



Doctoral Program in Physical Therapy

ADMISSIONS REQUIREMENTS

- A bachelor's degree with an overall cumulative "B" average (3.0 or higher) from an accredited institution.
- Two recommendations (one from a 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.
- A personal statement.
- Knowledge of the profession through work or volunteer experience. (See "Clinical Observation" described on p.2)
- Academic Standards statement
- Office of the professions statement
- Essential Functions
- "Academic History Form" with the following requirements to be met:

Prerequisites

- Biological Sciences:** two courses (anatomy/physiology courses with laboratories would meet this requirement).
- 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 a biology department. Examples of courses that would fulfill the requirement are: Neuroscience, Principles of Motor Control and Biology of Aging.
- Physical Sciences:** four courses:
 - two courses in general chemistry with laboratory (equivalent to 8 semester hours).
 - two courses in physics with laboratory (equivalent to 8 semester hours).

IMPORTANT NOTE:

Prerequisite courses must be equivalent to the following Utica College courses

(Please check UC catalog-www.utica.edu):

BIO 101/L and BIO 102/L (A&P 1 and 2 with lab)

CHE 211/L and CHE 212/L or CHE 263/L

PHY 151/L and PHY 152/L

The minimal acceptable grade for each course in the above science prerequisites is "B" (Science GPA of at least 3.0 or better)

- Psychology:** three courses
- Statistics:** one course (content should include descriptive statistics, difference between two means, correlation and beginning concepts of analysis of variance.)

The minimum acceptable grade for each course in the above categories (Psychology and Statistics) is a "C" or better.

All courses used toward the minimum prerequisite requirements **should be taken through appropriate departments**, e.g. Biology, Chemistry, Physics, Psychology. *(Continued on other side)*

All prerequisite courses must be completed prior to the start of the Physical Therapy Program. **All science courses must have been taken within the last 10 years of the date of this completed application.**

APPLICATION and DEADLINES. Please complete the entire application form and sign the personal statement.

Utica College has rolling admissions. However, seat availability may be limited.

APPLICATION FEE. The \$50 application fee must be a check or money order made payable to Utica College. **DO NOT SEND CASH.** If you apply online (www.utica.edu/gradapp) and complete a short survey, your application fee will be waived.

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) sign across the seal and 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.

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. (One from a practicing physical therapist and one from an academic professor-See pp. 7-10).

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.

Personal Statement. Write a one to two page, typed statement of your personal and professional goals as they relate to your graduate studies. (See p.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 with at least ten (10) of those hours in an acute care setting. Complete a Clinical Observation Form for each experience. (pp. 11-14-Two copies are enclosed, make additional copies as needed.)

ACADEMIC HISTORY FORM (See Admission Requirements for Prerequisite Courses-p.5)

ACADEMIC & PROFESSIONAL STANDARDS. Complete and submit. (p. 15)

OFFICE OF THE PROFESSIONS STATEMENT-Complete and submit. (p. 17)

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 for early admissions, March 15th for regular admissions.

ENROLLMENT DEPOSIT. Upon acceptance, you will be mailed an acceptance packet. 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.

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

Office of Graduate Admissions, Utica College, 1600 Burrstone Road, Utica, NY 13502 (315) 792-3010 gradstudies@utica.edu



UTICA COLLEGE

Graduate Application for the Doctorate of Physical Therapy

Applying for Fall (year) _____

Applications must include:

- Official transcripts from all undergraduate and graduate institutions attended*
- Two letters of recommendation
- Application fee of \$50
- Personal Statement
- Signed Academic & Professional Standards statement
- Signed Office of the Professions statement
- Prerequisite course form—Academic history form
- Graduate test scores (e.g. GRE, MCAT, DAT, OPT). Scores must be received by July 1st, 2011.
- Clinical Observation form (40 hours required with at least ten (10) required in an acute care setting)
- Signed Essential Functions document (pp.19-21)

Return this application, along with all required documentation and a check or money order for \$50 US (payable to Utica College) to:
Office of Graduate Admissions, Utica College, 1600 Burrstone Road, Utica, NY 13502

