

YOUNGSTOWN STATE UNIVERSITY DEPARTMENT OF PHYSICAL THERAPY
BITONTE COLLEGE OF HEALTH AND HUMAN SERVICES

**2009-2010 APPLICATION FOR ADMISSION TO THE
DOCTOR OF PHYSICAL THERAPY (DPT) PROGRAM
Revised Process**

Your application to the Department of Physical Therapy professional education program is important. Please read the instructions carefully, complete all information as requested, and submit for receipt by the deadline. Late or incomplete applications may not be considered. The application packet has three essential parts:

- PART A: ELIGIBILITY AND CRITERIA
- PART B: INSTRUCTIONS FOR FILING
- PART C: APPLICATION (Return only this section to apply)
- PART D: FOLLOW UP COMMUNICATION

**Application Deadline: All materials must be received by November 15,
2009.**

PART A: ELIGIBILITY AND CRITERIA

APPLICATION ELIGIBILITY:

The following are minimum requirements to apply to the professional program. You are eligible to apply if you meet requirements listed. Meeting eligibility standards to apply does not guarantee admission. Admissions are limited and admission decisions are final.

1. Recommended minimum cumulative GPA of 3.0 on a 4.0 grading scale by the end of the Fall term of the application year. This includes course work taken at all colleges and universities.
2. Completion of a majority of the prerequisite natural and behavioral science courses (Biology, Chemistry, Physics, Psychology) with a recommended minimum prerequisite GPA of 3.0 on a 4.0 grading scale calculated from the most recently taken prerequisite courses.
3. All prerequisite courses must be completed with a grade of "C-" or better.
4. Projected completion of all prerequisite courses and an undergraduate degree by time of admission OR no later than the end of the first Summer term after admission into the DPT program. (Exceptions will be made for YSU Undergraduate Biology majors).
5. Completion of forty clock hours of clinic experience (paid or volunteer) under the supervision of a licensed physical therapist. Two sites are recommended; twenty hours must be in either a hospital or a skilled nursing facility.
6. Satisfactory score on the three-part general Graduate Record Examination (GRE) – 1000 recommended score on Parts I and II and 3.5 recommended score on Part III.

ADMISSION CRITERIA

Applications will be evaluated and ranked (by total points) according to:

- Overall GPA
- Prerequisite GPA
- Faculty/Physical Therapist Evaluations (SEE APPLICATION FOR FORMS)
- Interview (QUALIFIED APPLICANTS WILL BE INVITED)
- Residency
- GRE score

PART B: INSTRUCTIONS FOR FILING APPLICATION

NON-YSU AND FORMER YSU STUDENTS

1. Submit official transcripts from all colleges and universities previously attended by the deadline. Official transcripts of any current and remaining academic work being completed **MUST** be submitted to the Office of Graduate Studies immediately upon completion of each of those terms.

Send transcripts to:

Youngstown State University
Office of Graduate Studies
Youngstown, OH 44555

2. Include catalog course descriptions for each of the prerequisite courses entered on the prerequisite page of the application. Courses must be evaluated for content and level and only

ALL APPLICANTS

You must submit two applications: 1) Application for Graduate Program Admission (with \$30 for Graduate School application process) and 2) Application for Admission to the Doctor of Physical Therapy Program. Both the Graduate Program and Physical Therapy Program applications should be sent to:

Youngstown State University
Office of Graduate Studies
Youngstown, OH 44555

2. It is the responsibility of the applicant to copy the appropriate forms for the faculty/physical therapist evaluations to be submitted. Three evaluations must be submitted: one from a physical therapist; one from a faculty member; and the third from either a physical therapist or a faculty member. Carefully read the instructions on the sample form. The evaluations are to be mailed directly to the physical therapy admissions committee **by the evaluators** by November 15, 2009.

Youngstown State University is committed to a policy of nondiscrimination on the basis of race, color, age, religion, sex, national origin, disability, sexual orientation, or identity as a disabled veteran or veteran of the Vietnam era.
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If you need assistance or information due to a disability, please contact the Department of Physical Therapy immediately. The program is interested in meeting all reasonable requests for necessary accommodations.

PART C: APPLICATION

The following pages contain the application. Only these pages should be returned; retain Part A and Part B for your information. **Please retain a copy of the completed application for your records.** Mail the original completed application in sufficient time to be received by the deadline. All materials including the graduate school application and Physical Therapy application, prerequisite form, clinical experience hours, evaluation waiver, and physical therapist and academic evaluations must be received by the deadline, November 15, 2009. The Admissions Committee cannot be responsible for lost or misdirected mail.

