

Date _____

BLACK HAWK COLLEGE
Physical Therapist Assistant Application

To be considered for the upcoming fall class in the PTA program, all required forms (application, personal statement, all college transcripts including BHC, and 3 letters of recommendation) must be returned to Black Hawk College, Stephanie Gray, 6600 34 Avenue, Moline, IL 61265 or via email at grays@bhc.edu

Name _____ Maiden Name _____

Address _____ Primary Phone # _____

City _____ State _____ Zip _____

BHC Student ID Number or SSN: _____

E-mail: _____

I. High School Background

_____ I am presently a senior in high school.

_____ I graduated from high school in _____ (year). Where? _____

_____ I have a GED (high school equivalency). Year completed: _____

_____ Black Hawk College uses a placement test to determine placement in English, Math and Reading. If you have not taken any college English or Math courses, you must take the BHC placement test. Please contact the Advising Office at 796-5100, to schedule a test date/time

II. College Background:

A cumulative average of "C" or better in courses previously completed at Black Hawk College and any courses transferred from other colleges is required to be eligible for the PTA program.

_____ I have completed and/or currently enrolled for courses at Black Hawk College.

Years attended _____

_____ I have completed and/or currently enrolled for courses at another college.

College _____ Years attended _____ Degree: _____

College _____ Years attended _____ Degree: _____

College _____ Years attended _____ Degree: _____

College _____ Years attended _____ Degree: _____

III. Experience

1. Have you had previous health care experience? ____ Yes ____ No. Beginning with the most recent experience, list agencies or institutions where experience occurred, indicate years worked, and what position(s) you held. Any volunteer or observation work should be indicated here.

a. _____

b. _____

c. _____

4. **State your reasons for pursuing a career as a physical therapist assistant. Please type your statement on a separate sheet of paper and attach it to these forms (300 word maximum).**

I have read the above, and to the best of my knowledge it is true, correct, and complete. I understand that any falsification or misrepresentation will be sufficient grounds for my dismissal from the program. I understand that completion of the Physical Therapist Assistant program does not automatically guarantee a graduate the right to take the Licensing Examination or to become licensed as a Physical Therapist Assistant.

Signature:

Date