

A. T. STILL UNIVERSITY
ARIZONA SCHOOL OF HEALTH SCIENCES

ATSU

Transitional Doctor of Physical Therapy Program
(tDPT)

Graduate Application for Admissions

Application Checklist

- Complete the enclosed application** and return with a non-refundable \$100 application fee. The **Application Fee Payment Form** is located on page 10. 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
Phone Number: 480-219-6171
Fax Number: 480-219-6122

- Official transcripts** from all colleges and universities attended must be provided to Online Admissions at the address above. Official transcripts must be submitted in a sealed, endorsed envelope.
- The **Provisional Student Financial Plan** is located on page 8. Please mark all payment options you will be using to pay for your classes with ATSU. **No students in the Transitional Doctor of Physical Therapy Program are eligible for Federal Financial Aid.**
- Develop an **expanded portfolio** as outlined on pages 12-15. The expanded portfolio helps the admissions committee develop the individualized academic plan of study. Each applicant applying to the program has their own unique professional experience. The expanded portfolio highlights key areas such as employment, professional activities, formal education, continuing education, and life experiences. All of these areas are taken into account in determining advance credit decisions and the required Plan of Study.
- Copy of physical therapist licensure** in one of the 50 United States, the District of Columbia, Puerto Rico, or US Virgin Islands
- Three letters of recommendation.** Letters should be addressed to the tDPT Admissions Committee and signed by the author of the recommendation letter. If the recommendation is in email form, a printed copy of the email including where the email originated (the author’s email address) and date sent should be seen on the printed copy.
- Applicants who have graduated from a university outside the United States must provide an **official physical therapy degree equivalency evaluation for admission.** This evaluation will be paid for by the prospective student. The following are the only credentialing agencies accepted by the tDPT program in determining degree equivalency:
 1. Foreign Credentialing Commission on Physical Therapy (FCCPT) - <http://www.fccpt.org/>
 2. International Consultants of Delaware (ICD) - <http://www.icdeval.com/>
 3. International Education Research Foundation, Inc (IERF) - <http://www.ierf.org/>
 4. World Education Services (WES) - <http://www.wes.org/>
 5. International Credentialing Associates (ICA) - <http://www.icaworld.com/>

11. 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 employer:

Applicant's signature	Date
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12. Please provide the following information of three professional colleagues who will be writing your letters of recommendation.

Reference #1:

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

Reference #2: _____ Date

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

Reference #3:

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

I authorize the school to contact these references:

Applicant's signature	Date
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Statement of Past or Pending Disciplinary Actions

13. Have you ever voluntarily withdrawn from a health professions program? If yes, please explain.

Yes

No

14. Have you ever been convicted of a misdemeanor or felony (exclude parking violations)? If yes, please explain.

Yes

No

15. Have you ever been subject to revocation or suspension of a professional license or been censured, reprimanded, or placed on probation? If yes, please explain.

Yes

No

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

Yes

No

17. 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

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

Yes

No

19. Is there any information that is relevant to your ability to complete the tDPT program and be eligible for licensure or employment that the College should consider? If yes, please explain.

Yes

No

20. 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? _____

21. How do you describe yourself? (Optional)*

- | | |
|---|---|
| <input type="checkbox"/> Hispanic (of any race) | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White (non-Hispanic) |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> Two or more races | |

Notice of Nondiscrimination

**A.T. Still University of Health Sciences (ATSU) does not discriminate on the basis of race, color, religion, national origin, sex, gender, sexual preference, age or disability in admission or access to, or treatment or employment in its programs and activities. Harassment and retaliation are forms of discrimination prohibited by the University. Any person with questions concerning ATSU's nondiscrimination policies is directed to contact the following persons:*

ARIZONA CAMPUS:

Beth Poppre
 Assistant Vice President of Student Affairs
 5850 E. Still Circle
 Mesa, AZ 85206
 Phone: 480-219-6026

Tonya Watson
 Assistant Director of Human Resources
 5850 E. Still Circle
 Mesa, AZ 85206
 Phone: 480-219-6007

MISSOURI CAMPUS:

Ron Gaber
 President of Student Affairs
 800 West Jefferson Street
 Kirksville, Missouri 63501
 Phone: 660-626-2236

Donna Brown
 Director of Human Resources
 5850 E. Still Circle
 Mesa, AZ 85206
 Phone: 480-219-6007

Licensure Information

State(s) Licensure Information. Please include a photocopy of your physical therapy license with the application.

