

**CERRITOS COLLEGE
HEALTH OCCUPATIONS DIVISION
APPLICATION FOR ADMISSION
PHYSICAL THERAPIST ASSISTANT PROGRAM**

Have you applied to the PTA Program in the past? ☐ Yes ☐ No

If yes, list the year of your most recent application: _____

Highest Level of Education Completed (Check One):

☐ High School Diploma ☐ Associate Degree ☐ Bachelor's Degree ☐ Master's Degree ☐ Doctorate

Cerritos College Student Number _____ (If applicable)

I. GENERAL INFORMATION

Name: _____
(Last) (First) (Middle) (Other Names Used)

Address: _____
(Street and Number) (Unit/Apt/Space # if applicable)

(City) (State) (Zip)

Cell Phone: () _____ Home Phone: () _____

Email address: _____

Military Service (List Branch & Status - Discharged/Active/Reservist): _____

Why do you want to enter into this field?

List any special abilities or skills that you believe would make you an asset to this profession.

Related Work Experience (Verification must be submitted)

DATES	JOB DESCRIPTION	EMPLOYER	EMPLOYER'S PHONE NUMBER

II. EDUCATION

A. High school (list last high school attended):

Name	Grade completed	Year Graduated
Address	City	State

B. Colleges:

1.	College Name	Major	Degree Completed
	Address, City, State, Zip	Dates Attended	Quarter or Semester System
2.	College Name	Major	Degree Completed
	Address, City, State, Zip	Dates Attended	Quarter or Semester System
3.	College Name	Major	Degree Completed
	Address, City, State, Zip	Dates Attended	Quarter or Semester System
4.	College Name	Major	Degree Completed
	Address, City, State, Zip	Dates Attended	Quarter or Semester System

C. I have been accepted and/or attended the physical therapist assistant program listed below:

Name of College/Program	Date	Reason for leaving
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I have read and understand the admission requirements and procedures for application. It is understood that withholding information, such as enrollment in another Physical Therapy or Physical Therapist Assistant program or giving untruthful answers to questions on this application could be cause for non-acceptance or dismissal from the program.

Signature	Date
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