

California Baptist University
Department of Allied Health Professions
Physical Therapist Assistant Program
Application for Admission

Name: _____
(Last) (First) (Middle)

Name you prefer to be called _____

Address _____
(Street and number) (City) (State) (Zip Code)

Best phone number to reach you is () _____

Email address _____

Have you been accepted into and/or attended any other physical therapist assistant program?

- Yes
- No

If yes, please list all programs and note accepted or attended (if attended, also include reason for leaving):

List any special experiences or skills that you believe make you an asset to this profession and program
(Extensive explanation not needed here as that can be covered in your essay):

Education:

Although courses at the collegiate level are not required for admission into the program, it is expected that all educational experiences will be included in this application (**formal transcripts must be submitted to CBU by Mar 1**)

High school (last attended)	Grade completed	Graduation year	Overall high school GPA

List any specific high school coursework/activities completed that you feel prepared you for the PTA program:

Colleges/Universities attended and year(s) of attendance	Units completed/year of graduation	Overall GPA

List any specific collegiate coursework/activities completed that you feel prepared you for the PTA program:

Related work/volunteer experience: (verification forms for clinic hours must be submitted by Mar 1)

Dates	Job description	Total # of hours	Company and Supervisor's name	Supervisor's contact number

Recommendations: (completed recommendation forms must be submitted by those making recommendations by Mar 1)

List the individuals that are submitting recommendations on your behalf

1. _____
2. _____

Incomplete applications will not be considered until complete. It is the applicant's responsibility to see that his/her file is up-to-date at all times with regard to address, telephone number, email address, as well as ensuring that official transcripts from high school and/or colleges and universities attended have been sent to CBU by the deadline of **March 1.

I have read and understand the admission requirements and procedures for application to California Baptist University's (CBU) Physical Therapist Assistant (PTA) program. I certify that all the information provided in this application is current and truthful to the best of my knowledge.

(Signature)

(Date)

**When completed, return via email to: Jan Edmisten, PT, MPT, CNS, DSc
Physical Therapist Assistant Program Director
jedmisten@calbaptist.edu**