

**Physical Therapist Assistant** 

# Portfolio

1400 Tanyard Road, Sewell, NJ 08080 | RCSJ.edu

#### **Portfolio Deadline**

Portfolios Will Be Accepted: September 3, 2024 — November 1, 2024

Portfolio Deadline: Friday, November 1, 2024 at 5 p.m.

All Admissions Decisions Sent on or about: Friday, November 22, 2024

All admissions decisions will be sent to the **student's RCSJ Gloucester email address**. Applicants should ensure they have access to this email account **prior** to submission of portfolio. **All admissions decisions are final**.

To confirm acceptance, a \$100 non-refundable tuition deposit and evidence of a complete criminal history background check (CHBC) and urine drug screen will be due within two weeks after the notification date. The offer of acceptance will be rescinded if the deposit, CHBC and urine drug screen are not received by the due date.

#### **How to Submit Your Complete Portfolio**

All applicants to the Physical Therapist Assistant program must review the 2025 Physical Therapist Assistant admissions handbook **before** completing the Portfolio. The Admissions Handbook contains all current policies and procedures for submitting a complete portfolio.

Complete PTA portfolios may be submitted at any time from September 3, 2024 through November 1, 2024 at 5 p.m. Complete portfolios can be submitted either in-person at the Gloucester Campus admissions office or by mail. Electronic submissions of portfolios are not accepted.

Once submitted, the portfolio is a final document and property of the College. Students cannot add, edit, or remove documentation from their portfolio after submission. Portfolios will not be reviewed by RCSJ Staf f for completion prior to submission.

Compile all required documentation and secure in a large manila envelope. Do not use file folders, binders, folders with sheet protectors, or mailing envelopes. Your portfolio should be able to be sealed with all documents inside. Manila envelopes can be found at most stationery stores, wholesale retailers (ex. Walmart or Target), and post offices.

## Write the following on the front of the manila envelope:

- · Student's Name
- RCSJ Student ID number
- 2025 PTA Portfolio
- Gloucester Campus

## If mailing your portfolio, please use the address below:

Rowan College South Jersey Admissions Office ATTN: Selective Admissions Portfolio 1400 Tanyard Road, Sewell, NJ 08080

Please allow extra time for mailed portfolios to be received!

Applicants should contact Selective Admissions at Gloucester Campus with any questions on whether a document needs to be included **prior** to submission of their PTA portfolio.

1		Obs. Joseph ID II.
Last Name:	First Name:	Student ID#:

## **2025 Physical Therapist Assistant Portfolio Checklist**

Complete the following sections and include each document in your large manila envelope. Check each box as you include the document. The order of the portfolio should match the order of the checklist. **Do not** staple, paper clip, or binder clip pages together. Please type or print clearly. **Use blue or black ink if handwriting application**.

Part I: Require	ed Forms: be completed and signed (where necessary) by the applicant before submission.
	rtfolio Checklist
_	sical Therapist Assistant Application
_ ,	Admission Completion Form – signed by both admissions and applicant
_	sical Therapist Assistant Portfolio Submission Agreement
2025 Phy	vsical Therapist Assistant Information Session Proof of Attendance
☐ 2025 Phy	sical Therapist Assistant Admissions Ranking Scoresheet
☐ Observat	ion Hours Form (Must include a business card or letter on company letterhead for each PT/PTA observed)
Part II: Requir	red Transcripts and Score Reports:
Official H	IESI a2 Exam Score Report  n sealed envelope from Testing Center. Unofficial scores printed by the student are NOT acceptable.
Print dired  N/A  Official C  Write the	I RCSJ Transcript ctly from your RCSJ student portal.  I have never generated an academic record/taken a class at RCSJ. No transcript included.  college Transcripts name of each college where you generated an academic record and include an official transcript for each. clude RCSJ on this list.
_ 	
П ——	
— Print dire∈ □ N/A -	ligh School Transcript  ctly from your RCSJ student portal.  My high school transcript is on file with the admissions office AND I am using college level lab science(salgebra course for admission ranking. No high school transcript included.
	on of Instruction Method Form, provided for:
<del></del>	omy & Physiology I
☐ Anato	omy & Physiology II
Both	A&PI and A&PII are from RCSJ – Verification of Instruction Method Form not included
	e not taken college level Anatomy I and Anatomy II that are equivalent to RCSJ courses – Verification of action Method Form not included

Last Name:	First Name:	Student ID#:
Edot Harrio:	THE THAT IS	Ottadont ID III

## 2025 Physical Therapist Assistant Application

This application is **not** the same as your general admissions application. Please type or print clearly. **Use blue or black ink if handwriting application.** 

