For Office Use Only

Murray State College Allied Health Department

Physical Therapist Assistant Program

APPLICATION FOR ADMISSION

Technical Year 2024/2025

Applicants to the Murray State College Physical Therapist Assistant Program are selected in accordance with nondiscriminatory practices. The application process must be completed and submitted along with required documents by 5:00 pm on or before the third Thursday in November. The Due Date is November 16, 2023. If mailed, it should be postmarked by November 15, 2023.

- Please give careful consideration to each question on this form and answer each question completely.
- You must print the document, attach a photo, complete all information, sign, and mail or bring to the office.
- All responses except on the Written Interview and when signatures are required should be typed & printed.

Name:		
(Last)	(First)	(Middle/Maiden)
Home Address:		
(Number and Street)	(City) (Sta	ite) (Zip Code)
Email:		
Home Phone #:	Mobile Phone #:	
U.S. Citizen:YesNo Date of Please attach a current photo below.	Birth: (Month) (Day)	(Year)
You may either attach a photo of yourself here or include one in your application packet that you will return to the program. If you e-mail your packet back you may just attach a picture with your packet.	Person to be notified we can't reach you:	d in Case of Emergency or
	Name:	_
	Relationship:	
	 Phone #:	

Secondary Education: List all high school or other secondary schools attended. Diploma: Dates: City/State Name of School (Y/N) From/To Post-Secondary Education: List all formal education beyond high school. Dates: Degree: Y/N Name of Institution City & State To/From **Employment**: List all work experience, during the last five years. Dates: **Position Held** City & State **Employer** To/From

	ease answer the following questions that impact ese questions are taken from OK Licensure Application.	your eligibility for licensure in Oklahoma.	
1.	Have you ever been arrested or charged or convicted of a felony or misdemeanor? Yes ☐ No ☐		
2.	Have you ever been addicted to or abused any drug or chemical substance including alcohol? Yes No		
3.	3. Have you ever obtained an assessment or been treated for use of any drug or chemical substance including		
	alcohol? Yes 🗌 No 🗌		
4.	4. Have you ever had any mental, emotional or nervous	s disorder or condition which could affect, or if untreated	
	could affect, your ability to practice competently? Ye	s 🗌 No 🗌	
to you gradu situat licens conta	your application. If you answer yes to any of these quotation. Prior to applying to the program you should attion. No one will be admitted to the PTA program ense in Oklahoma as this would be in conflict with the that at the program director.	Id seek clarification from the OSBMLS regarding your if it is understood that they would be ineligible for the program mission. If you have questions, please ividuals who are not relatives, but who know you	
inclu	Il and can give information about your character lude a recent teacher, counselor, employer, or cection committee desires additional information.	clergyman. We contact references only when the	
1.	Name:	Position or Title	
	Address:		
	Phone:		
2.	Name:	Position or Title	
	Address:		
	Phone:		
3.		Position or Title	
	Address:		
	Phone:		
accui	ereby affirm that all information on this form and curate to the best of my knowledge. I understand ligible for admission and enrollment in the PTA	d that giving false information will make me	
	Signed		
	Date		

Print this form, attach a photo of yourself in the space provided on page #1 of the application. Sign and date the application and include all completed application documents and submit to the PTA Program Director. You may submit the application and documents by email, regular mail, or bring them to the PTA program office. See Application Check List Form.