

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 The offer of acceptance will be rescinded if the deposit, CHBC and urine drug screen are not received by the due date.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.

Last Name:	First Name:	Student ID#:
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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.
	tfolio Checklist
_	sical Therapist Assistant Application
_ ,	Admission Completion Form – signed by both admissions and applicant
_	sical Therapist Assistant Portfolio Submission Agreement
	rsical Therapist Assistant Information Session Proof of Attendance
	nded:
☐ 2025 Phy	sical Therapist Assistant Admissions Ranking Scoresheet
Observati	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	ESI a2 Exam Score Report n sealed envelope from Testing Center. Unofficial scores printed by the student are NOT acceptable.
Print dired	RCSJ Transcript ctly from your RCSJ student portal. I have never generated an academic record/taken a class at RCSJ. No transcript included.
Write the Do not inc	ollege Transcripts name of each college where you generated an academic record and include an official transcript for each. clude RCSJ on this list.
П	
□	
	igh School Transcript ctly from your RCSJ student portal.
□ N/A -	- My high school transcript is on file with the admissions office AND I am using college level lab science(silgebra course for admission ranking. No high school transcript included.
	on of Instruction Method Form, provided for:
☐ Anato	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#:
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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 Work 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
This section needs to match the Name of Institution:	information on the p	Dates Attended:	Degree Received:
High School	City/State	Month/Year	
Vocational/Technical School	City/State	Month/Year	
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, Vice President, Chief Diversity Officer, Diversity and Equity, Title IX and Compliance at 856-415-2154 or ajones@csj.edu; Nathaniel Alridge Jr, J.D.-Cumberland Campus, Executive Director, Threat Assessment Management, Title IX, Diversity and Judicial Affairs at 856-498-9948 or nalridge@crsj.edu. For disabilities, contact Carol Weinhardt-Gloucester Campus, Director Department of Special Services, ADAAA/504 Officer at 856-415-2247 or cweinhar@crsj.edu, Meredith Vicente-Cumberland Campus, Senior Director, Accessibility and Support Services 856-200-4688 or mvicent1@crsj.edu.

Last Name This Name This Name Student ID#	Last Name:	First Name:	Student ID#:
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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.

Student Section:		
Student Name:		RCSJ Student ID #:
I am submitting a portfolio fo	or the 2025 Physical Therapist A	ssistant Program at the Gloucester Campus.
	ce to verify my general admission college level placement in reading,	application (including application, high school writing, and math) is complete.
I acknowledge that only after in the portfolio.	r an Admissions Office Staff Men	nber signs this form it will be ready to be enclosed
	that I, the applicant to the progra requirements before submitting	m named above, am solely responsible for ensuring a portfolio.
Student Signature:		Date:
RCSJ Admissions Office S	Section: DO NOT COMPLETE	- For Admissions Office Staff ONLY
designated in Applican Yes N 2. High School Completi Preliminary h Official high s Home school GED Applicant is r 3. RCSJ Placement Test	on Credentials: igh school transcript (send final content of the school transcript transcript transcript missing high school completion of the school transcript t	redentials. he RCSJ placement test or received a testing
	wing areas (Note: all three must b	
Reading	Writing	Math
☐ Yes:	_ Yes:	Yes:
☐ No:	_ No:	No:
Admissions Office Staff Men	nber:	Date:

Last Name:	First Name:	Student ID#:

