

Physical Therapist Assistant Program

Application Checklist

(Must be included with application)

(For Office use only)

Submit the completed application in the following order:

Requirements:

- Application Checklist
- Completed PTA program application
- Official/unofficial transcripts from every college you have attended (List institution names)

- Observation Hours (required 40 hours total)
Facility: _____ Hours: _____
Facility: _____ Hours: _____
Facility: _____ Hours: _____

- My SanJac GPS (Degree evaluation from San Jacinto College)
- Experience Forms (3 total)

San Jacinto College South
Physical Therapist Assistant Program
Application for Admission

All Applicants including those that are reapplying must complete this application.

Please check appropriate box: New Application Reapply Date: _____

Please Type or print clearly

_____/_____/_____
Social Security Number / San Jacinto GID # / Texas Driver's License / DL Exp. Date

Last Name First Name MI

Mailing Address Apartment #

City State Zip Code

Home Phone () _____ Cell Phone () _____

Business Phone () _____ Email Address: _____

Date of Birth: ____/____/____ Age: _____ Gender: ____ Male ____ Female

Ethnicity: ____ American Indian/Alaskan Native ____ Asian ____ Black/African American
____ Native Hawaiian/Pacific Islander ____ Hispanic ____ White
____ Two or more races ____ Unknown

Health Insurance: ____ Yes ____ No Name of Company: _____

Emergency Contact: _____
Name Phone

Highest Degree Earned: _____ Month and Year: _____

Have you been previously accepted or enrolled in another PT or PTA Program? YES ____ NO ____

If yes, please list the school(s) under prior education. Can we notify the school(s)? YES ____ NO ____

Have you attended an information session? YES ____ NO ____ If yes, what date: _____

Prior Education (list most recent first)

High School, Colleges Attended	Location (City, State, Zip)	Graduation Date From/To	Hours Earned	Date Degree Earned
1.				
2.				
3.				
4.				
5.				

Employment Record (list most recent or present position first)

Company Name	Date(s) Employed	Position & Duties
1.		
2.		
3.		
4.		

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.

Categories	Course Name	Grade	Year Completed	School Where Courses Taken
Biology				
Chemistry				
Physics				
Kinesiology				
Nutrition				
Medical Terminology				
PTHA1201				
Speech				
OTHER:				

Fill out the following with classes that have previously been taken. If currently enrolled, please write "E" for grade.

Courses	Grade	Year Completed	School Where Courses Taken
BIOL 2401			
MATH 1314			
ENGL 1301			
BIOL 2402			
PSYC 2301			
Humanities or Fine Arts 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			

Observation Hours: Please fill out the following information AND submit the signed Hours of Observation Form

Name of Facility	Type of setting	Number of hours
1.		
2.		
3.		

Application Checklist: (Please check that all items are completed)

- I have submitted 3 recommendation forms along with hours of observation in signed and sealed envelopes with my packet.
- I have submitted official transcripts to the Office of Enrollment Services for all colleges attended.
- A transcript evaluation has been completed (must be requested from Enrollment Services in advance).
- I have included unofficial transcripts from all other colleges attended in my PTA application packet.
- I have included a San Jacinto College degree evaluation (My SanJac GPS) reflecting all course work and equivalences.
- I have completed the application in full and have signed and dated this application.

This application will be used in the accumulation of points for the admission process. Final decisions on point allocation will be determined by the program director.

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.

Signature of Applicant

Date

Please submit requested materials only

DOCUMENTATION OF EXPERIENCE FORM

To be completed by the applicant:

Name: _____ Date: _____

Email: _____ Phone Number: _____

Applicant's signature _____

To be completed by a licensed Physical Therapist or Physical Therapist Assistant:

Please complete as thoroughly as possible and return to: San Jacinto College Physical Therapist Assistant
Program 13735 Beamer Rd. Office 251Q
Houston, TX 77089

I verify that the applicant has (check one):

_____ Volunteered at our facility _____ worked at our facility

Please fill in number of hours volunteered or months/years worked at facility

_____ Number of hours/years Hours completed (month/year) _____ through (month/year) _____

Please evaluate the applicant by placing a check in the column that most nearly represents your opinion. If you lack the knowledge to make a definite rating, please check "Inadequate Opportunity to Observe."

Area of Evaluation	Inadequate Opportunity	Below Average	Average	Above Average	Superior
Intellectual ability					
Ability to communicate					
Independent thinking					
Motivation					
Integrity					
Professional interest					
Cooperativeness					

If you had an opening at your facility, would you hire this person as a PTA? _____ yes _____ no

Please add any comments that might assist the department in assessment of the applicant's admission to the Physical Therapist Assistant Program. If additional space is needed, attach a separate page.

Comments :

Name/Position: _____

Signature: _____

Facility Name/Address: _____

DOCUMENTATION OF EXPERIENCE FORM

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Name: _____ Date: _____

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