

Murray State College / Physical Therapist Assistant Program
APPLICATION CHECKLIST **Technical Year 2026/2027**

Applicant Name: _____

Application Process Checklist: Please place a ☒ in the box as you complete each item. Complete this checklist as you work through the application process. Review the checklist and include a copy with your application materials.

- ☐ 1. I have completed (or will have completed) all program prerequisite classes by the end of the Fall 2025 semester. If not, which of the following best applies:
- ☐ I will not have all prerequisite courses completed by end of Fall 2025, so I am including a plan on a separate page with this application to complete the remaining courses prior to Fall 2026. I understand that if I have not completed all prerequisites by the beginning of Fall 2026, I would not continue in the program.
 - ☐ I am currently taking courses this semester at MSC or another college. If attending another college, I am attaching the mid-term grade report (with the signature of each instructor) for all pre-requisite courses that I am currently taking this semester Fall 2025. *If you are an MSC student, you do not need to submit a mid-term grade report as we can access those mid-term grades.*
- ☐ 2. I have provided the following to MSC Registrar's Office with a request for a copy to be provided to the PTA Program Office: (If you submit these materials with this application, then the program will send them to the registrar's office.)
- ☐ ACT Score report with a reading score of at least 20. *If you haven't taken the ACT or if ACT Reading is below a 20, then the student must take the NexGen Accuplacer with score of at least 250 reading exam with the MSC Testing Center.*
 - ☐ High school transcript or equivalent
 - ☐ College transcript(s) for all course work from colleges included on your application (if not previously a MSC student)
- ☐ 3. I have viewed the entire PTA Application Orientation Video that is linked to the Program Application section of the [PTA Program website](#). Fill in the correct word or phrase given to you in the video for each of the blanks below:
- a. _____ b. _____ c. _____
- ☐ 4. I have reviewed the PTA Program **Points System** Worksheet Form and have completed a copy of the Point System form to the best of my ability and attached a copy with my application materials.
- ☐ I have enclosed a **list of locations** where I completed my clinical observations. *If you are re-applying and you desire to use observations from a prior application you still need to complete a list of all locations (including the clinician's name you observed) that you are using for this application or you may repeat observations to gain the most points.*
 - ☐ If applicable, I have enclosed a letter (or had my employer send the letter), that verifies my work or volunteer time that provided direct exposure to physical therapy. This letter must include the Length of employment, the Average number of hours per week, and a Brief Description of job duties that provided exposure to PT.
- ☐ 5. I have completed the **Written Interview** and have included a copy with this application. Any personally identifying information will be redacted prior to this being made available to the selection committee. *You can input your info in the available boxes and save to your device and then submit it with your packet.*
- ☐ 6. I have reviewed the Physical & Mental Requirements and **have signed and included the last page** of that document.
- ☐ 7. I have enclosed all application materials including a completed copy of this checklist and submitted all required forms to the PTA Program either by email, mailed, or hand delivered to the program office. I understand that the application and all materials must be submitted as instructed in order to be considered for the program. Failure to follow instructions in the application process can result in a reduction in points.

Please rate the following statement about the PTA Application/Admission Process:

"The MSC PTA program admission and application process was communicated to me effectively and I understood the process." Check the box ☐ that applies to you.

☐ I Highly Agree ☐ I Agree ☐ I Disagree ☐ I Highly Disagree

Printed Name: _____ Signature: _____