

AAS Physical Therapist Assistant Application Confirmation

Read each item of information, and then place your initials next to each item confirming notification.
Retain a copy for your records.

INITIAL

I have read all the material contained in the PTA application packet and understand the application, selection process for summer following application deadline.

I understand that that I will not be qualified for admission if I submit an application packet that is incomplete or does not meet application/program requirements.

I understand that after my application is accepted and verified, it is my responsibility to notify the Pikes Peak Community College PTA Program Office (719) 502-3486 of any changes in my address or telephone number, or status.

I understand it is my responsibility to: follow proper application procedures, provide transcripts in the required timeline, and keep informed on revisions regarding degree requirements, program requirements, selection process, and ensure course equivalency by contacting college Counseling Office for verification.

I understand that the Support Course requirements and/or the tuition/fee requirements for the A.A.S. Degree are subject to change.

I understand that if I am notified of being admitted into the program, my failure to submit "Acceptance – Intention Response Form" or "Alternate – Intention Response Form" to the PTA Program Office by the noted deadline will result in losing my seat in the program.

I understand that the PTA program admissions process will result in the compilation of a list of qualified students when the applicants submit their completed application with all supportive documentation and that there is an interview component.

I understand that my application will be ranked according to specific criteria, using a point system.

I understand that the PTA program admission policies are based on published college policies; Pikes Peak Community College does not discriminate based on race, color, religion, national origin, gender, pregnancy, age, disability, genetic information, marital status, amnesty, veteran's status, or limited English proficiency. It is our policy to comply, fully, with the nondiscrimination provision of all state and federal rules and regulations.

I understand that The Pikes Peak Community College reserves the right to make revisions in the PTA program requirements and/or selection procedures, and I am aware that I am responsible for monitoring the college and program websites as well as checking the on-line catalog to keep myself apprised of any changes.

I understand that I will be required to get the proper immunizations prior to my first clinical rotation at my own expense. That this placement will be at the school's discretion unless I obtain an alternate preapproved site.

I must of CPR Health Care Provider card and a completed physical examination form before starting the program in the Fall.

Signature:

(print your full name as your signature)

Date: