



Student Membership Information Sheet

Name _____ Phone _____

E-mail _____

Address _____

City _____ State _____ Zip _____

PROGRAM:

- LSUHSC- New Orleans
- LSUHSC-Shreveport
- Our Lady of the Lake
- Delgado
- Bossier Parish
- Louisiana College

CLASSIFICATION:

- PT Student
 - First year
 - Second year
 - Third year
- PTA Student

Did you know APTA has 18 special interest sections?

What are your INTERESTS? (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Acute Care | <input type="checkbox"/> Federal PT | <input type="checkbox"/> Oncology |
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Geriatrics | <input type="checkbox"/> Orthopaedics |
| <input type="checkbox"/> Cardiovascular & Pulmonary | <input type="checkbox"/> Hand Rehab | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Clinical Electro & Wound Mgmt | <input type="checkbox"/> Health Policy & Administration | <input type="checkbox"/> Private Practice |
| <input type="checkbox"/> Education | <input type="checkbox"/> Home Health | <input type="checkbox"/> Research |
| | <input type="checkbox"/> Neurology | <input type="checkbox"/> Sports |
| | | <input type="checkbox"/> Women's Health |

I would like the SSIG to provide information on (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Professional advocacy | <input type="checkbox"/> Job application process |
| <input type="checkbox"/> Taking the Board exam | <input type="checkbox"/> Mentorship |
| <input type="checkbox"/> Louisiana Practice Act | <input type="checkbox"/> Service opportunities in LPTA |
| <input type="checkbox"/> Student Loan Repayment | <input type="checkbox"/> Residencies & Fellowships |
| <input type="checkbox"/> Other: | |

Thank you for your interest in the Louisiana Student Special Interest Group!

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