



**PHYSICAL THERAPIST ASSISTANT PROGRAM  
2025 ADMISSION APPLICATION**

The purpose of this application is to provide necessary personal data to comply with state and federal regulations and academic data to support your educational achievements. **Please print clearly and fill out this application completely. Write "N/A" if an item does not apply to you. All sections of this application must be complete, including all signatures, or your application will be denied.**

Applicants are responsible for attaching documentation online, as described in the current *PTA Program Application Information Packet*, to verify clinical health-related work experience, volunteer experience, or military service. Attachments will not be accepted after the application has been submitted. The window to apply is from Feb. 1, 2025 through May 12, 2025, 8 a.m. to 4:30 p.m.

**Legal Name:**

\_\_\_\_\_  
Last First Middle (complete) Jr., etc.

**CF ID No.:**

\_\_\_\_\_

**CF Email:**

\_\_\_\_\_

**Mailing Address:**

\_\_\_\_\_  
Street/P.O. Box City State ZIP Code

**Telephone:**

(include area code) \_\_\_\_\_  
Home Work Cell

**Were you born a United States citizen?**

Yes  No

**If not, list your country of birth:**

\_\_\_\_\_

**If not born in the U.S., are you a naturalized citizen?**

Yes  No

**If so, list your date of naturalization:**

\_\_\_\_\_  
Month Day Year

**Did you graduate from high school?**

Yes  No

**Do you have a G.E.D. certificate?**

Yes  No

**List all colleges attended, regardless of credits earned, including College of Central Florida. List only degrees that have already been awarded by the date of this application.**

College	Dates Attended	Degree Earned	Date Awarded (MM/YYYY)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**List previous health science programs attended (e.g., Nursing, EMS, Paramedic, etc.). If needed, attach separate sheet.**

**Name of School:**

\_\_\_\_\_

**School Address:**

\_\_\_\_\_

**Date of Entrance:**

\_\_\_\_\_

**Date of Leaving:**

\_\_\_\_\_

**Reason for Leaving:**

\_\_\_\_\_

**SIGNATURE:** By my signature below, I hereby certify that all of the information contained in this application is true and complete to the best of my knowledge.

Signature

Date (MM/DD/YY)

**COLLEGE OF CENTRAL FLORIDA  
PHYSICAL THERAPIST ASSISTANT PROGRAM  
LETTER OF INTENT**

By signing this form, I agree that should I be accepted into the PTA Program and I understand the following:

I will need to spend four to five hours every day in study and extra time practicing skills in the CF PTA lab outside of regularly scheduled class/lab time.

I will be able to attend classes/labs in either the morning or the late afternoon/early evening.

I will be able to adjust my personal/work schedules as the need arises for practical evaluations, class/lab schedule changes or guest speakers, which may be in the day or evening.

Full-time employment is strongly discouraged with recommendations to work less than 16 hours per week.

I will be expected to abide by the CF Student Code of Conduct and the PTA Code of Ethics and understand that I may be dismissed from the program if I do not function in an ethical manner.

Regardless of where I live, I will be able to attend clinical assignments in Marion, Citrus, Levy, Lake or Sumter counties. I have budgeted for gas and car expenses.

I will submit to drug testing at my own expense and provide proof of a negative drug screen prior to final acceptance into the PTA program and prior to full-time clinical placements. I may at any time be requested to submit to additional drug testing at my own expense. CF is a drug-free college and the clinical facilities are drug-free facilities. Admitted students must remain drug-free throughout the tenure in their program at the college. Failure to do so will be grounds for dismissal from the program. Evidence of drug use constitutes dismissal from the program.

I must complete a federal criminal background check. Should a report indicating a felony history come back after classes start then I will be dismissed from the program without any refund.

PTA students practice and are tested on certain measurements and interventions on each other during the course of their education under the direction and supervision of the faculty. Basic principles regarding safety and privacy for the individual are maintained. Procedures practiced and tested using PTA classmates include, but are not limited to, on-skin muscle palpations, assessments, modalities, electrotherapy, therapeutic exercise and functional training techniques. These activities require frequent standing, walking, occasional heavy lifting, touching and being touched by classmates.

After beginning PTA classes, I agree to wear the PTA program uniform as described in the *PTA Program Student Handbook* any time I am at the CF Ocala Campus or representing the PTA Program/SPTA Club.

**Final acceptance to the PTA program is contingent on all requirements for admission being met.**

**I prefer:**  Morning Labs  Afternoon/Evening Labs

I, \_\_\_\_\_, CF ID No. \_\_\_\_\_,  
Print Your Name

**understand and agree to the above listed program requirements.**

\_\_\_\_\_  
Legal (LEGIBLE) Signature

\_\_\_\_\_  
Date (MM/DD/YY)