



**PHYSICAL THERAPIST ASSISTANT PROGRAM  
2021 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, 2021 through March 31, 2021 from 8 a.m. to 4:30 p.m. each day.

**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)