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

English Proficiency

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. Official transcripts from all colleges and universities attended must be provided. Official transcripts must be submitted in a sealed, endorsed envelope.
- 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/FOTWWebApp/FSLookupServlet>

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/FOTWWebApp/FSLookupServlet>

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

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 website.

 Signature of Applicant Date

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Transitional Doctor of Physical Therapy Program PROVISIONAL STUDENT FINANCIAL PLAN FORM

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

Check one or more planned payment methods.

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

One-time Payment:

Tuition for the Transitional DPT program is \$9,150 for the entire program during the 2011-12 academic years. Tuition is due two weeks before the start of class.

Installment Option:

Under this payment option, tuition is divided into four equal installment payments of \$2,287.50 is due in February, May, August and November. A nonrefundable \$175 one-time service fee will be charged with the first payment.

Military Tuition Assistance:

The tDPT program works with Veterans Educational Benefits. For more information, visit [A.T. Still University - Registrar - Veteran's Benefits](#). School Certifying Official: Trisha Riggins, Assistant Registrar 660.626.2356 (phone), 660.626.2926 (fax) triggins@atsu.edu

Employer Tuition Reimbursement:

The tDPT program qualifies for most reimbursement programs. ATSU is regionally accredited by the North Central Association for Colleges and Schools, Commission on Higher Education. Many other students have been able to apply continuing education funds to the program. Since most academic degree plans cross two calendar years, many students have received almost full reimbursement for the program. After investigating with your employer the process to receive tuition reimbursement, please contact Christianne Gunter cgunter@atsu.edu, tDPT Program Manager, to request any necessary paperwork.

Doctor of Physical Therapy Transitional Program Technology Requirement Form

Windows-based computer:

- Pentium IV Computer 1 GHz or better
- 1GB of RAM minimum - 2GB or more Preferred
- 80GB hard disk or more
- CD-R/DVD combo drive
- Ethernet adapter
- 802.11b/g compatible wireless network card
- XP Pro, Vista, or Windows 7
- Office 2007 or greater (Word, PowerPoint, Excel)
- Internet Explorer 8 or higher, Mozilla Firefox 3.x or higher, (Firefox preferred.)
- Internet access via personal Internet Service Provider (ISP), broadband required
- Personal printer
- Most recent Java (www.java.com)

Macintosh-based computer

- A recent Mac with a 2GHz or faster Core Duo or Core 2 Duo Intel chip
- 2GB or more of RAM
- 80GB or more hard disk
- CD-R/DVD combo drive
- Ethernet adapter
- 802.11b/g compatible wireless network card
- OS X (10.5 Leopard or greater)
- Office 2008 or greater for Mac
- Safari 5 or greater or Mozilla Firefox 3.x or greater (Firefox preferred.)
- Internet access via personal Internet Service Provider (ISP), broadband required
- Personal printer
- Most recent Java (To keep Java up to date, use the Apple Software Update Tool regularly in OSX.)

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

Printed Name: _____

Signed Name: _____

Date: _____

EXPANDED PORTFOLIO DIRECTIONS FOR ATSU TDPT ADMISSION

The expanded portfolio is a professional representation of your career and skills. This document must be presented in an organized manner and must contain all the information required below. Any incomplete portfolios submitted will be rejected by the admissions committee.

Directions for preparation of portfolio using Microsoft Word or other word processor software:

- format using 12 point 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 send an email to the Program Director, 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. Clinical credentials may include ABPTS Specialist Certification, APTA Credentialed Clinical Instructor, Manual Therapist, Neurodevelopmental Therapist (NDT), Certified Wound Specialist (CWS), Certified Hand Therapist (CHT), Certified Strength and Conditioning Specialist (CSCS), Emergency Medical Technician (EMT), etc.
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, breast cancer, prostate cancer, female athlete triad, lymphedema, osteoporosis, etc)
 - 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. Write a 1-2 page essay describing the reasons you are applying to the tDPT program at ATSU.

