

Doctor of Physical Therapy Program
University of Saint Mary

Doctor of Physical Therapy



APPLICATION PACKET

**Doctor of Physical Therapy Program
University of Saint Mary**

Send Completed Application Packet to:

***University of Saint Mary
Attention: DPT Application
Admissions Office
4100 S. 4th St.
Leavenworth, KS 66048***

***For Assistance:
913-758-4398
DPT@stmary.edu
www.stmary.edu/DPT***

Letter of Application

Each applicant is required to write a Letter of Application which is to serve as your ***Autobiography to Describe Why you Want to be a Physical Therapist.***

In a Word document, please compose your Letter of Application. This is your first opportunity to share with us why you want to be a Physical Therapist. Letters of Application should be no longer than 3 pages, using 12 point font, standard margins, standard font (Arial or Times New Roman), and double spacing. As this is your first impression with us, please ensure no spelling or grammatical errors. Make sure to include your Last Name, First Name and page Y of X in the footer on each page of your Letter of Application. Your signature is required at the end of your Letter of Application signifying this is an original work composed by you. The Title at the top of your first page should read:

Letter of Application: An Autobiography to Describe Why I Want to be a Physical Therapist

UNIVERSITY *of* SAINT MARY



Graduate Admission Form

First Name:

Middle Name:

Last Name:

Preferred Name:

What is your birth/maiden name?

Date of Birth (mm/dd/yyyy):

Citizenship

Permanent Address Line 1:

Permanent Address Line 2:

Permanent City:

Permanent Country:

Permanent State:

Permanent Zip Code:

Permanent County:

Permanent Phone Number:

Permanent Cell Phone Number:

E-mail Address:

Gender (M or F)

Social Security Number:

Religious Affiliation (optional):

Ethnicity:

Hispanic Latino or

Not Hispanic Latino

Race:

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White/Caucasian

Is your father or mother an alumnus of USM? Yes or No

Is your father or mother an employee of USM? Yes or No

Marital Status:	_____
Employer Name:	_____
Have you ever been convicted of a felony?	Yes or No
Explain the circumstances of your felony conviction:	_____

Previously applied to USM?	Yes or No
Previously enrolled at USM?	Yes or No
Highest degree you have earned:	_____
Will you request financial aid?	Yes or No
Are you receiving veteran's benefits?	Yes or No
List the Colleges or Universities you have attended:	_____

How did you hear about us?	_____

Father's First Name:	_____
Father's Last Name:	_____

Mother's First Name:	_____
Mother's Last Name:	_____

Guardian's First Name:	_____
Guardian's Last Name:	_____

Doctor of Physical Therapy Program University of Saint Mary

Application Checklist

Directions: Use this checklist to determine whether or not you have included all materials required before you can be considered as an applicant (all materials in this checklist are required). The Department of Physical Therapy appreciates your consideration of our university to meet your educational needs.

1) A fully completed Graduate Admission Form (self informational page included in packet).

2) One official copies of **ALL** transcripts of all undergraduate and graduate courses completed at any accredited college or university.

3) An official record of your Graduate Record Examination (GRE) general scores.

4) All forms documenting your observation hours of different physical therapy settings (single form included in packet, make copies as necessary). A total of 40 observation hours is required to apply to our program. A **MAXIMUM** of 20 hours may be completed at a single location. It is encouraged to observe at multiple settings.

5) A letter of application that reflects an accurate autobiographical sketch and is no longer than three typed pages.

6) A check in the amount of \$50.00 (application fee) paid to the order of University of Saint Mary (nonrefundable).

7) A list of courses you are taking during the Spring semester of the year in which you apply (form is included in your packet).

8) A list of courses you took during the Fall semester in the year prior to applying (form is included in your packet).

9) A signed *Verification of Accuracy Statement* and a signed "*Notice of Required Liability and Health Insurance*" Form. (form included in packet).

11) Demographic Information (optional).

