



CHESAPEAKE AREA CONSORTIUM FOR HIGHER EDUCATION

Anne Arundel Community College * Chesapeake College * College of Southern Maryland

PHYSICAL THERAPIST ASSISTANT

FALL 2025

Application Deadline – April 30, 2025

Program Application

Submit completed application to: healthsciencesadmissions@aacc.edu (preferred) or via mail to Anne Arundel Community College School of Health Sciences ATTN: Health Sciences Admissions, 101 College Parkway, HLSB 174, Arnold, MD 21012

DEMOGRAPHIC INFORMATION

Last Name		First Name		Middle
Address				
City		State	Zip Code	County of Residence
Last 4 digits of social security #			College ID #	
Phone	AACC Email Address			
	@mymail.aacc.edu			

The mailing address you provide on this application will be your address of record. It is your responsibility to notify the Health Sciences Office as well as the Records Office of name, address, and phone number changes during the application process. **Applicants are advised to check their AACC email account periodically for placement updates and notices.**

** If you do not have a Social Security number, you may not be permitted at some clinical rotation sites and site availability could delay or inhibit your progression in the program. An international student admission specialist in AACC's Admissions and Enrollment Development office may be able to assist students with F-1 visa status to obtain a Social Security number through practical training. Call them at 410-777-2677.*

Admission/Academic Requirement Checklist

Before completing this application, you must meet all of the requirements below.

1. I have submitted an application only to Anne Arundel Community College for admission to the CACHE PTA Program.
2. I have an active admission status at AACC and am in good standing (≥ 2.0 GPA) with the college.
3. I understand that it is highly recommended, but not required, that I attend a Physical Therapist Assistant information session.
4. I understand that all academic admission requirements, including prerequisites, must be completed by the end of the spring 2025 semester.
5. I understand that pass/fail grades will not be accepted.
6. I understand that official high school, GED, and, if applicable, college transcripts** are due April 30, 2025.
7. I understand that I must submit official college transcripts** for courses taken during spring 2025 term at another institution, which are due to the Records Office no later than May 30, 2025.
8. International students must submit official transcript evaluation report from [ECE](#), [WES](#) or [The Evaluation Company](#) (formally SpanTran) to verify/ authenticate your high school and/or college transcripts by May 30, 2025.
9. I have submitted the residency affidavit with this application.
10. I reviewed and acknowledge the [technical standards](#).
11. If I receive conditional acceptance into the program, there will be additional program and clinical requirements to complete, including a health examination record, AHA BLS CPR certification, and a [criminal background check](#).
12. If information is incomplete/missing from my application or file, it will NOT be processed and will be returned to me. I will be notified by my AACC email once if required application information was not submitted.
13. I understand that my AACC email address is required for correspondence with AACC.

**Transcripts are considered official only when received by Anne Arundel Community College Records Office in the sending institution's original sealed envelope or by acceptable electronic submission.

**Chesapeake Area Consortium for Higher Education
Physical Therapist Assistant Program**

*Anne Arundel Community College * College of Southern Maryland * Chesapeake College*
<https://cachepta.z13.web.core.windows.net/cache/pta/index.html>

Residency Affidavit

The Chesapeake Area Consortium for Higher Education (CACHE) Physical Therapist Assistant program has a collaborative agreement between three area community colleges: Anne Arundel Community College, Chesapeake College, and the College of Southern Maryland.

By signing this affidavit, I attest that I am a resident of the following county:

- Caroline, Dorchester, Kent, Queen Anne's, and Talbot. If you are a resident of these counties, do not apply to AACC. Instead, submit a PTA program application to Chesapeake College:
<https://chesapeake.edu/allied-health/pta>.
 - Charles, St. Mary's, and Calvert. If you are a resident of these counties, do not apply to AACC. Instead, submit a PTA program application to College of Southern Maryland:
<https://www.csm.edu/programs-courses/credit/school-of-science-and-health/physical-therapy.html>
 - Any other County in Maryland (**including Anne Arundel County**) or another State. If you are a resident of these counties, including Anne Arundel County, submit a PTA program application to:
healthsciencesadmissions@aacc.edu.
- I acknowledge that AACC may conditionally accept students who attest above that they do not live in Caroline, Dorchester, Kent, Queen Anne's, Talbot, Charles, St. Mary's or Calvert Counties into AACC's PTA program. Students will be required to provide address verification substantiated through documents showing three months residency, for example, driver's license, tax return, utility bill, signed lease, etc.
 - I acknowledge that failure to provide address verification documentation or providing documentation that I live in one of the counties listed in the paragraph above will result in AACC rescinding my conditional acceptance.
 - I further acknowledge that during the PTA program, any clinical site placement will be based on site availability and not based on county of residence. Students are responsible for providing their own transportation to and from their clinical site.

