

**APPLICATION FOR ADMISSION**  
 Carroll Community College  
 Physical Therapist Assistant Program  
 1601 Washington Road  
 Westminster, MD 21157

Please print legibly  
 (legal name)

Last	First	Middle	Maiden
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Mailing address

City	State	Zip	County
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Email <b><u>all communication will be sent to this email address</u></b>	
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Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ CCC Student ID: \_\_\_\_\_

List below the official name of each institution attended. An official transcript from each school and/or college attended should be sent directly to the Carroll Community College Records Office.

Name and Address of College	Dates Attended	Degree Received and GPA	Graduation Date

List below any experiences you have had in the field of physical therapy. Indicate if this experience was as an employee, patient, family member, volunteer or other helper. **IF YOU WERE/ARE EMPLOYED AS A REHAB/PT TECH, YOU MUST SUBMIT the employment verification form**

Name of Facility or Setting and Address	Role/Position	Types of PT seen	Total Hours
	Volunteer Employee Patient		
	Volunteer Employee Patient		
	Volunteer Employee Patient		

Non-Discrimination Policy:

The Board of Trustees of Carroll Community College reaffirms its commitment to the belief in the intrinsic value of the individual and his/her right to be judged upon the merits of abilities and actions alone; provision of maximum employment opportunity based on the system and the capacity of the potential employee to meet those needs and without regard to any other factors; and provision of maximum educational opportunity for all students with special attention to time schedules, locations, costs and financial support, counseling, student activities, remedial assistance, and other factors, assuring the accessibility of such opportunity to all. In the conduct of the official business and day-to-day operations of the Carroll Community College, the Board of Trustees will not tolerate discrimination against any member of the student body, faculty, or staff upon any unlawful basis or upon any other basis not related to that person's eligibility or qualifications for participation in College programs, services, activities, and employment.

The Board further states its intent to pursue a vigorous program to expedite the recruitment, hiring, training, development, and promotion of employees and the recruitment, placement, counseling and teaching of students without regard to factors of race, color, sex, sexual orientation, national origin, religion, pregnancy, disability, age, genetic information, military service, gender, gender identity, or any other class protected by Federal, State or local law.

The Board, further, instructs the President to plan for, implement, and report periodically on an active program to fulfill this commitment.

Further, the Board states its intent to pursue this program, not only in full compliance with pertinent legislation, but in a spirit of outreach and affirmation, accepting fully its charge to improve the quality of life for all within its area of influence.

The Maryland Board of Physical Therapy Examiners may deny a license to an applicant who has been convicted of or pleads nolo contendere to a crime involving moral turpitude, whether or not any appeal or other proceeding is pending to have the plea set aside. If prospective students have questions regarding this, they should contact the PT Board of Examiners directly.

**THE DEADLINE FOR RECEIPT OF COMPLETED APPLICATIONS IS May 1st.**

**Please read the following statement and indicate by your signature below that you agree to the terms stated. *Unsigned applications will not be processed.***

**I affirm that the information on this application form, and any additional material that I submit related to the admissions process, is complete, accurate, and true to the best of my knowledge. I agree to submit any other materials that are required for the admissions process. I understand that furnishing false or incomplete information on any part of this application for admission or any related material may be cause for denial of admission. I agree that as a student, I will honor the academic ethics code of Carroll Community College.**

**Signature:**

**Date:**