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Documentation of Observation for Physical Therapy Applicants

Make copies of this page as needed to properly document all observation hours. Several copies of this page should be required to fulfill required amount of observation hours. A total of 40 observation hours is required to apply to our program. A **MAXIMUM** of 20 hours may be completed at a single location. It is encouraged to observe at multiple settings.

Applicant's Name: _____

Name of Facility Where Observation Took Place: _____

Name of Physical Therapist who Documented the Observation

Printed Name: _____ **Telephone #:** _____

I hereby document that _____ observed the practice of physical therapy in our facility as partial fulfillment of requirements for admission to the DPT Program at the University of Saint Mary.

This observation took place between the dates of _____ to _____.

The total number of hours spent in observation was _____ hours.

The type of physical therapy practice observed was (list below):

Write any comments you have regarding this applicant (optional):

Physical Therapist's Signature: _____

Position: _____

Date of Signature: _____

E-mail Address: _____

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Verification of Accuracy

To the best of my knowledge, I certify that the information provided in this application and all attachments is accurate and complete. I also understand that providing false information or documentation, or failing to disclose relevant information, would be grounds for rejection of my application or disciplinary action (including dismissal from the Physical Therapy Program). In addition, I understand that dismissal from the Physical Therapy Program shall be mandatory if false representations are made to meet professional student qualification and admission into the Physical Therapy Program.

In the event that confirmation of information or documentation is needed, I authorize educational institutions, associations, and all other relevant persons or entities to furnish whatever evidence, including documentation, that may be available to clarify or certify the information I have provided.

Signature of Applicant

Date

Printed Name of Applicant

Notification that the applicant *will be required* to carry (own a policy) for (1) Liability Insurance and (2) Major Medical Insurance while enrolled in the Physical Therapy Program.

The Department of Physical Therapy will ensure, to the best of our ability, that the health and welfare of each student in the program is secured. This means that each student will be required to provide the Department with “proof” of both liability insurance (information will be provided upon acceptance) and “major medical” insurance. “Proof” shall consist of providing the department with a copy of said policies, which includes their effective dates. It is the student’s responsibility to ensure that both policies remain in effect throughout the duration of their participation in the physical therapy program.

I certify that I understand that I will be required to own both liability insurance and major medical insurance throughout the duration of the physical therapy program. In addition, I understand that I will be required to present “proof” of such insurance throughout the duration of the program.

Signature of Applicant

Date

Printed Name of Applicant

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List of Courses you just took in the last Fall Semester

Applicant's Name (Print): _____ Date: _____

Applicant's Signature: _____

Directions: If you took courses in the Fall, you must list those classes below. Include all information required in the table below.

Course Name and Number	Number of Semester Credit Hours	Name of College or University	Address of College or University	Telephone # of College or University	Telephone # of the Records Officer

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List of Courses you are taking in this Spring Semester

Applicant's Name (Print): _____ Date: _____

Applicant's Signature: _____

Directions: If you are taking courses in the Spring, you must list those classes below. Include all information required in the table below.

Course Name and Number	Number of Semester Credit Hours	Name of College or University	Address of College or University	Telephone # of College or University	Telephone # of the Records Officer

Prerequisite Courses for Admission into the Physical Therapy Program at USM

Admission into the Physical Therapy Program is competitive. Completion of the listed prerequisites does not guarantee admission into the program. Prerequisites are subject to change without notice.

