

PLEASE PRINT IN INK

APPLICATION DEADLINE: 4 P.M. Tuesday, March 30, 2027

NAME: _____ ID#: _____
(Last) (First) (MI)

Physical Therapist Assistant application packets for the 2027 filing period will be accepted from Monday, February 1 through 4:00pm on Tuesday, March 30, 2027. *Mailed applications must be postmarked within the application period.* **Print application packet single sided only.**

PACKETS WILL NOT BE ACCEPTED OUTSIDE OF THE APPLICATION PERIOD

COLLECT THE OFFICIAL DOCUMENTS REQUIRED AND SUBMIT WITH APPLICATION IN A SEALED ENVELOPE.

Additional documents will not be accepted after submission of the application packet.

Mail or hand deliver to: Shasta College, Health Sciences Division Office, 1400 Market Street, Suite 8204, Redding, CA, 96001

COMPLETED/ENCLOSED:

YES N/A

Online Shasta College Application – A new online admissions application must be submitted prior to submitting a PTA application packet.

Do this step even if you have previously applied to, previously attended, or are currently attending Shasta College.

Online applications can be done through www.shastacollege.edu/apply.

Application Immunization Documentation Checklist (2 pages)

Shasta College Physical Therapist Assistant Program: 2027 Application Packet (3 pages).

OFFICIAL* College Transcript from all colleges ever attended where work was attempted, or classes were completed. If general education or prerequisite courses were not taken at Shasta College or another California Community College, please include course descriptions/syllabi from the other college(s) in your application packet.

- It is not necessary to submit an official Shasta College transcript; a transcript of your Shasta College courses will be obtained from the Admissions & Records Office and made an official part of your application packet.
- All other College records that may already be on file with the Shasta College Admissions & Records Office **cannot** be used for this application packet. You must resubmit all non-Shasta College transcripts with the application packet unless you are a previously **continually qualified** applicant.
 - If you were a previously **continually qualified** applicant, you may elect to use your previously submitted college and/or high school records that are on file with the Shasta College Admissions & Records (A&R) Office.
 - Even if you are a previously continually qualified applicant, the 7-year recency for Anatomy & Physiology still applies. You may need to submit any transcript(s) showing that you completed these classes within the last 7 years (if courses are in jeopardy of expiration).

* OFFICIAL RECORDS/TRANSCRIPTS are those that have been received from another educational institution.

- Physical transcripts must be **submitted in your sealed application packet**. DO NOT SUBMIT TO ADMISSIONS & RECORDS.
 - Transcripts must be in a sealed envelope and remain unopened in order to be considered official. **DO NOT OPEN.** If an envelope has been opened (seal broken) prior to putting it in your application packet, it cannot be accepted for the purpose of applying to the PTA Program.
- Electronic transcripts must be sent to admissions@shastacollege.edu, and you must **include a copy of the receipt from your transcript request transaction** in your application packet.

If applicable, **Request an Appeal Work Experience Verification form**

SHASTA COLLEGE HEALTH SCIENCES AND UNIVERSITY PROGRAMS
PHYSICAL THERAPIST ASSISTANT (PTA) PROGRAM: 2027 APPLICATION PACKET

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The following items are OPTIONAL. If “yes” is marked, supporting documentation is required to be awarded points.

COMPLETED/ENCLOSED:

YES

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N/A

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Work or Volunteer Experience Form and letter from current and/or former employer/organization verifying work hours.

- Letter must be on organization letterhead and include original signature and include applicant's name. (must match name on PTA application).
- Start/end date (if applicable), of employment or volunteer status (full-time/part-time), and numbers of hours worked per week (or total hours worked to date), job title, department, and examples of duties that include patient interaction.

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Special Considerations Form and transcripts with proof of degree from an accredited institution for prior degree, and proof of Linguistic Diversity verified by a college level course or AP exam, certification by educator or clergy, Seal of Biliteracy on high school transcript, or submission of evaluated transcript for foreign college or high school (if applicable)

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Alternate from previous application period - Alternate in previous application selection period **OR** applicant with 2 consecutive, previously qualified applications

According to the categories listed on [Shasta College PTA Enrollment Through Multi-Criteria Selection Process](#)

(Please calculate your points below by clicking on the above link and finding your point value for each category)

Category	Maximum Points Possible	Points
1: Prerequisites completion	20	
2: Prerequisite GPA	10	
3: Work or volunteer experience in a physical therapy or related healthcare field	25	
4: Special considerations	15	
5: Alternate in previous application selection period OR applicant with 2 consecutive, previously qualified applications	5	
Max Total Points	75	

Applicant Statement:

I hereby certify that all materials presented, and all statements made are true and correct. I authorize the investigation of all records submitted and am prepared to provide original documentation when requested. I understand that any misrepresentation of material facts may be cause for immediate disqualification.

Furthermore, I understand and acknowledge that failure to meet requirements or omission of required documentation will result in disqualification of my application packet.

Signature of Applicant: _____ Date: _____

SHASTA COLLEGE HEALTH SCIENCES AND UNIVERSITY PROGRAMS
PHYSICAL THERAPIST ASSISTANT (PTA) PROGRAM: 2027 APPLICATION PACKET

PLEASE PRINT IN INK

APPLICATION DEADLINE: 4 P.M. Tuesday, March 30, 2027

SHASTA COLLEGE ID NUMBER:	EMAIL ADDRESS (REQUIRED FOR ALL APPLICANTS):	BIRTHDATE:			
NAME (Last, First, M.I.):		TELEPHONE:			
ALL OTHER NAMES UNDER WHICH YOU HAVE BEEN KNOWN:		ALT. PHONE:			
CURRENT ADDRESS:					
Street	City	State	Zip		
NAME AND LOCATION OF HIGH SCHOOL LAST ATTENDED: _____					
HIGH SCHOOL GRADUATE: ☐ YES ☐ NO; EQUIVALENT: ☐ G.E.D. ☐ HIGH SCHOOL PROFICIENCY; COLLEGE: ☐ AA/AS ☐ BA/BS ☐ MASTERS/PhD					
ARE YOU A PREVIOUSLY <u>CONTINUALLY QUALIFIED</u> APPLICANT? ☐ YES ☐ NO If so, in what year(s) did you apply? _____					
WILL YOU BE SUBMITTING AN UPDATED TRANSCRIPT? ☐ YES ☐ NO, PLEASE USE MY PREVIOUSLY SUBMITTED TRANSCRIPT(S)					
LIST ALL COLLEGES AND UNIVERSITIES ATTENDED, INCLUDING SHASTA COLLEGE (Use an additional sheet if needed):					
NAME OF COLLEGE	LOCATION	UNITS COMPLETED (indicate Quarter or Semester)	Dates Attended FROM/TO	DEGREE	
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		☐ Q ☐ S			
		☐ Q ☐ S			
		☐ Q ☐ S			
Prerequisite courses may be in-progress when applying to the program. If prerequisites were completed and were not taken at Shasta College, please attach course syllabi or descriptions of prerequisite courses from college attended. *Anatomy and Physiology must have been completed within the last 7 years.					
			Indicate one of the following:		
PREREQUISITE COURSES	NAME OF COURSE	COLLEGE	Course In-Progress	COMPLETED Term & Year	GRADE
Anatomy with lab*					
Physiology with lab*					
HEOC 11: Medical Terminology					
HEOC 1: Introduction to Physical Therapy					

☐ My Anatomy and/or Physiology courses were completed outside the 7-year recency requirements. I have attached a Request for Appeal Work Experience Verification Form with supporting documentation.



Health Sciences & University Programs Application Immunizations Documentation Checklist

Last Reviewed & Revised 8/18/2026

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Name _____

Student ID # _____

Indicate program of application:

- ☐ Associate Degree Nursing (ADN) ☐ Dental Hygiene ☐ Physical Therapist Assistant ☐ Vocational Nursing

For ADN, Dental Hygiene, and Physical Therapist Assistant students **only**, mark one of the boxes below:

- ☐ I am a previously **continually** qualified applicant and wish to use the immunization/titer documents from my last application.
- ☐ I am **not** a previously continually qualified applicant and understand that I must follow the directions below.

Directions: Complete all the sections below and **attach copies of your official immunization & titer documentation**. Immunity to infections may be documented by either vaccine administration or a positive titer. Vaccines and titers offer the most objective documentation and protection for the student and institution.

Titer Requirements

- **Results:** Must show **positive/reactive/immune** (negative, equivocal, or gray zone are invalid). Positive results never expire
- **Test Types:** **Quantitative** is preferred (e.g., Surface AB IgG with numerical values and reference ranges). **Qualitative** is accepted ("immune/reactive").
- **Required Information:** Full legal name, DOB, collection date, test name, and lab/provider details.
- **If Negative:** Check the section's *Options for next steps. Non-converters must submit all past vaccine/titer records plus a provider letter confirming non-converter status.

Tetanus, Diphtheria, Pertussis (Tdap) - must show documentation of either **A or B**:

A. One time dose of Tdap (includes pertussis) as an adult **within** the last 10 years (exp; 4/4/2014 expires 4/4/2024)

Date _____

B. Proof of Tdap older than 10 years **AND** proof of Td booster within the last 10 years

Tdap date _____ Td date _____

Varicella - must show documentation of either **A or B**:

Note: A previous diagnosis of chickenpox is **NOT** accepted as proof of Varicella immunity. Must submit documentation of either A or B as outlined below.

A. Two (2) doses of Varicella vaccine administered at least 4-8 weeks apart

Date #1 _____ Date #2 _____

B. Proof of either a *quantitative* IgG titer or proof of a *qualitative* titer showing **positive/immune or reactive**

Titer date _____ Numerical/Results _____

*If titer results show as **negative OR equivocal immunity**, see Option 1 or 2.

