

**Please Check Applicable:**

- € Main Campus: 2121 South El Camino Real, Bldg C200, San Mateo CA 94403  
Phone: (650) 685-6616, Fax (650) 685-6640
- € Branch Campus: 4712 Stoddard Road, Suite 200, Modesto CA 95356  
Phone: (209) 521-1821, Fax: (209) 521-1607

- € Branch Campus: 1401 Willow Pass Road, Suite 450, Concord, CA 94520  
Phone: (925) 687-9555, Fax: (925) 687-9544
- € Branch Campus: 7335 N. Palm Bluffs Ave, Fresno CA 93711  
Phone: (559) 222-1903, Fax: (559) 222-2672

**Program you are applying for:** \_\_\_\_\_ **Intended Program Start Date:** \_\_\_\_\_ **Intended Prerequisite Start Date:** \_\_\_\_\_

Applicant (Legal Name)		
Social Security #:	Date of Birth:	Driver's License/ID No:
Cell Phone:	Home Phone:	Work Phone:
Current Address:		
Email:	Fax:	

Previous Education:	School Name	Location	Degree or Program of Study	Years of Attendance	Date of Graduation
High School					
College 1					
College 2					
College 3					

**Please list any prior medical experience:** \_\_\_\_\_

**OPTIONAL CONFIDENTIAL DATA COLLECTION:**

Gurnick Academy of Medical Arts participates in various funding programs which require the collection of student demographic and personal data. Gurnick Academy of Medical Arts does not discriminate because of race, color, sex, religion, or national origin in any activity. The collection of this data is optional for the student and will only be used for reporting purposes to regulatory agencies.

- |   |  |   |
|---|--|---|
| <p><b>Ethnicity</b></p> <p><input type="checkbox"/> Nonresident alien</p> <p><input type="checkbox"/> Hispanic/Latino</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Two or more races</p> <p><input type="checkbox"/> Race and ethnicity unknown</p> | <p><b>Gender</b></p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> | <p><b>Veteran Status</b></p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> MI VA</p> <p><input type="checkbox"/> MI AD</p> <p><input type="checkbox"/> MI Spouse/Dependent VA</p> <p><input type="checkbox"/> MI Spouse/Dependent AD</p> <p><input type="checkbox"/> Vietnam Era</p> |
|---|--|---|

**APPLICANTS STATEMENT:**

I hereby certify that the information provided in the above student application is true and complete to the best of my knowledge. I understand that if accepted into Gurnick Academy of Medical Arts, falsified statements on this application shall be considered sufficient cause for dismissal. I authorize Gurnick Academy of Medical Arts to verify my background (education, prior experience, references, criminal, etc.) as to my qualifications and desirability as a student. I hereby release any person, educational body, employer, and given references from any and all claims of whatever nature that the undersigned might have as a result of a response given to inquiries made by Gurnick Academy of Medical Arts.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



**Please Proceed to the Next Page**  
**Page 1/4**

Student First Name:

Middle Initial:

Last Name:

**EMERGENCY CONTACT:**

Name:	Contact Info:
Relation:	Address:
Phone Number:	

**PERSONAL REFERENCES:**

Friend/Relative:

Name:	Contact Info:
Relation:	Address:
Phone Number:	

Friend/Relative:

Name:	Contact Info:
Relation:	Address:
Phone Number:	

Friend/Relative:

Name:	Contact Info:
Relation:	Address:
Phone Number:	

**PROFESSIONAL REFERENCES:**

Coworker/Professor/Colleague:

Name:	Contact Info:
Relation:	Address:
Phone Number:	

Coworker/Professor/Colleague:

Name:	Contact Info:
Relation:	Address:
Phone Number:	

Coworker/Professor/Colleague:

Name:	Contact Info:
Relation:	Address:
Phone Number:	



**Please Proceed to the Next Page**

**Page 2/4**

Dear Applicant,

You are just few steps away from enrolling to the program of your choice. Please print, complete the previous forms and follow the steps below:

- + Check out our website for any upcoming Program Open House - **attend it, its mandatory!**  
RSVP with the Admission Advisor about your attendance date (call/email)
- + Make an appointment with Admission Advisor to take an Entrance Exam\* and to schedule a Registration Meeting.
- + Make an appointment with Financial Aid Advisor

\* *Entrance Exam: DISCOVER Health Occupations Test is taken at the testing center at Gurnick Academy. There are limited testing dates so please schedule as early as possible. Please read the Entrance Exam details in our Catalog & Addendum.*

Once you have set your appointments, please download the Catalog and Addendum. Our Catalog includes our policies and procedures, as well as very important information regarding our Academy and the program of your choice. Please make sure to read the Addendum as it includes essential changes in published material and dynamic data such as schedules, costs, holidays, requirements, updated info, etc.

What to bring to your registration meeting:

- € Completed **Application/Registration Form** (available on website)  
- Please remember that our PTA Program Application Deadline is **September 1!**
- € **ID/DL/Passport**
- € **Registration Fee of \$75** (check/cashier's check/NO CASH) – *please note that you will pay the Registration Fee only if you desire to register. You will receive all information before any registration is necessary and our Admission Advisors will answer all of your questions. However, if you do desire to register you will save yourself another trip to the office.*
- € **Copy of High School Diploma /HSD equivalent**
- € **Request Official College Transcripts for required pre-requisite courses:** - *Send all transcripts to: Gurnick Academy of Medical Arts  
PTA Program Office/Admissions  
2121 So El Camino Real; Bldg B San Mateo, CA 94403*

What to expect:

- **Time:** set aside at least an hour. In case if you do decide to register it might take you longer
- **Reading Materials:** you will be given informational Brochures, Catalog and Addendum, Course Information, Program Requirements, Admission Information, Disclosures, Forms to fill out, as well as due dates and Financial Aid Info
- **Due Dates:** you will be given due dates to complete enrollment and make necessary appointments
- **Schedules / Hours:** make sure to plan ahead how you will coordinate your new schedule (internship/lab/didactic hours) with your current personal/professional schedules and foresee necessary adjustments

Locations and Contact Info:

**San Mateo Main Campus:** 2121 South El Camino Real, Bldg C200, San Mateo CA 94403/

Before the deadline to confirm that your file is complete! **Phone:** 650-425-9672 **Fax:** (650) 685-6640



Keep this page for your records

Page 3/4



Gurnick Academy of Medical Arts  
Physical Therapist Assistant Program

**Verification of Observation Hours**

This form is to be filled out by the supervising clinician who is a licensed Physical Therapist or licensed Physical Therapist Assistant. Observation hours cannot include personal or family physical therapy visits.

*Note: this form can also be used to verify paid work experience in a Physical Therapy setting.*

PTA applicant name: \_\_\_\_\_

Facility name: \_\_\_\_\_

Facility address: \_\_\_\_\_

Dates of observation: \_\_\_\_\_

Type of experience: (circle one) full-time aide / part-time aide / volunteer / Observation only

Please indicate the total number of observation hours in each of the practice areas:

**OUTPATIENT (40 hours minimum)**

**INPATIENT (40 hours minimum)**

Number of Hours	Facility		Number of Hours	Facility
	Orthopedic/sports			Acute care
	Aquatic/Hippotherapy			Skilled Nursing/Sub-acute
	Home Health			Long Term Acute Care (LTAC)
	School setting			Inpatient Rehab

Printed name and title of supervising clinician: \_\_\_\_\_

Signature: \_\_\_\_\_

Contact email address or phone number: \_\_\_\_\_

Comments: (though not required of the clinician, any comment would be greatly appreciated by the PTA candidate for admissions purposes)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*This form may be duplicated as needed.*