



APPLICATION FOR ADMISSION

PLEASE PRINT IN INK OR TYPE: Admission Year: _____ TODAY'S DATE: _____

NAME: _____
Last First Middle Former or Maiden Name

ADDRESS: _____
Street Address City State ZIP

TELEPHONE: _____ SOCIAL SECURITY#: _____

STUDENT COLLEGE ID#: _____ Are you a military veteran? Yes No

E-MAIL ADDRESS: _____

What language is spoken in your home? _____

What languages do you speak fluently? _____

IN CASE OF AN EMERGENCY, PLEASE NOTIFY (LIST TWO [2] PERSONS WITH PHONE NUMBERS):

NAME	RELATIONSHIP	PHONE NUMBER
_____	_____	_____
NAME	RELATIONSHIP	PHONE NUMBER
_____	_____	_____

EDUCATION

High School (check one) High School Diploma GED Home School

High School Name: _____

College: _____ Degree: _____

Health-Care Training (examples : CNA, Nursing, Surgery Tech, Respiratory, EMT, PT/OT technician) :

No Yes : TYPE - _____ Facility - _____

Certifications: _____

Have you previously attended an Allied Health Program? Yes No

Type of program _____ Date Attended: _____

Name and Address of School attended: _____

Graduated? Yes No Reason for withdrawal if you did not graduate: _____

Are you eligible for Re-Admission? YES NO

(if yes, please provide a Letter of Standing from previous school)

Do you currently hold a professional license? No Yes License # _____ STATE: _____
(please provide a copy of license to complete your file)



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- ❖ With your submission of this application, attach a brief statement relating why you have chosen PTA as a career and list some of your career goals. Include any type of leadership or management experience. Resume style would be appreciated.
- ❖ Please also attach your Clinic Observation Form.
- ❖ Submit your application to the PTA Program Director (junderwood@southplainscollege.edu) by the third Friday of October by 4:00 PM.
 - ❖ If application is received after date listed, application will be NOT be included for consideration.
- ❖ Please submit packet in entirety.
- ❖ South Plains College does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities.
- ❖ Please understand that falsification of any information on this application will result in disciplinary actions including dismissal from the program.

I certify that I have read and understood the information included in this application.
I certify that statements made on this application are complete and true.

Signature of Applicant

Date Received _____ Initials _____
