



Doctoral Program in Physical Therapy

APPLICATION INSTRUCTIONS

Utica College uses a student-managed application procedure. Your application, transcripts, and letters of recommendation should be submitted in a single envelope. This will allow Utica College to process your application and to make decisions in a timely manner. The following forms are included in this PDF: the application form, two forms for the letters of recommendations, a personal statement form, a prerequisite course form, an academic standards form, and two clinical observation forms. You **will not** be considered for admission until all of the above-mentioned materials, as well as your transcripts, your \$50 application fee, and your GRE Scores (or equivalent MCAT, DAT, OPT) have been received. If you are having any difficulty obtaining any of these items or if you have any questions about any of our programs, please call Utica College Office of Graduate Studies at (315) 792-3001.

1. APPLICATION and DEADLINES. Please complete both sides of the application form and sign the personal statement. Applications are accepted on a rolling basis, however, only completed application packets received by June 15th will be considered for fall admission. International applications are due by January 15th.

2. APPLICATION FEE. The \$50 application fee must be a check or money order made payable to Utica College. **DO NOT SEND CASH.** In the case of financial hardship the application may be waived. For details contact Utica College, Office of Graduate Studies at (315) 792-3001.

3. TRANSCRIPTS. Request your transcripts from each college or university that you attended (whether you earned a degree or not from that institution). Request the registrar(s) to sign across the seal and to mail the envelope(s) to you. **DO NOT BREAK THE SEAL.** If we receive a transcript that has been opened, the contents will not be accepted. If you need more than two transcript envelopes, please prepare them yourself. Only one copy of each transcript is required. *Please be sure to include transcripts from **all** colleges and/or universities you attended, including Utica College.*

Note: If a registrar refuses to send a transcript to you, have it sent directly to Utica College, Office of Graduate Studies, 1600 Burrstone Road, Utica, NY 13502. Please make a prominent note in your application if we are to receive credentials separately.

4. RECOMMENDATIONS. Give each person preparing a recommendation a form and an envelope. Request each to enclose the completed recommendation form in the envelope, seal it, and mail the envelope to you. **DO NOT BREAK THE SEAL.** If we receive a recommendation that has been opened, the contents will not be accepted. Two recommendations are required for admission.

Note: If a reference refuses to send a letter of recommendation to you, have it sent directly to Utica College, Office of Graduate Studies, 1600 Burrstone Road, Utica, NY 13502. Please make a prominent note in your application if we are to receive credentials separately.

5. CAREER GOALS ESSAY. Write a one to two page, typed statement of your personal and professional goals as they relate to your graduate studies. (A personal statement form is attached.)

6. CLINICAL OBSERVATION. Evidence of your knowledge of the profession through work or volunteer experience is important. A broad overview of the profession is preferable to experience in a limited area. More than one experience is required for a total of 40 hours. Complete a Clinical Observation Form for each experience. (Two copies are enclosed, make additional copies as needed.)

7. ACADEMIC HISTORY FORM (See Admission Requirements for Prerequisite Courses.)

8. ACADEMIC STANDARDS. Complete and submit the "Academic Standards Statement" in the application packet.

9. INTERNATIONAL APPLICANTS. International applicants must include an official TOEFL report indicating a score of 550 (213 on the computer-based examination) or above and an official academic transcript (course by course) evaluation from the World Education Services (www.wes.org). International applications are due to the Office of Graduate Studies by January 15th.

10. ACCEPTANCE. Once all of your application materials have been received, your application will be processed and evaluated by the program director. You will be notified within 4 weeks.

11. ENROLLMENT DEPOSIT. Upon acceptance, you will be mailed an acceptance packet that contains useful information about being a Utica College graduate student. At this point, we will ask you for a \$200 non-refundable enrollment deposit. The deposit is part of your tuition and is not an additional fee. When we receive your deposit, you will be eligible to register for classes.

12. FINANCIAL AID INFORMATION. Questions regarding financial aid should be directed to the Utica College, Office of Financial Aid (315) 792-3179. You can download a FAFSA form at this website. <http://www.fafsa.ed.gov/>

