

Murray State College
Physical Therapist Assistant Program
Tishomingo, OK

APPLICATION FOR ADMISSION
Technical Year 2026/2027

Applicants to the Murray State College Physical Therapist Assistant (PTA) program are selected in accordance with nondiscriminatory practices. **The application process must be completed and submitted by 5:00 pm on or before the third Thursday of November. The due date is 11/20/25.**

- Please consider each question on this form and answer each question completely.
- You may complete the form electronically, or print it out and complete, sign, and submit it back to the program.
- You may submit the application and all required application materials by email, mail, or in person at the program office.

Name: _____
(Last) (First) (Middle)

Home Address: _____
(Number and Street) (City) (State) (Zip Code)

Email Address: _____ Mobile Phone #: _____

Person to be notified in Case of Emergency or we can't reach you:

Name: _____ Relationship: _____

Address: _____ Phone #: _____

Please consider the following questions that may impact your eligibility for licensure should you be accepted and complete the PTA program. *These questions are from OK PTA Licensure Application.*

1. Have you ever been arrested or charged or convicted of a felony or misdemeanor?
2. Have you ever been addicted to or abused any drug or chemical substance including alcohol?
3. Have you ever obtained an assessment or been treated for use of any drug or chemical substance including alcohol?
4. Have you ever had any mental, emotional or nervous disorder or condition which could affect, or if untreated could affect, your ability to practice competently?

If you would have to answer yes to any of the above questions, you may be ineligible for license upon graduation. Prior to applying to the PTA program, you should seek clarification from the OSBMLS or, if you desire, you can contact the PTA Program Director for further information. It is the Mission of the program to prepare graduates who are eligible for licensure as a PTA in Oklahoma. Other states may have different rules related to physical therapy practice.

Secondary Education: List all high school or other secondary schools attended.

Dates: From/To	Name of School	City/State	Diploma: (Y/N)

Post-Secondary Education: List all formal education beyond high school.

Dates: To/From	Name of Institution	City & State	Degree: Y/N

Employment: List all work experience, during the last five years.

Dates: To/From	Position Held	Employer	City & State

Please give the names and addresses of three individuals who are not relatives, but who know you well and can give information about your character and/or capabilities. For example, you might include a recent teacher, counselor, employer, or clergyman. The program director will contact references only when the selection committee desires additional information.

1. Name: _____ Position or Title _____
Address: _____
Phone: _____
2. Name: _____ Position or Title _____
Address: _____
Phone: _____
3. Name: _____ Position or Title _____
Address: _____
Phone: _____

I hereby affirm that all information on this form and the enclosed document are complete and accurate to the best of my knowledge. I understand that giving false information will make me ineligible for admission and enrollment in the PTA Program.

Signed _____

Date _____

Print this form to complete if by hand or complete it electronically and sign and date the application. Include all completed application documents and submit to the PTA Program Director by the due date. You may submit the application and documents by email, regular mail, or bring them to the PTA program office.

All applicants must view the Application Orientation Video and follow the instructions. Review the Application Check List Form and include this in your application materials.