PREREQUISITES (Listed as a <i>minimum</i> number of required hours in each discipline)	EXAMPLES OF COURSES THAT WOULD FULFILL THE PREREQUISITES AT USM	COURSES THAT ARE PREFERRED (Other courses, or in some cases, significant experience, might meet the requirement)	MY APPLICABLE PREREQUISITES (Fill in the column with your courses)
English: 9 semester hours are required.	EN 111 and EN 112, and EN 251 or 252, or other literature course; EN 310 (primarily for transfer students)	General writing or composition Creative writing and/or technical writing /One literature course	
Computer Information Systems: One course is required.	IT 125	Courses that emphasize proficiency in the use of application software (e.g., word processing, spreadsheet and database management)	
Business or Marketing or Economics: 3 semester hours are required in <i>one</i> of these disciplines.	One is required: EC 232 or EC 233 or MGT 231 or MGT 320 or MGT 332 or MKT 231	Fundamental courses in business, marketing or economics	
Fitness for Living: 1-2 semester hours are required.	PE 250	Fundamental information about health, wellness, and fitness	
Public Speaking: 3 semester hours are required.	COM 120	Public speaking	
Human Geography or Sociology or Cultural Anthropology: 3 semester hours are required in <i>one</i> of these disciplines.	SO 110 or SS 155 or SO 250	Concepts regarding culture, society, or fundamental human characteristics	
Mathematics: 5 semester hours are required and must include one pre-calculus course OR courses that include algebra and trigonometry	Possibilities are: MA 210 and MA 211; or MA 221 and MA 222	College Algebra, Trigonometry, Precalculus, or Calculus	
Statistics: 3 semester hours are required.	MA 230 or PYCR 586	Courses that include the use of computer statistical packages are preferred.	
Traditional Physics: 6 semester hours are required.	PHY 215 and PHY 216	Courses must be "computational" in nature. "Survey" courses will NOT fulfill this requirement.	
Chemistry: 6 semester hours are required.	CH 121 and CH 122	General Chemistry Courses are required. Courses in Organic Chemistry or in Biochemistry are nice additions but not required.	

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Psychology 9 Semester Hours are Required	PY 150; PYAPY 352 and APYCR 325.	One Basic or Introductory Course One Course in Applied Psychology and One Course in Abnormal Psychology	
General or Cellular Biology 6 Semester Hours are Required	BI 212 and BI 220	A Course(s) that Relates to Cellular Processes	
Human or Vertebrate Anatomy 4 Semester Hours are Required Lab not Required	BI 258 and 259	Human Anatomy	
Human or Vertebrate Physiology 4 Semester Hours are Required Lab not Required	BI 258 and 259	Human Physiology	
			<p>Note: Other courses, combinations of courses, or documented experience may apply to some of the prerequisites. If necessary, consult with the Department Chair of Physical Therapy or with the DPT Admissions Director in the Physical Therapy Department.</p> <p style="text-align: center;">horacek03@stmary.edu 913-758-6124</p> <p style="text-align: center;">http://www.stmary.edu/DPT</p>

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Optional Information Form

***Notice:** The information you provide on this form will **NOT** be linked to you personally in any way. We wish to gather this information to understand the characteristics of our program's applicant pool. Such information is helpful in identifying trends, making inferences, and in making adjustments in our recruitment strategy if indicated. Do **NOT** put your name on this form. Simply fill it in and enclose it in the special envelope we have provided for you, which does **NOT** have any identifying characters other than being marked "Optional Information". We do believe the information is important for understanding the type of applicants our program attracts. Therefore, we appreciate your effort in completing the form. Thank you!

- 1 The State from which you are applying is: _____
- 2 Your "home" (longest time in one location) State is: _____
- 3 The approximate size of your graduating class in high school was: _____
- 4 Your "home" (longest time in one location) city is: _____
- 5 The approximate size (# of people) of your "home city" is: _____
- 6 Are you a male or female? _____
- 7 What is your age? _____
- 8 Are you married? _____
- 9 Are you currently employed? If yes, give occupation: _____
- 10 If you are married, does your spouse work? _____
- 11 Do you have children? If yes, how many? _____
- 12 List the number of brothers and/or sisters you have: _____
- 13 List your degree(s) and/or major field of study: _____
- 14 List the number of post-high school years of education you have: _____
- 15 List the number of years you have been in the labor force working full time: _____
- 16 List your approximate average income over the past 5 years: _____
- 17 List your father's occupation and # of years in college: _____
- 18 List your mother's occupation and # of years in college: _____
- 19 Do you own a car? _____
- 20 Do you own a home? _____
- 21 Do you speak more than one language, if yes, please list: _____
- 22 Please circle the "type of household" you were raised in during most of your youth: A) traditional married couple; B) raised primarily by mother; C) raised primarily by father; D) other.
- 23 Do you own a computer? _____
- 24 Do your parents own a computer? _____
- 25 How much do you use the Internet? _____
- 26 How many hours of television and movies do you watch each week? _____
- 27 What do you do in your spare time: _____
- 28 How many States or Countries have you lived in or visited extensively? _____
- 29 How much time reading do you spend each day? _____
- 30 Please list your race. If more than one, list all: _____
- 31 Please list your ancestry. If more than one, list all: _____

