Student Membership Information Sheet

Name ___________________________ Phone __________________

E-mail ___________________________

Address _____________________________

City ___________________________ State _______ Zip ____________

PROGRAM: □ LSUHSC- New Orleans □ PT Student
□ LSUHSC-Shreveport □ First year
□ Our Lady of the Lake □ Second year
□ Delgado □ Third year
□ Bossier Parish
□ Louisiana College □ PTA Student

Did you know APTA has 18 special interest sections?

What are your INTERESTS? (check all that apply)

□ Acute Care □ Federal PT □ Oncology
□ Aquatics □ Geriatrics □ Orthopaedics
□ Cardiovascular & □ Hand Rehab □ Pediatrics
Pulmonary □ Health Policy & □ Private Practice
□ Clinical Electro & □ Administration □ Research
Wound Mgmt □ Home Health □ Sports
□ Education □ Neurology □ Women’s Health

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

□ Professional advocacy □ Job application process
□ Taking the Board exam □ Mentorship
□ Louisiana Practice Act □ Service opportunities in LPTA
□ Student Loan Repayment □ Residencies & Fellowships
□ Other:

_____________________________________________________________________
_____________________________________________________________________

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