

Application for Admission

Orthopedic Residency Program in Physical Therapy

HOW TO APPLY FOR ADMISSION

Step 1- Complete the enclosed application and return with a non-refundable \$60 processing fee. The **Application Fee Payment Form** is located on page 10. 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:

Admissions
A.T. Still University
800 West Jefferson St
Kirksville, Mo 63501
Fax Number: 660-626-2969

Step 2- An **official transcript*** from the college or university that granted or will grant your Physical Therapy professional degree (Bachelor, Masters or Doctorate) must be provided to Admissions. If you have an official copy of your transcript available in a sealed, endorsed envelope, please mail it to the address above. **Note: Official transcript with degree posted will be required before matriculation.*

Step 3- The **Provisional Student Financial Plan on page 11** 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 Orthopedic Residency Program are eligible for Federal Financial Aid.**

Step 4- Submit a **Resume** detailing your personal information, employment, educational background, volunteer experiences, honors, awards, professional certifications and description of continuing education courses. You may use the MS word resume wizard to create a resume if your resume is not up-to-date.

Step 5- Copy of your current State Physical Therapy License or acknowledgement form stating you aware your AZ license is required before matriculation. (See form included with this application.)

Step 6- Submit recommendations from current employer or faculty from your physical therapy program **AND** a physical therapy colleague. (See forms included with this application).

Step 7 -The 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 8- 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 program. If you have a credential evaluation from an agency not listed below, please contact the ATSU PT Department 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/>

Step 9- Clinical Facility Requirements:

Participation in the residency requires employment in a clinical environment that has a diverse patient population with orthopedic impairments and functional limitations. This employment will be arranged by the resident and maintained for the completion of the program. Please provide a description of the clinical environment you will be working in for the 12 months of the residency program. Include information about the patient population as it relates to orthopedic specialization. Please include this on a separate sheet of paper.

Step 10- Clinical Mentor Requirements:

Licensed physical therapist with five years or more orthopedic physical therapy practice experience willing and able to mentor the resident one-on-one for a minimum of two hours per week. Please include your mentor's resume with this application.

Step 11- Essay:

Please include in the statement, the answers to the following questions. (You may use a separate piece of paper)

*Why are you seeking a residency program?

*What are your professional goals and objectives?

*How do you plan to accomplish these goals?

*What areas of expertise do you possess that you feel would contribute to the growth of clinical skills in your fellow residents?

*What are your future plans in the area of Orthopedic Physical Therapy?

Applicants are required to have a personal interview, which will be scheduled after receipt and review of all required documents.

Retention in the Residency Program involves meeting the requirements for each course.

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 which best defines your English language skills.

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.

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

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

I authorize the university to contact this reference:

Applicant's signature	Date
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14b. Please give the following information for one physical therapy colleague.

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

I authorize the university to contact this reference:

Applicant's signature	Date
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STATEMENT OF PAST OR PENDING DISCIPLINARY ACTIONS

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

16. Please explain in detail if you have ever been arrested, fined, charged (pending and/or dropped, or convicted for any reason. _____

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) *

Are you Hispanic or Latino?: Yes No

How do you describe yourself:

American Indian or Alaskan Native

Asian

Black/African American

Native Hawaiian/Other Pacific Islander

White

Physical Therapy 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 _____

Schools/Colleges/University Attended

A. Transcript requirement. Official transcripts from the college or university that granted your Physical Therapy 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.

B. List the Graduate or Professional Schools in from which you earned a PT degree.

	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 web.

Signature of Applicant

Date

I, _____ acknowledge that I must submit a current Arizona Physical Therapy License prior to matriculation of the Arizona School of Health Science Physical Therapy Orthopedic Residency Program. Failure to submit of a copy of a valid Arizona Physical Therapy License may cause the offer of admission to be rescinded.

Signature

Date

Printed Name

Telephone Number

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:

Employees may contact:

Arizona Campus:

Tonya Watson
Assistant Director Human Resources
5850 East Still Circle
Mesa, AZ 85206-3618
(480) 219-6007

Missouri Campus

Donna Brown
Director of Human Resources
800 West Jefferson Street
Kirksville, Missouri 63501
(660) 626-2790

Students, members of the public, or beneficiaries may contact:

Arizona Campus:

Beth Poppo
Assistant Vice President for Student Affairs
5850 E. Still Circle
Mesa, Arizona 85206-3618
(480) 219-6026

Missouri Campus:

Ron Gaber
Vice President for Student Affairs
800 West Jefferson Street
Kirksville, Missouri 63501
(660) 626-2236

Orthopedic Residency Program

Application Fee Payment Form

\$60 Application Fee **Check or Money Order**

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:

Admissions
A.T. Still University
800 West Jefferson St
Kirksville, Mo 63501

Amount: **\$60**



Orthopedic Residency Program in Physical Therapy

Provisional Student Financial Plan

Student Name: _____

Employer: _____

Your responses on this form will be provided to the A. T. Still University Office of the Controller and will assist us in responding properly to your ongoing financial requirements. Financial aid (FAFSA) is NOT available for this program.

Tuition for the Academic Year 2012-2013 is \$7498.00. **Tuition is subject to change based on action by the Board of Trustees of the University.** Payment arrangements will be due upon acceptance.

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

Quarterly Payment Plan Primary

Corporate Tuition Reimbursement Primary

Other _____

**Doctorate in Physical Therapy-Orthopedic Residency Program
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 _____

Signature _____

Date _____

REFERENCE LETTER REQUEST

For Application to the Orthopedic Residency Program in Physical Therapy

Arizona School of Health Sciences
A.T. Still University
5850 East Still Circle
Mesa, Arizona 85206-3618

This information is collected to evaluate the applicant for admission to the Orthopedic Residency Program. Please assist the selection committee by providing an evaluation of the applicant.

Reference Request For:

Name: _____
Last Name First Name Middle Name

Referee: Please send or fax the completed reference to the address below.

Admissions
A.T. Still University
800 West Jefferson St
Kirksville, MO 63501
Fax: 660-626-2969

ATTENTION:

DO NOT return this form to the applicant.

It must be sent directly to ATSU.

Reference Form

Applicant's Name:

Program: Orthopedic Residency

I have known the applicant in my capacity as

teacher supervisor colleague employer other: please explain

References from the applicant's relatives or friends are not acceptable.

I have known the applicant for _____ years and _____ months.

	Outstanding			Above Average		Average	Below Average	Unable to Judge
	<i>upper 2%</i>	<i>upper 5%</i>	<i>upper 10%</i>	<i>upper 20%</i>	<i>upper 30%</i>	<i>upper 50%</i>	<i>lower 50%</i>	
Background preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Reasoning Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential research ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgement/critical sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What qualities do you feel this applicant exemplifies that will contribute to their successful completion of a PT Orthopedic Residency Program?

Please rank the applicant as a candidate for the PT Orthopedic Residency Program

Highly Recommended Recommended Not Recommended Unable to judge

<i>Name of Reference (Please Print/Type)</i>	<i>E-mail address</i>
<i>Position and Department</i>	<i>Institution/Business</i>
<i>Address</i>	<i>Telephone</i> <i>Fax Number</i>
<i>Signature of Reference</i>	<i>Date</i>