

PTA Program Conditions of Enrollment

Print full name _____

L # _____

Read each statement and initial signifying your understanding and acceptance. Your full signature and date is required below. A copy of this Conditions of Enrollment is in the Program Policy Manual for your review.

- _____ (initial) I certify that I have read and recognize my responsible to abide by the Lane Student Code of Conduct (<http://www.lanecc.edu/cops/conduct.htm>).
- _____ (initial) I certify that I have read the Physical Therapist Assistant Program Policy Manual 2012-2013 and will question any information that is not clear to me.
- _____ (initial) I certify acknowledge that Lane Community College has been granted Candidacy for Accreditation by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy
- _____ (initial) I understand the Disclosure to Students in the Program Policy Manual and acknowledge Candidacy is not accreditation status nor does it assure eventual accreditation.
- _____ (initial) I understand Candidacy for Accreditation status is a pre-accreditation status of affiliation with Commission on Accreditation in Physical Therapy Education of the American Physical Therapy.
- _____ (initial) I certify that I am aware that if I need support or assistance due to a known or suspected disability issue, I may be eligible for academic accommodations through Lane's Disability Services. Information: 463-5150; TTY 463-3079, or Building 1, room 218.
- _____ (initial) I certify that I will be covered by personal (health/accident) medical insurance beginning and throughout the second year of the PTA program, and I release Lane Community College from any insurance liability.
- _____ (initial) I certify my recognition that completing immunizations established in the Physical Therapist Assistant Program Policy within the prescribed time period is my responsibility. Failure to do so will result in exclusion from the clinical area. For any subsequent Hep B immunizations obtained, it is my responsibility to submit documentation as required.
- _____ (initial) I certify that I will update the PTA Program office with any change in my name, E-mail, and/or phone number. In addition, I agree that I will also update the LCC myLane website.
- _____ (initial) I certify that I will obtain and maintain an E-mail address throughout the Physical Therapist Assistant program, and that it is my responsibility to check my E-mail frequently for updates.
- _____ (initial) I hereby attest that all of the information and documentation I have submitted to the program is accurate and authentic.

Signature _____ Date _____