Transitional Doctor of Physical Therapy Program (tDPT)
Graduate Application for Admissions
Application Checklist

☐ Complete the enclosed application and return with a non-refundable $70 application fee. The Application Fee Payment Form is located on page 11. 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/
   4. World Education Services (WES) - http://www.wes.org/
Transitional Doctor of Physical Therapy Program
APPLICATION FOR ADMISSION

1. Please indicate which quarter/year you are interested in starting the program:
   □ Fall   □ Winter
   □ Spring   □ Summer   Year ___

2. Legal Name __________________________________________ SSN ______________________
   Last               First               Middle

   Previous Names __________________________________________

3. Current Address __________________________________________
   Street
   __________________________ City     State     Zip

4. Home Telephone (___) __________ Work Telephone (___) __________ Cell Telephone (___) __________

5. E-Mail Address __________________________________________

6. Birth Date _____/_____/_____

7. Gender   □ Male   □ Female

8. Have you ever applied to A.T. Still University?   □ Yes   □ No

   If yes, year: ___________________ Program ____________________________

9. Have you had any U.S. military experience?   □ Yes   □ No   If yes, branch: ____________________________

   Date and type of discharge ____________________________
11. **Present employer (If self-employed, please provide a business reference)**

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**I authorize the school to contact this employer:**

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12. **Please provide the following information of three professional colleagues who will be writing your letters of recommendation.**

**Reference #1:**

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**I authorize the school to contact these references:**
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)*
   □ Hispanic (of any race)          □ American Indian or Alaskan Native
   □ Asian                           □ White (non-Hispanic)
   □ Black/African American         □ Native Hawaiian/Other Pacific Islander
   □ 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
Associate Vice President for Student Affairs
5850 E. Still Circle
Mesa, AZ 85206
Phone: 480-219-6026

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

MISSOURI CAMPUS:
Lori Haxton
Vice President for Student Affairs
800 West Jefferson Street
Kirkville, 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.

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English Proficiency

All students are required to demonstrate English proficiency when applying to the Arizona School of Health Sciences, A.T Still University. Written and reading 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 first language.

Option 2
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 applications are:

☐ Paper based total score = 550
  • Minimum of 57 on Reading skills section
  • Minimum of 61 on Writing skills section

☐ Computer based total score = 213
  • Minimum of 22 on Reading skills section
  • Minimum of 26 on Writing skills section

☐ Internet base total score = 80
  • Minimum of 22 on Reading skills section
  • Minimum of 24 on Writing skills section
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.

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C. List all graduate or professional schools attended. List all institutions in order of your attendance.

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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

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. Any person with questions concerning ATSU’s nondiscrimination policies is directed to contact the Vice President of Student and Alumni Affairs at 660-626-2236 or the Director of Human Resources at 660-626-2790.
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 Katie Clay, Assistant Registrar in the Office of Financial Assistance at (toll-free) 866-626-2878, Ext. 2660, Direct at 660-626-2660 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 $9,880 for the entire program during the 2013-14 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 $2,470 are due in February, May, August and November. A nonrefundable $175 one-time service fee will be charged with the first payment.

☐ Military (VA) Assistance:
The tDPT program works with Veterans Educational Benefits. For more information, visit A.T. Still University - Registrar - Veteran's Benefits. School Certifying Official. Or contact Deborah Ross-Carter, Assistant Director of Student Financial Services at 480-219-6117 or financialaid@atsu.edu or may fax materials to 480-219-6188.

☐ Employer Tuition Reimbursement:
The tDPT program qualifies for most reimbursement programs. A.T. Still University is accredited by the Higher Learning Commission, a commission of the North Central Association of Colleges and Schools (NCA), 30 North LaSalle St., Suite 2400, Chicago, IL 60602, phone 800-621-7440. 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 employee the process to receive tuition reimbursement, please contact Jennifer Harris jeharris@atsu.edu, tDPT Academic Coordinator, 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: _______________________________________________
Doctor of Physical Therapy Transitional Program

APPLICATION FEE PAYMENT FORM

$70 Application Fee  □ Check or Money Order  □ Credit Card

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. The application fee is non-refundable.

(Please Print)

Applicant’s Name__________________________________________________________

Credit Card Type: □ Visa □ MasterCard □ Discover □ American Express

Credit Card Number: _______________________________ Credit Card Expiration:______________________________

CID number ____________________________ (last three digits on back of card).

Card Holder’s Name as it Appears on Credit Card:______________________________

Card Holder’s Address: ______________________________________________________

City________________________________ State____________________________ Zip Code

Card Holder’s Telephone: ____________________________________________________

Amount: $70 DPT

I, as the credit card holder referenced above, agree to pay an application fee in the amount of $70 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

SCHEDULING OPTION ADDENDUM

Upon acceptance to the tDPT program, students are provided an individualized Academic Degree Plan (ADP). The ADP will reflect a list of required courses and credits as well as a list of courses in which advanced credit is awarded. Required Coursework and Advance Credit combined will total 64 credit hours. A student’s schedule is developed based on the required coursework list.

Each class is six weeks in length and it is standard practice to be enrolled in only one 3 credit class per six week session. It is also standard for students to be co-enrolled in two – 2 credit courses during a six week session. While this is standard practice, often time students wish to enroll in 5 or 6 credits simultaneously. Likewise, requests for breaks for various reasons are also made. Please keep in mind, the average time applied to class work on a weekly basis is: 8-10 hours for a 2 cr. course and 10-15 for a 3 cr. course.

Indicate any scheduling preferences by checking one or a combination of options below.

___ Single Course only, regardless of 2 or 3 credits.

___ When possible, pair courses for a combination of 4 credits (2cr. + 2 cr.)

___ Pair courses for a combination of 5 credits (2cr. + 3 cr.)

___ Please consider the following requests:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Every effort will be made to accommodate requests; however enrollment is dependent on course availability, capacity and pre-requisite conditions. Please note, throughout the program requests will be evaluated based on review of the student’s academic performance and contingent on satisfactory academic progress in addition to the factors mentioned above.

________________________________________________________________________

Applicant’s Signature:

X
Doctor of Physical Therapy Transitional Program

APPLICATION FEE PAYMENT FORM

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 Credentialled 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 10 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.

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**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 Credentialled 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.