email us, or call NSCC’s Admissions Department on the Lynn or Danvers campuses for more information.

www.northshore.edu • info@northshore.edu
NSCC Admissions Department: 781-477-2107 (Lynn) • 978-762-4188 (Danvers)

ASSOCIATE DEGREE PROGRAMS
Accounting
Animal Care Specialist ★★★
Aviation Management
Aviation Science Professional Pilot
Biotechnology ★
Business Administration Transfer ★
Computer Applications
Computer Information Systems
Computer Networking ★
Computer Programming ★
Computer Science Transfer ★
Criminal Justice
Culinary Arts & Food Service
Developmental Disabilities ★
Drug & Alcohol Rehabilitation ★
Early Childhood Development ★
Early Childhood Education ★
Elementary Education Transfer
Energy Utility Technology ★
Engineering Science Transfer ★
Environmental Studies
Executive Administrative Assistant
Fire Protection & Safety Technology
Food Science & Safety
Graphic Design—Integrated Media
Graphic Design—Print
Health Science
Horticulture
Hotel Management
Human Service Practitioner ★

Credit Degree Programs, continued
Interdisciplinary Studies
Legal Administrative Assistant
Liberal Arts ★
Management
Marketing
Medical Administrative Assistant
Nurse Education ★★★
Nutritional Science & Diet Technology
Occupational Therapy Assistant ★★★
Paralegal
Physical Therapist Assistant ★★★
Pre-Engineering
Radiologic Technology ★★★
Respiratory Care ★★★
Travel, Tourism & Hospitality
Veterinary Technology ★★★

Credit Certificate Programs, continued
Dietary Management
Graphic Design
Early Care & Education: Infant/Toddler Child Care
Emergency Medical Technician ★
Energy Utility Technology ★
English as a Second Language (Certificate of Completion)
Fire Protection & Safety Technology-FPS
Professional Development ★
Gerontology ★
Law Enforcement
Legal Office Support ★
Medical Assisting ★★★ ge
Medical Coding ge
Medical Office Support
Mental Health ge
Office Support ★ ge
Paraeducator ★ ge
Paralegal ★
Practical Nursing ★★★ ge
Small Business Management-Entrepreneurship
Special Education
Special Needs ★
Substance Abuse Counseling ge
Surgical Technology ★★★ ge
Web Development ge
Wellness & the Healing Arts ★
Youth Worker ★

★ Fall-start only
@ Programs also online
★★★ Special admissions process
Programs with specific admissions requirements
Clock-hour program
Evening-only programs
★★★★ CORI/SORI check required prior to field/clinical placements
ge Gainful Employment Student-consumer information available

GAINFUL EMPLOYMENT RESOURCES

1/12
NSCC Application for Admission

Please select a term: ☐ Fall ☐ Winter/Spring ☐ Summer

LAST NAME ___________________________ FIRST NAME ___________________________

MIDDLE NAME ___________________________ ANY PREVIOUS LAST NAME ___________________________

ADDRESS ___________________________

CITY ___________________________ STATE ___________ ZIP ___________

ENTER SOCIAL SECURITY # ___________________________ DATE OF BIRTH MONTH ___________ DAY ___________ YEAR ___________

Optional, but required if seeking financial aid or tax credit.

GENDER: ☐ Female ☐ Male

Contact Information

CELL PHONE _______ — _______ — _______ WORK PHONE _______ — _______ — _______

HOME PHONE _______ — _______ — _______

EMAIL ADDRESS (PLEASE PRINT NEATLY) ___________________________

Personal Information

• Ethnicity Information Optional.

ARE YOU HISPANIC OR LATINO? ☐ Yes ☐ No

ARE YOU: Please check any that apply.

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African-American ☐ Native Hawaiian or Pacific Islander

☐ Cape Verdean ☐ White

• Military Information ARE YOU PRESENT OR FORMER MILITARY PERSONNEL? ☐ Yes ☐ No

• Academic Information PLEASE CHECK BOXES BELOW WHICH APPLY TO YOU. I AM:

☐ A transfer student (previously attended another college). ☐ A first-time student (never attended college before).

☐ An NSCC Graduate seeking readmission. ☐ A previous NSCC student (non-graduate). Were you in a degree program?

