

**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

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 _____

1. _____

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

2. _____

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

3. _____

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

4. _____

| | | | | |
|---------------------------|-------|--------|--------------|-------|
| 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 |
|-------------------------|------|--------------------|

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.

NOTE: Also include equivalent courses taken at another college or university.

| | EQUIVALENT COURSE | UNITS | GRADE | SEMESTER/ YEAR | IN PROGRESS | COLLEGE |
|---|-------------------|-------|-------|-------------------|----------------|---------|
| ADMISSION PRE-REQUISITES: | | | | | | |
| Anatomy and Physiology 150 (4 units minimum) | | | | | | |
| Anatomy and Physiology 151 (4 units minimum) | | | | | | |
| English 100 | | | | | | |
| Math 80 (Intermediate Algebra or Equivalent) | | | | | | |
| Read 54 | | | | | | |
| OTHER ASSOCIATE IN ARTS DEGREE REQUIREMENTS | | | | | | |
| MA 161 (Medical Terminology) | | | | | | |
| Psychology 101 | | | | | | |
| Speech 100 or 130 | | | | | | |
| (US) History 101, 102, 103 OR | | | | | | |
| Political Science 101 or 201 | | | | | | |
| Humanities course OR | | | | | | |
| Fine Arts course | | | | | | |

List additional science, medical, or physical therapy courses completed at other colleges.

| SUBJECT | UNITS | GRADE | SEMESTER/ YEAR | IN PROGRESS | COLLEGE(S) INVOLVED |
|---------|-------|-------|-------------------|----------------|------------------------|
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