Image Image1

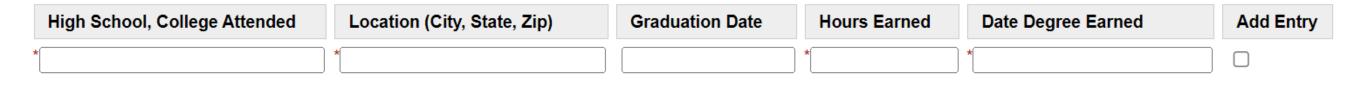# Physical Therapist Assistant Program Application

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Status of Application * -- Please Select -- ⌄   Semester you are applying * -- Please Select -- ⌄

G#
*
[   ]

First Name   MIddle Initial   Last Name
*   *
[   ]   [   ]   [   ]

Street Address   * [   ]

City   * [   ]

State   * [   ]

Postal/Zip Code   * [   ]

Home Phone   [   ]

Cell Phone   * [   ]

Email Address: * [   ]

Confirm Email Address: * [   ]

*MANDATORY – Notifications will be made via email. Please ensure email address is correct.

Date of Birth	* [_____]
Age	* [_____]
Ethnicity	* [-- Please Select -- ⌄]
Gender	* [-- Please Select -- ⌄]

Highest Degree Earned * [-- Please Select -- ⌄] Month/Year * [_____]

Have you previously been accepted or enrolled in another PT or PTA program?
If yes, please list the school(s) in the table below (MUST submit letter of good standing from Program Director)
* [-- Please Select -- ⌄]

Submit letter of good standing from Program Director

[✎ Attach File]

Have you attended an information session? * [-- Please Select -- ⌄]   An Information Session is Mandatory.

Information Session Date Attended * [_____]

Prior Education (list most recent first)

High School, College Attended	Location (City, State, Zip)	Graduation Date	Hours Earned	Date Degree Earned	Add Entry
* [_____]	* [_____]	[_____]	* [_____]	* [_____]	☐

Prior Education (list most recent first)

High School, College Attended	Location (City, State, Zip)	Graduation Date	Hours Earned	Date Degree Earned	Add Entry
*	*		*	*	☐

Employment Record (list most recent or present position)

Company Name	Date(s) Employed	Position & Duties	Add Entry
			☐

Prerequisite Courses

Fill out the following with classes that have been previously taken. If currently enrolled, please write "E" for grade. Please note that if you have more than 1 course in progress, your application will not be considered.

Anatomy & Physiology I Lecture/Lab

Course Number	Semester/Year Taken	Grade	College/University Name	Is Lab grade separate from Lecture?
*	*	*	*	☐

Anatomy & Physiology II Lecture/Lab

Course Number	Semester/Year Taken	Grade	College/University Name	Is Lab grade separate from Lecture?
*	*	*	*	☐

ENGL 1301 Composition I

	Semester/Year Taken	Grade	College/University Name
	*	*	*

MATH 1314 College Algebra (or Above)

	Semester/Year Taken	Grade	College/University Name
	*	*	*

Additional Courses

PSYC 2301 General Psychology

Semester/Year Taken	Grade	College/University Name

Humanities or Fine Arts

Semester/Year Taken	Grade	College/University Name

* Courses that meet Humanities/ Fine Arts requirements: *English 2322, 2323, 2327, 2328, 2332, 2333; Philosophy 1301, 2306; Arts 1301, 1303, 1304; Dance 2303; Drama 1310, 2366; Music 1306, 1307, 1310

Courses of Benefit to PTA

If you have taken any courses in the following categories or other health care related courses, please list here. If you are currently enrolled, please write "E" for grade.

	Course Name	Semester/Year Taken	Grade	College/University Name
Kinesiology				
Nutrition				
Medical Terminology				
Speech				

Upload the Following

Please submit requested information only. Other documents submitted other than those requested will not be considered.

Recommendation Form ** These must be hand delivered, mailed, or emailed by the person completing the form **

Hours of Observation Form

References from Recommendation Forms.

Provide the name and email address of the individuals who completed your recommendation forms.

Reference Name	**Reference Email**
*	*

Reference Name	**Reference Email**
*	*

Reference Name	**Reference Email**
*	*

Upload unofficial transcripts from ALL colleges & universities

*[📎 Attach File]

Upload proof of employment (applies to PT TECH/AIDE only).

[📎 Attach File]

Upload Signed Observation Form

[📎 Attach File]

Observation Hours

Please fill out the following information AND submit the signed Hours of Observation form above.

Name of Facility	Type of Setting	Number of Hours	Add Entry
			☐

Application Checklist

* ☐ I have/will hand deliver, mail or have the person filling out the form email my three Recommendation Forms.

* ☐ I have uploaded all observation feedback form(s) with signatures.

* ☐ I have submitted all official transcripts to the Admissions Office for all colleges/universities attended.

* ☐ I have uploaded all unofficial transcripts from all colleges/universities attended.

☐ I have included proof of employment (only required for PT TECH/AIDE).

* ☐ I have uploaded a San Jacinto College degree evaluation (My San Jac GPS) reflecting all course work and equivalences.
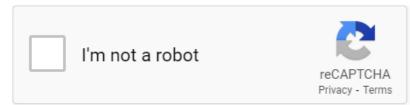
Applicant Acknowledgement

This application will be used to complete the PTA Admissions Rubric. Final decisions on accumulated points will be determined by the PTA Admissions Committee.

I hereby certify that the information in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification is cause for denial of admission or expulsion from the college. I understand that the faculty and staff of the San Jacinto College South- Physical Therapist Assistant Program will read the information contained in this application.

Please ensure complete accuracy on form submission as no changes can be made after submission.

I Acknowledge. * ☐

☐ I'm not a robot

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Submit Form