



COLBY

COMMUNITY COLLEGE

**PHYSICAL THERAPIST ASSISTANT PROGRAM
APPLICATION TO SOPHOMORE YEAR
(type or print)**

NAME _____
LAST FIRST MIDDLE MAIDEN

ADDRESS (JUNE ADDRESS) _____
STREET OR BOX NUMBER CITY STATE/ZIP

TELEPHONE NUMBER EMAIL ADDRESS

DATE OF BIRTH _____ M OR F _____ AGE _____ SS# _____

LIST **ALL** OTHER COLLEGES ATTENDED _____

CLASSES IN PROGRESS AND EXPECTED SUMMER CLASSES: **NOTE** SUMMER CLASSES MUST BE COMPLETED BY FIRST WEEK OF AUGUST.

COLLEGE DEGREES AWARDED: _____

VOLUNTEER OR WORK EXPERIENCE (PHYSICAL THERAPY OR HEALTH RELATED FIELDS ONLY)

Have you ever been found guilty or pleaded no contest to any felony or Class A misdemeanor?
Yes _____ No _____

Have you ever been treated for substance abuse (alcohol, illegal drugs, prescribed medication)?
Yes _____ No _____

I hereby certify, under penalty of perjury, that the foregoing is true and correct to the best of my knowledge.

SIGNED _____ DATE _____

Please include \$20 (check or money order) for application processing. This must be included or your application will not be processed.

Colby Community College does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs, activities, and employment. The following persons have been designated to handle inquires regarding the nondiscrimination policies:

*Title IX Coordinator: Nikol Nolan, (785) 460-5490, Colby Community College, 1255 South Range, Colby, KS 67701.
Section 504 ADA: Nikol Nolan, (785) 460-5490, Colby Community College, 1255 South Range, Colby, KS 67701.*

Challenge students to adapt to a diverse society. Create opportunities for student growth. Connect student learning with professional experiences.