COLLEGE of CENTRAL FLORIDA
–an equal opportunity college–

PHYSICAL THERAPIST ASSISTANT PROGRAM
2024 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, 2024 through May 8, 2024, 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 does not discriminate against any person on the basis of race, color, ethnicity, religion, sex, pregnancy, age, marital status, national origin, genetic information, sexual orientation, gender identity, veteran status or disability status in its programs, activities and employment. For inquiries regarding nondiscrimination policies contact Dr. Mary Ann Begley, Title IX Coordinator, Ocala Campus, Building 3, Room 116, 3001 S.W. College Road, 352-291-4410, or Equity@cf.edu.

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)

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