



**Kapi'olani Community College
PHYSICAL THERAPIST ASSISTANT PROGRAM APPLICATION**

Application Period: April 1 – May 31

APPLICATION SUBMISSION PROCEDURES

Directions: Submit this program application and all required documents to the Health Careers Counseling Center via UH File Drop by the posted deadline. *We will not be accepting in-person applications.*

To use UH file drop follow the directions below:

1. Scan application and all supporting documents
 - a. If you do not have access to a scanner, use a free smartphone app like *Scannable* or *Scanner Pro* or *Cam Scanner*. Save your application and all supporting documents in PDF format.
2. From any web browser, go to <https://www.hawaii.edu/filedrop>
3. Log in as a UH User or Non-UH user (Non-UH Users will be sent a verification email, click on the link in the email)
 - a. In the recipient field, type: hlthsci@hawaii.edu
 - b. Click in the drop down menu in the expiration timer, change it to 14 days
 - c. In the “Optional Message” field, enter FULL NAME and the PROGRAM you are applying to
 - d. After you’ve completed the Recipient field, extended the expiration timer, typed in the Optional Message, click Proceed.
 - e. Click the Choose File button to browse for your application and supporting documents.
 - i. If you upload your documents in different files (i.e. application, transcripts, etc), please write a description of the file in the Description box.
 - f. Click the Start Upload button.
 - g. You will be redirected to a confirmation page with the link to your uploaded file. You’re finished.

Please contact us at hlthsci@hawaii.edu or 808-734-9224 if you have any questions or need assistance with these application submission procedures.



Kapi'olani Community College
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Application Period: April 1 – May 31

Directions: Please complete each item by typing directly into the fields or neatly printing on a hardcopy, and submit this application with all required documents to the Health Careers Counseling Center via [UH File Drop](#) **by the posted deadline**. If the application deadline falls on a weekend or recognized holiday, applications will be accepted on the following business day.

<u>APPLICANT INFORMATION</u>		Indicate Application Semester/Year: _____ (ie. Fall 2021)	
Name:	Last Name _____ First Name _____ M.I. _____		UH Number/Username _____
Mailing Address:	Street / POB _____ City _____ State _____ Zip Code _____		
Phone:	Cell _____ Home _____		
UH SYSTEM Email Address: _____			
List other name(s) used on documents: _____ (Notify the KCC Kekaulike Information & Service Center regarding other names used on college documents.)			

APPLICATION CHECKLIST

- Attend a mandatory PTA Program Information Session within one year prior to the closing of the application period.**
Date Attended: _____ (Month / Day / Year)
- Complete the online UH System Application to Kapi'olani Community College** if you are not currently enrolled at any UH System institution during the semester you submit your application.
(<http://apply.hawaii.edu>)
- Complete prerequisite courses** with a "C" grade or higher by the application deadline.
- Please indicate previous degree(s) earned** (5 points awarded for completion of any degree; attach proof of degree)
Associate Degree Bachelor's Degree Master's Degree Doctoral Degree
- Attach college transcripts for courses completed within the University of Hawai'i System if applicable.** Print out and submit unofficial transcripts for all course work *WITHIN* the UH System and highlight all prerequisite/qualification courses. Download UH system transcripts from STAR (star.hawaii.edu/).
- Attach college transcripts for courses completed outside of the University of Hawai'i System if applicable.** If transferring courses from institutions outside the UH System, please list the institution and when your transcript was requested:

• Institution: _____ Transcript Request Date: _____
• Institution: _____ Transcript Request Date: _____
• Institution: _____ Transcript Request Date: _____



My external transcripts have been evaluated by KCC. *Attach your transfer course report from STAR (star.hawaii.edu/) and highlight all qualification courses.*

My external transcripts have not been evaluated by KCC. Submit unofficial copies with this application, send official copies to the KCC Kekaulike Information & Service Center, complete online **Request for Transcript Evaluation Form** (<https://go.hawaii.edu/y6x>). To complete this form, you must log in with your UH Email account.

