

# Physical Therapist Assistant Program Application

Science, Nursing, And Allied Health  
Office: (318)678-6110  
Fax: (318) 678-6199  
Building B, Room 148



Bossier Parish Community College  
6220 East Texas Street  
Bossier City, Louisiana 71111  
www.bpcc.edu

Bossier Parish Community College Allied Health Programs have a selective admission process. This process is non-discriminatory on the basis of race, color, national origin, gender, age, qualified disability, marital status, veteran's status, or sexual orientation in admission to its programs.

You may type on the form and must print when completed. You **WILL NOT** be permitted to save the form. Please complete, print, sign, and return your application to the Program Director by the program's application deadline in order to be considered for program selection.

NOTE: It is the student's responsibility to provide the program director written notification of any contact information changes. In addition, the student must contact the registrar and complete the appropriate documentation for the change to be recognized in the school system.

## Applicant Information

**Date:** \_\_\_\_\_ Program Applying for:

Name:

Mailing address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/postal code: \_\_\_\_\_

SS Number: \_\_\_\_\_ BPC Student ID Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_ Gender: \_\_\_\_\_

BPC Email Address:

Check as applicable: \_\_\_\_\_ If a previous applicant: \_\_\_\_\_

First time applicant, currently enrolled at BPC Previous Applicant

First time applicant, never attended BPC Date Prior Application: \_\_\_\_\_

Also applying to :

Person to notify during school hours in case of emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact's Telephone: \_\_\_\_\_

How did you find out about your program of interest (mark only one)?

Advisor \_\_\_\_\_ Flyer on class bulletin board

Announcement on myBPCC or electronically \_\_\_\_\_ Instructor, other than advisor

BPC sponsored event \_\_\_\_\_ Radio advertisement

Employer \_\_\_\_\_ Television advertisement

Fellow classmate or friend \_\_\_\_\_ Other: \_\_\_\_\_

## **Previous Education & Experience**

Name of School:

City & State:

Attended: From

To:

Major:

Diploma/Degree:

Name of School:

City & State:

Attended: From

To:

Major:

Diploma/Degree:

Provide information concerning college, university, vocational or trade schools attended (All official transcripts must be sent to BPCC):

Name of School:

City & State:

Attended: From

To:

Major:

Diploma/Degree:

Name of School:

City & State:

Attended: From

To:

Major:

\_ Diploma/Degree:

If presently enrolled at any other college/university, what courses are you enrolled in?

List other non-traditional educational experiences (travel, military service, on-the-job training, etc.) that you think may be relevant to helping the Admissions Committees evaluate your application.

List your professional and/or business experiences below (optional):

Name of employer: \_\_\_\_\_ Phone #:

Address of employer:

Dates of employment: From \_\_\_\_\_ to:

Position:

Job responsibilities:

### **PTA Applicant Disclosures:**

Please answer each of the following questions by clicking the appropriate answer.

Yes

No

1. Have you ever been dropped, suspended, placed on probation, expelled, requested to leave temporarily, resign or otherwise been acted against by any post-secondary educational program or professional training program in which you were enrolled prior to completion of that training?
2. Have you ever had an application for any professional license refused or denied by any licensing authority?
3. Have you ever had a license or certification revoked or suspended, other disciplinary action taken, by any professional licensing authority or any state, territory or country?
4. Have your practice privileges ever been restricted or terminated by any licensing authority, association, licensed facility, or staff of such facility, or have you ever voluntarily or involuntarily resigned or withdrawn from such association or avoid imposition of such measure?
5. Have you ever been charged with, convicted or pled guilty or nolo contendere, to a felony criminal offense in any state or federal court, whether or not sentence has been imposed or suspended?

If you have answered yes to any questions, all YES answers MUST be explained on a separate SIGNED and NOTORIZED affidavit. The affidavit should include all relevant dates and identify the relevant jurisdiction and/or entity involved. Failure to disclose any of the requested information may result in the denial of your application.

### **Statement of Truth**

I, \_\_\_\_\_ am indicating that the information I have included on my application is true. I understand misrepresentation or omission of information on this application, including my signature, may result in the loss of eligibility for admission into the Allied Health Program at BPC for which I am applying.

Applicant's Signature

Date