



Physical Therapist Assistant Program- Collin College
PTA Application Form

I. Personal Information (Please type or print)

Last Name: _____ First Name: _____ Middle Initial _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Collin College ID (CWID): _____ Collin College Email: _____

Personal Email: _____

II. Academic Information

Colleges Attended:

_____ Dates: _____

_____ Dates: _____

_____ Dates: _____

_____ Dates: _____

List any degree(s) or certifications you have earned and your major:

Degree or Certification:

_____ Major: _____

_____ Major: _____

III. Acknowledgments (Initial each statement)

_____ I have read the Essential Functions and acknowledge I can perform all the functions. (Located on website)
Initials

_____ I understand that effective September 1, 2026, a Social Security Number (SSN) will be required by the State of Texas to issue PTA license.
Initials

_____ I understand that the Collin College PTA Program will prepare students for PTA licensure in the State of Texas.
Initials

_____ I understand that submitting the application does not guarantee admission to the PTA Program and that there is a selective admissions process.
Initials

Signature: _____ **Date:** _____

The following information is collected only for reporting to the U.S. Department of Education. It is not used in selective admission decisions for the Collin College PTA Program.

Sex:
☐ Male
☐ Female
☐ Sex Unknown

Residency:
☐ U.S. Resident
☐ U.S. Nonresident (International)

Race/ethnicity:
☐ Hispanic/Latino
☐ Not Hispanic/Latino

Race:
☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Two or more races
☐ Race/ethnicity unknown