

Washtenaw Community College

Physical Therapist Assistant (APPTA)

WCC is no longer collecting applications to the Physical Therapist Assistant program for the Fall 2024 semester. The application packet for the Fall 2025 semester is expected to become available in mid-October 2024 with an anticipated application deadline in early January 2025.

To be eligible to apply for the next admission cycle, all admission requirements must be successfully completed by the application deadline. Please revisit this link/website in October 2024 to download the application packet. Current [admission and program requirements](#) can be found on WCC's website.

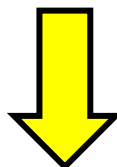
As part the admission requirements to apply, students must complete a total of 12 hours of observations in a physical therapy setting with a minimum of three (3) hours in at least two (2) different types of settings. These hours may be completed prior to the application opening. Guidelines for completing observations can be found on our [Clinical Observation](#) website. The **Observation Verification Form** (provided below) needs to be completed by the student and PT/PTA observed to verify the hours.

If you have not yet applied to WCC, please submit an [admission application](#) to the school. You must be admitted to the school before you will be eligible to apply to the PTA program or schedule an appointment with an academic advisor.

Program requirements are specific and we recommend meeting with an academic advisor regularly to help lay out a plan for meeting admission requirements, making class selections, and to discuss ways to make your application competitive. In addition, **all applicants must complete a mandatory meeting with one of WCC's designated health advisors BEFORE submitting an application to the program.** We encourage prospective Fall 2025 applicants to schedule their mandatory advising meeting when the application opens (October 2024) and before the application deadline (early January 2025) by calling (734) 973-3543 or by visiting our [Academic Advising](#) website to schedule online or to connect virtually.

Questions about submitting an application to the PTA program should be directed to our Health and 2nd Tier Admissions Office at healthadmissions@wccnet.edu or please leave a message at (734) 973-3596 or (734) 477-8998.

Observation Verification Form



Washtenaw Community College
Physical Therapist Assistant (APPTA)
OBSERVATION VERIFICATION FORM

All applicants to the Physical Therapist Assistant program must complete 12 observation hours prior to applying to the program. Please refer to the department's [Clinical Observation](#) website for guidelines and additional details. Some facilities or organizations may contain more than one type of setting (i.e. acute care hospital and outpatient clinic). **Only one (1) form can be used per facility AND setting type.**

To be completed by student:

Students Name (printed): _____ WCC Student ID: _____

I understand I must complete **twelve (12) hours in total** of volunteer and/or clinical observations of a **Licensed Physical Therapist or Physical Therapist Assistant** and that no other health care provider will count in meeting this requirement. And, I understand I must observe a **minimum of three (3) hours in two (2) different types of physical therapy settings.**

I certify that the information indicated below is accurate to the best of my knowledge.

*Students Signature: _____ Date: _____

An electronic signature will be recognized **ONLY IF this document is submitted directly from the students WCC email address or the official email address of the facility/organization below.*

To be completed by Physical Therapist or Physical Therapist Assistant observed:

The above student is interested in applying to the Physical Therapist Assistant program at WCC. As part of the admission requirements, students must observe the activities of a **Licensed Physical Therapist or Physical Therapist Assistant**. The purpose of this requirement, is to give the applicant an understanding of the relationship between the physical therapist and the physical therapist assistant, and the role of the physical therapist assistant in patient care. Thank you for supporting our students and allowing them the opportunity to observe!

Facility/Organization Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Please indicate the type of setting observed by the student (choose **ONE (1)** type per form):

- | | | |
|--|---|---|
| <input type="checkbox"/> Hospital: Adult, Pediatrics, Burn Unit, Cardiac/Telemetry Unit, Oncology Unit | <input type="checkbox"/> Outpatient Adult Neuro | <input type="checkbox"/> Skilled Nursing Facility |
| <input type="checkbox"/> Extended Care Facility/Long Term Acute Care | <input type="checkbox"/> Outpatient Pediatrics | <input type="checkbox"/> School-based |
| <input type="checkbox"/> Inpatient Rehabilitation Facility | <input type="checkbox"/> Outpatient Orthopedics | <input type="checkbox"/> Home Health |
| <input type="checkbox"/> Hippotherapy/Therapeutic Riding | <input type="checkbox"/> Other: _____ | |

Please indicate the date and number of hours observed by the student:

**All hours should be calculated in half hour increments (i.e. 4 hours and 30 minutes = 4.50)*

Date	Hours*

Date	Hours*

Credentials: PT or PTA Date: _____

-Tape business card here-

Printed Name (PT/PTA): _____

Phone Number: _____

*Signature (PT/PTA): _____

If completing and submitted electronically, an electronic signature will be recognized **ONLY IF this document is submitted directly from the official email address of the facility/organization. Please send to healthadmissions@wccnet.edu. If a paper form is completed, please attach a **business card** or statement on **organization letterhead** to verify the information.*