Germanna Community College
Center for Workforce & Community Education
Physical Therapy Aide Program
Information and Application

Thank you for your interest in the Workforce Physical Therapy Aide program. This program provides students with credentials for success in the health care industry. It is also a step in a career ladder, also helping lead students to continued education in more advanced educational programs.

Please take note of some important aspects of your application to the Physical Therapy Aide program:

~ Students must be aged 18 or older to participate in the program.

~ This program is currently not eligible for financial aid through the college’s financial aid office. You may qualify for tuition assistance through the Virginia Employment Commission (VEC); for information, contact the VEC at 540-322-5757. You may also consider setting up a tuition payment plan through Germanna E-cashier, accessed through the college website at www.germanna.edu.

~ The application and admission process for Workforce healthcare programs is competitive. Only those applicants with the strongest and most complete applications will be offered admission. Often, we receive more applications than we have space for. **You are strongly encouraged to apply early, at least three weeks prior to the class start date, and to submit a full application packet containing all completed forms listed on page two (2) of this packet. The more complete your overall application packet is the stronger and more competitive your application will be.**

~ At this time, a criminal background check is not required for application to the Physical Therapy Aide program. Though please be advised that most health care employers require criminal background checks as part of their hiring process. Felony convictions and/or certain misdemeanor convictions can be grounds for not hiring an individual. Please also see “Excerpt from Code of Virginia” for a list of convictions that prevent and individual from obtaining employment in nursing homes.

We realize that applicants go to considerable time, expense, and planning, to apply to our programs. We suggest you review all of the application forms very carefully to ensure you understand the requirements, and to evaluate whether you are able to meet minimum admission criteria. Also be mindful that individuals having more than one minor misdemeanor, or having one felony conviction, would not be employable in most health care settings. Please also note that if you do not hold a high school diploma or GED, you likewise may not be employable in most health care settings.
~ Steps required in the application process: (1) Completion of the **Health Care Orientation class, HLTH 2259** and a qualifying score on the Career Readiness Certificate (CRC). (2) Completion and submission of all forms and documents listed below:

Please read this entire packet, and sign and date below.

- Physical Therapy Aide Program Application (this packet)
- Medical History Form completed
- Signed Acknowledgement of Costs and Credentials Verification form
- Essential Functional Abilities Form (signature required at the bottom of second page)
- CRC Test results or CRC certificate (a photocopy); a Bronze CRC score, or higher, is recommended for individuals applying to the Physical Therapy Aide program.
- Signed Excerpt for Code of Virginia
- A copy of your high school transcript or diploma, GED certificate, and/or college transcripts
- Two Letters of Recommendation, from people who know you well, and who are not family members.

**If your application is missing any of the above completed documentation, it may not receive full consideration.**

Upon receipt of your completed application packet, the Center for Workforce and Community Education will date-stamp it and forward it to our Health Care Coordinator for review. The application process is competitive. The Health Care Coordinator will contact each applicant no less than one week prior to the start of class to let applicants know of their admission status.

Students who are accepted into the Physical Therapy Aide program must make full tuition payment no less than five business days prior to the start of class, to confirm their enrollment. Additional fees may be required for student books and other program needs; these additional costs are the responsibility of the student and are approximately $100. **Tuition refund policy:** Students may request course transfers or withdrawals seven or more calendar days prior to the start of class. No course transfers or refunds will be made fewer than seven days prior to the start of class.

Please visit our website at [www.germanna.edu/workforce](http://www.germanna.edu/workforce) and click on **Health Care Programs** to access all current forms, upcoming class dates, and information. From time to time, application requirements change to meet educational, legal, and medical requirements of the college and clinical facilities.

Thank you again for your interest. We look forward to helping you on your path to success in a rewarding health care career.

I have read and understand the above information pertaining to the Workforce Physical Therapy Aide program.