Portfolio Submission Agreement

Please read the following statements carefully

riease read the following statements carefully
☐ I reviewed the PTA Admission Handbook posted on the Selective Admissions website before completing my portfolio. I understand the contents of the document and adhere to all regulations, policies, and procedures contained within. I acknowledge and understand I am solely responsible for following the policies and procedures for the Selective Admissions process.
I understand admission to the PTA program is not guaranteed, even if I meet or exceed all admissions ranking requirements.
I certify that all documents and information provided by me are true, accurate and complete. Any misleading or false information may result in actions including, but not limited to, discipline, dismissal or denial of application to all selectiv admission programs. In addition, I realize my acceptance may be revoked if I engage in behavior that questions my honesty, integrity, maturity or ethical character.
☐ I further understand that once I submit this portfolio to the RCSJ Admissions Office, it is a final document and property of the College. I understand failure to include any required documentation will result in an incomplete portfolio and I will be ineligible for admission to the 2025 PTA Program. This includes omission of any college transcript.
☐ The Buckley Amendment (Privacy Act) requires student permission before transferable college courses may be added to the student's academic record. I grant permission to the College to transfer any applicable courses and change my major course of study, should I be accepted to the program.
☐ I understand I am solely responsible for the contents and completion of this portfolio. My signature below confirms I understand and agree to the statements above.
Print Name:
Signature:
RCSJ Student ID Number: Date:

2025 Physical Therapist	Assistant Ad	dmission Ranking Scoreshe	
	Center where you took th Insidered eligible. Applic	the exam in your portfolio. Applicants must meet icants may only use one attempt for the admissior attempts at the exam.	
Date of Exam:	Campus: 🗌	Gloucester Cumberland	
Academic Section	Applicant Score	ore 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	Section	•	
Section	Applicant Scor	ore 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 red		truction Method form in the portfolio.	
Course Name:	School	ool/College:	
Semester/Year Taken (ex: Fall 2023):	Final	ıl Letter Grade:	
Option II: Anatomy & Physiology II College level only, equivalent to BIO 106 (A&P courses taken at another college red		truction Method form in the portfolio	
Course Name:		_ School/College:	
Semester/Year Taken (ex: Fall 2023):		Final Letter Grade:	
10% — College Geometry Requirement Must be equivalent to MAT 115, with a final let transcripts included in the portfolio.	tter grade of a "C+" or hi	nigher.All letter grades will be verified on the officia	
Option I: College Geometry College level only, equivalent to MAT 115	(Gloucester). No mid-te	erm grades accepted	
Course Name:	School	ool/College:	
Semester/Year Taken (ex: Fall 2023):	Final	Il Letter Grade:	

Last Name: ______ First Name: _____ Student ID#: _____

Last Name:		First Name:			Stude	nt ID#: _		
	Non-R	anking Aca	ade	emic Requ	iiren	nent	S	
These requirements to make a complete p		ute to overall adr	nissi	ions ranking for	the P1	A 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)	sition	College Nam (where you comp the course)	leted	Yea	ester and ar Taken pring 2024)	Final Letter Grade
English Composition I ("C" or better)								
Anatomy & Physiology I ("C+" or better)								
College Geometry ("C+" or better)								
TThese courses can be the end of the Fall 20 Required Course		Course Name (ex. English Composition I)		College Name ere you completed the course)	Semes Year (ex.	e comp ster and Taken Spring 123)	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:	the hundredth	digit.	ost re	ecent attendance	e. NO I	ROUND	ING accepte	ed.

Last Name:	First Name:	Student ID#:

RCSJ PTA Observation Documentation

Rowan College of South Jersey requires that applicants complete a minimum of twenty (20) hours of observation in at least two different settings which provide Physical Therapy services. These hours do not contribute to an applicant's overall admissions ranking, but are required for application to the program.

Applicants must visit a minimum of two (2) to a maximum of three (3) different sites to complete their observation hours. Applicants may complete their observation hours in an inpatient setting, outpatient setting, or a combination of the two.

Observation hours must be within the past eighteen (18 months) to be considered for the 2025 PTA program.

Observation hours completed prior to April 1, 2023 will not be honored.

Observation may be completed with a licensed Physical Therapist or licensed/certified Physical Therapist Assistant, and hours will be accepted only if signed by the supervising PTA or PT. These signatures must be legible. Applicants must include a business card or a note on company letterhead for each supervising PT/PTA they observe as part of their documentation form.