☐ Yes ☐ No

• Residency Information

☐ U.S. Citizen ☐ Resident Alien (Green Card) _______ — _______ — _______

If yes, enter Alien Registration number. If no, enter type of Visa.

WILL YOU REQUIRE A TEMPORARY STUDENT VISA (F-1) TO ATTEND NSCC? ☐ Yes ☐ No

Generally, in order to qualify for the in-state tuition rate, applicants must have proof of Massachusetts residency. A resident is defined as a person who has lived for at least six (6) months in Massachusetts, and who intends to remain in Massachusetts indefinitely. International students and, under most circumstances, Non-Resident Aliens ARE NOT eligible for Massachusetts resident rates.
I intend to pursue a degree or certificate program. Please refer to NSCC Degree & Certificate Programs list.

FIRST CHOICE: ____________________________________________
Some programs have specific admissions requirements. If you do not meet these requirements, your program of study will default to your second choice.

SECOND CHOICE: __________________________________________

I prefer unspecified status. I do not intend to choose a program of study at this time. I understand I am not eligible for financial aid unless I choose a program of study.

Choose from A or B:

A. IF YOU ARE APPLYING TO AN NSCC DEGREE OR CERTIFICATE PROGRAM, SELECT THE GOAL WHICH BEST DESCRIBES YOU.

☐ I am planning to graduate with a degree or certificate
☐ I am taking one or more courses to transfer

OR

B. IF YOU HAVE NOT YET SELECTED AN NSCC PROGRAM, SELECT THE GOAL WHICH BEST DESCRIBES YOU.

☐ I am taking one or more courses to transfer.
☐ I am taking one or more courses to upgrade or learn new job/academic skills.
☐ I am taking courses for personal growth.
☐ I am not ready to declare at this time.

Educational Background

1). High School Education

☐ High School Graduate
☐ GED Recipient
☐ Did not Graduate

<table>
<thead>
<tr>
<th>Name of High School or GED Test Center</th>
<th>City</th>
<th>State</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No DID YOUR MOTHER OR FATHER GRADUATE FROM A 4-YEAR COLLEGE?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Yes ☐ No WILL YOU HAVE RECEIVED A BACHELOR’S OR PROFESSIONAL DEGREE BY THE TIME YOU ENTER NSCC?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Yes ☐ No IS ENGLISH YOUR NATIVE LANGUAGE?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2). College Education

☐ College Graduate
☐ Did not Graduate

<table>
<thead>
<tr>
<th>Name of College</th>
<th>City</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduation Date/Degree Received</td>
<td>Dates of Attendance</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of College</th>
<th>City</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduation Date/Degree Received</td>
<td>Dates of Attendance</td>
<td></td>
</tr>
</tbody>
</table>

Signature Required

X
Signature of Applicant
I certify that all above information is true.

X
Signature of Parent
If applicant is under 18 years of age.
Massachusetts Community Colleges In-State Tuition Eligibility Form

LAST NAME

FIRST NAME

MIDDLE NAME

ANY PREVIOUS LAST NAME

ADDRESS

CITY

STATE

ZIP

DATE OF BIRTH

MONTH

DAY

YEAR

ENTER SOCIAL SECURITY #

Optional, but required if seeking financial aid or tax credit.

STUDENT ID NUMBER

ARE YOU A U.S. CITIZEN?  ○ YES  ○ NO

IF NOT, PLEASE COMPLETE THE FOLLOWING:

ARE YOU A PERMANENT RESIDENT?  ○ YES  ○ NO

IF YES, LIST ALIEN REGISTRATION NUMBER

IF YOU ARE NOT A U.S. CITIZEN OR PERMANENT RESIDENT, PLEASE STATE YOUR VISAA OR IMMIGRATION STATUS IN DETAIL:

Please check the in-state or reduced tuition eligibility category that applies to you:

_____ I HAVE BEEN A MASSACHUSETTS RESIDENT FOR SIX CONTINUOUS MONTHS AND INTEND TO REMAIN HERE.

As proof of my intent to remain in Massachusetts, I possess at least two of the following documents, which I shall present to the institution upon request. These documents* are dated within one year of the start date of the academic semester for which I seek to enroll (except possibly for my high school diploma). The institution reserves the right to make any additional inquiries regarding the applicant’s status and to require submission of any additional documentation it deems necessary. Please check-off those documents you possess as proof of your intent to remain in Massachusetts.

