

# SELECTIVE ADMISSION VERIFICATION OF GOOD STANDING FORM

The Verification of Good Standing form should be submitted by any student seeking admission to the TJC Physical Therapist Assistant Program with current or previous enrollment in a Nursing or Health Science program in which the program was not successfully completed.

## How to Complete the Verification of Good Standing Form

The Verification of Good Standing Form must be completed using the following directions:

- The form must be completed by the Department Chair/Director of the Nursing or Health Science program in which the student was previously enrolled.
- The applicant must complete the 'Applicant Waiver' section first before submitting the form to the Department Chair/Director of the Nursing or Health Science program.

## Verification of Good Standing Form Review Process

Submit the complete Verification of Good Standing Form in the envelope with your application to the PTA Program.

The Verification of Good Standing Form will be reviewed to determine eligibility to apply to the PTA Program. If there is an issue regarding your eligibility for admission to the program, you will be notified via your TJC email account.

If you have any questions regarding the Verification of Good Standing Form you can call the TJC PTA Program office at 903-510-2544 or email [cmel@tjc.edu](mailto:cmel@tjc.edu).

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## APPLICANT WAIVER

This box must be completed by the applicant **PRIOR** to submitting the form for completion.

Pursuant to the Family Education Rights and Privacy Act (Buckley Amendment) enacted on December 31, 1974, I  **DO**  **DO NOT** waive the right to inspect and review this completed 'Verification of Good Standing Form'.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## APPLICANT WAIVER

Do **NOT** complete this form if the Applicant Waiver section has **not** been completed by the applicant.

Applicant Name:	_____	A Number:	_____
College/Institution Name:	_____		
Department Chair/Director Name:	_____		
Phone Number:	_____	E-mail:	_____

### Select the program applicant was/is enrolled in:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Traditional RN (ADN/BSN) | <input type="checkbox"/> Dental Studies                 | <input type="checkbox"/> Physical Therapist Assistant |
| <input type="checkbox"/> LVN/Paramedic-RN         | <input type="checkbox"/> Diagnostic Medical Sonography  | <input type="checkbox"/> Radiological Technologist    |
| <input type="checkbox"/> LVN-BSN                  | <input type="checkbox"/> Medical Lab Technology         | <input type="checkbox"/> Respiratory Therapist        |
| <input type="checkbox"/> Vocational Nursing       | <input type="checkbox"/> Occupational Therapy Assistant | <input type="checkbox"/> Surgical Technologist        |
| <input type="checkbox"/> EMSP, Paramedic          | <input type="checkbox"/> Other: _____                   |   |

Is the student eligible to continue in the program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the student eligible to reapply for admission to the program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the student have any academic, clinical, or professional behavior disciplinary actions?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If 'yes', please indicate what type of actions were incurred and provide a brief explanation:

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify that the information provided on this form is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Department Chair/Director Signature

\_\_\_\_\_  
Date

## ADMINISTRATIVE USE ONLY

APPROVED

DENIED

Reviewed By: \_\_\_\_\_