Name _____ Sex: ___ M ___ F
Last First MI

Former last name (if applicable) _____

Address _____

City _____ State or Province _____ Postal Code _____ Country _____

Main telephone _____ Secondary or Work telephone _____

Email address _____ Date of Birth: Month ___ Day ___ Year ___

Social Security Number (Optional) _____ Citizenship: US Citizen Permanent Resident Other _____

Are you a veteran of the US Armed Forces? Yes No If yes, date of entry into the service _____

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

___ Website/email from an admissions counselor

___ A graduate fair at _____

___ My school has an articulation agreement with Utica College

___ Newspaper

___ Radio

___ Direct mail

___ UC Alumni

___ An employer

___ A colleague/friend

___ Other _____

The following item is optional. No information you provide will be used in a discriminatory manner.

Are you Hispanic or Latino? ___ YES ___ NO

Regardless of your answer to the prior question, please check **ONE OR MORE** of the following groups in which you consider yourself to be a member:

___ American Indian or Alaskan Native

___ Asian

___ Black or African American

___ Native Hawaiian or Other Pacific Islander

___ White

Please be very accurate with information. Utica College verifies information in all applications.

*Official transcripts must be sent separately to this office from issuing institution in a sealed, signed envelope. The applicant may also provide official transcripts to this office in a sealed, signed envelope from the issuing institution. Students who attended institutions outside of the US and Canada may need to have their transcripts evaluated by an accrediting agency such as WES. (www.wes.org)

Work Experience

Please list the jobs you have held in the past seven years (most recent first) or attach a recent resume.

Employer _____ Dates of Employment: From _____ to _____
Street address _____
City _____ State _____ ZIP _____ Phone _____
Job title _____ Name of Supervisor _____
Description of Duties:

Employer _____ Dates of Employment: From _____ to _____
Street address _____
City _____ State _____ ZIP _____ Phone _____
Job title _____ Name of Supervisor _____
Description of Duties:

Employer _____ Dates of Employment: From _____ to _____
Street address _____
City _____ State _____ ZIP _____ Phone _____
Job title _____ Name of Supervisor _____
Description of Duties:

Employer _____ Dates of Employment: From _____ to _____
Street address _____
City _____ State _____ ZIP _____ Phone _____
Job title _____ Name of Supervisor _____
Description of Duties:

Attach additional sheets if necessary.

Personal Statement—Required of all applicants

Please answer the following question in the space below or attach a word processed answer on a separate sheet of paper. Be sure to read the statement at the bottom of this page and sign the statement below.

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

Please read carefully, sign and date.

I understand that withholding information in this application or giving false information in my answers may make me ineligible for admission to Utica College or may subject me to dismissal if I am accepted under false pretenses. As such, I certify the statements and answers made by me in this application to be truthful and complete. I also understand that once these application materials have been submitted to Utica College for review, they cannot be returned to me.

Signature

Date



Doctoral Program in Physical Therapy Recommendation Form

Return to: Graduate Admissions Office, 120 White Hall, 1600 Burrstone Road, Utica, NY 13502 (315) 792-3010

Name of Applicant: _____ Soc. Sec. Number (optional) _____

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 to the Utica College Graduate Admissions Office. **DO NOT OPEN THE ENVELOPE WHEN IT HAS BEEN 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. ***(Evaluation continues on back)***

	Outstanding	Good	Average	Poor	Unable to Judge
Intellectual Ability					
Academic Achievement					
Creative Qualities					
Maturity & Emotional Stability					
Leadership Potential					
Initiative					
Ability to Communicate Orally					
Ability to Communicate in Writing					
Ability to Accept Constructive Feedback					
Sensitivity					

The DPT Admissions Committee is especially interested in your comments regarding the applicant's aptitude for graduate study. Please add additional sheets if necessary.

Based on your knowledge of the applicant, what are his/her major strengths?

In what areas does the applicant need further development?