[ ] VALID DRIVER’S LICENSE
[ ] VALID CAR REGISTRATION
[ ] MASS. HIGH SCHOOL DIPLOMA
[ ] RECORD OF PARENTS’ RESIDENCY FOR UNEMANCIPATED PERSON*

[ ] UTILITY BILLS*
[ ] VOTER REGISTRATION*
[ ] SIGNED LEASE OR RENT RECEIPT*

[ ] EMPLOYMENT PAY Stub*
[ ] STATE/FEDERAL TAX RETURNS*
[ ] MILITARY HOME OF RECORD*

[ ] OTHER

_____ I AM AN ELIGIBLE PARTICIPANT IN THE NEW ENGLAND BOARD OF HIGHER EDUCATION’S REGIONAL STUDENT PROGRAM.

_____ I AM A MEMBER OF THE ARMED FORCES (OR SPOUSE OR UNEMANCIPATED CHILD) ON ACTIVE DUTY IN MASSACHUSETTS.

Certification of Information

I certify that this information is true and accurate. I understand that any misrepresentation, omission or incorrect information shall be cause for disciplinary action up to dismissal, with no right of appeal or to a tuition refund.

__________________________  ____________________________
Signature of Applicant
I certify that all above information is true.  Date

__________________________  ____________________________
Signature of Parent
If applicant is under 18 years of age.  Date

For official use. Do not write in this box.

I have reviewed the above information in order to determine applicant’s eligibility to receive the in-state tuition rate. Based on my review I have determined this applicant:

_____ IS eligible for the in-state tuition rate.

_____ IS NOT eligible for the in-state tuition rate.

_____ I am unable to make a determination at this time. The following additional information has been requested from the applicant:

__________________________  ____________________________
Authorized College Personnel Signature  Date
Did you know? The following opportunities are available to you while attending NSCC. Please review and check below if you would like additional information. Some programs have eligibility requirements.

☐ Financial Aid
Please select the option below that best describes your plans to complete a FAFSA. This information will have no impact on whether you are admitted to the college.
☐ I plan to apply for federal, state and institutional financial aid and am prepared to complete the FAFSA at www.fafsa.ed.gov.
☐ I plan to apply for federal, state and institutional financial aid, but I need help from the Financial Aid Office to complete the FAFSA.
☐ I do not plan to apply for federal, state or institutional financial aid at this time.

☐ Career Exploration
Explore your career path through guided and self-directed Career Exploration and Advising.

☐ Mass Transfer Program & Transfer Agreements
Admission to four-year colleges and universities guaranteed provided certain requirements are met. For more details on a list of participating four-year colleges and universities, contact NSCC’s Student Support & Advising Center (978-762-4036, 781-477-2132).

☐ Honors Program
An opportunity for academic challenge, social networking, and enhanced transfer opportunities.

☐ Presidential Scholars
A scholarship opportunity for eligible incoming high school graduates which includes leadership development.

☐ ESL Classes
I am interested in learning English as a second language.

Or, one of NSCC’s supportive learning communities:

☐ Bridges to the Stars
A bridge program, based on the Lynn campus, offering support and scholarship assistance for women and minority students interested in science, technology, engineering or math (STEM) programs.

☐ Challenges, Choices, and Change
A full-time transitional program, based on the Lynn campus that combines academics and personal development to empower women and build a foundation for success.

☐ Project Enable
A part-time evening program, providing GED recipients with small classes, academic advisement and an opportunity to earn nine college credits in a supportive learning environment.

☐ Project GRAD
A part-time evening/weekend opportunity to prepare for careers in Health and in Business. Achievement coaches work closely with students to provide support.

☐ TRiO/Student Support Services
An academic support and leadership development program for students who meet federal eligibility requirements.

☐ Women in Transition
Based on the Danvers campus, a strength-based supportive learning community of mature students, which is dedicated to easing the transitions to college, career, and life changing possibilities.
This questionnaire is NOT an application for admission. Instructions, page one: Please complete this page by printing all of your answers. Attach additional sheet(s) if needed or submit a resume (make sure your name is on each additional sheet).