PART D: FOLLOW UP COMMUNICATION

E-mail will be the primary mode of communication throughout the application process. Please make sure the e-mail address provided will be operational for the entire duration of the application process.

You will be notified by e-mail that your application has been received. After preliminary reviews are completed, all qualified applicants will be notified of an interview date via e-mail. An applicant that cannot receive e-mail communication must contact the department of Physical Therapy to make alternate arrangements for communication.

YSU PREREQUISITES

Please complete the following, including all information requested. Applicants must attach catalog descriptions of all non-YSU courses taken or planned.

PREREQUISITE	YSU COURSE (SEMESTER)	HRS. SH	TAKEN AT YSU (√)	NON-YSU COURSE TITLE/NUMBER; QTR/SEM TAKEN	GRADE	NOT TAKEN/ PLANNED e.g. S '00
ANATOMY - HUMAN	BIOL 3705	4				
BIOLOGY/ LAB	BIOL 2601	4				
BIOLOGY/LAB	BIOL 2602	4				
CHEMISTRY/LAB	CHEM 1515/L	4				
CHEMISTRY/LAB	CHEM 1516/L	4				
PHYSICS/LAB	PHYS 1501/L	5				
PHYSICS/LAB	PHYS 1502/L	4				
PHYSIOLOGY (HUMAN)/LAB	BIOL 3730/L	5				
PSYCHOLOGY (GENERAL)	PSYCH 1560	3				
PSYCHOLOGY (ABNORMAL)	PSYCH 3702	3				
STATISTICS	STAT 3717 OR PSYCH 2618 OR HPES 4820	4 3 3				

*ALL PREREQUISITE COURSES MUST BE COMPLETED WITH A "C-" OR BETTER PRIOR TO BEGINNING DPT COURSES. YSU QUARTER SYSTEM COURSES (PRIOR TO 2000) ARE ACCEPTED AT THE DISCRETION OF THE ADMISSIONS COMMITTEE.

ALL INFORMATION PROVIDED IN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I HAVE MET WITH AN ADVISOR AND WILL BE ABLE TO SCHEDULE PLANNED COURSES AS INDICATED ABOVE.

SIGNATURE

DATE

VERIFICATION OF CLINIC EXPERIENCE HOURS FOR APPLICANT
YOUNGSTOWN STATE UNIVERSITY DPT PROGRAM

The physical therapists listed below verify that _____
has completed a total of FORTY (40) clock hours (paid or volunteer) of clinical
experience completed under the direct supervision of a licensed physical therapist.

Hospital or Extended Care Facility	_____	_____
	Name of facility	Total number of clock hours
	_____	_____
	Address	Print name of PT
	_____	_____
	City, State, Zip	Signature of PT and License #

Hospital or Extended Care Facility	_____	_____
	Name of facility	Total number of clock hours
	_____	_____
	Address	Print name of PT
	_____	_____
	City, State, Zip	Signature of PT and License #

Other Facility (specify type)	_____	_____
	Name of facility	Total number of clock hours
	_____	_____
	Address	Print name of PT
	_____	_____
	City, State, Zip	Signature of PT and License #

Other Facility (specify type)	_____	_____
	Name of facility	Total number of clock hours
	_____	_____
	Address	Print name of PT
	_____	_____
	City, State, Zip	Signature of PT and License #

**YSU PHYSICAL THERAPY APPLICATION
EVALUATION WAIVER**

This form is not to be given to the supervising physical therapist or faculty member; **return this form with the application.** The applicant, however, is responsible for supplying COPIES of the APPROPRIATE VERSION of the evaluation form to three (3) physical therapists and/or faculty members as previously described. The applicant should follow up with the evaluators prior to the deadline to determine if the form was completed and returned.

Applicant name (Print) _____ Phone No. () _____

I have asked the following supervising **physical therapists or faculty members** to send my completed YSU Physical Therapy Applicant Evaluation Form to: YSU Physical Therapy Admissions Committee, Department of Physical Therapy--College of Health and Human Services, 1 University Plaza, Youngstown, OH 44555.

