



# Application for Admission to the Entry-Level Doctor of Physical Therapy Program Professional Phase, Division of Natural and Health Sciences 2013 Application

*All current Carroll students (non direct admit and transfer) must submit complete files no later than January 15.*

- Please Type or Print.
- There is a \$25 non-traditional student application fee. Make checks to Carroll University.
- Application Documents (except Official \*GRE Score Report and \*Official Transcripts) must be submitted together as a complete packet.
- Request Official \*GRE Score Report to be sent Directly to the Office of Graduate Admission at Carroll University.
- Request Official \*Transcripts to be sent Directly to the Office of Graduate Admission at Carroll University.
- Direct Admit Student Application Deadline Date is **December 14, 2012.**
- The 1st Priority Deadline Date is **January 15, 2013.**
- The Final Priority Deadline Date is **February 15, 2013.**
- Early application is encouraged. Applications are reviewed on a rolling basis and are accepted until the class is full or **August 2013.**

## Information

Legal name \_\_\_\_\_  

Last
First
Middle (Complete)
Jr.
Carroll ID # (If known)

Former last name(s), if any \_\_\_\_\_

Permanent home address \_\_\_\_\_  
Number and Street

City State Zip

Home telephone number ( ) \_\_\_\_\_ Work telephone number ( ) \_\_\_\_\_

If your mailing address is different from above, please enter your mailing address below.

Dates this address is effective: From \_\_\_\_\_ to \_\_\_\_\_ Email address: \_\_\_\_\_

Number and Street

City State Zip

County \_\_\_\_\_ Telephone number ( ) \_\_\_\_\_

Have you previously been enrolled at Carroll University?  Yes  No

If yes, please specify previous program(s) \_\_\_\_\_

Sex  Male  Female Birthdate (use numbers) \_\_\_\_\_  

Month
Day
Year
Birthplace
City
State (or country)

Citizenship  Citizen of the U.S.A.  Immigrant or temporary resident  
 Foreign: Country of citizenship \_\_\_\_\_ County of Birth \_\_\_\_\_  
 Please indicate visa type:  
 Other \_\_\_\_\_

Marital Status (optional):  Single  Married  Divorced  Separated

Your response to the following is voluntary and will not affect your application. The information is requested so that this institution may demonstrate its compliance with federal regulations. Failure to provide this information will not subject you to any adverse treatment.

Ethnicity information: Are you Hispanic or Latino?  Yes  No

Select one or more of the following:  American Indian or Alaska Native  Asian  White  
 Native Hawaiian or Other Pacific Islander  Black or African American

If you are currently enrolled in college, please give the name and location of the school.

Name \_\_\_\_\_ Location \_\_\_\_\_ Major \_\_\_\_\_

List ALL Colleges Attended

Name (in chronological order)	City	State (or Country)	Dates of Attendance				Degrees Conferred with Major or Hours Earned
			From Month	Year	To Month	Year	
1. _____							
2. _____							
3. _____							
4. _____							
5. _____							

**Employment**

Employer	Dates Employed	Hours/Week	Job Description

Have there been any extenuating circumstances in your past that have influenced your academic performance prior to your application (e.g. financial difficulties, family responsibilities, illness, etc.)?

Yes  No If yes, please explain. Include pertinent dates.

Do you have any criminal charges pending against you or were you ever convicted of any crime or offense anywhere, including federal, state, local and tribal courts for any act or offense listed: homicides, sexual assault/sex crimes, property crimes, abuse/assaultive crimes or other? Adverse background checks might affect your ability to participate in clinical internships.  Yes  No If yes, please specify, including state and date:

Have you ever been enrolled in a health-related professional program?  Yes  No

If yes, please provide the name and location of all programs and explain the circumstances under which you terminated your enrollment status.

Have you ever been dismissed from a health-related professional program?  Yes  No

If yes, please refer to catalog policy for resubmission.

Have you previously applied to the Entry-Level Physical Therapy Program at Carroll University?

Yes  No If yes, which academic year(s)? \_\_\_\_

If reapplying, please describe what you have done to improve your status.



## Academic Honors

Briefly describe any scholastic honors or community service distinctions you have received during college.

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My signature below indicates that all information contained in my application is factually correct and honestly presented.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Carroll University does not discriminate in any manner contrary to law or justice on the basis of race, color, sex, age, religion, sexual orientation, national origin, disability or veteran's status in the administration of its educational, admission, financial aid, athletic and other college policies and programs.

## Test Information

All applicants are required to submit official GRE test scores.

Dates I have taken tests: \_\_\_\_\_

Scores: Verbal \_\_\_\_\_ Quantitative \_\_\_\_\_  
Writing \_\_\_\_\_

An official copy of the score report must be sent from GRE.

Will you be applying for financial aid?       Yes     No

\*Please note: All first-year professional students are classified as undergraduates. When filing the FAFSA, you must therefore indicate undergraduate status for the first year of the professional program. Specifically, in the student status section of the FAFSA, you must answer "no" to the question, "Will you be enrolled in a graduate or professional program in 2013-2014?"