Name: __________________________ Soc Sec #:_____________________

Last    First    MI

Address:________________________________________________________________________________

Day Time Phone:_(____)_______________________ Evening Phone:_(____)__________________________

Cell Phone: (_____)_________________________________Email:__________________@________________

Are you applying to transfer Physical Therapist Assistant credits from another program of study? Yes □ No □

Please PRINT all answers (or attach a word processed resume):

<table>
<thead>
<tr>
<th>Your current job:</th>
<th>Employer:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Duties and Responsibilities:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prior job(s)</th>
<th>Employer/Facility:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Duties and Responsibilities:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Related Experiences or Site Visits</th>
<th>Employer/Facility:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Duties and Responsibilities:</td>
</tr>
</tbody>
</table>

Please proceed to the next page and follow the instructions.
PHYSICAL THERAPIST ASSISTANT PROGRAM ADMISSIONS QUESTIONNAIRE-FALL 2013 (Continued)

Instructions page 2: Please answer all of the following questions. Evaluation of the answers includes but is not limited to grammar, spelling, as well as overall content and quality of the answers (e.g. accuracy, thoroughness, and relevance to the question asked). Handwritten applications will not be accepted. Make sure your name is on each of the page(s) submitted.

1. **Why have you decided to apply to the Physical Therapist Assistant Program?**
   Please explain what you know about the profession of Physical Therapist Assistant and NSCC’s Physical Therapist Assistant Program. How did you learn this information (i.e. what sources did you research that lead you to choosing this profession)?

2. **As a member of the health care team, what is the role of a Physical Therapist Assistant?**
   Please provide examples of the duties and responsibilities of a Physical Therapist Assistant.

3. **Describe how your life experiences have enhanced your knowledge of yourself and the Physical Therapist Assistant profession?**
   Describe how your life/work experiences and extracurricular, and/or volunteer activities contributed to choosing this profession.

4. **How do you plan to manage your academic commitments along with your other life responsibilities while enrolled in this rigorous program?**
   Please discuss how you plan to balance your responsibilities while meeting program requirements.

5. **Why do you think you will be a good Physical Therapist Assistant?**
   Please describe your academic accomplishments and personal attributes that will contribute to you functioning as a competent Physical Therapist Assistant.
Clinical Observation Verification Form

I, ____________________________ have completed four (4) hours of Physical Therapy Observation at ____________________________ on _____________________.

_____________________________
Student Signature

_____________________________
PT and/or LPTA Signature
Technical Standards for the Physical Therapist Assistant Program

To the Student: As you complete this form please consider your physical and mental/attitudinal ability to perform the Technical Standards associated with the health professions program that you are about to enter. Please carefully consider the Expected Performance Level in this program as you evaluate your performance. Contact the Division of Health Professions at (978) 762-4160, if you require more specific information about the physical and mental/cognitive requirements of the program.

General Job Description: Physical therapists assistants, or PTAs, are technically educated health care professionals who work under the supervision of physical therapists in the provision of physical therapy services. Physical therapist assistants work in hospitals, private physical therapy offices, community health centers, corporate or industrial health centers, sports facilities, rehabilitation centers, nursing homes, home health agencies, schools and pediatric centers. They require strong interpersonal and problem solving skills which are crucial to planning effective treatment plans.

*Performance Level: O = occasionally 50-74%; F = frequently 75-89%; C = constantly 90-100%

<table>
<thead>
<tr>
<th>PHYSICAL</th>
<th>Freq*</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIFT: patients, equipment - up to 100 lbs.</td>
<td>F</td>
</tr>
<tr>
<td>CARRY: equipment, objects - 25 lbs. minimum</td>
<td>F</td>
</tr>
<tr>
<td>KNEEL: to perform CPR, work with patients on mat; assist patients who fall</td>
<td>O</td>
</tr>
<tr>
<td>STOOP/BEND/TWIST</td>
<td></td>
</tr>
<tr>
<td>to adjust wheelchairs, assist in ADL; perform transfers</td>
<td>F</td>
</tr>
<tr>
<td>BALANCE: safely maintain while assisting patients in ambulation, transfer and balance techniques</td>
<td>C</td>
</tr>
<tr>
<td>CRAWL: to work on mat with patients</td>
<td>F</td>
</tr>
<tr>
<td>REACH: to adjust equipment, to guard patient, to reach supplies</td>
<td>C</td>
</tr>
<tr>
<td>HANDLE: equipment such as prosthetics, orthotics, walkers, canes, crutches, weights, modalities</td>
<td>C</td>
</tr>
<tr>
<td>DEXTERTITY: manipulate and fine tune knobs, dials, goniometers, blood pressure cuffs, tools, equipment hardware</td>
<td>C</td>
</tr>
<tr>
<td>PHYSICAL</td>
<td>Freq*</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>PUSH/PULL: wheelchairs, stretchers, patients, Hoyer lifts</td>
<td>C</td>
</tr>
<tr>
<td>WALK: a distance of at least 2 miles during a normal work day</td>
<td>C</td>
</tr>
<tr>
<td>STAND: for periods of at least 2 hours</td>
<td>C</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TACTILE</th>
<th>Freq*</th>
</tr>
</thead>
<tbody>
<tr>
<td>PALPATE: pulses, spasticity, muscle contractions, bony landmarks, end-feels, swelling</td>
<td>C</td>
</tr>
<tr>
<td>DIFFERENTIATE: between temperature and pressure variations</td>
<td>F</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VISUAL</th>
<th>Freq*</th>
</tr>
</thead>
<tbody>
<tr>
<td>READ: accurately, numbers, letters, cursive writing in fine and other print in varying light levels</td>
<td>C</td>
</tr>
<tr>
<td>DETECT: changes in skin color, patient's facial expressions, gait deviations, swelling, atrophy, forms of non-verbal communication (gestures)</td>
<td>C</td>
</tr>
<tr>
<td>OBSERVE: patient and environment in order to assess the patient's condition or needs from a distance of 20 feet</td>
<td>C</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMUNICATION</th>
<th>Freq*</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPEAK: in English language in clear, concise manner; to communicate with patients, families, significant others, health care providers, community</td>
<td>C</td>
</tr>
<tr>
<td>RESPOND: to patient with communication disorders (aphasia, hearing loss), or those who use ESL</td>
<td>F</td>
</tr>
<tr>
<td>COMPREHEND: oral and written language, including health care terminology in order to communicate with patients, families, significant others, health care providers, and community</td>
<td>C</td>
</tr>
<tr>
<td>WRITE: in English, clearly, legibly; for charts, home exercise instructions</td>
<td>C</td>
</tr>
<tr>
<td>AUDITORY</td>
<td>Freq*</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>HEAR: heart sounds, breath sounds, patient</td>
<td></td>
</tr>
<tr>
<td>distress sounds, machine timer bells and</td>
<td></td>
</tr>
<tr>
<td>alarms; verbal directions from supervisor</td>
<td>C</td>
</tr>
<tr>
<td>from a distance of 20 feet</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MENTAL/COGNITIVE</th>
<th>Freq *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Function safely, effectively, and calmly</td>
<td>C</td>
</tr>
<tr>
<td>under stressful situations.</td>
<td></td>
</tr>
<tr>
<td>Remain alert to surroundings, potential</td>
<td>C</td>
</tr>
<tr>
<td>emergencies; respond to patient situations,</td>
<td></td>
</tr>
<tr>
<td>i.e. falls, burns, pain, change in physical</td>
<td></td>
</tr>
<tr>
<td>status.</td>
<td></td>
</tr>
<tr>
<td>Integrate information, and make decisions</td>
<td>C</td>
</tr>
<tr>
<td>based on pertinent data, in a collaborative</td>
<td></td>
</tr>
<tr>
<td>manner.</td>
<td></td>
</tr>
<tr>
<td>Interact effectively and appropriately with</td>
<td>C</td>
</tr>
<tr>
<td>patients, families, supervisors, and</td>
<td></td>
</tr>
<tr>
<td>co-workers of the same or different cultures</td>
<td></td>
</tr>
<tr>
<td>with respect, politeness, tact,</td>
<td></td>
</tr>
<tr>
<td>collaboration, teamwork, discretion.</td>
<td></td>
</tr>
<tr>
<td>Communicate an understanding of basic</td>
<td>C</td>
</tr>
<tr>
<td>principles of supervision, ethics,</td>
<td></td>
</tr>
<tr>
<td>confidentiality.</td>
<td></td>
</tr>
<tr>
<td>Display basic interpersonal skills necessary</td>
<td>C</td>
</tr>
<tr>
<td>to interact in situations requiring close,</td>
<td></td>
</tr>
<tr>
<td>personal contact.</td>
<td></td>
</tr>
<tr>
<td>Display attitudes/actions consistent with</td>
<td>C</td>
</tr>
<tr>
<td>the ethical standards of the profession.</td>
<td></td>
</tr>
</tbody>
</table>

*Performance Level: O = occasionally 50-74%; F = frequently 75-89%; C = constantly 90-100%

* Applicants who are offered admission must document their ability to perform all essential tasks with or without reasonable accommodation in order to begin the professional courses. If you are an otherwise qualified individual with a disability who seeks a reasonable accommodation, you need to contact the Office of Disability Services for eligibility determination for reasonable accommodation(s). For those applicants offered admission, you will be asked to self-certify by signing the Technical Standards which are included in the Health Forms packet that you will be required to complete no later than July 15, 2013.
GENERAL INFORMATION

The "Test of Essential Academic Skills v 5" (TEAS) is a computerized test composed of multiple-choice questions organized into four sections, which measure reading ability, basic mathematics skills, science and English grammar. It is a timed test published by Assessment Technologies Institute (ATI Testing), LLP. Testers should plan to spend approximately 4 hours at the test center. The use of calculators, dictionaries or other aids is not permitted.

<table>
<thead>
<tr>
<th>Section</th>
<th># of Questions</th>
<th>Time Allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Reading</td>
<td>48 questions</td>
<td>58 minutes</td>
</tr>
<tr>
<td>Paragraph comprehension, inferences and conclusions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Mathematical Skills</td>
<td>34 questions</td>
<td>51 minutes</td>
</tr>
<tr>
<td>Metric conversions, fractions, decimals, percentages and algebraic equations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Science</td>
<td>54 Questions</td>
<td>66 minutes</td>
</tr>
<tr>
<td>Basic science and logical thinking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. English and Language Usage</td>
<td>34 questions</td>
<td>34 minutes</td>
</tr>
<tr>
<td>Measures knowledge of punctuation, grammar, and sentence structure</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2013 PROGRAM REQUIREMENTS

TEAS Version 5.0 is the most recent form of the test. Students who took an earlier version of TEAS (prior to July 2010) must check individual program requirements for cut score information.

<table>
<thead>
<tr>
<th>Program</th>
<th>TEAS Required</th>
<th>Sections Required</th>
<th>Scores Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Education (NSG)</td>
<td>Yes</td>
<td>ALL</td>
<td>69% 74% 60.4% 70%</td>
</tr>
<tr>
<td>Occupational Therapy Assist. (OTA)</td>
<td>Yes</td>
<td>ALL</td>
<td>* * * *</td>
</tr>
<tr>
<td>Occupational Therapy Assist. Accelerated (OTX)</td>
<td>Yes</td>
<td>ALL</td>
<td>* * * *</td>
</tr>
<tr>
<td>Physical Therapy Assistant (PTA)</td>
<td>Yes</td>
<td>ALL</td>
<td>* * * *</td>
</tr>
<tr>
<td>Practical Nursing (PNR)</td>
<td>Yes</td>
<td>ALL</td>
<td>69% 63.3% 45.8% 60%</td>
</tr>
<tr>
<td>Radiological Tech (RAD)</td>
<td>Yes</td>
<td>ALL</td>
<td>69% 70% 50.0% *</td>
</tr>
<tr>
<td>Respiratory Care (RSP)</td>
<td>Yes</td>
<td>ALL</td>
<td>69% 60% * *</td>
</tr>
<tr>
<td>Veterinary Tech (VET)</td>
<td>Yes</td>
<td>ALL</td>
<td>* * * *</td>
</tr>
</tbody>
</table>

* Section is required but no minimum score has been determined.

NOTE: Nurse Education and Practical Nursing programs require that the TEAS test be taken at North Shore.

ELIGIBILITY

Any individual may take the TEAS test at the Center for Alternative Studies and Educational Testing. However, students may only take the test two (2) times per academic year (July 2012 – June 2013) for admission to NSCC nursing or allied health programs, regardless of the program to which they are applying.