Rowan College South Jersey does not provide potential sites for students to complete their observation hours requirement. Students are encouraged to reach out to a PT/PTA they are interested in shadowing directly to establish observation hours. Students can also use the APTA.org "Find a PT" database for available, local PTs near their location.

Observation credit should be given only for actual time spent observing patient care by a supervising clinician. Individuals working as paid employees in a physical therapy department may not use their regular working hours to complete applicable portions of this requirement.

Observation hours completed for a previous educational program of study will not be accepted toward fulfilment of the PTA program portfolio requirement.

All sections of the **PTA Observation Documentation Form** must be filled out completely and legibly. PTA faculty and administration will verify the hours on the documentation form for accuracy and legitimacy. An example of how to complete an entry is provided on the first line for you. Additional copies of the form are acceptable, if needed. Improperly documented observation hours may result in an incomplete portfolio and not considered for acceptance.

Properly documented observation hours will be accepted on forms from other educational institutions as long as there has been pre-approval by the Physical Therapist Assistant Program Director prior to submission of the applicant's portfolio.

The Physical Therapist Assistant Program at Rowan College of South Jersey is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Avenue, Suite 100, Alexandria, VA 22305-3085; telephone: 703-706-3245; email: accreditation@apta.org; website: capteonline.org. If needing to contact the program directly, please call 856-415-2188 or email edoyle@rcsj.edu

Last Manage	Cinck Nichard	O4 4 ID #.
Last Name:	First Name:	Student ID#:
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2025 RCSJ PTA Observation Documentation

Name of	Name of Applicant:	it:				S	Student ID#:	
Date	Start Time	End Time	# of Hours	Name of the Facility	Location (City, State)	Telephone Number	Inpatient or Outpatient?	Signature of Supervising PT or PTA and license #
Example 04/01/23	8:00 a.m.	12:00 a.m.	4	Physical Therapy, INC.	Anytown, NJ	(123) 456-7890	Outpatient	<i>Signature</i> License: 1234567890
								Signature:
								License #:
								Signature:
								License #:
								Signature:
								License #:
								Signature:
								License #:
								Signature:
								License #:
								Signature:
								License #:
								Signature:
								License #:
	Total Hours Completed Total S lecrify that the hours listed above were fulfilled authenticity and I realize that falsification of info	npleted .	Total were fulfille		ne PTA Admission	n Committee ma TA Program bei	y verify this doc	ument for r consideration.
Applicant	Applicant Signature:					_ Date:		
REMINDER tion hours	R: Attach a bı	usiness card	d or note or	n company letterhead for each	h PT/PTA you ob	served. Failure to	attach a busine	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 observation hours
and an inc	and an incomplete portfolio.	folio.						

2025 PTA Observation Documentation Form

Last Name:	First Name:	Student ID#:
Edot Name:	Thourse.	otadent ib#:

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.**

udent Name:			R	CSJ Stude	ent ID #:
	Title: 5, Anatomy & Phys		llabus Included (i	f taken at a	an out-of-state college)
ame of Institution	on:		Sem	ester Take	en:
structor Name:					
structor/Regis		o be completed	d by course inst	ructor, de	epartment representative
ass Format:	Online	Hybrid	Standard I	_ecture/La	b Format
	If hybrid or star	ndard lecture/lab	format, please n	ote class n	neeting times:
	Lecture Days:	□М □Т		□F	Remote Lecture
	Lab Days:		WR	□F	Remote Lab
erify it was the	ine or hybrid, plea above-named appl nethods (check all	icant who compl			nts using one or more
	communication too d, Canvas, Sakai, e				anagement system ess.
Applicant s	ubmitted photos o	f lab assignmen	its done at home		
Exams were	e monitored using	proctored brows	ser (ProctorU, Re	spondus, e	tc.)
Cameras w	ere required to be	on during virtual	class time		
Other:					