**Carroll University Entry-Level Doctor of  
Physical Therapy Program, Professional Phase**

**Essay**

Please type or computer generate your answer. Hand written essays will not be evaluated. The essay should be roughly one page, single-spaced.

**1. Describe your motivations for becoming a physical therapist.**

My signature indicates that the essay is my own creation.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_



**Recommendation from a College Instructor  
Entry-Level Doctor of Physical Therapy Program**

Applicant's name \_\_\_\_\_ Carroll ID # (if known) \_\_\_\_\_

D.O.B. \_\_\_\_\_

**The above individual is applying for admission into the Entry-Level Doctor of Physical Therapy Program at Carroll University, Waukesha, WI. Please complete this recommendation form, place it in a sealed envelope and return it to the applicant.**

Reference's name \_\_\_\_\_

Reference's title \_\_\_\_\_

Reference's employer \_\_\_\_\_

**Release of access to this letter of recommendation:**

The applicant must complete and sign the following before submitting this form to the reference. This request is in compliance with Federal Law P.L. 9380, Family Education Rights and Privacy Act of 1974.

- I waive my right of access to this letter of recommendation.
- I do not waive my right of access to this letter of recommendation.

Applicant's signature \_\_\_\_\_

In what capacity and how long have you known this applicant?

Briefly describe the applicant's academic and leadership potential for each of the four professional behavioral attributes listed on the back of this page.

Reference's signature \_\_\_\_\_ Date \_\_\_\_\_

If applicable, license number and state \_\_\_\_\_



**Recommendation from a Licensed Physical Therapist  
Entry-Level Doctor of Physical Therapy Program**

Applicant's name \_\_\_\_\_ Carroll ID # (If known) \_\_\_\_\_

D.O.B. \_\_\_\_\_

**The above individual is applying for admission into the Entry-Level Doctor of Physical Therapy Program at Carroll University, Waukesha, WI. Please complete this recommendation form, place it in a sealed envelope and return it to the applicant.**

Reference's name \_\_\_\_\_

Reference's title \_\_\_\_\_

Reference's employer \_\_\_\_\_

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Reference's signature \_\_\_\_\_ Date \_\_\_\_\_

If applicable, license number and state \_\_\_\_\_



**Recommendation from a Personal Contact  
Entry-Level Doctor of Physical Therapy Program**

Applicant's name \_\_\_\_\_ Carroll ID # (If known) \_\_\_\_\_

D.O.B. \_\_\_\_\_

**The above individual is applying for admission into the Entry-Level Doctor of Physical Therapy Program at Carroll University, Waukesha, WI. Please complete this recommendation form, place it in a sealed envelope and return it to the applicant.**

Reference's name \_\_\_\_\_

Reference's title \_\_\_\_\_

Reference's employer \_\_\_\_\_

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Reference's signature \_\_\_\_\_ Date \_\_\_\_\_

If applicable, license number and state \_\_\_\_\_

# Carroll University Entry Level Doctor of Physical Therapy Program

## Professional Behavioral Attributes

Professional behavioral attributes are characteristics or behaviors that are not explicitly part of the profession's core of knowledge and technical skills but are nevertheless required for success in the profession. The four behavioral attributes and their definitions are:

<i>Behavioral Attribute</i>	<i>Definition</i>
1. Presents self in a professional manner	Accepts responsibility for own actions Is punctual/dependable/accountable Wears proper attire for the setting Demonstrates initiative Adapts to change
2. Demonstrates professional behaviors when interacting with others	Maintains positive working relationships Treats others with dignity, respect, and compassion Maintains confidentiality Accepts criticism Manages conflict appropriately
3. Implements self-directed professional development plan and lifelong learning	Aware of own strengths and weaknesses Seeks guidance to address limitations Modifies behavior based on self-evaluation and constructive feedback Seeks opportunities to learn
4. Communicates in ways that are congruent with situational needs	Verbal and non-verbal communication is professional and timely Initiates communication in difficult situations Listens actively and attentively Interprets and responds to non-verbal messages appropriately

# Carroll University Entry Level Doctor of Physical Therapy Program

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### *Behavioral Attribute*

### *Definition*

- |   |   |
|---|---|
| 1. Presents self in a professional manner                                       | Accepts responsibility for own actions<br>Is punctual/dependable/accountable<br>Wears proper attire for the setting<br>Demonstrates initiative<br>Adapts to change  |
| 2. Demonstrates professional behaviors when interacting with others             | Maintains positive working relationships<br>Treats others with dignity, respect, and compassion<br>Maintains confidentiality<br>Accepts criticism<br>Manages conflict appropriately                                   |
| 3. Implements self-directed professional development plan and lifelong learning | Aware of own strengths and weaknesses<br>Seeks guidance to address limitations<br>Modifies behavior based on self-evaluation and constructive feedback<br>Seeks opportunities to learn                                |
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# Carroll University Entry Level Doctor of Physical Therapy Program

