

# Kankakee Community College Physical Therapist Assistant (PTA) Student Eligibility Worksheet

NAME: \_\_\_\_\_ Student ID#: \_\_\_\_\_

<b>Final HESI A2 Testing Deadline</b>	<b>Program Start Date</b>
<b>July 1, 2025</b>	<b>Fall 2025</b>
<i>*Students must complete a program application with a Health Careers Advisor to be eligible to complete the HESI A2 exam.</i>	

Resident of KCC District 520  Yes  No / If no, is there a cooperative agreement available  Yes  No  
(IVCC, DACC, Kishwaukee, CLC, SSC, JJC)

**OFFICE OF ADMISSIONS AND REGISTRATION REQUIREMENTS:**

- KCC application for admission
- Verify residency in the Admissions office
- Official high school transcript or GED *ONLY IF* student is planning to utilize financial aid
- Official transcripts from colleges in which you are intending to use previously completed credit for eligibility/degree requirements.
- 10 hours of observation in at least two (2) different settings; including five (5) hours in an inpatient setting OR 200 hours of work experience in a physical therapy setting. Must be submitted on KCC's Physical Therapy Observation/Volunteer or Work Verification form.

**ACADEMIC ELIGIBILITY REQUIREMENTS:**

Requirements must be in progress before an applicant is allowed to take the HESI A2 and complete before program start. All coursework (high school and college) final grades must be a "C" or higher.

**MEET REQUIREMENTS BY FULFILLING ONE IN EACH CATEGORY:**

**MATH**

- MATH 1414, MATH 0985, or higher
- One year high school algebra
- 2.8 high school GPA with senior math\*\*
- ACT Math  $\geq 22$  or SAT  $\geq 530$  \*\*
- ALEKS  $\geq 30$ \*\*

**ANATOMY & PHYSIOLOGY**

- One year high school anatomy & physiology
- BIOL 1564- Intro to A&P
- BIOL 2644- Anatomy & Physiology I

**READING**

- ENGL 1613
- ACT English or Reading  $\geq 19$ \*\*
- SAT Verbal/Reading  $\geq 480$ \*\*
- ACCUPLACER NextGen  $\geq 250$ \*\*
- High school GPA of 2.7 \*\*

**GPA**

- 2.5 or higher KCC grade point average \_\_\_\_\_ Co-op GPA \_\_\_\_\_ (if applicable)**  
(or all gen eds completed)

\*In progress coursework must be confirmed via Colleague / (un)official transcript with current semester

\*\* Must be within the last 2 years

**GENERAL EDUCATION REQUIREMENTS:**

*It is not mandatory* that the courses listed below are completed before a student applies; *it is highly recommended* that they are completed before a student begins their program. Courses must be completed with a grade of C or better.

- \* **ENGL 1613** *English I*                       \*\* **BIOL 2644** *Anatomy & Physiology I*                       **PSYC 1813** *Intro to Psychology*
- COMM 1553** *Intro to Speech*                       **BIOL 2654** *Anatomy & Physiology II*

**\*Must be taken prior to or concurrent with 1<sup>ST</sup> summer semester in the program.**

**\*\*Must be taken prior to or concurrent with 1<sup>ST</sup> fall semester in the program.**

Fall \_\_\_\_\_ (Aug – Dec)

Spring \_\_\_\_\_ (Jan – May)

Summer \_\_\_\_\_ (Jun – Jul)


Fall \_\_\_\_\_ (Aug – Dec)

Spring \_\_\_\_\_ (Jan – May)

Summer \_\_\_\_\_ (Jun – Jul)


- Apply to the program (with advisor)
- Take HESI A2 Exam by deadline

Fall \_\_\_\_\_  
 PHTA 1101  
 PHTA 1103  
 PHTA 1115  
 PHTA 1172

Spring \_\_\_\_\_  
 PHTA 1133  
 PHTA 1243  
 PHTA 1203  
 PHTA 1272

Summer \_\_\_\_\_  
 PHTA 2001  
 PHTA 2053

Fall \_\_\_\_\_  
 PHTA 2145  
 PHTA 2156  
 PHTA 2185

Spring \_\_\_\_\_  
 PHTA 2293  
 PHTA 2224  
 PHTA 2234  
 PHTA 2201

GRADUATE May \_\_\_\_\_

**NOTES:**

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Please review policies and deadlines as well as KCC’s non-discrimination statement at: <http://www.kcc.edu/HCCapply>

