

**Physical Therapist Assistant Applicant Fees Form – Business Office**

The Business Office will send your receipt of payment directly to the PTA Program.

You must pay two non-refundable fees to apply to the Physical Therapist Assistant (PTA) Program, \$50.00 application fee and \$11.00 Washington State Patrol Background check fee. Your application will not be processed until these fees are received.

You may pay these fees in one of three ways:

- 1) By mailing a check **with the completed form below** to WCC Business Office, Attn: PTA Application Fees, 237 W Kellogg Road, Bellingham, WA 98226. Make check payable to, "Whatcom Community College." **Do not mail your fees with your PTA application.**
- 2) In person at the WCC Cashier's window, **Mon – Thurs, 9:00am – 5:00pm**, located in the Laidlaw Building, 237 W. Kellogg Road, Bellingham, WA 98226.
- 3) Over the phone with a credit card at 360.383.3363, Mon – Thurs, 9:00am – 5:00pm. You must provide your ctcLink ID number.

**Note:** These fees are non-refundable. If you are not admitted to this program with your initial application, there will be no refund of the fees. If you reapply to the next available program, you will not be required to pay the application fee again; however, you will be required to pay the background check fee with each application.

**Student Name:**

---

Last

First

MI

**ctcLink Identification Number:**

---

**Please do not include this form with your application packet.**

**Physical Therapist Assistant Program  
Applicant Checklist**

Applicant Name: \_\_\_\_\_

Below is a checklist to ensure that all your PTA Program Application materials have been submitted. Please submit this checklist, your PTA Program Application and all required materials **in one complete packet**, by the stated deadline for best consideration of your application. It is your responsibility to ensure that the Health Professions Program Specialist has received all PTA Program Application materials.

**The following has been submitted (if any of the below are missing, please explain why next to the item):**

- WCC Application for Admission. Your admissions application is active for one year. If it has been more than a year since you applied, please reapply.
- Applicant Checklist – PTA program (this form)
- Application for Selective Entry Admission – PTA Program (2 pgs)
- Personal Statement – See application, pg. 3
- Applicant Experience Verification Form(s) in sealed & signed envelope(s). Go to the PTA website listed below for details about what will qualify as experience.
- Three (3) Applicant Recommendation Forms in sealed & signed envelopes. Recommendations from family or friends will not be accepted.
- Official Transcripts from all previously attended colleges where you earned credits that may apply to the PTA degree\*. Transcripts may be included in the packet in a sealed envelope or sent directly from the college. **WCC Official Transcripts are not required.**
- I have paid the Application & Washington background check fees through the WCC Cashier's Office.
- I have attended an information session, or contacted a WCC Advisor to review application requirements **(Required)**.

**Advisor signature or date of info session:** \_\_\_\_\_

\*Please contact Advising & Career Services at 360-383-3080 or by email at [advise@whatcom.edu](mailto:advise@whatcom.edu) to speak with an Advisor for assistance in determining how courses taken from previous colleges will transfer. Advisors can also answer questions regarding substitutions for courses taken at another college that are not directly equivalent to a WCC prerequisite course.

For information regarding the PTA program, please go to the WCC website at [PTA Program Information](#)

For information on how we select applicants, please see this document [PTA Program Selection Criteria](#)

If you have questions regarding your application contact Luanne Peel, Health Professions Program Specialist at [lpeel@whatcom.edu](mailto:lpeel@whatcom.edu) or 360.383.3258.

Please send or deliver your completed application packet to the Health Professions Education Center:

**Whatcom Community College  
PTA Program, HPEC 104  
237 West Kellogg Road  
Bellingham WA 98226**

**Physical Therapist Assistant Program  
Application for Selective Entry – Page 1 of 3**

Thank you for applying to Whatcom Community College’s Physical Therapist Assistant Program. Please fill out the following application completely and legibly. Return with the required materials to the address listed at the bottom of the Applicant Checklist page.

- I am applying for the hybrid program Spring Quarter 2025.**  
Deadline for best consideration: **October 31, 2024**, for application and all related materials.

<b>Name</b>			
First	MI	Last	Pronouns (optional)
<b>Address</b>			
City	State	Zip code	
<b>Phone</b>			
<b>Email address</b>			
<b>ctcLink ID Number</b>			

This application has been completed to the best of my knowledge and I hereby authorize WCC to perform a Washington State Patrol background check (WATCH).

I understand that if I am accepted into the PTA Program, a national criminal background check is required prior to beginning clinicals.

WCC will maintain these records until I graduate or withdraw from the program and will share this information as requested by clinical sites.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Whatcom Community College**  
**PTA Program Application– Page 2 of 3**

Name \_\_\_\_\_

WCC will evaluate **only the courses you list below** to see if they satisfy prerequisites for the PTA program. If you have questions about filling out this portion of the application, **please contact Advising & Career Services at 360-383-3080**. If accepted into the program, your entire transfer transcripts will be evaluated for transferrable courses.

I have met or will meet the following PTA program requirements before the stated deadline.