7. **Clinical Observation Hours.** Original reference sheet of the minimum 16 hours of volunteer or work or experience in a Physical Therapy Clinic must be attached to this application. Observation hours are valid for two years from the date of completion of observation experience.
8. **Letter of Recommendation:** Applicants must submit a letter of recommendation from an individual related to your work, volunteer, and/or educational experiences in the health pathway. Letters must include the recommender's signature, contact phone number and/or email. *Letters of recommendation must be received by the application deadline. Send letters by email to the PTA Program Director Bennett Zazzera at bzazzera@hawaii.edu.* The letter of recommendation is worth a total of 10 points.
9. **"My Plan Initiative."** Complete self assessments for your program/career pathway.

APPLICANT CERTIFICATIONS:

I certify that the answers and responses provided for all of the items on this Admissions Application are true to the best of my knowledge. I understand that providing incorrect or false information will subject me to the requirements and/or discipline measures as provided under the University's Student Conduct Code. I understand that if I am not accepted into the program of application, I must submit a new application and all required documents for any subsequent semester. I also allow KISC to change my major and home institution if I am accepted into the PTA program. I understand that if I am not accepted into the PTA program, my home institution and major will not change.

"Health care students are required to complete University prescribed academic requirements that involve practice in a University affiliated health care facility setting with no substitution allowable for the completion required clinical practice. Failure of a student to complete the prescribed clinical practices shall be deemed as not satisfying academic program requirements. It is the responsibility of the student to satisfactorily complete any background checks and drug testing that may be required by the affiliated health care facility to which he/she is assigned for clinical practice in accordance with procedures and timelines as prescribed by that affiliated health care facility."

I have read and understand the notification that a background check and drug test may be required for entry into clinical practice. I also understand that clinical practice is required for completion of this program. _____ (please initial)

I understand that priority selection is given to [Hawai'i State residents for tuition purposes](#) and that non-residents will be considered after all qualified residents have been accommodated per Board of Regents Policy. _____ (please initial)

I have completed, attached, and submitted all necessary application documents and prerequisites at the time of this application. I understand the selection is based on a **Best Qualified, First Accepted** basis.

Print Name _____ Signature _____ Date _____



EXAMPLE of how to complete the application:

↓ These are the requirements ↓	↓ Tell us what class you took to meet each requirement ↓					↓ Circle Points ↓
	Course Alpha	Credits	Term of Completion	Institution Name	Grade	Points
PHYSICAL THERAPIST ASSISTANT PREREQUISITES						A B C ↓ ↓ ↓
ENG 100 Composition I (3) – Composition I	ENG 101	3.0	Fall 2009	Monster University	A	15 5 0



CRITERION FOR ACCEPTANCE:

Qualification is based on a rating system for grades of completed prerequisite courses and observation reference points.

Selection is based on total qualifying scores in rank order from the highest until admission quota is met.

Students must circle the points based on the grade achieved for that course.

Prerequisite Courses OR Equivalent course title from another institution	Course Alpha	Term of Completion	Institution	Credits	Grade	Points		
						A	B	C
ENG 100 (3) Composition I						5	3	1
MATH 103 (3) Fundamentals of College Algebra OR higher.						5	3	1
*PHYL 141 (3) Human Anatomy & Physiology I						10	6	2
*PHYL 141L (1) Human Anatomy & Physiology I Lab						5	3	1
*PHYL 142 (3) Human Anatomy & Physiology II						10	6	2
*PHYL 142L (1) Human Anatomy & Physiology II Lab						5	3	1
SP 181 (3) Interpersonal Communication						5	3	1
HDFS 230 (3) Human Growth & Development						5	3	1
A. S. Humanities (3) (100 Level or higher)						5	3	1
HLTH 125 (1) Survey of Medical Terminology						5	3	1
*HLTH 290 (2) Kinesiology						10	6	2
*HLTH 290L (1) Kinesiology Lab						10	6	2
PTA 101 (1) Professional Issues I: Intro to Physical Therapy						5	3	1

