APPLICANT INFORMED CONSENT

Important: You must read and sign the following section in order to complete your application.

I agree to the release of any transcript, reference, and information obtained during the background check/drug screening to this institution.

I understand that all records of my academic performance at other institutions sent to Louisiana College become the property of the college and will not be returned to me.

I acknowledge that I have carefully reviewed the ***Essential Requirements Form*** *for the Louisiana College Physical Therapist Assistant (PTA) Program and have the capacity to meet all of the aforementioned requirements if accepted into the program. I also understand that if I do require assistance to sufficiently and safely meet any of the requirements, assistance is available in accordance with Louisiana College's Policy if I qualify under the Americans with Disabilities Act or Section 504 of the Rehabilitation Act of 1973.*

I understand that participation in the PTA Program at Louisiana College is on a voluntary basis. Furthermore, it is my responsibility to have a complete health examination prior to participation including all necessary medical clearance for participation in laboratory activity. I also understand it is my responsibility to provide my own medical insurance.

In consideration for being allowed to participate in this Physical Therapist Assistant Program, I agree to be used as a simulated patient in laboratory and to assume the risk of such participation. I understand that there are inherent risks in engaging in therapeutic training activities either as a simulated patient or as a PTA, including, but not limited to, shortness of breath, sweating, muscle strain, broken bones, blisters, and in rare circumstances, possible death. I further accept responsibility for ensuring my participation is at a level appropriate for my health and fitness level.

In an effort to further assist in the educational processes of the PTA Program, I hereby consent to, videotaping, audio taping, photographing, or other imaging of myself with the understanding that any material obtained will be used for instructional purposes only.

In signing this consent form, I affirm that I have read this form in its entirety. I further agree to hold harmless Louisiana College and staff members from any and all claims, suits, losses, or related causes of action for damages including, but not limited to such claims that may result from my injury, during, or arising in any way from, the program.

I hereby certify that I have not made any willful misrepresentations pertinent to this application and that the information given in this application is complete and accurate. I understand that to make false statements within this application may result in disciplinary action, denial of admission and invalidation of credits or degrees earned. If admitted, I hereby agree to abide by the policies and regulations of the Louisiana College. Should any of the information I have provided change prior to my matriculation at the College, I shall immediately notify the PTA Program Office.

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Signature of Applicant (in black ink) Date

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