Please select one of the following:

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

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

___ 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 admissions to your graduate program.

Evaluator's Signature

Date

Evaluator's Name (Type or print)

Evaluator's Position or Title

Evaluator's Employer

Evaluator's Phone Number

Evaluator's Email



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Name of Applicant: _____ Soc. Sec. Number (optional) _____

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Evaluator's Signature

Date

Evaluator's Name (Type or print)

Evaluator's Position or Title

Evaluator's Employer

Evaluator's Phone Number

Evaluator's Email



Doctoral Program in Physical Therapy Clinical Observation Form

Return to: Graduate Admissions Office, 120 White Hall, 1600 Burrstone Road, Utica, NY 13502 (315) 792-3010 Fax 223-2530

The DPT program requires that each of our applicants observe or assist as a volunteer under a licensed Physical Therapist for a minimum of forty (40) hours with ten (10) of those hours occurring in an acute care setting. The time you spend with a PT should provide you with a realistic perspective of the clinical aspects of therapy that you will need for academic success.

Please have the licensed Physical Therapist you work with complete this evaluation form and return it to the Graduate Admissions Office at the address above. There are two Clinical Observation forms in this packet—use one for the 10 hours in acute care and the other for the 30 hours in another setting. If you need more copies, copy them as needed or contact Graduate Admissions.

Both observation forms must be submitted to Graduate Admissions by July 15th. If your clinical observation hours will not be completed by the time of application, please attach a letter to your application indicating anticipated date of completion.

Student Name _____ Name of Clinical Facility _____

Facility Address _____

Type of Setting: Outpatient Acute Rehab Other _____ Total Observational Hrs _____

In what capacity? Observation Volunteer Other (specify) _____

To the PT—Please rate the student in each of the following areas:

	Outstanding	Good	Average	Poor	Unable to Judge
Relates to Patients					
Reliable/Dependable					
Relates Well to Staff					
Exhibits Sound Judgment					
Accepts Direction					
Shows Initiative					
Carries Out Instructions					
Demonstrates Maturity					
Verbal Communication					
Written Communication					
Appearance, Hygiene					
Professional Potential					
Grasps Theoretical Concepts					
Interest/Motivation					

Additional comments: On the reverse of this form or on a separate sheet, please identify qualities of this student that you believe will help the student successfully complete the DPT program at Utica College.

Licensed PT Signature

Institution/Department

Print or Type Name

Therapist's Title

Phone

Date

Thank you for your assistance. We greatly appreciate your willingness to allow our potential students to observe and participate.

Utica College Physical Therapy Observation Form - Page 2

Please continue comments about the student on this page or attach a separate sheet.



Doctoral Program in Physical Therapy Clinical Observation Form

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Utica College Physical Therapy Observation Form - Page 2

Please continue comments about the student on this page or attach a separate sheet.



Academic and Professional Standards Statement

Return to: Graduate Admissions Office, 120 White Hall, 1600 Burrstone Road, Utica, NY 13502 (315) 792-3010 Fax 223-2530

Please read carefully, fill out all information, sign and return to Graduate Admissions with your application.

Name _____

Permanent Address _____

City, State or Province, Zip or Postal Code _____

Phone _____ Email _____

To: The Utica College DPT Program Faculty

I wish to apply for entry into the Utica College DPT program. I am aware of the criteria I must meet in order to maintain my status as a DPT student at Utica College and to be eligible for continuation in the program.

As a DPT graduate student, I understand that:

- *I must maintain a cumulative GPA of 3.0.
- *I may not earn more than two (2) grades below "B-" in my professional courses.
- *I must complete each clinical education course with a grade of "Pass."
- *I will demonstrate effective professional behaviors to complement the knowledge and skills necessary for program progression and practice.

I will maintain the standards outlined above if I am accepted as a graduate student in the Utica College DPT program and understand that the failure to meet any of these standards may result in my dismissal from the professional program. It is my responsibility to review the additions and amendments to the Utica College DPT Program Handbook during the time I am a student in the DPT program.

Signature

Print Name

Date

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**UTICA
COLLEGE**

Office of the Professions Statement

Please read, sign, date and return with your application. Your application is not complete unless this form is signed, dated and returned to the Graduate Admissions Office.

