

A.T. STILL UNIVERSITY
ARIZONA SCHOOL OF HEALTH SCIENCES

ATSU

Graduate Application For Admission

Transitional Doctor of Physical Therapy Degree Program

HOW TO APPLY FOR ADMISSION

Step 1 Complete the enclosed application and return with a non-refundable \$100 processing fee. The **Application Fee Payment Form** is located on page 9. Credit/debit card, check or money order made payable to “A.T. Still University” must accompany the application. Only U.S. currency will be accepted. The application, all supporting documents, and fee must be received by the application deadline.

Return the completed application by mail or facsimile to:

Online Admissions
A.T. Still University
5845 East Still Circle Suite 213
Mesa, Arizona 85206-3618
United States
Fax Number: 480-219-6122

Step 2 An **official transcript** from the college or university that granted your Physical Therapy professional degree (bachelor or masters) must be provided to Online Admissions. Official transcripts from ANY other institution(s) attended must also be sent to the Online Admissions office at the time of application. If you have an official copy of your transcript available in a sealed, endorsed envelope, please mail it to the address above. Transcripts from additional post-professional or graduate coursework must also be received by Online Admissions in order to award any advanced credits.

Step 3 On the last page of the application is the **Provisional Student Financial Plan**. This page is required for admissions into the program. Please mark all payment options you will be using to pay for your classes with ATSU. You must choose a primary form of payment on this form. **REMINDER: No students in the DPT- Transitional Distance Education Program are eligible for Federal Financial Aid.**

Step 4 An expanded portfolio is required in order to apply to the TDPT program. This portfolio will be used in determining which courses you have to take in the program, and which courses you will be given advanced credit for. Please refer to pages 12-13 of this application for detailed instructions on submitting your portfolio.

Step 5 -The TDPT program reserves the right to request additional documentation in regards to your application. **We will notify you if additional documentation is necessary for your application.**

Step 6- Non-US educated physical therapists must submit baccalaureate equivalency from an approved educational credentialing agency. ATSU has approved the following agencies for use when applying to the TDPT program. If you have a credential evaluation from an agency not listed below, please contact your enrollment counselor for further instruction.

1. Foreign Credentialing Commission on Physical Therapy (FCCPT)- <http://www.fccpt.org/>
2. International Consultants of Delaware (ICD)- <http://www.icdeval.com/>
3. International Credentialing Associates (ICA) – <http://www.icaworld.com/>
4. International Education Research Foundation, Inc- <http://www.ierf.org/>
5. World Education Services (WES) – <http://www.wes.org/>

***14a. Please give the following information regarding your present employer (If self-employed, please provide a business reference)**

First	Middle	Last	Degree
Title		Office Address	
City	State	Zip Code	(____) Telephone

I authorize the school to contact this reference:

Applicant's signature Date

14b. Please give the following information for one other professional reference

First	Middle	Last	Degree
Title		Office Address	
City	State	Zip Code	(____) Telephone

I authorize the school to contact this reference:

Applicant's signature Date

STATEMENT OF PAST OR PENDING DISCIPLINARY ACTIONS

15. Have you ever voluntarily withdrawn from a health professions program? Yes No

16. Have you ever been convicted of a misdemeanor or felony (exclude parking violations)? Yes No

17. Have you ever been subject to revocation or suspension of a professional license or been censured, reprimanded, or placed on probation for reasons relating to professional competence or conduct by a state licensing authority? If yes, please explain.

Yes _____
 No

18. Have you ever had disciplinary action taken against you by any professional society or professional association? If yes, please explain.

Yes _____
 No

19. Have you ever been subject to disciplinary action for academic or other reason(s) in any colleges, universities, or graduate or professional schools you have attended? If yes, please explain.

Yes _____
 No

20. Are there any disciplinary charges pending or expected to be brought against you? If yes, please explain.

Yes _____
 No

21. Is there any information that is relevant to your ability to complete the Arizona School of Health Sciences program and be eligible for licensure or employment that the College should consider? If yes, please explain.

Yes _____
 No

22. **Are you a U.S. Citizen?** Yes No
- a. **If No, what is your residency status?** Temporary Permanent
- b. **If No, what is your visa type and number?** _____
- c. **If No, what is your country of birth?** _____

23. **How do you describe yourself? (Optional)***
- | | |
|---|--|
| <p><input type="radio"/> Hispanic (of any race)</p> <p><input type="radio"/> Asian</p> <p><input type="radio"/> Black/African American</p> <p><input type="radio"/> Two or more races</p> | <p><input type="radio"/> American Indian or Alaskan Native</p> <p><input type="radio"/> White (non-Hispanic)</p> <p><input type="radio"/> Native Hawaiian/Other Pacific Islander</p> |
|---|--|

* The Arizona School of Health Sciences, a School of A. T. Still University, does not discriminate on the basis of race, color, religion, national origin, sex, gender, sexual preference, age or handicap. Such information on the application form is requested solely for the purpose of gathering and reporting applicant flow data or to confirm information used to process the application.