University of Saint Mary Doctor of Physical Therapy Program

Educational Accessibility and Essential Functions for Admission to the Program

Educational Accessibility and Opportunity

The University is committed to educational accessibility for all students who have demonstrated, by traditional academic achievement (high school rank, undergraduate grade point average and/or standardized admission test scores), an aptitude for successful accomplishment at the collegiate or graduate level. The University also provides educational access based on criteria other than traditional achievement measures for those students seeking learning opportunities for purposes of career enhancement, professional development or self-enrichment.

The Department of Physical Therapy uses a variety of indicators some of which are: collegiate grade point average, performance on the Graduate Record Examination General Test, samples of writing, interviews, and other measures. Applicants must also be able to meet certain “essential functions” as explained herein below.

Essential Functions Required for Completion of the Physical Therapy Program

USM is committed to comply with Section 504 of the Rehabilitation Act of 1973 and with the Americans with Disabilities Act (ADA) of 1990. Therefore, the Department of Physical Therapy is committed to ensure that qualified persons with disabilities are not denied admission or subject to discrimination in admissions. When requested, the University will provide reasonable accommodation to otherwise qualified candidates with disabilities.

The Essential Functions for admission (described below) establish the expectations and requisite abilities considered essential for candidates admitted to the Physical Therapy Program in order to achieve the level of competency required for graduation and practice.

It is recognized that degrees of ability vary widely among individuals. Any candidates who feel they might not meet the Essential Functions set forth herein are encouraged to contact the Department of Physical Therapy (913-758-4398). Any candidate who might require accommodations to fulfill the Essential Functions due to a disability are encouraged to contact the Academic Resource Center (ARC - 913-758-6426).

Americans with Disabilities Act/Section 504 (ADA)

In order to assist our students in maximizing their capabilities, the ARC provides support for students with disabilities. The office assists students with obtaining academic accommodations according to Americans with Disabilities Act, Section 504. All USM students who qualify for services are required to register their documentation with the ARC. After the paperwork has been evaluated, the student, with the assistance of the ARC, creates a plan regarding academic support for the semester. Students who do not register their paperwork and create their plan are not eligible for academic accommodations.

If you have any questions or would like more information, please contact the USM Academic Resource Center at 913-758-6426. USM's Department of Physical Therapy is committed to

enabling its candidates by any reasonable means or accommodations to complete the course of study leading to the Doctor of Physical Therapy degree so long as the standards listed herein below are met.

Essential Functions

Essential Functions refer to physical, cognitive, and behavioral abilities required for satisfactory completion of both didactic and clinical aspects of the physical therapy curriculum, and the development of professional attributes required by the faculty of all candidates at graduation. The candidate must be able to fulfill the Essential Functions described herein with or without accommodations. The essential abilities required by the curriculum are described in the following areas:

Observation

A candidate must be able to observe demonstrations in the classroom and clinical setting and be able to effectively gather and assimilate information from them. A candidate must have sufficient visual and other sensory modalities to accurately observe a patient at a distance and at close range, in order to gather necessary data about the patient such as that needed to describe posture, habitus, mood, activity, and non-verbal communications.