___________________________________________________  _____________________
Signature of applicant                        Date

Submit this entire completed application packet, with supporting documentation, to:
Germanna Community College, Center for Workforce & Community Education
10000 Germanna Point Dr., Fredericksburg, Va.  22408
Germanna Community College
Center for Workforce & Community Education
Physical Therapy Aide Program Application

Your Name: __________________________________________ Date: ____________________

Mailing Address: ______________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Phone numbers, including the area codes:

(home): ______________________________________________________

(work): _______________________________________________________  

(cell): _______________________________________________________

Phone number if we need to reach you during daytime hours: _______________________

Email address: _______________________________________________

Your education level and experience:

Please list your educational accomplishments, including all that apply.

GED: Date attained (include a copy of your GED certificate) ____________________________

High school: school name, location, and date you graduated (include a copy of your high school diploma or transcript)
________________________________________________________________________
________________________________________________________________________

Two-year college: college names, locations, degree(s), and dates you attended/graduated (include a copy of your transcripts)
________________________________________________________________________
________________________________________________________________________
Other training and educational experience:

_____________________________________________________________________________________

_____________________________________________________________________________________

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_____________________________________________________________________________________

Your work experience:
Please list below your work experience since high school. For each paying job you have held, include each business name, your job title, and how long you worked for each business. You may include pertinent volunteer experience and/or related work experience in the health care field. You may also attach additional pages, if necessary.

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

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_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

I hereby certify the above information is true and correct.

_____________________________________________________________________________________

Signature of Applicant                                      Date
Medical History

List any health problem(s) you have received medical treatment for the past (2) years:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

List childhood diseases:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Operations: __________________________________________________

Injuries: ______________________________________________________

Other Diseases: _________________________________________________

_____________________________________________________________________________________

Describe your medical history and make reference to chronic illnesses, mental or nervous disorders, and/or alcohol and/or drug abuse:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Are you now taking or have you taken any drugs other than common remedies, e.g. aspirin, laxatives, etc.? Yes_________________________ No______________________________

Are you taking any prescribed medication? Yes ____________ No__________________________

If yes, please list:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

_____________________________________________________________________________________

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How many times have you been ill in the past year and what was the cause or symptoms of each illness?
_____________________________________________________________________________________
_____________________________________________________________________________________

Please describe any major, chronic, or genetic diseases or conditions in your immediate family:
_____________________________________________________________________________________
_____________________________________________________________________________________

Are you on a special diet? Yes ______ No _______  If yes, what kind?
_____________________________________________________________________________________

Physical requirements: Physical Therapy Aides need to lift up to 30 pounds on a regular basis.
Do you have/had any problems with the following activities?
  Lifting _______  Stooping _______  Climbing stairs _______

Have you had:
  Fainting spells ______ Seizures ______ Loss of consciousness ______ Loss of movement ______

Do you have: hoarseness, cough, or shortness of breath on moderate exertion?   Yes ______ No ______

Have you had Tuberculosis? Yes ______ No _______  Type __________________________

Epilepsy, any mental disorder, emotional instability, or chronic headache? Yes _______ No _______

If yes, please describe: _________________________________________________________________

Rheumatism:  Yes ______ No _______  Rheumatic Fever:  Yes _______ No __________________

Heart Disease? ________________________________________________

Hay Fever?  Yes _____ No _____  Asthma?  Yes _____ No _____  Eczema?  Yes _____ No ______

Allergic reaction including drug reactions?  Yes _____ No _____  Treatment for reaction? _______

Height ___________________  Weight ___________________  Date of birth _______________________

Other information pertinent to your medical history? __________________________________________

_____________________________________________________________________________________

I hereby certify all the above information is true and correct.
_____________________________________________________________________________________

Signature of Applicant _______________________________ Date ______________________________

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Physical Therapy Aide

Signed Acknowledgement of Costs and Credentials Verification

Physical Therapy Aide Program Purpose: To prepare the student for entry level work as a Physical Therapy Aide.

Tuition is not due until you are notified of acceptance into the Physical Therapy Aide program. Once accepted, full tuition payment to Germanna Community College is required to secure your space in the Physical Therapy Aide program. Tuition rates are set each semester.

Additional Costs for Physical Therapy Aide: All additional costs are approximate and are the responsibility of the student.

- Apparel: students are to wear khaki colored pants, solid color polo shirt (short or long sleeve) and closed-toe shoes to class.

Your acceptance to the Physical Therapy Aide program is good for one year. You have one year from date of acceptance to register and enroll in the program.

Student acknowledgement:

I certify that I understand the various costs and fees involved in applying to, and participating in, the Physical Therapy Aide program. I understand that Germanna Community College Center for Workforce and Community Education requires complete and full documentation from applicants, prior to admission to the program. I further understand that failure to provide full and accurate documentation will result in my receiving an Administrative Withdrawal from the program, without tuition refund.

I further understand Germanna Community College Workforce Center refund policy: Tuition refund requests must be made at least seven (7) days prior to the class start date. No refund requests will be honored fewer than seven days prior to the start of class.

___________________________________________________  ________________
Signature of Applicant                           Date
Essential Functional Abilities

The National Council of State Boards of Nursing, Inc. has determined that the following categories of functional abilities are essential for job performance of workers in the health care field. It is applicable for Certified Nurse Aides, Phlebotomists, Physical Therapy Aides, and Home Health Aides. A brief description and examples of representative activities/attributes are included for your reference. Successful students should possess all listed essential functions. **Your signature is required on the following page.**

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Motor Skills</td>
<td>Gross motor skill sufficient to provide the full range of safe and effective health care activities, such as moving within confined spaces, reaching above shoulders, reaching below waist, standing and maintain balance.</td>
</tr>
<tr>
<td>Fine Motor Skills</td>
<td>Fine motor skills sufficient to perform psychomotor skills, such as grasping small objects with hands, keying/typing, pinching, picking, twisting and squeezing with fingers.</td>
</tr>
<tr>
<td>Physical Endurance</td>
<td>Physical stamina sufficient to perform client care activities for entire length of work role, such as standing during health care procedures or performing CPR.</td>
</tr>
<tr>
<td>Mobility</td>
<td>Physical abilities sufficient to move from place to place in a quick manner and to maneuver by twisting, squatting, climbing and walking.</td>
</tr>
<tr>
<td>Hearing</td>
<td>Auditory ability sufficient for physical monitoring and assessment of client health care needs, which includes hearing faint body sounds, faint voices, hearing in situations when not able to see lips, and hearing auditory alarms.</td>
</tr>
<tr>
<td>Visual</td>
<td>Visual ability sufficient for accurate observation and performance of nursing care, which includes seeing objects up to 20 inches away and 20 feet away, depth perception, peripheral vision, and ability to distinguish color and color intensity.</td>
</tr>
<tr>
<td>Tactile</td>
<td>Tactile ability sufficient for physical monitoring and assessment of health care needs, which includes feeling differences in surface characteristics, sizes, and shapes.</td>
</tr>
<tr>
<td>Smell</td>
<td>Olfactory ability sufficient to detect significant environmental and client odors.</td>
</tr>
</tbody>
</table>
Reading
Reading ability sufficient to comprehend the written word at a minimum of a tenth grade level.

Arithmetic
Arithmetic ability sufficient to do computations at a minimum of an eighth grade level which includes reading and understanding columns of writing, reading graphic printouts and digital displays, calibrating equipment, converting numbers to and/or from the Metric System, measuring time, counting rates, using measuring tools, reading measurement marks, computing fractions, and using a calculator.

Emotional Stability
Emotional stability sufficient to assume responsibility/accountability for actions, which includes establishing therapeutic boundaries, dealing with the unexpected, adapting to a changing environment/stress, focusing attention on a task, performing multiple responsibilities concurrently, and handling strong emotion.

Analytical Thinking
Reasoning skills sufficient to perform deductive and inductive thinking for health care decisions, which includes transferring knowledge from one situation to another, processing information, problem solving, evaluating outcomes, prioritizing tasks, and using short term and long term memory.

Critical Thinking
Critical thinking skill sufficient to exercise sound judgment, which includes identifying cause-effect relationships, planning/controlling activities for others, synthesizing knowledge and skills, and sequencing information.

Interpersonal Skills
Interpersonal abilities sufficient to interact with individuals, families and groups respecting social, cultural, and spiritual diversity.

Communication Skills
Communication abilities sufficient for interaction with others in written and oral form, which includes teaching, explaining procedures, giving oral reports, and conveying information through writing.

Acknowledgement:
I have read and acknowledged the above list of essential functions for Physical Therapy Aide.

______________________________
Signature of Applicant

______________________________
Date
Excerpt from Code of Virginia

Below is a list of convictions that will prevent an individual from obtaining employment in nursing homes.

§ 32.1-126.01. Employment for compensation of persons convicted of certain offenses prohibited; criminal records check required; suspension or revocation of license. A licensed nursing home shall not hire for compensated employment, persons who have been convicted of murder or manslaughter as set out in Article 1 (§ 18.2-30 et seq.) of Chapter 4 of Title 18.2, malicious wounding by mob as set out in § 18.2-41, abduction as set out in subsection A of § 18.2-47, abduction for immoral purposes as set out in § 18.2-48, assaults and bodily woundings as set out in Article 4 (§ 18.2-51 et seq.) of Chapter 4 of Title 18.2, robbery as set out in § 18.2-58, carjacking as set out in § 18.2-58.1, threats of death or bodily injury as set out in § 18.2-60, felony stalking as set out in § 18.2-60.3, sexual assault as set out in Article 7 (§ 18.2-61 et seq.) of Chapter 4 of Title 18.2, arson as set out in Article 1 (§ 18.2-77 et seq.) of Chapter 5 of Title 18.2, drive by shooting as set out in § 18.2-286.1, use of a machine gun in a crime of violence as set out in § 18.2-289, aggressive use of a machine gun as set out in § 18.2-290, use of a sawed-off shotgun in a crime of violence as set out in subsection A of § 18.2-300, pandering as set out in § 18.2-355, crimes against nature involving children as set out in § 18.2-361, incest as set out in § 18.2-366, taking indecent liberties with children as set out in § 18.2-370 or § 18.2-370.1, abuse and neglect of children as set out in § 18.2-371.1, failure to secure medical attention for an injured child as set out in § 18.2-314, obscenity offenses as set out in § 18.2-374.1, possession of child pornography as set out in § 18.2-374.1:1, electronic facilitation of pornography as set out in § 18.2-374.3, abuse and neglect of incapacitated adults as set out in § 18.2-369, employing or permitting a minor to assist in an act constituting an offense under Article 5 (§ 18.2-372 et seq.) of Chapter 8 of Title 18.2 as set out in § 18.2-379, delivery of drugs to prisoners as set out in § 18.2-474.1, escape from jail as set out in § 18.2-477, felonies by prisoners as set out in § 53.1-203, or an equivalent offense in another state. However, a licensed nursing home may hire an applicant who has been convicted of one misdemeanor specified in this section not involving abuse or neglect, if five years have elapsed following the conviction.

Any person desiring to work at a licensed nursing home shall provide the hiring facility with a sworn statement or affirmation disclosing any criminal convictions or any pending criminal charges, whether within or without the Commonwealth. Any person making a materially false statement when providing such sworn statement or affirmation regarding any such offense shall be guilty upon conviction of a Class 1 misdemeanor. Further dissemination of the information provided pursuant to this section is prohibited other than to a federal or state authority or court as may be required to comply with an express requirement of law for such further dissemination.

A nursing home shall, within 30 days of employment, obtain for any compensated employees an original criminal record clearance with respect to convictions for offenses specified in this section or an original criminal history record from the Central Criminal Records Exchange. The provisions of this section shall be enforced by the Commissioner. If an applicant is denied employment because of convictions appearing on his criminal history record, the nursing home shall provide a copy of the information obtained from the Central Criminal Records Exchange to the applicant.

The provisions of this section shall not apply to volunteers who work with the permission or under the supervision of a person who has received a clearance pursuant to this section.

Similar language is found in other sections of the Code of Virginia relating to employment in home care organizations (§ 32.1-162.9:1), licensed homes for adults (§ 63.1-173.2), licensed district homes for adults (§ 63.1-189.1) and licensed adult day care centers (§ 63.1-194.1).

I have read and acknowledge the above Code of Virginia Excerpt
Signature: ___________________________ Date: ______________________

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