Licensure/Certification Information

State(s) Licensure Information

License # _____	Initial Date _____	Exp Date _____	State of License _____
License # _____	Initial Date _____	Exp Date _____	State of License _____
License # _____	Initial Date _____	Exp Date _____	State of License _____

All students are required to demonstrate proficiency in English when applying to the Arizona School of Health Sciences, A.T Still University.

Written and spoken proficiency in the English language may be demonstrated by one of the following options Please mark the appropriate section for the option by which you will demonstrate this.

Option 1

English is my primary spoken language

Option 2

I have successfully completed one of the following from a university located in the United States or in another country in which English is the spoken language and the medium of instruction

- A minimum of two years of full-time higher education study
- A Bachelor's degree or higher degree.

Option 3

I am demonstrating my English proficiency by submitting acceptable scores on the Test of English as a Foreign Language (TOEFL).

Acceptable minimal scores for ASHS applicants are:

Paper based = 550

Computer based = 213

Internet based = 80.

Please be sure to include your TOEFL report when you submit your application packet.

Schools/Colleges Attended

A. Transcript requirement. Official transcripts from the college or university that granted your Bachelor’s degree and any graduate-level coursework or degree must be provided. If you have an official copy of your transcript(s) available in a sealed, endorsed envelope, please mail it to the address above under separate cover. If you do not have such an official transcript, ATSU will order it from your college or university, using the form attached on page 7.

B. List all Undergraduate Institutions attended. List all such institutions in order of your attendance. *Please identify the college code by accessing: <http://www.fafsa.ed.gov/fotw0607/fslookup.htm>.

College Code	Institution	Campus/Location/State	Dates of Attendance	Degree and Date Granted or Expected
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

C. List all Graduate or Professional Schools attended. List all institutions in order of your attendance. * Please identify the College Code by accessing <http://www.fafsa.ed.gov/fotw0607/fslookup.htm>.

College Code	Institution	Campus/Location/State	Dates of Attendance	Degree and Date Granted or Expected
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Note: Failure to list all institutions previously attended or degrees pursued may result in loss of credit and dismissal from the program.

I certify that all the statements made in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I know and understand that any or all items contained herein may be subject to verification, and I consent to the full release of all information concerning my capacity and fitness for the educational program by employers, educational institutions, and other agencies. Furthermore, by submitting this application, I agree to abide by the policies and procedures as established in the College catalog, a copy of which is available on the web.

Signature of Applicant

Date

NOTICE OF NONDISCRIMINATION : Arizona School of Health Sciences, a School of A. T. Still University, does not discriminate on the basis of race, color, religion, national origin, sex, gender, sexual preference, age or handicap in admission or access to, or treatment or employment in, its programs and activities. Any person having inquiries concerning Arizona School of Health Sciences compliance with the regulations implementing Title VI, Title IX, Section 504, or Section 503 is directed to contact the Director of Human Resources, Donna Brown, 800 West Jefferson Street, Kirksville, MO 63501 (telephone: 660-626-2790). The Director of Human Resources has been designated by A. T. Still University to coordinate the institution’s efforts to comply with the regulations implementing Title V I , Title IX, Section 504, or Section 503. Any person may also contact the Assistant Secretary for Civil Rights, U.S. Department of Education, regarding the institution’s compliance with the regulations implementing Title VI, Title IX, Section 504 or Section 503.

Doctor of Physical Therapy Transitional Program

Application Fee Payment Form

\$100 Application Fee **Check or Money Order** **Credit Card**

The application fee is non-refundable. Please do not use staples or special binding to secure any part of this application. For payments by check or money order, please forward payment to Online Admissions, A.T. Still University, 5850 East Still Circle, Mesa Arizona 85206-3618, United States.

(Please Print)

Applicant's Name _____

Credit Card Type: Visa Mastercard Discover American Express

Credit Card Number: _____ Credit Card Expiration: _____

CID number _____ (Three digit number on the back of the card last three digits on magnetic strip).

Card Holder's Name as it Appears on Credit Card: _____

Card Holder's Address: _____

 City State Zip Code

Card Holder's Telephone: _____

Amount: **\$100 DPT**

I, as the credit card holder referenced above, agree to pay an application fee in the amount of \$100 to A.T. Still University. I further agree to have my credit card charged in the stated amount for consideration of the application by said institution and to abide by the credit contract with my credit card issuer.

I understand that this fee is non-refundable in the event that the applicant cancels or is not accepted to A.T. Still University

Card Holder's Signature: _____ Date _____



Doctor of Physical Therapy Transitional Program

Provisional Student Financial Plan

Student Name: _____

Employer: _____ Military Status (If Any): _____

Your responses on this form will be provided to the A. T. Still University Office of Financial Assistance and will assist us in responding properly to your ongoing financial assistance requirements. If you have questions regarding specific Financial Assistance topics, you may contact Trisha Riggins in the Office of Financial Assistance at (toll-free) 866-626-2878 Ex. 2529 or financialaid@atsu.edu or may fax materials to 660-626-2926. Financial aid (FAFSA) is NOT available for this program.

ANTICIPATED FINANCIAL ARRANGEMENTS

Circle one or more planned payment methods.