Communication and Perception

A candidate must be able to communicate effectively and sensitively with patients from different social and cultural backgrounds, and to develop effective professional rapport with other members of the health care team. Communication includes not only speech and nonverbal communications, but also reading and writing. This includes the ability to record examination and diagnostic results clearly, accurately, and efficiently. The candidate must have the ability to take, and document in a patient's record, an appropriate history, treatment descriptions, and comprehensive care plans. Such tasks require the ability to communicate with the patient. In addition, candidates must be able to communicate effectively with patients' family members, physicians, and other members of the health care team. The candidate must be capable of responsive, empathetic listening to establish rapport in a way that promotes openness on issues of concern and sensitivity to potential cultural differences. The candidate must be able to process and communicate information on the patient's status in a succinct yet comprehensive manner to colleagues and other members of the health care team, and in settings in which time available is limited. Appropriate communication might also rely on the candidate's ability to make a correct judgment in seeking or providing supervision and consultation in a timely manner.

The candidate must also be capable of perceiving the signs of disease, especially neurological, musculoskeletal, integumentary, and cardiopulmonary dysfunction, as manifested through the physical examination. Such information is derived from observation and palpation of the body surfaces, palpable changes in various organs and tissues, and auditory information (such as patient voice and heart tones). The candidate must have the ability to discern skin, subcutaneous masses, muscles, nerves, bones, joints, lymph nodes, blood vessels, and intra-abdominal structures.

Motor

Candidates must possess sufficient postural control, neuromuscular control, and eye-to-hand coordination to utilize physical therapy equipment and possess sufficient control of the upper and lower limbs to meet the physical requirements for training. A major component of the practice of physical therapy is the assessment and management of movement disorders. Therefore, the candidate must have the ability, within reasonable limits, to safely assist a patient

in moving, for example, from a chair to a bed, or from a wheelchair to a commode. The candidate must also have the ability to move himself or herself and the patient in three-dimensional space to perform motor function tests and treatments. Additionally, the candidate must be able to ensure the physical safety of a patient at all times.

Intellectual

The education of a physical therapist requires assimilation of knowledge, acquisition of skills and development of judgment throughout the curriculum (including clinical internships) in preparation for independent and appropriate decisions required in practice. Candidates must have the mental capacity to learn and assimilate a large amount of complex, technical, and detailed information; solve clinical problems through critical analysis, perform measurements, and synthesize and apply concepts and information from various disciplines in order to formulate evaluations, diagnoses, and therapeutic plans. The candidate must have the ability to master information presented in course work in the form of lectures, written material, and projected images. The candidate must have the cognitive abilities necessary to master relevant content in basic science and clinical courses at a level deemed appropriate by the faculty. These skills may be described as the ability to comprehend, memorize, analyze, and synthesize material. He or she must be able to discern and comprehend dimensional and spatial relationships of structures, and be able to develop reasoning and decision making skills (critical thinking) appropriate to the practice of physical therapy.

Behavioral and Social Attributes

A candidate must possess the emotional and mental health required for full utilization of his or her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the examination and care of patients, and the development of mature, thoughtful, and effective relationships with patients. Candidates must be able to tolerate physically taxing workloads and have the ability to maintain composure and emotional stability during periods of high stress. They must be able to adapt to changing environments, to display flexibility, and to function in the face of uncertainties inherent in the clinical problems of many patients. Compassion, integrity, interpersonal skills, interest, responsibility, tolerance, and motivation are all personal qualities that are essential to the role. The candidate must be able to understand, and demonstrate behavior consistent with, the basis and content of ethical physical therapy practice.

Reviewed 20 February, 2011 by MJH

Status of the Doctor of Physical Therapy Program at USM

The Doctor of Physical Therapy Program at the University of Saint Mary is seeking accreditation by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association (1111 North Fairfax Street, Alexandria, VA 22314; phone; 703-706-3245; accreditation@apta.org). The program has submitted an Application for Candidacy, which is the formal application required in the pre-accreditation stage. Achievement of Candidate for Accreditation status is required prior to implementation of the professional/technical phase of the physical therapy program; therefore, no students may be enrolled in professional or technical courses until Candidate for Accreditation status has been achieved. Further achievement of Candidate for Accreditation status does not assure that the program will be granted Accreditation.