*Options for addressing negative or equivocal titer

You must provide either:

- 1)** Proof of your original 2-dose vaccination series and having received one (1) booster after your negative titer

Original Series: Date #1 _____ Date #2 _____ Booster date: _____

OR

- 2)** if you have no previous records, proof of obtaining the 2-dose series after your negative titer

Series given: Date #1 _____ Date #2 _____

Measles, Mumps, Rubella (MMR) - must show documentation of either A or B:

A. Two (2) doses of MMR vaccine administered at least 4-weeks apart

Date #1 _____ Date #2 _____

B. Proof of a *quantitative* IgG titer or proof of a *qualitative* titer showing **positive/immune** or **reactive** to Measles, Mumps, and Rubella

Titer date(s) _____

Numerical value - Measles (Rubeola): _____

Numerical value - Mumps: _____

Numerical value - Rubella: _____

****If titer results show as negative OR equivocal immunity, see Option 1 or 2.**

***Options for addressing negative or equivocal titer**

You must provide either:

1) Proof of your original 2-dose vaccination series and having received one (1) booster after your negative titer

Original Series: Date #1 _____ Date #2 _____ Booster date: _____

OR

2) if you have no previous records, proof of obtaining the 2-dose series after your negative titer

Series given: Date #1 _____ Date #2 _____

Hepatitis B: Must submit proof of either a *quantitative*, IgG surface antibody titer, or a qualitative titer showing **positive/immune or **reactive**. Proof of Vaccination not accepted for Hep B**

Titer Date: _____

Numerical Value: _____

If you have a titer drawn and the numerical value for titer falls in the "gray zone"/borderline/equivocal range or non-reactive/negative range, you will need to:

1) Receive **at least** one (1) booster of the vaccine. Discuss with your healthcare provider if your titer results indicate that you may need multiple boosters or to repeat the entire series. **PLEASE START THIS IMMEDIATELY.**

Note: If three dose vaccine series is needed, the CDC standard recommendations are for the series to be given at 0, 1, and 6 months.

2) Obtain a new titer for Hepatitis B [surface antibody IgG] at least 4 weeks after the final booster/dose and **submit the results showing positive/immune.**

For Health Sciences Division Use Only:

Date Received:

Immunization official documentation verified by:

Notes:

This form is **OPTIONAL** and only needs to be submitted if applicable to your application

To receive credit for any category below, please complete the corresponding sections and attach the required supporting documentation

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Work or Volunteer Experience

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Volunteer or paid aide/tech work in an **out-patient physical therapy setting** for a minimum of 54 hours within the past two years.

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Volunteer or paid aide/tech work in an **in-patient physical therapy setting** for a minimum of 54 hours within the past two years.

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Volunteer or paid work in a **related field** with direct patient/client contact for a minimum of 200 hours within two years of application.

**Letter from current/former employer verifying employment or current/former organization verifying work hours. The letter must be on organization letterhead with an original signature and include the applicant's name (much match name on PTA program application), start date and end date (if applicable), employment status (full-time/part-time/observation), number of hours worked per week (or total hours worked from/to date), job title, department if applicable, and examples of duties that include patient interaction/observation.*

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Special Considerations

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Prior Degree: Points awarded for highest degree only; Bachelors, Masters, or Doctorate.

**Transcripts with proof of degree from an accredited institution*

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Prior Degree: Points awarded for highest degree only: Associate.

**Transcripts with proof of degree from an accredited institution*

☐

Linguistic Diversity.

**Language other than English as verified by a college level course AP exam, certification by educator or clergy, Seal of Biliteracy on high school transcript, or submission of evaluated transcript for foreign college or high school*

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Alternate

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Alternate in previous application selection period **OR** applicant with 2 consecutive, previously qualified applications.



Health Sciences & University Programs
Physical Therapist Assistant – Request for Appeal
Work Experience Verification Form

Last Reviewed 2/10/2022

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Physical Therapist Assistant
**Request for Appeal
Work Experience Verification Form**

In order to appeal the recency requirement for the Anatomy and Physiology prerequisites, applicants must be working in direct patient or client contact in a healthcare or exercise profession that utilizes the principles of Anatomy and Physiology. Work experience must be at least 500 hours within the last two (2) years

In order to prove work experience that utilizes the principles of Anatomy and Physiology, the applicants must complete the work verification statement below regarding their work experience in direct patient or client contact in a healthcare or exercise profession.

For work experience hours accumulated from more than one employer, a separate form must be submitted from each employer.

This verifies that _____ was/is an employee of
(Name of Employee)
_____ located at _____
(Name of Firm, Agency, etc.) (Address of Firm, Agency, etc.)
_____ at phone number _____
(Phone Number)
from _____ to _____ for a total of at least 500 hours.

Employer/Supervisor's Signature: _____ Date: _____