Name _____ Title _____
Address _____
City _____ State _____ Zip _____ Phone No. () _____

Name _____ Title _____
Address _____
City _____ State _____ Zip _____ Phone No. () _____

Name _____ Title _____
Address _____
City _____ State _____ Zip _____ Phone No. () _____

Under the federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. However, those writing recommendations and those assessing recommendations may attach more significance to them if it is known that the recommendations will remain confidential. It is your option to waive your right to access to these recommendations or to decline to do so. Please mark the appropriate phrase below, indicating your choice of option, and sign your name. **Be sure to also mark the waiver option on each evaluation form.**

Waiver

_____ I hereby waive all right to see the contents of my YSU Physical Therapy Applicant Evaluation Form by a supervising Physical Therapist or faculty member once the evaluation has been given to the evaluator. Furthermore, I will not ask the evaluator to disclose to me any information therein.

_____ I do not waive my right to review this evaluation.

Applicant's signature _____ Date _____

Applicant Name _____

Social Security No. _____

**YSU PHYSICAL THERAPY APPLICANT EVALUATION FORM
BY A SUPERVISING PHYSICAL THERAPIST**

Please rate the applicant using the scale provided. Each applicant must be rated on at least 11 of the 14 characteristics for the evaluation to be valid and useful in the selection/decision process. Circle the value which most closely describes this applicant in comparison to other students. However, you may circle **N** if you have not observed the applicant sufficiently to assess a particular quality.

6 5 4 3 2 1
SUPERIOR EXCELLENT GOOD AVERAGE WEAK UNSATISFACTORY

Response to Criticism

6 5 4 3 2 1 N
Asks for constructive criticism and welcomes suggestions for improvement. Is defensive and has excuses if criticized on performance.

Reliability/Dependability

6 5 4 3 2 1 N
Always on time and performs well while on the job. Completes assigned tasks promptly and willingly. Has had absences or has not called in. Sometimes does not complete assigned tasks.

Flexibility/Adaptability

6 5 4 3 2 1 N
Responds to unusual or unfamiliar situations with appropriate actions. Has flexible behavior. Has difficulty responding or adapting to changes in work setting. Rigid behavior.

Initiative

6 5 4 3 2 1 N
Does assigned tasks and finds appropriate Shows no activities when finished. Proceeds with Does not minimum instruction. Does only what is assigned. interest in seeking other tasks. independently seek information.

Interactions with Others

6 5 4 3 2 1 N
Communicates well with all levels of staff. Reacts appropriately to authority. Cooperative person. Communicates with few or none of staff. May be or is uncooperative at times. Rejects authority.

Empathy

6 5 4 3 2 1 N
Expresses and shows interest for others. Responds to feelings of others. Concerned with people's rights. Does not seem to recognize needs or feelings of others. Seems unaware of the rights and needs of others.

Applicant Name _____

Social Security No. _____

YSU Physical Therapy Applicant Evaluation Form By A Supervising Physical Therapist (cont'd).

Self-Confidence/Self-Image

6	5	4	3	2	1	N
Demonstrates positive and realistic self-image. Willingly accepts new assignments.				Seems fearful of failing. Needs constant support and reinforcement.		

Self-Understanding

6	5	4	3	2	1	N
Asks appropriate questions. Identifies own limitations. Seeks help to improve self.				Has difficulty recognizing own strengths and weaknesses. Accepts tasks or responsibilities when unprepared.		

Appropriateness of Behavior

6	5	4	3	2	1	N
Shows appropriate behavior in most situations. Changes behavior if circumstances require.				Does not appear able to change behavior to fit situation. May exhibit humor when seriousness is needed.		

Intellectual Curiosity

6	5	4	3	2	1	N
Discusses or talks about progress in profession. Is interested in new information, facts, and knowledge.				Is satisfied to perform at minimum level. Does not ask questions about effectiveness of treatment or job activities.		

Verbal Communication

6	5	4	3	2	1	N
Has command of English. Uses words and language appropriately. Expresses self clearly.				Uses words inappropriately. Speech is not clear or well organized. Is difficult to understand.		

Problem-Solving Skills

6	5	4	3	2	1	N
Decisions are based on logical, sequential thought process. Analyzes and solves problems.				Has difficulty making a decision. Relies on others to make decisions. Unable to identify problem and resolve it.		

Applicant Name _____

Social Security No. _____

YSU Physical Therapy Applicant Evaluation Form By A Supervising Physical Therapist (cont'd).

Appearance

6
Dresses appropriately and professionally in the professional setting. Wears appropriate jewelry, makeup, and cologne.

5

4

3

2

1

N

Does not wear appropriate dress for professional setting. Wears excessive jewelry, makeup, and cologne.

