



APPLICATION TO COMMENCE THE PROFESSIONAL PHASE OF THE PHYSICAL THERAPIST ASSISTANT (PTA) PROGRAM IN 2025

Name _____ MCCC ID _____

Initial each of the following statements to indicate your understanding & agreement, and then sign and date below.

1. _____ I understand that the application process is unique for each year and does not “carry over” to another year. I understand that if I am not accepted into the program this year and I wish to apply in the future, I will need to submit a new application.
2. _____ I have reviewed the Essential Functions for PTA Students, available on the PTA website www.mccc.edu/pta. Some of the essential functions may be accomplished with the use of assistive technology or other reasonable accommodations. (If you have a documented differing ability or think that you may have a differing ability that is protected under the American with Disabilities Act, Section 504 of the Rehabilitation Act or college policy, please contact the MCCC Center for Inclusion, Transition, and Accessibility in LB212 on the West Windsor campus for information regarding support services.)
3. _____ I understand that there are standards of behaviors expected from PTA learners, in accordance with the college, Health Professions Division, PTA Program, and the American Physical Therapy Association.
4. _____ I understand that a criminal background check, including sex offender registry is part of the requirement for clinical placement. Students with a criminal history within the past seven years may not be eligible to participate in the PTA Program. A criminal history may limit my ability to obtain state licensure as a licensed PTA. I understand that in order to participate in the PTA Program, I must have a valid social security number in order to complete the required background check.
5. _____ I understand that drug screening may be required by clinical sites to which I have been assigned. Non-prescription use of controlled substances may make me ineligible to complete the PTA program. I also understand that progression through the professional phase is dependent upon timely completion of health records and other related requirements, as outlined in the PTA Program Information Packet.
6. _____ I understand that the PTA Program has a program-specific grading policy, as outlined in the PTA Program Information Packet.
7. _____ I understand that the NJ State Board of Physical Therapy Examiners determines who is eligible for licensure. Completion of the PTA Program does not guarantee that the graduate will be eligible for licensure in New Jersey or any other state.
8. _____ I understand the admissions process as described on this form and that admission to the program is *not guaranteed for any individual*.
9. _____ I understand that the course schedule within the professional phase may change due to future Covid-19 Developments, other health threats, natural and manmade disasters, outside the control of the PTA Program.

I affirm that the information on this application is accurate and request consideration for acceptance into the professional phase of the Physical Therapist Assistant Program.

Signature _____

Date _____