Signature _____

Printed Name _____

Date _____

INTERNATIONAL STUDENTS

TOEFL TEST

If you are an international student, there may be additional requirements for you. Visit our [international student admissions](#) pages to learn more. Review AACC's [TOEFL](#) Score Requirement webpage for more information, including exemptions for the TOEFL requirement.

TOEFL Date Taken: _____ Score: _____ Where Taken: _____

****TRANSCRIPTS**

I acknowledge that that I have submitted an official transcript evaluation report from [ECE](#), [WES](#), or [The Evaluation Company](#) (formally SpanTran) for verification of my high school and/or college transcripts to the Records office prior to this application submission.

I used the following agency: _____

ALL APPLICANTS MUST SUBMIT ONE OF THE FOLLOWING:

- Official High School/GED transcript including date of graduation.
- Official college transcript verifying date AA degree or higher was conferred.

Print the name(s) of the institution(s) you are submitting a transcript(s) from on the line below:

** Official transcripts are to be received by AACC Records and Registration office in the sending institution's original sealed envelope or through acceptable electronic method; visit <https://www.aacc.edu/apply-and-register/credit-application/apply/transfer-credit-to-aacc/> for details.

MARK : 
DATE : 
IN YOUR CALENDAR

A **mandatory virtual** meeting for all applicants is scheduled on Thursday, May 8, 2025, from 3:00 pm to 5:00 pm. All students seeking admission to the fall 2025 class *must* attend this meeting and remain for the entire meeting.

Failure to attend this meeting without prior notification will eliminate you from consideration into the fall 2025 PTA program. It is your responsibility to check your AACC email account for notifications from the Health Sciences Admissions Office.

GENERAL EDUCATION COURSES

Must be completed with a grade of C or better prior to graduation from Physical Therapist Assistant program. Due to the selection process, the Physical Therapist Assistant program cannot accept Pass/Fail as a replacement for letter grades in the required courses.

LAST NAME:

FIRST NAME:

COURSE	GRADE	CREDITS	COLLEGE/UNIVERSITY WHERE COMPLETED	TERM AND YEAR COMPLETED
BIO 231 Human Biology 1 and				
BIO 232 Human Biology 2				
OR				
BIO 233 Anatomy and Physiology 1 and				
BIO 234 Anatomy and Physiology 2				
ENG 101/ENG 101A Academic Writing and Research 1 (Previous ENG 111, 115 or 121 will be accepted)				
PSY 111 Introduction to Psychology				
PSY 211 Developmental Psychology				
MAT 137 College Algebra <i>Previous MAT 121, 131, 141, 142, 145, 151, 191 or 230 will be accepted. No other math is acceptable for this program.</i>				
Arts/Humanities Elective <u>(General Education Requirement from catalog)</u> List Course:				

Note: It is your responsibility to indicate any courses listed above that you are currently enrolled in during the spring 2025 term. You may not receive points for courses you do not disclose on this application.

BACKGROUND INFORMATION

Submit explanation of questions for which you answer "yes" and provide documents relating to your answer in a sealed envelope and emailed to tdneall@aacc.edu or mailed separately to address on first page of this application, ATTN: Tammie Neall.

Yes <input type="radio"/>	No <input type="radio"/>	Were you ever disciplined for any academic or behavior/conduct issue by any college, university, or any other educational institution after High School including, but not limited to, probation, dismissal, suspension, disqualification, or imposition of a failing grade as a disciplinary sanction? If your answer is yes, provide a written explanation and all relevant documents relating thereto.
Yes <input type="radio"/>	No <input type="radio"/>	Have you ever been convicted of a crime, driving while intoxicated or impaired (either by alcohol or drugs), had your driving privileges suspended or revoked, and/or are there any pending charges regarding any of the above? If your answer is yes, provide a written explanation and all relevant documents relating thereto.
Yes <input type="radio"/>	No <input type="radio"/>	Have you ever surrendered your driver's license or had such license suspended or revoked? If your answer is yes, provide a written explanation and all relevant documents relating thereto.
Yes <input type="radio"/>	No <input type="radio"/>	Have you ever surrendered a professional license, certification, or registration, or had one restricted, suspended or revoked? If your answer is yes, provide a written explanation and all relevant documents relating thereto.
Yes <input type="radio"/>	No <input type="radio"/>	Have you ever been placed on professional probation, had conditions or limitations placed on your ability to work, even if your license had not been restricted, suspended, or revoked? If your answer is yes, provide a written explanation and all relevant documents relating thereto.
Yes <input type="radio"/>	No <input type="radio"/>	Have you ever had your clinical privileges at any office or facility restricted, suspended, or revoked? If your answer is yes, provide a written explanation and all relevant documents relating thereto.

NOTE: Licensing boards for certain health care occupations, including PTA, may deny, suspend, or revoke a license or may deny the individual the opportunity to sit for an examination even if the individual has completed all program course work, if it is determined that an applicant has a criminal history or is convicted or pleads guilty or nolo contendere to a felony or other serious crime. If applicable, it is recommended to contact the Maryland Board of Physical Therapy for clarification at 410-764-4752.

I certify that the information on this application is true and accurate to the best of my knowledge. I have read and understand the information on this application. I am aware that falsification or misrepresentation may result in being denied admission, or if enrolled, dismissed from this program. I understand that there are additional program and clinical requirements to be met after acceptance: a criminal background check, CPR certification, and satisfactory completion of a health examination record.

Please review prior to submitting this application. This application must be completed in its entirety. I understand that by filling in my name below, it will be considered as my signature.

Signature: _____

Date: _____

PRINT NAME: _____

Notice of Nondiscrimination: AACC is an equal opportunity, affirmative action, Title IX, ADA Title 504 compliant institution. Call Disability Support Services, 410-777-1411 or Maryland Relay 711, 72 hours in advance to request most accommodations. Requests for sign language interpreters, alternative format books or assistive technology require 30 days' notice. For information on AACC's compliance and complaints concerning sexual assault, sexual misconduct, discrimination, or harassment, contact the federal compliance officer and Title IX coordinator at 410-777-1239, complianceofficer@aacc.edu or Maryland Relay 711.

OPTIONAL

Informational Guide to the General Education Course Point System.

For your own records, you can calculate your general education points score using the guide below. We recommend that you meet with an academic advisor prior to calculating your score and submitting your Physical Therapist Assistant application.

The total score will be calculated as follows:

Each General Education course required for the program completed with a grade of C or better will be counted towards the final score. The score for each course is the product of the number of credits for the course, times a numerical score for the final letter grade achieved in the course. Courses passed by CLEP Exam will be awarded the maximum number of points.

- A is worth 4 points
- B is worth 3 points
- C is worth 2 points

For Example: This student has taken English, Math, BIO (A/P 1), Intro to Psychology and an Arts and Humanities course.

Required Gen Ed Course	Credits	Final Grade	Score
ENG 101/101A	3	A (4)	12
MAT 137	3	C (2)	6
BIO 233 or BIO 231	4	B (3)	12
BIO 234 or BIO 232	0	Not taken	0
PSY 111	3	B (3)	9
PSY 211	0	Not taken	0
Arts and Humanities	3	A (4)	12
Maximum Total	17		51 / 92

Required Gen Ed Course	Credits	Final Grade	Score
ENG 101/101A	3		
MAT 137	3		
BIO 233 or BIO 231	4		
BIO 234 or BIO 232	4		
PSY 111	3		
PSY 211	3		
Arts and Humanities	3		
Maximum Total	23		