



HEALTH SCIENCES, ALLIED HEALTH AND NATURAL SCIENCES DEPARTMENT

Physical Therapist Assistant Program Application

****All communications must be through your New River e-mail account**

Applicant Information

Full Name: _____ Date: _____
 Last *First* *Middle*

Address: _____ Apartment/Unit # _____
 Street Address

City _____ State _____ ZIP Code _____

Telephone Home: _____ Cell: _____

Work: _____ Email: _____

County of Residence: _____ Social Security No. (last 4 digits only): *** - ** - _____

Education

Have you applied for admission to New River? YES NO

If no, please click on this link to complete the application: <https://www.newriver.edu/ready-to-apply/>
****Please note that unless you have been fully admitted to New River Community and Technical College, you will not be considered for selection into the program.**

If yes, have you been accepted? YES NO

If yes, what is your student ID#? _____

****Students who have obtained a degree must provide the PTA Program with a copy or verification of the degree at the time their program application is submitted.**

The Physical Therapist Assistant Associate of Applied Science program at New River Community and Technical College is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave., Suite 100, Alexandria, Virginia 22305-3085; telephone: 703-706-3245; email: accreditation@apta.org; website: http://www.capteonline.org. If needing to contact the program/institution directly, please call 304-929-3324 or email PTA-

Military Service

Are you a veteran?

YES

NO

****If yes, please submit a copy of your identification card to the PTA Program along with your application.**

Branch: _____

From: _____

To: _____

Other

How did you learn about the physical therapist assistant program at New River?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

SUBMIT