Overall Rating

Considering all the factors on this form, state this person's potential as a physical therapist.

6
Superior

5
Excellent

4
Good

3
Average

2
Weak

1
Unsatisfactory

Additional Comments

The applicant has submitted a waiver statement concerning his/her right, under the federal Family Educational Rights and Privacy Act of 1974, to see the contents of your evaluation. The applicant has chosen the following:

_____ **Waived right to see the contents once it has been given to the evaluator and will not ask the evaluator to disclose any information contained in the evaluation to him/her.**

_____ **Did NOT waive his/her right to review the recommendation.**

PLEASE PRINT NAME

Date

Signature of evaluator

License Number

Please mail directly to: YSU Physical Therapy Admission Committee
Department of Physical Therapy
Bitonte College of Health and Human Services
Youngstown State University
1 University Plaza
Youngstown, OH 44555

Return by _____
(completed by the applicant)

Applicant Name _____

Social Security No. _____

**YSU PHYSICAL THERAPY APPLICANT EVALUATION FORM
BY AN ACADEMIC FACULTY MEMBER**

Please rate the applicant using the scale provided. Each applicant must be rated on at least 8 of the 10 characteristics for the evaluation to be valid and usable in the selection/decision process. Circle the value, which most closely describes this applicant in comparison to other students. However, you may circle **N** if you have not observed the applicant sufficiently to assess a particular quality.

6 5 4 3 2 1
SUPERIOR EXCELLENT GOOD AVERAGE WEAK UNSATISFACTORY

Academic Responsibility

6 5 4 3 2 1 N
Work completed by deadlines, class participation, work thoroughly done. Misses classes, work not completed, no participation.

General Knowledge

6 5 4 3 2 1 N
Displays good general perception of material, comprehension and common sense. Lack of general perception of material, comprehension and common sense.

Oral Expression Skills

6 5 4 3 2 1 N
Clear, articulate, communicates well. Difficult to understand, unclear.

Written Expressions Skills

6 5 4 3 2 1 N
Communicates well, clear and well organized. Lack of understanding the general conventions of English, unclear.

Emotional Maturity

6 5 4 3 2 1 N
Good judgment, stability. Doesn't demonstrate good decision making skills.

Willingness to Work

6 5 4 3 2 1 N
Accepts assignments well, completes work efficiently. Procrastinates, takes shortcuts, sloppy work.

Initiative

6 5 4 3 2 1 N
Does independent work, good ideas, shows creativity. Does not go beyond required work.

Applicant Name _____

Social Security No. _____

YSU Physical Therapy Applicant Evaluation Form By An Academic Faculty Member (cont'd).

Carefulness in Work

6	5	4	3	2	1	N
Accurate, precise, attention to details.				Careless, lack of pride.		

Potential for Professional Success

6	5	4	3	2	1	N
Possesses qualities for success.				Should consider different career choice.		

Overall Rating

Considering all above criteria, rate your overall impression of this student.

6	5	4	3	2	1
Superior	Excellent	Good	Average	Weak	Unsatisfactory

The applicant has submitted a waiver statement concerning his/her right, under the federal Family Educational Rights and Privacy Act of 1974, to see the contents of your evaluation. The applicant has chosen the following:

_____ **Waived right to see the contents once it has been given to the evaluator and will not ask the evaluator to disclose any information contained in the evaluation to him/her.**

_____ **Did NOT waive his/her right to review the recommendation.**

PLEASE PRINT NAME

Signature of evaluator

Date

Please mail directly to: YSU Physical Therapy Admission Committee
 Bitonte College of Health and Human Services
 Department of Physical Therapy
 Youngstown State University
 1 University Plaza
 Youngstown, OH 44555

Return by _____

YSU PHYSICAL THERAPY APPLICATION CHECKLIST

Before submitting your application, please check each item below to verify that all necessary steps have been taken and all materials are enclosed. Check to see that you have filled in your name and social security number at the top of all pages of the **evaluation forms**.

NON-YSU AND FORMER YSU STUDENTS

- I have sent all former transcripts and arranged for the sending of final transcripts.
- I have included a catalog course description for prerequisite courses.

ALL APPLICANTS

- I have completed and submitted the School of Graduate Studies application and the application fee.
- I have completed and submitted the Physical Therapy application.
- I have taken the GRE.
- I have arranged for three evaluations to be sent (mailed separately by the evaluators).
- I have completed 40 volunteer hours and submitted documentation as described.
- I have kept a personal copy of the application.