California Baptist University
Department of Allied Health Professions
Physical Therapist Assistant Program
Application for Admission

Name: _____
(Last) (First) (Middle)
Name you prefer to be called _____

Address _____
(Street and number) (City) (State) (Zip Code)

Best phone number to reach you is ( ) _____

Email address _____

How did you hear about the CBU PTA program? _____

Have you been accepted into and/or attended any other physical therapist assistant program?

- Yes
- No

If yes, please explain:

_____
_____

List any special experiences or skills that you believe make you an asset to this profession and program (Extensive explanation not needed here as that can be covered in your essay):

_____
_____

Education:
Although courses at the collegiate level are not required for admission into the program, it is expected that all educational experiences will be included in this application **(formal transcripts must be submitted to CBU by Mar 1)**

High school (last attended)	Grade completed	Graduation year	Overall high school GPA

List any specific high school coursework/activities completed that you feel prepared you for the PTA program:

_____
_____

Colleges/Universities attended and year(s) of attendance	Units completed/year of graduation	Overall GPA

List any specific collegiate coursework/activities completed that you feel prepared you for the PTA program:

_____

_____

Related work/volunteer experience: **(verification forms for clinic hours must be submitted by Mar 1)**

Dates	Job description	Total # of hours	Company and Supervisor's name

Recommendations: (completed recommendation forms must be submitted by those making recommendations by Mar 1)

List the individuals that are submitting recommendations on your behalf

1. _____
2. _____

I have read and understand the admission requirements and procedures for application to California Baptist University's (CBU) Physical Therapist Assistant (PTA) program. I certify that all the information provided in this application is current and truthful to the best of my knowledge.

_____

(Signature) (Date)

When completed, return via email to: **Jan Edmisten, PT, MPT, CNS, DSc**
Physical Therapist Assistant Program Director
jedmisten@calbaptist.edu

Graduation from a physical therapist assistant education program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave, Suite 100, Alexandria, VA 22305-3085; phone: 703-706-3245; accreditation@apta.org is necessary for eligibility to sit for the licensure examination, which is required in all states.
The Physical Therapist Assistant program at California Baptist University is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave, Suite 100, Alexandria, VA 22305-3085; phone: 703-706-3245; email: accreditation@apta.org; website: http//www.capteonline.org. If needing to contact the program/institution directly, please call Dr. Jan Edmisten, PTA Program Director, @951-343-4539 or email: jedmisten@calbaptist.edu.

Nondiscrimination Statement

California Baptist University, an educational institution controlled by the California Southern Baptist Convention, takes seriously anti-discrimination provisions under the state law and is committed to providing a learning and living environment that promotes student safety, transparency, personal integrity, civility, and mutual respect, California Baptist University is exempted by the state from California Education Code 66270 to the extent the application of California Education Code 66270 is not consistent with the institution's religious tenets. California Baptist University retains all rights afforded it under federal law and the laws of the State of California.