



Physical Therapist Assistant Program

Fall 2017 Program Application

Date _____ SS # *** - ** - _____ Date of Birth ____ / ____ / ____
last 4 digits mm dd yr

Name _____
Last First MI Maiden

Mailing Address

City State Zip

Telephone _____ (C) _____ (H) _____ (W)

E-mail Address _____

High School Attended _____

Date of Graduation ____ / ____ / ____ Date of GED (if applicable) ____ / ____ / ____
mm dd yr mm dd yr

Have you taken the ACT? yes no date taken ____ / ____ / ____
mm dd yr
critical reading score _____ math score _____ writing score _____

Have you taken the SAT? yes no date taken ____ / ____ / ____
mm dd yr
English score _____ science reasoning score _____
math score _____ reading score _____ writing score _____

Have you taken the Accuplacer test? yes no date taken ____ / ____ / ____
mm dd yr
English score _____ math score _____

Have you applied for admission to New River?

If yes, have you been accepted? yes no
If yes, what is your student ID# _____

Have you applied for financial aid? yes no

Are you a veteran? yes no *If yes, please submit a copy of your identification card to the PTA Program along with your application.*

List additional college(s) and/or university(s) attended or currently attending

Name of Institution	State	Dates Attended	Degree	Date of Graduation

- *Students who have obtained a degree must provide the PTA Program with a copy or verification of the degree at the time their program application is submitted.*

How did you learn about the physical therapist assistant program at New River?

Student Signature

Date

New River Community and Technical College does not discriminate on the basis of race, color, national origin, ancestry, sex, sexual orientation, age, religion, blindness or disability in its educational programs or in admission to, access to, treatment in, or employment as required by applicable state and federal law.

The offices listed below have been designated to handle inquiries regarding the nondiscrimination policies. Americans with Disabilities Act of 1990 and Section 504 of the Vocational Rehabilitation Act of 1973.

Inquiries Contact:

Leah Taylor

Vice President of Administrative Services
 Phone: 304.929.6701

New River Community and Technical College
 280 University Drive
 Beaver, WV 25813

For Office Use Only

Date Received: ____ / ____ / ____
mm dd yr initials

Has the student been advised by the PTA program? yes no

If no, please call student to schedule advising appointment...

advising date scheduled form: ____ / ____ / ____
mm dd yr

Does student have an advising file? yes no

Does file include copy/copies of official transcripts from additional institutions attended? yes no

revised 11/23/2015



Physical Therapist Assistant Program

Volunteer Reference Form

To the Applicant: Please complete the top section of this form before submitting it to the PT or PTA at the facility where you are performing your volunteer hours. Applicants are required to complete volunteer hours in at least two physical therapy settings, each with a different licensed PT or PTA. Volunteer hours cannot be completed via home health and must be completed within 1 calendar year of the application deadline. A minimum of 40 volunteer hours is required to apply to the program; however, applicants may choose to complete up to 80 volunteer hours. Persons that have been or are currently employed in a physical therapy setting and wish to use their work experience for credit must provide documentation from a PT or PTA member of the physical therapy staff. All volunteer documentation should be in a signed and sealed single envelope from each setting and submitted by the student along with their program application.

Applicant Name: _____ **Student ID#:** _____

last 4 SS# *-**-_____ E-mail address:** _____

To the PT or PTA: Thank you for providing volunteer opportunities for prospective PTA students. Please complete the remainder of this form and return it to the student in a sealed envelope with your signature across the flap. All volunteer documentation is to be submitted at one time, in a single envelope by the student along with their program application.

Total Volunteer Hours _____ **Employment Length (Months) (if applicable)** _____

Please rate the professional behaviors of the volunteer below:

Professional Behaviors	Excellent		Average		Poor
Demonstrates Initiative	5	4	3	2	1
Professional appearance	5	4	3	2	1
Seeks opportunities to learn	5	4	3	2	1
Basic knowledge of the profession	5	4	3	2	1
Adheres to assigned schedule	5	4	3	2	1
Follows direction/instructions	5	4	3	2	1
Asks pertinent questions	5	4	3	2	1
Overall professionalism	5	4	3	2	1

PT or PTA signature

Date

Please print clearly:

Name & Credentials: _____

Phone: _____

Facility: _____

Address: _____

City/State/Zip: _____

E-mail: _____

revised 9/1/2015