



Application for the Transitional Doctor of Physical Therapy Program

Applying for: Spring Fall Year _____

Application must include:

- A completed and signed application form.
- A professional portfolio (Non-UC Grads only, see guidelines at the end of this form).
- A personal statement (page 3 of this application).
- 2 letters of recommendation (please use the attached forms).
- An official transcript from the institution which awarded your entry-level physical therapy degree (Non-Utica College Graduates only).
- Official course descriptions for all pre and post-professional physical therapy coursework (Non-Utica College Graduates only).
- TWO CHECKS:
 - One check or money order in the amount of \$50 made out to “Utica College” for the application fee.
 - One check or money order for review of your professional portfolio made out to the “Utica College Department of Physical Therapy” in the amount of:
 - \$300 if you are a Non-Utica College graduate
 - \$200 if you are a Utica College graduate.

Please mail this application to:

School of Graduate and Extended Studies, Utica College, 1600 Burrstone Road, Utica, NY 13502

Personal Data

Name _____ Sex M F

Last

First

M.I.

Birthdate __/__/____ Social Security Number _____

Former Last Name (if applicable) _____

Citizenship US Permanent resident Other _____ Visa type _____

Address _____

City _____ County _____ State _____ Zip _____

Telephone: Home _____ Cell _____ E-mail _____

Employer Name and Address _____

Telephone: Work _____

Educational Experience

Please list all the colleges or universities you have attended, **including Utica College**.

Name of College or University	Year(s)	Academic Major	Degree(s) Earned

Professional Information:

How many years have you been in clinical practice? _____

In what type of setting have you worked the most? _____

What is your current title? _____

Have you provided Clinical Education to PT Students Yes ___ No ___

If yes, how many? _____ Any Utica College Students Yes ___ No ___

Please indicate the state(s) in which you hold an active license to practice physical therapy.

State	Year first received	License Number

Name/Contact Information of your References:

1)

2)

How did you first hear about the doctoral program at Utica College?

An employer

A mailing

Website

A Utica College alumnus

A colleague

Other _____

page 3 - tDPT PERSONAL STATEMENT

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

1. In the space below, please describe:

- a) your reasons for entering the transitional DPT.
- b) areas of interest and current involvement in the profession of physical therapy;
- c) your ultimate career goals

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 correct and complete.

signature

date

The Following Item Is Optional:

How would you describe yourself?

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Hispanic (including Puerto Rican) |
| <input type="checkbox"/> Asian or Pacific Islander (including Indian subcontinent) | <input type="checkbox"/> White, Anglo Caucasian (non-Hispanic) |
| <input type="checkbox"/> Black (non-Hispanic) | <input type="checkbox"/> Other (Specify) _____ |

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



RECOMMENDATION FORM FOR tDPT Program page 1 of 2
transitional Doctor of Physical Therapy

Name of Applicant: _____ Social Security Number _____ - _____ - _____
Current Address: _____
Phone Number: _____ Email _____
Applying for the _____ (degree) in the School/College of _____ program.

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 to the individual who will be providing your reference. Reference reports should be sent directly by the evaluator to the School of Graduate and Extended Studies at Utica College. Once received, this reference is the property of Utica College and will not be returned. Please provide your evaluators with an addressed envelope that is clearly marked "Transitional DPT Reference Report" in the lower left corner.

To the evaluator: Complete the information requested on both sides of the form. 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/her rights to access. Your candid completion of this form is appreciated. Please send this form to the School of Graduate and Extended Studies, Utica College, 1600 Burrstone Road, Utica, NY 13502-4892

Name of Evaluator _____

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

In evaluating this application, 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:

Table with 6 columns: Category, Poor, Average, Good, Outstanding, 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, Sensitivity.

RECOMMENDATION FORM tDPT Program (page 2)

We are especially interested in your comments regarding this applicant's aptitude for continued professional growth, graduate professional education, and continued practice in Physical Therapy.

What do you consider to be the applicant's major strengths?

In what areas does the applicant need further development?

Summary Evaluation

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

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

_____ I recommend this applicant for admission and believe her/his performance should be comparable to that of most graduate students.

_____ I strongly recommend this applicant for admission and believe that she/he has the capability to perform at a superior level.

Evaluator's Signature

Date

Evaluator's Name (Type or Print)

Evaluator's Position or Title

Evaluator's Employer

Evaluator's Telephone Number



RECOMMENDATION FORM FOR tDPT Program page 1 of 2
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Evaluator's Signature

Date

Evaluator's Name (Type or Print)

Evaluator's Position or Title

Evaluator's Employer

Evaluator's Telephone Number

Guidelines for Preparing Your Professional Portfolio

The purpose of the professional portfolio is to provide evidence of the applicant's professional development since receiving the entry-level physical therapist degree. In addition, this evidence may qualify as transfer credit, allowing you to waive up to 5 courses in the program. Final determination on the waiver of courses is made at the discretion of the Admissions Committee and the Vice President for Academic Affairs.

The professional portfolio must contain the following:

1. Curriculum Vitae
 - a. Name and current address
 - b. A summary of academic educational experiences
 - c. A detailed summary of work experience in the field of physical therapy (in chronological order, with brief descriptions of your responsibilities in each position listed)
 - d. All professional certifications and licenses, including dates obtained
 - e. Continuing education activity since obtaining your physical therapy license (limit to 1990-present)
 - f. All scientific and professional presentations (include whether they were invited, peer reviewed, local/regional/national)
 - g. All teaching experiences (include where, when, and the details of your specific responsibility in the course/program)
 - h. All consultative and advisory positions held
 - i. Membership in professional organizations
 - j. Leadership positions (specify elected, appointed, or volunteer) in any professional organizations
 - k. Honors/awards
 - l. Publications (include whether they were peer-reviewed, invited, or non-peer reviewed)
2. Proof of licensure
 - a. Provide copies of all current physical therapy licenses in the United States
 - b. Include dates obtained
3. Request for course credit, if applicable. **UTICA COLLEGE GRADUATES OF THE MASTER OF PHYSICAL THERAPY PROGRAM DO NOT NEED TO COMPLETE THIS STEP.**
 - a. You may request to have any of the five non-core courses waived if you feel that you have demonstrated professional development in those areas that is consistent with what the course content would be.
 - b. There are three ways to justify waiver of the remaining five courses:
 - i. Academic Course Credit - if you have earned at least a B in an equivalent graduate level course from an accredited institution. You must provide the course number, name, description, institution, and grade.
 - ii. Course Equivalency Credit - if you have done work professionally that closely resembles the content contained in one of the DPT courses. You must provide a detailed explanation of how the work you are submitting meets the description of an eligible DPT course. This description should include the name, number, and syllabus for the course which you are attempting to waive, description of your professional experience, and evidence of equivalence.
 - iii. Competency Credit - this type of credit is in recognition of significant professional experiences that does not necessarily match any of the course descriptions, but signifies substantial professional development which would be consistent with the doctoring profession. Examples include:
 1. strong publication record
 2. professional association activities at a local, regional, or national level
 3. advocacy efforts
 4. participation in a distinct line of clinical research
 5. editorial work for a known publishing company
 6. teaching experience in an accredited graduate program
 7. credentialed clinical instructor status
 8. clinical specialization/board certification

You must provide a detailed explanation and clear evidence of these experiences. Evidence of specific work may include copies of publications, course materials, presentation brochures, certification proof, etc.