

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

Date_____

When completed, return to:

Cerritos College Student Number _____

Health Occupations Division
CERRITOS COLLEGE
11110 Alondra Blvd.
Norwalk, CA 90650

Writing Clearance ___yes ___no Test name_____Score_____
or course name_____
Algebra Clearance ___yes ___no Test name_____Score_____
or course name_____
Reading Clearance ___yes ___no Test name_____Score_____
or course name_____

(Attach copy of scores)

I. GENERAL INFORMATION

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

Address: _____
(Street and Number) (City) (State) (Zip)

Home Phone: () _____ Work Phone: () _____

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: Number of units completed _____
Number of units progress _____

College Name	Major	Degree	Qtr. or Sem.	Units
Address, City, State, Zip	Date	G.P.A.		

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College Name	Major	Degree	Qtr. or Sem.	Units
Address, City, State, Zip	Date	G.P.A.		

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

Students with disabilities who may need accommodations in completing any part of this application process should contact the Disabled Student Programs and Services Office.