Applicant Information:			
RCSJ Student ID #			
Legal Last Name:		First Name:	
Maiden Name (if applicable):		Middle Initial:	
Date of Birth:/	_/	Sex: Male Fen	nale
RCSJ Email Address:			
Address:			
City:		State: ZIP Co	de: County:
Primary Phone Number: ()		Cell Phone  Hor	me Phone
		Can leave a messa	ge/text Don't leave a message/tex
Alternate Phone Number: (	)	Cell Phone Hor	me Phone 🔲 Work Phone
		Can leave a messa	ge/text 🔲 Don't leave a message/tex
Please list below all high schools This section needs to match the Name of Institution:			rersities attended, <b>including RCSJ.</b> Student's current RCSJ file.  Degree Received:
High School	City/State	Month/Year	
Vocational/Technical School	City/State	Month/Year	
	0: (0)	M - 1 0/	
College/University	City/State	Month/Year	

The Board of Trustees is committed to providing a work and academic environment that maintains and promotes affirmative action and equal opportunity for all employees and students without discrimination on the basis of certain enumerated and protected categories. These categories are race, creed (religion), color, national origin, nationality, ancestry, age, sex (including pregnancy and sexual harassment), marital status, domestic partnership or civil union status, affectional or sexual orientation, gender identity or expression, atypical hereditary cellular or blood trait, genetic information, liability for military service, or mental or physical disability, including AIDS and HIV-related illnesses. For questions concerning discrimination, contact Almarie J. Jones-Gloucester Campus, Associate Vice President, Diversity and Equity, Title IX and Compliance at 856-415-2154 or ajones@rcsj.edu; Nathaniel Alridge Jr, J.D.-Cumberland Campus, Director, Diversity and Equity, Title IX, and Judicial Affairs at 856-498-9948 or nalridge@rcsj.edu. For disabilities, contact Carol Weinhardt-Gloucester Campus, Director Department of Special Services, ADAAA/504 Officer at 856-415-2247 or cweinhar@rcsj.edu, Meredith Vicente-Cumberland Campus, Senior Director, Accessibility and Support Services 856-200-4688 or mvicentt@rcsj.edu.

Last Name:	First Name:	Student ID#:
Edot Harrio:	THE THAT IS	Ottadont ID III

## **RCSJ General Admission Completion Form**

#### **Directions:**

- 1. Complete information requested in the Student Section (name, ID number, signature, and date.)
- 2. Request an Admissions Office Staff Member to review your form in either of the following ways:
  - a. In-person at Gloucester Campus admissions office window. No appointment necessary!
  - b. Scan the form and send it via email: SelectiveAdmissions@rcsj.edu
- 3. Admissions Office Staff will review, sign, and note successful completion with a colorful checkmark across the form.
- 4. Include completed form with checkmark in portfolio. Requests made after the November 1, 2024 deadline will not be honored.

<b>Student Section:</b>		
Student Name:		RCSJ Student ID #:
I am submitting a portfolio	for the <b>2025 Physical Therapist</b>	Assistant Program at the Gloucester Campus.
	ffice to verify my general admissic I college level placement in readin	on application (including application, high school g, writing, and math) is complete.
I acknowledge that only <b>af</b> in the portfolio.	t <b>er</b> an Admissions Office Staff Me	ember signs this form it will be ready to be enclosed
	s that I, the applicant to the progr on requirements <b>before</b> submittir	ram named above, am solely responsible for ensuring a portfolio.
Student Signature:		Date:
RCSJ Admissions Office	Section: DO NOT COMPLET	E – For Admissions Office Staff ONLY
designated in Applic  Yes  2. High School Comple  Preliminary  Official high  Home scho  GED  Applicant is  3. RCSJ Placement Te	eant Section.  No  etion Credentials: high school transcript (send final association) school transcript ool transcript s missing high school completion est Status: This applicant satisfied	credentials. I the RCSJ placement test or received a testing
		be satisfied to submit a portfolio):
Reading	Writing	Math
Yes:	Yes:	Yes:
☐ No:	No:	No:
Admissions Office Staff Me	ember:	Date:

Last Name:	First Name:	Student ID#:

## **Portfolio Submission Agreement**

#### Please read the following statements carefully

rease read the removing sta	comonto carerany
☐ I reviewed the PTA Admission Handbook posted on the Selective I understand the contents of the document and adhere to all regulacknowledge and understand I am solely responsible for following Admissions process.	ations, policies, and procedures contained within.
I understand admission to the PTA program is not guaranteed, ev requirements.	en if I meet or exceed all admissions ranking
I certify that all documents and information provided by me are trinformation may result in actions including, but not limited to, disc admission programs. In addition, I realize my acceptance may be honesty, integrity, maturity or ethical character.	sipline, dismissal or denial of application to all selective
☐ I further understand that once I submit this portfolio to the RCSJ of the College. I understand failure to include any required docum be ineligible for admission to the 2025 PTA Program. This include	entation will result in an incomplete portfolio and I will
The Buckley Amendment (Privacy Act) requires student permission added to the student's academic record. I grant permission to the and change my major course of study, should I be accepted to the	College to transfer any applicable courses
<ul> <li>I understand I am solely responsible for the contents and comple I understand and agree to the statements above.</li> </ul>	ion of this portfolio. My signature below confirms
Print Name:	
Signature:	
RCSJ Student ID Number: D	ate:

2025 Physical Therapist	Assistant Adr	nission Ranking Scoresheet
30% — HESI a2 Exam — Academic Section Include official score report from the Testing C minimum required score in ALL areas to be correquirement — do not mix and match your best	enter where you took the nsidered eligible. Applica	ants may only use one attempt for the admissions
Date of Exam:	Campus: 🗌 G	loucester Cumberland
Academic Section	Applicant Score	Minimum Requirement
Anatomy & Physiology		70.00%
Vocabulary & General Knowledge		80.00%
Grammar		80.00%
Math		80.00%
Reading Comprehension		80.00%
10% — HESI a2 Exam – Critical Thinking S	Section	·
Section	Applicant Score	Minimum Requirement
Critical Thinking		700 Overall
Option I: Anatomy & Physiology I College level only, equivalent to BIO 105 ( A&P courses taken at another college req		ction Method form in the portfolio.
Course Name:	Schoo	l/College:
Semester/Year Taken (ex: Fall 2023):	Final L	etter Grade:
Option II: Anatomy & Physiology II College level only, equivalent to BIO 106 ( A&P courses taken at another college req		ction Method form in the portfolio
Course Name:	Schoo	l/College:
Semester/Year Taken (ex: Fall 2023):	Final L	etter Grade:
10% — College Geometry Requirement Must be equivalent to MAT 115, with a final let transcripts included in the portfolio.	ter grade of a "C+" or hig	her.All letter grades will be verified on the official
Option I: College Geometry College level only, equivalent to MAT 115	(Gloucester). No mid-terr	m grades accepted
Course Name:	School	l/College:
Semester/Year Taken (ex: Fall 2023):	Final L	etter Grade:

Last Name: \_\_\_\_\_\_ First Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

_ast Name:		First Name:			Stude	ent ID#: _		
	Non-Ra	anking Aca	de	emic Requ	irer	nent	S	
These requirements of make a complete p		ute to overall adn	nissi	ons ranking for	the Pi	ΓA prog	ram but are	required
Required Pre-Requis Please complete the for the PTA Program.	following form			•		•		
Required Prerequisite Course	Course Code (ex. ENG 101)	Course Name (ex. English Compos I)	ition	College Nam (where you comp the course)	leted	Yea	ester and ar Taken oring 2024)	Final Letter Grade
English Composition I ("C" or better)								
Anatomy & Physiology I ("C+" or better)								
College Geometry ("C+" or better)								
These courses can line end of the Fall 20.  Required Course	. •	Course Name (ex. English Composition I)		College Name ere you completed the course)	Semes Year (ex.	ster and Taken Spring	In Progress? (Yes or No)	Final Letter Grade (If in -progress, write "IP")
English Composition II								
Anatomy & Physiology II								
General Psychology								
Cumulative GPA Veri Must be a 2.30 or hig GPA is calculated to Cumulative GPA: College of current or	her from scho	digit.					ING accepte	ed.