SCHEDULE – The TEAS test is offered on a regular basis in Lynn and Danvers. To access the schedule go to www.atitesting.com. Click ‘Register for the TEAS’ then select Massachusetts and either Lynn or Danvers to see the dates and times available. Space is limited and students are scheduled on a first come-first serve basis. See “Registering and Paying for the Test” for more information.
REGISTERING and PAYING FOR THE TEST
Space is limited. It is recommended that applicants for the Fall Semester of 2013 prepare for the exam early and register to take the test as soon as they feel prepared. Registration and payment for the TEAS test are done online. **To view available testing dates, register and pay:**

- Go to [www.atitesting.com](http://www.atitesting.com).
- Click on the “Register for TEAS” link.
- Choose Massachusetts and then either Lynn or Danvers to choose a date for North Shore Community College’s testing.
- If you have an existing account, log-in to register and pay.
- If you don’t have an existing account, create an ATI account with a username and password. Once you have created your account, you will need to sign in again to register and pay for the test.
- Credit card payment is due online at the time of registration. The fee is $60 per test.
- **Payment is NON REFUNDABLE** so be sure that you have read the admissions packet thoroughly and that you are ready to test on the date scheduled.
- You will receive an email confirmation of your testing appointment. **You will need your ATI Username and Password on the date of testing.**
- Students may reschedule up to 48 hours prior to their scheduled session. Rescheduling must be done through ATI at 800-667-7531.

If you need help registering for the TEAS, call ATI at 1-800-667-7531.

PREPARATION for TEAS Version 5.0
**Students are strongly encouraged to prepare for this exam.** The ATI Study Manual is available in the reference section of the NSCC libraries, for sale at the NSCC College Bookstores or online at [www.atitesting.com](http://www.atitesting.com). An online practice test is available for a fee from the ATI website (atitesting.com). NSCC also offers non-credit prep courses for the TEAS test. For more information, consult the college website or call Corporate and Community Ed at (978) 236-1200.

ADMISSION TO THE TEST
Report to ROOM LE232 (Lynn) or ROOM DB213 (Danvers) fifteen minutes before the start time of the test. **Students arriving late will not be admitted to the testing session and must pay the $60 testing fee to reschedule.**

The following are required for admission to your TEAS testing session:

- A photo ID (valid driver’s license or school ID with photo)
- Your ATI username and password

SCORING
Students receive their individual TEAS score reports immediately upon completion of the exam. Students can also access their score reports by logging into [www.atitesting.com](http://www.atitesting.com). The test administrator will send student’s scores to the Enrollment Office at NSCC for the student’s file. However, students must also submit a copy of the scores with their completed application packet.

RETEST POLICY
Applicants to health programs may take the test a total of two (2) times per academic year (July 1, 2012 – June 30, 2013), therefore should not take the test unless properly prepared. See Preparation above for more information. If a student takes the test a third time, the Admissions office will deem these scores invalid and testing fees will not be refunded.

CONFIDENTIALITY
The Center for Alternative Studies and Educational Testing will not provide information to any external sources regarding an individual’s test scores unless written permission is received from the student. This policy is in accordance with the student confidentiality policy of North Shore Community College.

ACCOMMODATIONS
Students with documented disabilities should contact Jane Saunders (978-739-5429 or email jsaunder@northshore.edu) prior to registering for the test.

ACADEMIC DISHONESTY
The use of calculators, dictionaries or other aids is not permitted on the TEAS test. Other rules are posted throughout the Testing Center. Students who fail to comply with these rules face disciplinary action according to NSCC student guidelines. Disciplinary action may include: forfeited test scores, ineligibility for refunds, and the student may be deemed permanently ineligible for services of the testing center.
MANDATORY INFORMATION SESSIONS
FOR APPLICANTS TO THE
PHYSICAL THERAPIST ASSISTANT PROGRAM

Applicants to the Physical Therapist Assistant Program are required to attend one session with the department chair. Please come to learn more about the admissions process and the program. Ask your questions and bring along a copy of this admission packet. The information session should enable you to make a more informed decision about the Physical Therapist Assistant Program.

All sessions will be held at the
Health Professions and Student Services Building
Room DH306
Danvers Campus
1 Ferncroft Road, Danvers, MA
From 10:30-11:30AM

Wednesday, February 20, 2013
Wednesday, March 13, 2013
Wednesday, April 17, 2013

with M.Meng, Program Director/Dept. Chair
(978) 762- 4165
mmeng@northshore.edu

*Attendees must be present for the entire session to receive credit towards their application