***Courses only valid for 5 years**

Application Summary: For office use only		Prerequisite Course Score: _____/85
Date Received: _____	KCC GPA: _____	Reference Score: _____/10
HI Resident: Y N	Counselor's Initials: _____	Degree Completion: _____/5
Application Complete: _____		TOTAL Application Score: _____/100

Kapi'olani Community College, Health Sciences and Emergency Medical Services Departments
4303 Diamond Head Road, Kauila 106 ♦ Honolulu, Hawai'i 96816-4421 ♦ Telephone: (808) 734-9224

Website: www.kapiolani.hawaii.edu
An [Equal Opportunity/Affirmative Action](#) Institution



Kapi'olani Community College
MY PLAN
Self – Assessment

The purpose of the My Plan Self-Assessment is a counseling tool for prospective healthcare majors to identify and better understand your career pathway including your strengths and areas of focus. Working in healthcare requires a combination of academic and professional knowledge and skills and a commitment to public service. As you plan, find ways to make your strengths shine and to improve your weaker areas. Please complete areas of this self-assessment by marking the boxes. All response are voluntary. Consider discussing your self-assessment with a counselor/advisor to understanding how they support your academic and career goals.

Knowledge of the Profession	Below Expectations	Meets Expectations	Exceeds Expectations
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Identified career goals in my health pathway
Identified career alternatives in my health pathway
Relevant experience – by volunteer experiences
Relevant experience – by servicing learning experiences
Relevant public service – by paid work experiences
Understand “professional qualities” of health pathway(s)
Understanding of current healthcare issues
Comfort with bodily fluids or personal patient care
Comfort with illness
Comfort with injury
Comfort with death
Comfort with physical contact with people
Ability to multitask and adapt to change
Ability to accept constructive feedback
Ability to handle occupational crises, challenges or problems
Ability to move forward to achieve the goals and outcomes
Ability to follow safety guidelines and standards of practice

Personal Characteristics	Below Expectations	Meets Expectations	Exceeds Expectations
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Demonstrate commitment to public service
Demonstrate empathy/altruism
Demonstrate moral/ethical integrity
Demonstrate emotional maturity
Demonstrate good interpersonal relationships
Accept responsibility
Ability to work independently to achieve the goal/task
Collaborate and teamwork to achieve the goal/task
Accept and demonstrate leadership
Be dedicated/hard-working healthcare practitioner
Committed to life-long learning



Kapi'olani Community College
MY PLAN
Self-Assessment

Academic Strength	Below Expectations	Meets Expectations	Exceeds Expectations
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+Completed prerequisites of health program of study
+Completed support courses of health program of study
Achieved minimum cumulative GPA for program entry
Achieved prerequisite course GPA for your program entry
Effective verbal and nonverbal communication skills
Ability to utilize technology effectively for learning

Established Support Systems to Succeed in Health Pathway Program	Below Expectations	Meets Expectations	Exceeds Expectations
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Established support for transportation to externships
Established support for financial assistance prior to entry
Established support for nonacademic responsibilities
Established support for personal and time management skills
Established support for continuous professional learning
Established opportunities to balance personal, family, & school
Established support for campus and community resources

+As required for program entry and graduation or meet other requirements as directed for program admissions.

The University of Hawai'i does not discriminate on the basis of race, sex, age, color, national origin, or disability. For inquiries regarding our nondiscrimination policies, please contact the Kapiolani Community College designees:

Deneen Kawamoto, ADA Coordinator for Students Office: 'Ilima 107
(808) 734-9522; deneenk@hawaii.edu

UHCC offers Career and Technical Education (CTE) Programs of Study leading to Associate of Science (AS) and Associate of Applied Science (AAS) degrees, as well as postsecondary certificates, in career fields such as arts and communications, business, health careers, industrial and engineering technology, natural resources, and public and human services.

For more information, visit our website at uhcc.hawaii.edu.

UHCC applies an open access policy, with program admission based upon the completion of applicable course/testing prerequisites. The lack of English skills will not be a barrier to admission and participation in CTE programs.