

St. Luke's University Health Network
Orthopaedic PTA Certification
Application for Enrollment

Demographic Information

Name:	
Address:	
City:	
State:	
Zip:	
Phone:	
Email:	

APTA Member: Yes No **APTA Member Number:**

AOPT Member: Yes No

AASPT Member: Yes No

Academic History

Physical Therapy Assistant School Name:	
Degree:	
Dates Attended:	

Other School Name:	
Specialty:	
Dates Attended:	

Other School Name:	
Specialty:	
Dates Attended:	

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Work History

Company Name:	
Position:	
Top 5 diagnoses seen:	

Company Name:	
Position:	
Top 5 diagnoses seen:	

Company Name:	
Position:	
Top 5 diagnoses seen:	

Essay Section

How do you plan to use the skills gained in this certification program to enhance the patient care at Physical Therapy at St. Luke's?

Please include an updated CV and 2 letters of recommendation with this application