Graduate Application For Admission

Doctor of Physical Therapy Transitional 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 8. 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
5850 East Still Circle
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. If you have an official copy of your transcript available in a sealed, endorsed envelope, please mail it to the address above. If you do not have such an official transcript, ATSU will order it from your college or university if you complete the transcript request form located on page 9. However, if we do not receive your transcript by the 4th week of our request date, it then becomes the student’s responsibility to get them to us. Failure to have official transcripts on file may result in removal from courses and/or the inability to register for future coursework with ATSU. 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  The Physical Therapist Evaluation Tool (PTET) may be REQUIRED for the program application and must be completed and sent to Credentialing Servicing Inc. prior to your application acceptance in the program. Please check our website for application and receipt of PTET deadlines: http://www.ashs.edu/physical_therapy/prog_distance.htm. We will not consider your application completed until the PTET has been completed and received in our office.

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.
TDPT- APPLICATION FOR ADMISSION

1. Proposed Graduate Program

   A. I am applying to the following program: □ DPT-Transitional

   B. 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. Secondary Email Address: ____________________________________________________

7. * Birth Date _____ / _____ / ______

8. Gender □ Male    □ Female

9. Have you ever applied to the Arizona School of Health Sciences? □ Yes □ No

   If yes, year: __________________ Program _______________________________________

10. Current Occupation _________________________________________________________

11. Have you had any U.S. military experience? □ Yes □ No

   If yes, branch: ______________________________________________________________

12. Date and type of discharge _________________________________________________

   *13.
*14a. Please give the following information regarding your present employer (If self-employed, please provide a business reference)

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<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Degree</th>
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<tr>
<td>Title</td>
<td>Office Address</td>
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<tr>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
<td>Telephone</td>
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I authorize the school to contact this reference:

Applicant’s signature  Date

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

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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)*
   o Hispanic (of any race)    o American Indian or Alaskan Native
   o Asian                    o White (non-Hispanic)
   o Black/African American   o Native Hawaiian/Other Pacific Islander
   o Two or more races

* 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

<table>
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<th>License #</th>
<th>Initial Date</th>
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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.

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<th>College Code</th>
<th>Institution</th>
<th>Campus/Location/State</th>
<th>Dates of Attendance</th>
<th>Degree and Date Granted or Expected</th>
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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 VI, 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

Transcript Request Form

Please Print

Registrar, please process this request as soon as possible. If there are any difficulties in processing, please contact Online Admissions at A.T. Still University, at (U.S./toll-free) 877-469-2878, (Outside the U.S.) 480-219-6118, or by email at onlineinquiry@atsu.edu.

_____ Please forward an official copy of my transcript in a sealed, endorsed envelop to A.T. Still University, Attn: Online Admissions, 5850 East Still Circle, Mesa, AZ 85206-3618.

_____ Please fax an unofficial copy of my transcript to ATSU Online Admissions Fax 1-480-219-6122

Name of School:______________________________________________________________________________________________

Dates of Attendance- From:____________________________________  To:  ____________________________________________

Degree Earned:  _________________________________________________________  Year of Graduation:  ___________________

Student Name: _______________________________________________________________________________________________

Other Name(s): ______________________________________________________________________________________________

Birth Date:  ______________________________________________________SSN:  ______________________________________

Current Student Address:  ______________________________________________________________________________________

Student Email Address: ________________________________________________Daytime Phone Number:  ___________________

Signature of Student*:  _________________________________________________________________________________________

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 Doctor in Physical Therapy  
Technology Requirement Form

**Windows-based computer:**
- Pentium IV or better
- Ethernet/Modem adapter
- 512 MB of RAM
- 40GB hard disk
- CD-R/DVD combo drive
- Windows2000 or XP
- Office 2000 or higher (Word, PowerPoint, Excel) or OpenOffice 2.0 or higher (word processor, spreadsheet application, presentation tool. [www.openoffice.org](http://www.openoffice.org))
- Microsoft Internet Explorer 6 or higher, or Mozilla Firefox 1.5 or higher.
- Internet access via personal Internet Service Provider (ISP) Broadband highly recommended
- Personal printer

**Macintosh-based computer:**
- G4 microprocessor (900MHz or better)
- Ethernet/Modem adapter
- 512 MB of RAM
- 40GB hard disk
- CD-R/DVD combo drive
- OSX
- Office 2004 or OfficeX (Word, PowerPoint, Excel)
- Microsoft Internet Explorer 5 (Note: After 12/31/05, IE5 is no longer being supported by Microsoft) or Mozilla Firefox 1.5 or higher. (Note: the Safari web browser that ships with OSX is not compatible with WebCT.)
- Internet access via personal Internet Service Provider (ISP) Broadband highly recommended
- Personal printer

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

Program  TDPT

Printed Name  _________________________________________________

Signed Name   _________________________________________________

Date  _________________________________________________________