



NOTICE TO PROGRAM APPLICANTS

The Physical Therapist Assistant Program makes every effort to provide a clear and understandable application process and ensure each applicant has the necessary information for successful application completion. The applicant is responsible for reviewing the application requirements and selection criteria for the Physical Therapist Assistant Program. These requirements and criteria are subject to change. Please visit the program's website for detailed information about the Physical Therapist Assistant Program's application and selection process. It remains the applicant's responsibility to follow all written instructions for application submission and selection criteria.

Each applicant has an equal opportunity to contact the program director or the selection committee chairperson before submitting an application. The program reserves the right to consider an applicant ineligible for program admission if he or she neglects any part of the stated requirements for application or selection. Fulfilling all application criteria does not guarantee acceptance into the program as cohort size is limited. Acceptance to the Physical Therapist Assistant Program is subject to completion of a background check and drug screen.

No person shall, on the basis of race, color, sex, pregnancy, religion, creed, national origin (including ancestry), citizenship status, physical or mental disability, age, marital status, sexual orientation, gender, transgender status, gender identity, gender expression, veteran or military status (including special disabled veteran, Vietnam-era veteran, or recently separated veteran), predisposing genetic characteristics, domestic violence victim status, any other protected category under applicable local, state or federal law, or persons who have opposed discrimination or participated in any complaint process on campus or before a government agency, be excluded from participation in, denied the benefits of, or subjected to discrimination in employment or under any program or activity sponsored or conducted by the College District.

Alamo Colleges, St. Philip's College, the Allied Health Department, and the Physical Therapist Assistant Program are not responsible for any applicant misinterpretation of the application or selection process. As evidence that you have read and understood this notice, you will sign the Physical Therapist Assistant Program application.



PHYSICAL THERAPIST ASSISTANT PROGRAM APPLICATION FORM

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------|-------------------------|---------------------------------|--------------------------------------------------------------|
| Name: (Last, First MI) | | | | | Banner ID # if current/former Alamo Colleges student: |
| Street Address | Apt # | City | State | Zip | E-mail: |
| Primary Phone: | | | Alternate Phone: | | |
| Colleges/Universities Attended (continue on a separate sheet of paper if necessary) | Degree Sought (e.g., B.S., M.A.) | Awarded? (Y/N) | Hours Completed | Dates (MM/YY – MM/YY) | |
| | | | | | |
| | | | | | |
| Employment History – Previous Employers (continue on a separate sheet of paper if necessary) | Job Titles | | | Dates (MM/YY – MM/YY) | |
| | | | | | |
| Are you eligible to work in the United States? Yes _____ No _____ | | | | | |
| Convicted of a felony? Yes _____ No _____ Convicted of a misdemeanor? Yes _____ No _____ | | | | | |
| Enrollment into the program by students with felony convictions could result in denial of licensure. These students would not be eligible for admission into the program until the state licensing board completes a declaratory order process and proof of eligibility for licensure or certification is provided per the procedures described in the Criminal History Statement. | | | | | |
| Emergency Contact: | | | | | |
| Name | Relationship | | Phone Number | | |
| | | | | | |

I understand that for my application to be processed, I must include the program's Observation/Employment Verification Form, an ATI TEAS Transcript and Individual Performance Profile (with a minimum Adjusted Individual Total Score of 75), a Work Skills Assessment Form, ALL official transcripts (including those from each individual Alamo College attended), a correctly formatted essay, a Criminal History Statement, this PTA Program Application Form, and an ACT or SAT score (if required).

I understand that falsification of any information on this application will automatically disqualify me as an applicant for admission and will result in my being dropped from the Physical Therapist Assistant Program.

- ❖ **If not selected for the Physical Therapist Assistant Program, I do/do not (circle one) permit the program to share my contact information with other healthcare programs at St. Philip's College that may be seeking students.**

I have read and understood the above Notice to Program Applicants.

_____ **Applicant Signature**

_____ **Date**