Please refer to the [PTA Program Admission Selection Criteria](#)

I have met the minimum grade of C+ (2.3) in each prerequisite.

**PTA Prerequisites**

Completed quarter/year	Prerequisite Course	Course title and number	Grade	Credits	College at which course completed	OFFICE USE ONLY	
						Credential Evaluator: Evaluated As Course	Program Coordinator: Satisfies Prerequisite
	<b>MA 101</b> Medical Terminology I						
	<b>BIOL&amp; 241</b> Human Anatomy & Physiology I						

**General Education Requirements**

If you have an Associate degree or a Bachelor's degree, your general education requirements may be met; contact Advising & Career Services if you have questions.

Completed quarter/year	Required Course	Course title and number	Grade	Credits	College at which course completed	OFFICE USE ONLY	
						Credential Evaluator: Evaluated As Course	Program Coordinator: Satisfies Prerequisite
	<b>ENGL&amp; 101</b>						
	<b>Science Lab (any biology, chemistry or physics lab course)</b>						
	<b>PSYC&amp; 100 or SOC&amp; 101</b>						
	<b>MATH&amp; 107 or BUS 100 or any class designated Computation</b>						

Have Associate Degree (WA)	Degree GPA	College	State
<input type="checkbox"/> AA <input type="checkbox"/> AS			Washington
Have Bachelor Degree (US)	Degree GPA	College	State
<input type="checkbox"/> BA <input type="checkbox"/> BS			

Please have all **official transcripts** sent electronically, included in application packet, or mailed to: Whatcom Community College, PTA Program Entry, 237 West Kellogg Road, Bellingham, WA, 98226

<b>Office Use Only:</b> Prelim Pre-Req Eval Date/By: _____ AG'd Date/By: _____
---

**Whatcom Community College  
PTA Program Application– Page 3 of 3**

**PERSONAL STATEMENT**

A personal statement is required of each applicant. It must be typed, 1.5 spaced and 630 – 650 word count in narrative format. It will be read for clarity and thoughtfulness.

**The applicant's answers to the following questions are required:**

1. Why did you choose to pursue the profession of physical therapy?
2. What are your perceptions of the profession of physical therapy?
3. Describe your approach to a growth mindset and how this will affect your learning in the PTA Program.
4. What added value do you offer from your life experience, prior education or in relationship to cultural diversity (bilingual, etc.)?
5. **Online Program Applicants Only:** Go to <https://www.sbctc.edu/becoming-a-student/right-degree-you/is-online-learning-for-me.aspx> to take the "Is Online Learning for Me?" quiz. Please answer the questions accurately & honestly. Include your score and a summary of how you feel you are prepared to be successful with online learning based on your responses/score in your personal statement.

Physical Therapist Assistant Program  
Applicant Recommendation Form

Applicant Name \_\_\_\_\_

**Applicant:**

Please complete this section and give this form along with an envelope to the person completing your recommendation. Recommendations from family or friends will not be accepted.

- I authorize Whatcom Community College to contact this evaluator for additional information if needed.
- I do not authorize Whatcom Community College to contact this evaluator for additional information if needed.

According to the Family and Educational Rights and Privacy Act of 1974, as amended, students are guaranteed access to education records concerning them, unless that right is waived. **Your signature below is optional.**

“It is my understanding that waiving my right to review the reference from the individual below is entirely voluntary. Accordingly, I hereby waive any and all rights to inspect this document once submitted to Whatcom Community College.”

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Evaluator:** Please complete this form and return it to the applicant in a **sealed envelope where you have signed across the seal.**

Your evaluation of this applicant is respectfully requested for use by the Whatcom Community College Physical Therapist Assistant Program. This form will be used as a part of the process in selecting qualified applicants for the next Physical Therapist Assistant class. There is a rating scale on back for different qualities.

This applicant will not be considered for admission to the Physical Therapist Assistant Program unless this form is included in the application materials.

Thank you,  
PTA Program Selection Committee

**General Comments about the applicant:**

---

---

---

---

---

---

---

Over →

**PTA Applicant Recommendation Form Continued**

How long have you known the applicant?			Have you worked with the applicant in a PT setting?			
Evaluate the applicant by checking the appropriate rating	Outstanding	Above Average	Average	Below Average	Very Poor	Unable to Evaluate
<b>Ability to express thoughts in writing</b>						
<b>Ability to express thoughts verbally</b>						
<b>Character/Personality</b>						
<b>Conflict Resolution</b>						
<b>Cooperativeness</b>						
<b>Enthusiasm</b>						
<b>Intellectual Capacity</b>						
<b>Leadership/Initiative</b>						
<b>Originality</b>						
<b>Personal Appearance/Neatness</b>						
<b>Problem Solving</b>						
<b>Professional Interest</b>						
<b>Reliability</b>						

Evaluator Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Title \_\_\_\_\_

Name of Organization \_\_\_\_\_

**\*For security purposes, this form must be returned to the student in a sealed envelope where you have signed across the seal\***