NOTES



Doctoral Program in Physical Therapy

ADMISSIONS REQUIREMENTS

- ◆ A bachelor's degree with a "B" average (3.0 or higher) is expected from an accredited institution.
 - ◆ Two personal recommendations (one from a currently practicing physical therapist and one from an academic professor).
 - ◆ Test scores for the Graduate Record Examination Aptitude Test (General Test), or equivalent e.g. MCAT, DAT, OPT test scores.
 - ◆ For non-native speakers of English, a minimum TOEFL score of 550 is required on the paper-based examination, and a minimum TOEFL score of 213 is required on the computer-based examination.
 - ◆ Response to an essay question given on the application form.
 - ◆ Knowledge of the profession through work or volunteer experience. A broad overview of the profession is preferable to experience in a limited area. More than one experience is required (total 40 hours). Complete a Clinical Observation Sheet for each experience.
- ◆ Complete the "Academic History Form" with the following information:
minimum prerequisite courses with a grade of "C" or above, and a cumulative grade point average in these course areas of no less than "B" (3.0) is expected. A grade of "C-" is not acceptable. All courses used toward the minimum prerequisite requirements **should be taken through the appropriate departments**, e.g. Biology, Chemistry, Physics, Psychology.
All prerequisites courses must be completed prior to the start of the Physical Therapy Program. All science courses must have been taken within 10 years prior to applying.
- A. **Biological Sciences:** two courses, (anatomy/physiology course with laboratory would meet this requirement).
- B. **Upper Level Science:** one upper level course (300-400) of at least 3 credits with a biology focus. This course can be taken through another department such as Exercise Science or Kinesiology but preferably should be taken through the biology department. Examples of courses that would fulfill the requirement are: Neuroscience, Principles of Motor Control, and Biology of Aging.
- C. **Physical Sciences:** four courses,
 - ◆ two courses in general chemistry with laboratory (equivalent to 8 semesters hours)
 - ◆ two courses in physics with laboratory (equivalent to 8 semester hours)
- D. **Psychology:** three courses
- E. **Statistics:** one course (Content should include descriptive statistics, differences between two means, correlation, and beginning concepts of analysis of variance.)



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Application for the Doctoral Program in Physical Therapy

Applying for: Year _____

Applications must include:

- Official transcripts from all undergraduate and graduate institutions attended
- Two letters of recommendation
- Application fee of \$50
- Personal statement
- Academic Standards form
- Prerequisite course form - Academic History Form
- GRE or equivalent e. g. MCAT, DAT, OPT test scores
- Clinical Observation form

You may download this application and return with a \$50 application fee (payable to Utica College) to:
Utica College, Office of Graduate Studies, 1600 Burrstone Road, Utica, New York 13502-4892

Personal Data

Name _____ Sex M F
Last First M.I.

Former Last Name (if applicable) _____

Address _____

City _____ County _____ State _____ Zip _____

Telephone: Home _____ Telephone: Work _____

E-mail Address _____

Birthdate _____

Citizenship US Permanent resident Other _____ Visa type _____

The Following Item Is Optional:

How would you describe yourself? (check all that apply)

- American Indian or Alaskan Native
 - Asian or Pacific Islander (including Indian subcontinent)
 - Black (non-Hispanic)
 - Hispanic (including Puerto Rican)
 - White, Anglo Caucasian (non-Hispanic)
 - Other (Specify) _____
-

Work Experience

Please list the jobs you have held in the past seven years or include resume.

Employer	Business Address City/State/Zip	Approximate Dates of Employment	Position Title	Nature of Work

How did you first hear about graduate programs at Utica College?

- An employer A mailing Website
 A Utica College alumnus A colleague Other _____

Would you like to receive information on financial aid? Yes No



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PERSONAL STATEMENT

Required of all Applicants. Using the space below, please answer the following question. If you need more space, please attach an additional page to the application.

1. Discuss how the doctoral degree in physical therapy will assist you in meeting your personal and professional goals. Describe any personal experiences that influenced your decision to pursue a career in physical therapy.

I understand that withholding information on this application or giving false information may make me ineligible for admission to the College or subject to dismissal. With this in mind, I certify that these statements are truthful and complete.

signature

date

Please note: Once application materials have been submitted to Utica College, they cannot be returned to the applicant.



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RECOMMENDATION FORM

Name of Applicant: _____

Current Address: _____

AUTHORIZATION FOR WAIVER: TO BE READ AND SIGNED BY THE APPLICANT: This waiver is not required as a condition of admission.

I understand my right under the U.S. Family Rights and Privacy Act of 1974 to review confidential appraisals placed in my file on or after January 1, 1975 that are submitted with reference to admission to a graduate or other school.

I do () do not () waive my right to review this reference report.

_____ Date Signature of Applicant

To the applicant: Complete the above information and send this form with a reference envelope to the individual who will be providing your reference. Write your name and address on the envelope, and when it has been returned to you, return the SEALED envelope with the rest of your application materials. DO NOT OPEN THE ENVELOPE WHEN IT HAS BEEN RETURNED TO YOU. If the seal has been broken on the envelope, your entire application will be returned to you.

