



PHYSICAL THERAPIST ASSISTANT PROGRAM

Date _____

A photo must be attached to the *back* of the application

I. Personal Information: *All demographic information is considered voluntary*

Last Name: _____ First: _____ MI: _____

Mailing Address _____

Street _____ City _____ State _____ Zip Code _____ Email _____

Address: _____ BSCC Email _____

Phone _____ Work or Home _____

Emergency Contact _____ Phone _____

Age _____ Date of Birth _____ Gender _____ Degree _____ Race _____

ACT Score _____ Date _____ SAT Score _____ Date _____

Attach copies of score

II. Education

BSCC Learning Community _____ 3.0 for 1 Semester _____

High School Name _____ Graduation Year _____

List All Colleges Attended:

College	Dates Attended	Major	Degree Y/N

III. Volunteer Experiences

Facility	Hours	Dates	PT or PTA

IV. References – Instructor, PT or PTA, and Employer

Note: Program will contact references listed below. References are expected to submit required form.

Name	Employer	Email and Phone number

V. Employer – List all employment for the last three years.

Employer	Job Description	Date

If your application is incomplete and/or if false information is provided, your application will NOT be considered.

I understand that I am responsible for ensuring that all application material is accurate and received by the deadline. Completion and submission of this application is a component of the student profile, and does not in itself grant admission to the PTA Program. I also understand that providing false information may be deemed sufficient reason to dismiss the student and/or refuse admission

It is the official policy of Bishop State Community College that no person shall, on the basis of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment.

Signature

Sign:	Date:
Print:	