All responses are subject to eligibility, application, and satisfaction of all requirements.

One-time Payment:	Primary	Secondary
Quarterly Payment Plan:	Primary	Secondary
Military Tuition Assistance	Primary	Secondary
Corporate Tuition Reimbursement	Primary	Secondary

**Transitional Doctorate in Physical Therapy
Technology Requirement Form**

Windows-based computer:

- Pentium IV Computer 1 GHZ or better expended
 - 1GB of RAM-2GB Preferred
 - 80GB hard disk or more
 - CD-R/DVD combo drive
 - Ethernet adapter
 - 802.11b/g compatible wireless network card
 - XP Pro or Vista (2GB RAM required for Vista)
 - Office 2007 (Word, PowerPoint, Excel)
 - Microsoft Internet Explorer 7 or higher, Mozilla Firefox 3, or Safari 3
 - Internet access via personal Internet Service Provider (ISP), broadband required
 - Personal printer
- Most recent Java (www.Java.com)

Macintosh-based computer

- G4 PPC (700Mhz or greater), any G5 PPC, or any Intel-based.
 - 2GB of RAM
 - 80GB hard disk
 - CD-R/DVD combo drive
 - Ethernet adapter
 - 802.11b/g compatible wireless network card
 - OS X (10.4 or greater)
 - Office 2008 for Mac preferred
 - Safari (3 or greater) or Firefox (1.5 or greater)
 - Internet access via personal Internet Service Provider (ISP), broadband required
 - Personal printer
- Most recent Java (www.Java.com)

I understand I am responsible for providing a computer, which meets the specifications above, prior to enrollment.

Printed Name _____

Signed Name _____

Date _____

Expanded Portfolio for ATSU tDPT Admission

Directions for preparation of portfolio: Prepare a document including the information requested below. In this document, please:

- format using 12 point, Arial font;
- number pages in upper right hand corner; and,
- enumerate this information consistent with the numbering below.

Please refer to the example portfolio, available for download on the same webpage as this document, for additional clarification of the expected portfolio format. If you have any further questions regarding the preparation of this portfolio, please email Tammy Roehling at troehling@atsu.edu.

Enclose and mail the expanded portfolio with your ATSU application. Please do not mail or fax the expanded portfolio separately.

Personal Information

1. Name
2. Address
3. Email Address
4. Phone Number
5. Social Security Number

Education and Credentials

6. List academic degree(s) including:
 - a. Name of academic institution
 - b. Degree and discipline
 - c. Date of graduation
7. List any clinical credentials and include photocopies of certificates. For example:
 - a. ABPTS Specialist Certification
 - b. APTA Credentialed Clinical Instructor
 - c. Manual Therapist
 - d. Neurodevelopmental Therapist (NDT)
 - e. Certified Wound Specialist (CWS)
 - f. Certified Hand Therapist (CHT)
 - g. Certified Strength and Conditioning Specialist (CSCS)
 - h. Emergency Medical Technician (EMT)
8. List all non-degree post-professional education in the last five years. Include:
 - a. Course title
 - b. Sponsor of course
 - c. Date(s) of course
 - d. Location (city/state)
 - e. Course instructor/faculty
 - f. Contact/credit hours awarded
 - g. Brief course description and relationship to current clinical practice
9. Enclose photocopy of state license with expiration date.

Experience

10. List place(s) of employment over the past 10 years. Include:
 - a. Place of employment with city and state
 - b. Type of employment setting (e.g., skilled nursing facility, outpatient clinic, academic institution, etc)
 - c. Position/Title

- d. Dates of employment
 - e. Hours worked per week
 - f. Number of patients managed per week
 - g. Description of duties and responsibilities. If you are a clinical instructor, include number of students you manage per year.
 - h. Description of patient population across life span
 - i. Description of common diagnoses often treated in clinical setting
11. What is your experience, if any, in the following areas? Please describe:
- a. Sensitivity to individual and cultural differences
 - b. Wellness, prevention, health promotion
 - c. Business management/administration
 - d. Research
 - e. Cardiopulmonary
 - f. Wound care
 - g. Motor learning and motor control principles
 - h. Vestibular disorders
 - i. Gender issues (including treating obstetric clients, pelvic floor dysfunction, lymphedema, and osteoporosis)
 - j. Manual techniques to the spine
 - k. Manual techniques to the extremities

Affiliations

12. Are you an APTA member or a member of another professional physical therapy association? If yes, include photocopy of membership card showing membership number and date of expiration.
13. List any professional memberships, offices and committees served. Include:
- a. Name of organization
 - b. Dates of membership
 - c. Office/committee participation
14. Describe involvement in other professional groups in the community.

Publications, Presentations and Awards

15. List any publications. For each, include:
- a. Full citation (authors, title, journal, year)
 - b. Photocopy of published work
16. List any professional presentations given in the last 10 years. For each include:
- a. Topic presented
 - b. Sponsor/organization
 - c. Date of presentation
17. List any awards or honors received in the field of physical therapy.

Additional Information

18. Include recommendation letters from three colleagues.
19. Write a 500-word essay describing the reasons you are applying to this tDPT program.