EXAMPLE PORTFOLIO

Personal Information

1. Jane Doe
2. 1111 W. Main Street Anytown, AZ 11111
3. JaneDoe@hotmail.com
4. 555-555-5555
5. 000-00-0000

Education and Credentials

6. Sample College, BS in Kinesiology, 1990
Sample College 2, Masters in Physical Therapy, 1995
7. I am an APTA Credentialed Clinical Instructor. Copy of certificate is attached.
8. Physical Therapy Treatment for the Pregnant Client
XYZ Continuing Education
May 19, 2002
Phoenix, AZ
John Doe, PT
14 credit hours
This course covered the anatomy and physiology of the childbearing year, and the function of each stage of pregnancy, labor and delivery, and postpartum. Common musculoskeletal complications seen during pregnancy were also covered. After taking this course I began working on the hospital's labor and delivery unit as well as taught pregnancy classes.

Evidence-Based Treatment for Osteoporosis
XYZ Continuing Education
March 15, 2004
Tucson, AZ
John Doe, PT
7 credit hours
This course discussed the role of hormones in the development of osteoporosis as well as exercise prescription. After taking this course I have frequently identified individuals who are at risk for osteoporosis and have developed individualized exercise programs for them.
9. Arizona license #0000, Expires 08/2010 (copy of license attached)

Experience

10. XYZ Hospital (Mesa, AZ)
Acute care hospital (50%)/ Hospital-based outpatient department (50%)
Senior Physical Therapist
January 1, 2000 – Present
40 hours per week
Treat between 45-60 patients per week
My duties and responsibilities include being the lead physical therapist for women's health issues and develop programs to treat women in our community. I have developed an outpatient-based program for osteoporosis and an inpatient obstetrics program which educates ante-partum and post-partum women in physical therapy issues. I am currently starting a program for post-mastectomy patients in our

outpatient department. I am also a clinical instructor and I work with 2-3 PT students from XYZ University per year since 2003.

I primarily treat women from the child-bearing years through post-menopausal.

Common diagnoses treated include obstetrics, cancer, osteoporosis, and the pelvic floor. When I work weekends (1 weekend per month) I treat all patients in our hospital receiving physical therapy services which include joint replacements, CVA, cardiac rehab, etc.

ABC Long Term Care Facility (Phoenix, AZ)

Skilled nursing facility

Staff Physical Therapist

1995-2000

40 hours per week

Treated 45 patients per week

My duties and responsibilities included treating patients on our skilled nursing unit, including providing all wound care treatments.

I primarily treated the geriatric population.

Common diagnoses seen include CVA, CABG, THA, TKA, and wounds.

11. Sensitivity to individual and cultural differences

- I have worked in a hospital with a diverse demographic population since 2000.

Wellness, prevention, health promotion

- I am actively involved in promoting therapeutic exercise to prevent osteoporosis. I also teach classes to promote healthy pregnancy. I also promote wellness every year during National Physical Therapy Month in our hospital.

Business management/administration

- I act as the temporary rehab director when my director is on vacation. I have filled this role for the past 3 years.

Research

- I have no experience in this area except for completing a non-published project in PT school.

Cardiopulmonary

- I work on the cardiac rehab unit when I work weekends. I treat approximately 4 cardiopulmonary patients per month for the past 8 years.

Wound care

- I frequently treated wounds from 1995-1999. I have only treated 3-5 patients with wounds since that time.

Motor learning and motor control principles

- I frequently apply these principles when I work with neurological patients on the weekend. I frequently applied motor control principles when I worked at ABC Skilled Nursing Facility from 1995-2000.

Vestibular disorders

- I do not have any experience in this area.

Gender issues

- I have vast experience working with women in the areas of obstetrics, osteoporosis, pelvic floor dysfunction, and s/p breast cancer. I have worked primarily in this area for the past 5 years.

Manual techniques to the spine

- I use manual techniques to the spine approximately 1 patient per month in the outpatient setting.

Manual techniques to the extremities

- I haven't used manual techniques to the extremities in several years.

Affiliations

12. I have been a member of the APTA since 1995. Copy of membership card is attached.
13. I am not a member of any other professional organizations besides the APTA and I have not participated in any committees or served as an officer within the APTA.
14. I have been a member of Toastmasters International since 2006. Toastmasters International develops public speaking skills and leadership skills.

Publications, Presentations and Awards

15. I have not been published.
16. Physical Therapy and Obstetrics, XYZ Hospital OB/GYN Staff, February 14, 2008
Osteoporosis, State Physical Therapy Association at Fall Conference, October 20, 2005
17. No awards or honors have been received at this time.

Additional Information

18. Please see attached essay.