IMPORTANT NOTICE:

Students with a history of criminal misconduct may be denied licensure or registration to practice the profession of physical therapy. Students should contact the Office of the Professions in the Division of Professional Licensing Services of NYSED www.nysed.org (or appropriate state agency) for clarification of their status early in their academic career if there is any question of the ability to sit for examination for licensure at the completion of the academic program.

I, _____, have read the above notice and understand its content.
(Print name)

Signed

Date

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ESSENTIAL FUNCTIONS OF A PHYSICAL THERAPIST

Success in the physical therapy curriculum requires a student demonstrate the knowledge, skills and professional behaviors expected of an entry-level physical therapist. Entry-level physical therapists are competent clinicians who evaluate and provide interventions to the general population of acute and rehabilitation clients in current health care settings. The purpose of this document is to delineate the knowledge, skills and professional behaviors deemed essential for completion of the physical therapy program and entrance into professional practice.

The following list is illustrative and **does not represent an all-inclusive listing** of the functions of a physical therapist. Throughout the professional DPT program, students will be assessed not only on their scholastic accomplishments, but also on their physical and emotional capacities to meet the full requirements of the college's curricula and to graduate as skilled and effective practitioners.

If a student cannot demonstrate the following skills and abilities, it is the responsibility of the student to request an appropriate accommodation. The college will provide reasonable accommodation as long as it does not fundamentally alter the nature of the program offered and does not impose an undue hardship such as those that cause a significant expense, difficulty or are unduly disruptive to the educational process.

KNOWLEDGE (Cognitive) Learning Skills

The student must demonstrate the following abilities:

- Receive, interpret, remember, reproduce, and use information in the cognitive, psychomotor, and affective domains of learning to solve problems, evaluate work, and generate new ways of processing or categorizing similar information as listed in course objectives.
- Perform a physical therapy evaluation of a patient's posture and movement including analysis of physiological, biomechanical, behavioral, and environmental factors in a timely manner, consistent with the acceptable norms of clinical settings.
- Use evaluation data to formulate and execute a plan of physical therapy management in a timely manner, appropriate to the problems identified consistent with the acceptable norms of clinical settings.
- Reassess and revise plans as needed for effective and efficient management of physical therapy problems, in a timely manner and consistent with the acceptable norms of clinical settings.

SKILL (Psychomotor) Skills

The student must demonstrate the following skills:

- Sitting: maintain an upright posture
- Standing: maintain an upright posture
- Locomotion ability to:
- Get to lecture, laboratory, and clinical locations, and move within rooms as needed for changing groups, partners, and work stations.
- Physically maneuver in required clinical settings to accomplish assigned tasks

Manual tasks:

- Maneuver another person's body parts to effectively perform examination techniques
- Manipulate common tools used for screening tests of the cranial nerves, sensation, range of motion, blood pressure, (e.g. cotton balls, safety pins, goniometers, aesthesiometer, sphygmomanometer, etc.)
- Safely and effectively guide, facilitate, inhibit, and resist movement and motor patterns through physical facilitation and inhibition techniques (including the ability to give time sensitive urgent verbal feedback).
- Manipulate another person's body in transfers, gait, positioning, therapeutic exercises, and mobilization techniques.
- Manipulate evaluation and intervention equipment and safely and accurately apply to patients/clients.
- Manipulate bolsters, pillows, plinths, mats, gait assistive devices, and other supports or chairs to aid in positioning, moving, or treating a patient effectively.
- Competently perform and supervise cardiopulmonary resuscitation (C.P.R.) using guidelines issued by the American Heart Association or the American Red Cross.

Small motor/hand skills:

- Legibly record/document evaluations, patient care notes, referrals, etc. in standard medical charts in hospital/clinical settings in a timely manner and consistent with the acceptable norms of clinical settings.
- Legibly record thoughts for written assignments and tests.
- Sense changes in an individual's muscle tone, skin quality, joint play, kinesthesia, and temperature to gather accurate objective evaluative information in a timely manner and sense that individual's response to environmental changes and treatment.
- Safely apply and adjust therapeutic modalities.
- Safely and effectively position hands and apply mobilization techniques.
- Use a telephone.