To the recommender: Please complete the information requested on both forms. If you need to use additional sheets of paper, please staple them to this form. Your comments will be held completely confidential, if the applicant has waived his or her rights. Your candid completion of this evaluation is appreciated.

Name of Evaluator _____

How long and in what capacity have you known the applicant? _____

In evaluating this applicant, with what reference group are you making comparison? _____

Keeping in mind your reference group, please evaluate the applicant as fairly as you can in each of the categories below by placing an "X" in the appropriate box beneath the scale at the top:

Table with 6 columns: Category, Outstanding, Good, Average, Poor, Unable to Judge. Rows include Intellectual ability, Academic Achievement, Creative Qualities, Maturity and Emotional Stability, Leadership Potential, Initiative, Ability to Express Ideas and Feelings Orally, Ability to Communicate in Writing, Ability to Accept Constructive Feedback, and Sensitivity.

We are especially interested in your comments regarding this applicant's aptitude for graduate study.
What do you consider to be the applicant's major strengths?

In what areas does the applicant need further development?

Summary Evaluation

- _____ I strongly recommend this applicant for admission and believe that she/he has the capability to perform at a superior level.
- _____ I recommend this applicant for admission and believe her/his performance should be comparable to that of most graduate students.
- _____ I believe that this applicant's qualification's are marginal, but the applicant has potential and would benefit from study in your program.
- _____ I do not recommend this applicant for admission to your graduate program.

Evaluator's Signature

Date

Evaluator's Name (Type or Print)

Evaluator's Position or Title

Evaluator's Employer

Evaluator's Telephone Number

Evaluator's Email Address



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_____ I believe that this applicant's qualifications are marginal, but the applicant has potential and would benefit from study in your program.

_____ I do not recommend this applicant for admission to your graduate program.

Evaluator's Signature

Date

Evaluator's Name (Type or Print)

Evaluator's Position or Title

Evaluator's Employer

Evaluator's Telephone Number

Evaluator's Email Address



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CLINICAL OBSERVATION FORM

The DPT Program requires that each of our Physical Therapy students observe or assist as a volunteer under a licensed Physical Therapist for a minimum of **40 hours**. We believe that this time helps provide them with a realistic perspective of the clinical aspects of therapy that is essential to their academic success. Please have the licensed Physical Therapist complete this form and rating scale and return it with your application packet to the Office of Graduate Studies by June 15th. *Make additional copies of this form as needed.* **If your hours of clinical observation will not be completed at the time of application, please submit a letter with your application packet indicating the anticipated date of completion.** Thank you.

Name of Student: _____

Name of Clinical Facility: _____

Address: _____

Total Hours Spent at your Facility: _____

In what capacity? Observation Volunteer Other (specify) _____

Please rate the student in each of the following areas:

	Outstanding	Good	Average	Poor	Unable to Judge
Relates to Patients					
Reliable/Dependable					
Relates to Staff					
Exhibits Sound Judgment					
Accepts Direction					
Shows Initiative					
Carries Out Instruction					
Demonstrates Maturity					
Verbal Communication					
Appearance, Hygiene					
Written Communication					
Professional potential					
Grasps theoretical concepts					
Interest/Motivation					

Additional Comments: Please identify qualities of this student that you believe will help the student successfully complete the DPT Program at Utica College Division of Graduate and Continuing Education. Please use the reverse side of this sheet or attach an additional sheet.

Licensed PT Signature Institution/Department

Please print name

Therapist's Title

Date



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Date



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ACADEMIC AND PROFESSIONAL STANDARDS STATEMENT

Please complete this form and return with your application packet.

Name: _____

School Address: _____

Telephone: () _____

Home Address: _____

Home Telephone: () _____

TO: Physical Therapy Program Faculty

I wish to apply for entry into the DPT Program. I am aware of the criteria I must meet in order to maintain my status as a Physical Therapy major and to be eligible for continuation in the professional level of the program.

I understand I must achieve a grade of "C" or better in all professional level Physical Therapy courses. Should I achieve a grade of "C" in multiple professional level courses, I understand I may be required to repeat courses or complete other remedial work to assure competence for clinical practice. I understand I must also achieve a grade of "P" in any professional level pass/fail course, successfully complete all oral/practical comprehensive examinations (minimum passing grade is 80%), successfully complete all laboratory proficiency exams (minimum passing grade is 80%), and demonstrate effective professional behavior, including interpersonal communication skills and judgment, necessary for the clinical education experiences and professional practice.

I agree to maintain the standards outlined above if I am accepted as a graduate student in the DPT Program and understand that failure to meet these standards may result in my dismissal from the professional program.

I understand that it is my responsibility to review the additions and amendments to the DPT Program Handbook while a student in the program.

Signature

Date