#### 2025 RCSJ PTA Observation Documentation

REMINDER: Attach a business card or note on company letterhead for each PT/PTA you observed. Failure to attach a business card may result in unverifiable observa-Signature of Supervising PT or PTA and license # License: 1234567890 Signature authenticity and I realize that falsification of information will result in my application to the PTA Program being withdrawn for consideration. icense #: icense #: icense #: License #: License #: License #: License #: certify that the hours listed above were fulfilled by me. I understand that the PTA Admission Committee may verify this document for Signature: Signature: Signature: Signature: Signature: Signature: Signature: Student ID#: Inpatient or Outpatient? Outpatient (123) 456-7890 Telephone Number Date: (City, State) Anytown, NJ Location Name of the Facility Physical Therapy, INC. **Total Sites Visited** Hours # of 4 12:00 a.m. End Time **Total Hours Completed** and an incomplete portfolio. Name of Applicant: 8:00 a.m. Applicant Signature: Start Time tion hours Example 04/01/23 Date

2025 PTA Observation Documentation Form

Last Name:	First Name:	Student ID#:
Last Name:	Thourse.	Stadent ID#:

#### **Verification of Instruction Method Form**

#### RCSJ or High School Science Courses - Do Not Include in Portfolio

Nursing and Health Professions programs will only accept, in transfer, Anatomy and Physiology I and II courses that have been completed successfully from a regionally accredited institution. **Acceptable coursework not taken at RCSJ must have equivalent content, lecture, credit hours, face-to-face lab hours** and provide a letter grade.

Applicants taking Anatomy & Physiology I and/or Anatomy & Physiology II at another college must provide documents for Verification of Instruction Method in their portfolio for applicable courses at time of portfolio submission.

For each DMS science course (Anatomy & Physiology I and/or Anatomy & Physiology II) taken **at another college** please have this form completed by the instructor of the course or college registrar. Signed statements must be included in the portfolio, **even if the course is currently in-progress at time of portfolio submission.** 

course Code and Title:  Example: BIO 105, Anatomy & Physiology I) Syllabus Included (if taken at an out-of-state college ame of Institution:  Semester Taken:  Structor Name:  Structor/Registrar Section – to be completed by course instructor, department represent recollege registrar ONLY:  Ilass Format: Online Hybrid Standard Lecture/Lab Format  If hybrid or standard lecture/lab format, please note class meeting times:  Lecture Days: M T W R F Remote Lecture  Lab Days: M T W R F Remote Lab  course was online or hybrid, please complete the statement below:  Verify it was the above-named applicant who completed their course assignments using one or more of the following methods (check all that apply)  All course communication took place through the institution's learning management system
ame of Institution: Semester Taken:
ame of Institution:
Istructor/Registrar Section – to be completed by course instructor, department represent recollege registrar ONLY:  Ilass Format: Online Hybrid Standard Lecture/Lab Format  If hybrid or standard lecture/lab format, please note class meeting times:  Lecture Days: M T W R F Remote Lecture  Lab Days: M T W R F Remote Lab  course was online or hybrid, please complete the statement below:  Verify it was the above-named applicant who completed their course assignments using one or more of the following methods (check all that apply)
Istructor/Registrar Section – to be completed by course instructor, department represent recollege registrar ONLY:  Ilass Format:
Isss Format: Online Hybrid Standard Lecture/Lab Format  If hybrid or standard lecture/lab format, please note class meeting times:  Lecture Days: M T W R F Remote Lecture  Lab Days: M T W R F Remote Lab  course was online or hybrid, please complete the statement below:  Verify it was the above-named applicant who completed their course assignments using one or more of the following methods (check all that apply)
Isss Format: Online Hybrid Standard Lecture/Lab Format  If hybrid or standard lecture/lab format, please note class meeting times:  Lecture Days: M T W R F Remote Lecture  Lab Days: M T W R F Remote Lab  course was online or hybrid, please complete the statement below:  Verify it was the above-named applicant who completed their course assignments using one or more of the following methods (check all that apply)
If hybrid or standard lecture/lab format, please note class meeting times:  Lecture Days: M T W R F Remote Lecture  Lab Days: M T W R F Remote Lab  course was online or hybrid, please complete the statement below:  verify it was the above-named applicant who completed their course assignments using one or more of the following methods (check all that apply)
Lecture Days: M T W R F Remote Lecture Lab Days: M T W R F Remote Lecture Lab Days: M T W R F Remote Lab Remot
Lab Days: M T W R F Remote Lab  course was online or hybrid, please complete the statement below: verify it was the above-named applicant who completed their course assignments using one or more f the following methods (check all that apply)
course was online or hybrid, please complete the statement below: verify it was the above-named applicant who completed their course assignments using one or more f the following methods (check all that apply)
verify it was the above-named applicant who completed their course assignments using one or more f the following methods (check all that apply)
☐ All course communication took place through the institution's learning management system
(Blackboard, Canvas, Sakai, etc.) or through college provided email address.
Applicant submitted photos of lab assignments done at home
Exams were monitored using proctored browser (ProctorU, Respondus, etc.)
Cameras were required to be on during virtual class time
Other: