

TCC PTA PROGRAM INFORMED CONSENT 2026

I understand that the program is academically rigorous, and that knowledge and skills gained in General Education courses are foundational and will be applied throughout the educational process. I understand that the program will include academic, laboratory, and clinical work performed in the classroom, laboratory, hospital, and other clinical facilities and will include direct care or exposure to clients with a variety of illnesses and diseases. I understand that there will be assessments of my performance, both academic and clinical skill related, that I must pass satisfactorily to progress in the program. Failure to do so will result in my dismissal from the program. I understand that I may be exposed to disease carrying bacteria, and substances used to kill these organisms. I understand that as a student, I must do so with or without reasonable accommodations.

I understand that as a student in the program, I consent to participate in human subject demonstration and studies in the classroom, laboratory, and clinical facilities as part of the educational process. I understand that I may also be videotaped, audio taped, or photographed during this program. Participation in said activities necessitates the wearing of appropriate and specific clothing. Laboratory clothing for males include shorts and T-shirts and the males will be asked to expose their upper torso; females need shorts, T-shirts, and a sports bra. I understand that as a student, I must perform the above with or without reasonable accommodations.

I understand that as a student in this program, there will be tuition and fees due for each of the five semesters of its curriculum pattern.

I understand that I am responsible for my own transportation to and from academic and clinical experiences and that out-of-town travel or residence will be necessary to complete clinical education. I also understand that clinical attendance is mandatory, and all absences are considered unexcused and that participation in clinical education may also require additional drug testing and criminal background information. I understand that I must do so with or without reasonable accommodations.

Proof of immunizations, TB screening, CPR certification, background check, physical exam, and drug screening will be required, and the cost of these items may be incurred by me. In addition, some clinical facilities may require additional or updated risk management items during my time in the program of which I will be responsible for the cost.

I understand that I must maintain good health and notify the school of any physical or mental limitations/problems that may affect my performance. As a student I must demonstrate the emotional stability to function effectively under stress and the ability to adapt to a changing, unpredictable environment. I understand that should I be temporarily restricted in full physical participation in the program, I must provide a physician's note for guidance for these restrictions including when full physical participation may be resumed. I understand that I must do so with or without reasonable accommodations.

I understand that upon conclusion of this program, in order to work as a PTA, it is my responsibility to apply for a state PTA license and to register for the national licensing exam. I understand that I must do so with or without reasonable accommodations.

Physical therapy is a dynamic profession dealing primarily with the assessment and management of movement disorders. To this end, students must be capable, within reason, of participating in physical activities typical in day-to-day self-care, must be able to perform motor function tests and treatments on others, and must be able to ensure the physical safety of a patient at all times. I understand that I must

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do so with or without reasonable accommodations. I have read and understand the essential functions of the profession of physical therapist assistant and understand I must perform these with or without reasonable accommodations.

I understand the physical requirements of this program to be strenuous. I must be able to with or without reasonable accommodations:

1. achieve CPR certification through the American Heart Association BLS for Healthcare Providers (CPR and AED) Program
2. stand for 8 hours
3. sit for 8 hours
4. perform skills requiring manual dexterity, fingering and feeling
5. maintain good standing balance on all surfaces
6. administer manual exercises
7. perform skills requiring walking
8. safely transfer patients from all surfaces
9. measure vital signs
10. make simple mechanical adjustments and repairs of therapy equipment
11. lift up to 20# frequently
12. lift up to 50# occasionally
13. squat, stoop, kneel and/ or crawl
14. transport patients with wheelchairs and carts by pushing and pulling

I understand that I will be directed to the electronic versions of the Physical Therapist Assistant Program Student Handbook, the Clinical Education Student Handbook and the Student Code of Responsibility and Conduct for Tulsa Community College at the beginning of the fall term. I must adhere to all rules and regulations of the program, school, and clinical sites. Ethical and professional conduct will be expected of all students.

In consideration of permit to participate in the Physical Therapist Assistant Program, I understand that it is my responsibility to seek academic accommodation services should I require these services. The faculty may be able to accommodate me if a formal request is made and official certification of the disability is completed.

I understand that the TCC PTA Program and its faculty have a responsibility to the public to assure that its graduates can be fully competent, safe, and caring in the role of a physical therapist assistant.

I hereby certify that I have read the entire document, that I am fully familiar with the contents of this document and that I fully understand its terms. Any questions that I have about this program and the contents of this document have been fully explained to my satisfaction. I am over 18 years of age.

Signature and Date

Parent signature and date if student under age 18