**Kankakee Community College**  
**Physical Therapy Observation/Volunteer or Work Verification**  
 PHYSICAL THERAPIST ASSISTANT PROGRAM  
 100 College Drive • Kankakee, IL 60901-6505

Applicant name (please print) Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

KCC ID no. (if applicable): \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicants to the Physical Therapist Assistant program at KCC must complete ten (10) documented hours of observation/volunteer time in physical therapy or 200 hours work in a physical therapy setting. Observation/volunteer experience must occur in at least two different settings, including two (2) hours in an inpatient/acute setting. The supervisor must be a licensed physical therapist or physical therapist assistant. Facility orientation or other requirements that may be mandatory to observe/volunteer/work should not be included in the hours submitted on this form. Hours may be completed at more than one facility. Submit this verification form by the application deadline.

**Note to the applicant:** Health care organizations and physical therapy clinics are not obligated to allow you to complete observation hours. Their willingness to offer these opportunities demonstrates a commitment to the physical therapy profession and an investment in future clinicians. Although you are otherwise NOT affiliated with KCC's PTA program, should you be accepted to KCC's PTA program, these facilities are potential clinical sites and employers. When you complete observation hours to be eligible for KCC's PTA program, you are a guest in the facility and are expected to demonstrate professionalism in dress, behavior, and attitude during ALL observation experiences. Wear dress casual (no jeans, unkempt or immodest clothes, or sandals), maximize your observation experience by being engaged (no cell phones or electronics), and be on time. Communicate the expectations to the facility and provide this form to the necessary individuals to complete and submit to KCC. If observation/volunteer or work experience occurs in multiple facilities, complete one form per facility. The information provided is subject to verification. It is your responsibility to ensure all documentation is submitted and your application is complete.

**To be completed by the supervisor of the physical therapy observation/volunteer or work experience.**

Name of facility: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ Phone: \_\_\_\_\_

**Type of setting and hours**

<p><b>Inpatient setting</b> (check all that apply): _____ hours</p> <p><input type="checkbox"/> Acute care</p> <p><input type="checkbox"/> Rehab/Subacute rehab</p> <p><input type="checkbox"/> Extended care/Nursing home/Skilled Nursing Facility</p> <p><input type="checkbox"/> Other (please specify): _____</p>	<p><b>Outpatient setting</b> (check all that apply): _____ hours</p> <p><input type="checkbox"/> Outpatient clinic/private practice</p> <p><input type="checkbox"/> Hospital-based outpatient</p> <p><input type="checkbox"/> Other (please specify): _____</p> <p><b>Specialty settings</b> (check all that apply): _____ hours</p> <p><input type="checkbox"/> Home Health                      <input type="checkbox"/> Industrial/Workplace/Occupational</p> <p><input type="checkbox"/> School/Preschool                      <input type="checkbox"/> Wellness/Prevention/Sports/Fitness</p> <p><input type="checkbox"/> Other (please specify): _____</p>
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**Observation/volunteer experience verification of hours:**

Total observation/volunteer hours at above noted facility: \_\_\_\_\_ hrs. during the period of \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

month / year                      month / year

Name of therapist/credentials (Please print): \_\_\_\_\_ License (state/number): \_\_\_\_\_

**Work experience verification of hours:**

Applicant worked a minimum of 200 hours at the above noted facility/setting from the dates of: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

month / year                      month / year

Name of supervisor completing form (Please print): \_\_\_\_\_ Title: \_\_\_\_\_

**Professional and Interpersonal Behavior Rating Scale:**

Provide feedback on the applicant's professional and interpersonal behavior based on your experience/knowledge of the applicant.

- |                             |   |   |                                       |
|-----------------------------|---|---|---------------------------------------|
| Attendance and punctuality: | <input type="checkbox"/> Exceeds expectations | <input type="checkbox"/> Meets expectations | <input type="checkbox"/> Unacceptable |
| Attitude:                   | <input type="checkbox"/> Exceeds expectations | <input type="checkbox"/> Meets expectations | <input type="checkbox"/> Unacceptable |
| Initiative:                 | <input type="checkbox"/> Exceeds expectations | <input type="checkbox"/> Meets expectations | <input type="checkbox"/> Unacceptable |
| Professional appearance:    | <input type="checkbox"/> Exceeds expectations | <input type="checkbox"/> Meets expectations | <input type="checkbox"/> Unacceptable |

**Signature verifies accuracy of the information provided.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit this form directly to a Health Careers Advisor at KCC.

Fax to: 815-802-8101. Mail to: Kankakee Community College, Student Services, Health Careers Advisor, 100 College Drive, Kankakee, IL 60901