Visual acuity to:

- Receive visual information from clients, e.g. movement, posture, body mechanics, and gait necessary for comparison to normal standards for purposes of evaluation of movement dysfunctions. Receive visual information from treatment environment, e.g., dials on modalities and monitors, assistive devices, furniture, flooring, structures, etc.

Communication:

- Effectively communicate with other students, teachers, patients, peers, staff and personnel to ask questions, explain conditions and procedures, teach home programs, and for safety in a timely manner and within the acceptable norms of academic and clinical settings.
- Receive and interpret written communications in both academic and clinical settings in a timely manner.
- Receive and send verbal communication in life threatening situations in a timely manner within the acceptable norms of clinical settings.

Self care:

- Maintain general good health, hygiene, and self-care in order not to jeopardize the health and safety of self and individuals with whom one interacts in the academic and clinical settings.
- Arrange transportation and living accommodations for/during off campus clinical assignments to foster timely reporting to the classroom and clinical center.

Affective learning skills

The student must be able to:

- Demonstrate appropriate affective behaviors and mental attitudes in order not to jeopardize the emotional, physical, mental and behavioral safety of clients and other individuals with whom one interacts in the academic and clinical settings and to be in compliance with the ethical standards of the American Physical Therapy Association.
- Sustain the mental and emotional rigors of a demanding educational program in physical therapy which includes academic and clinical components that occur within set time constraints.
- Acknowledge and respect individual values and opinions in order to foster harmonious working relationships with colleagues, peers and patients/clients.

Physical therapy education requires that the accumulation of scientific knowledge be accompanied by the simultaneous acquisition of skills and professional behaviors. The Doctorate of Physical Therapy (DPT) degree awarded by Utica College certifies that the individual has acquired foundational knowledge, skills and behaviors requisite for the practice of physical therapy. The student is required to successfully complete each required course, comprehensive examination and clinical education experience in order to graduate. Reasonable accommodations are considered to provide the student with the option to successfully meet essential functions as outlined in this document.

NOTE: The need for a trained intermediary means that a candidate's judgment must be mediated by someone else's power of selection and observation. This strategy is not compatible with independent professional practice and is not an acceptable accommodation.

Certain chronic or recurrent illnesses and problems that interfere with patient care or safety may be incompatible with training as a healthcare professional or interfere with the ability to manage modern clinical practice. Other illnesses may lead to a high likelihood of student absenteeism and should be carefully considered. Deficiencies in knowledge, judgment, integrity, character, or professional attitude or demeanor that may jeopardize patient care may be grounds for course failure and possible dismissal from the program.

I certify, by my signature below, that I have read and understand the Essential Functions for admission into the Utica College Doctor of Physical Therapy Program.

I believe to the best of my knowledge that I meet each of these standards with or without reasonable accommodation.

Signature of Applicant

Date

(over)

Compiled from Technical Standards and Essential Functions documents from the following institutions:

Samuel Merritt College, Physical Therapy Program; Shenandoah University Division of Athletic Training; University of Colorado Health Sciences Center, Department of Rehabilitation Medicine, Physical Therapy Program; University of Indianapolis, Krannert School of Physical Therapy; University of Kentucky, College of Allied Health Professions; University of Miami School of Medicine, Division of Physical Therapy; University of Wisconsin-LaCrosse; University of Wisconsin-Madison Medical School, Physical Therapy Program; University of Washington Division of Physical Therapy.

Disciplinary History-Check the appropriate boxes, sign and date. Please return with application.

Yes or No Have you ever been found responsible for a disciplinary violation at any educational institution you have attended from 9th grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in your probation, suspension, removal, dismissal, or expulsion from the institution?

Yes or No Have you ever been convicted of a misdemeanor, felony, or other crime? If you answered yes to either or both questions, please attach a separate sheet of paper that gives the approximate date of each incident, explains the circumstances, and reflects on what you learned from the experience.

Your signature at the bottom of this page will signify that all of your responses are accurate and that you understand the aforementioned terms.

Signature _____

Date _____