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### *Behavioral Attribute*

### *Definition*

- |    |  |   |
|----|--|---|
| 1. | Presents self in a professional manner                                       | Accepts responsibility for own actions<br>Is punctual/dependable/accountable<br>Wears proper attire for the setting<br>Demonstrates initiative<br>Adapts to change  |
| 2. | Demonstrates professional behaviors when interacting with others             | Maintains positive working relationships<br>Treats others with dignity, respect, and compassion<br>Maintains confidentiality<br>Accepts criticism<br>Manages conflict appropriately                                   |
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## Entry-Level Doctor of Physical Therapy Program

### COURSE WORK IN PROGRESS

Legal name \_\_\_\_\_  
Last First Middle (Complete) Jr. Carroll ID # (If known)

D.O.B. \_\_\_\_\_

In order to evaluate your application, the program will need the course data requested on this form. Courses you are presently taking and those you plan to take before admission to this program must be entered on this form. As you complete these courses, an official transcript must be sent to Carroll University, Office of the Registrar, 100 North East Avenue, Waukesha, WI 53186. Course work is not considered completed until an official transcript with posted grades is submitted. If you change your projected course work, please notify the program or call (262) 524-7220.

FALL SEMESTER OR QUARTER, YEAR: \_\_\_\_\_

University or College Name	Course Name	Course Number	Semester Hours	Quarter Hours
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

WINTER TERM, YEAR: \_\_\_\_\_

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SPRING SEMESTER OR QUARTER, YEAR: \_\_\_\_\_

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SUMMER TERM, YEAR: \_\_\_\_\_

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\_\_\_\_\_ I will not be taking additional course work before enrolling.

# Clinical Experience Documentation Form

## Entry-Level Doctor of Physical Therapy Program



This form is to document the applicant's experiences in a health care environment.  
It is not a recommendation form.

Applicant's name \_\_\_\_\_ Carroll ID # (if known) \_\_\_\_\_

D.O.B. \_\_\_\_\_

**The above individual is applying for admission into the Entry-Level Doctor of Physical Therapy Program at Carroll University, Waukesha, WI. Please complete this clinical experience documentation form, place it in a sealed envelope and return it to the applicant or Carroll University Office of Admission, 100 North East Avenue, Waukesha, WI 53186.**

### Release of access to document:

The applicant must complete and sign the following before submitting this form to the reference. This request is in compliance with Federal Law P.L. 9380, Family Education Rights and Privacy Act of 1974.

- I waive my right of access to this document.
- I do not waive my right of access to this document.

Applicant's signature \_\_\_\_\_

The applicant has spent \_\_\_\_\_ hours in \_\_\_\_\_ observation; \_\_\_\_\_ volunteer, or \_\_\_\_\_ employment at my facility. Dates of attendance \_\_\_\_\_

Briefly describe the clinical setting and the applicant's activities.

Name of licensed physical therapist \_\_\_\_\_

Title \_\_\_\_\_

Name of facility \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Physical therapy license number and state \_\_\_\_\_



# Safety and Technical Standards for Admission to and Progression in the Carroll University Doctor of Physical Therapy Program



Legal name \_\_\_\_\_  
Last
First
Middle
Carroll ID # (If known)

Successful participation in the Carroll University Doctor of Physical Therapy (DPT) Program requires that a candidate possess the ability to meet the requirements of the program. Though the program may modify certain course requirements to provide a person with a handicap an equivalent opportunity to achieve results equal to those of a person without a handicap, there are no substitutes for the following essential skills.

The applicant/candidate must initially meet the health requirements and technical standards described below to gain admission to the DPT program. If a student has a change in health status while enrolled in the DPT program, the student is required to inform his/her program adviser and update the technical standards form. Where applicable, the DPT program might require submission of supporting documentation from appropriate providers.

**REQUIREMENTS**

1. Completion of the technical standards form is required upon admission to the DPT program.
2. The form must be updated immediately if the student has a change in his/her ability to meet technical standards at any point within the program.

**DIRECTIONS**

To indicate you are able to meet the safety and technical standards described below, initial each paragraph and sign at the bottom of page 3. Any evidence of a possible violation of the safety and technical standards might be cause for further evaluation at the university's discretion and/or dismissal from the DPT Program. Evidence of possible violation may be obtained from the application materials, interviews or visual observations. Further evaluation may entail an interview or a physical examination by a physician or other provider of the university's choice.

**TECHNICAL STANDARDS FOR CARROLL UNIVERSITY PHYSICAL THERAPY STUDENTS**

In preparation for professional roles, physical therapy students are expected to demonstrate the ability to meet the demands encountered in a physical therapy career. Certain functional abilities are essential for the delivery of safe and effective care. An applicant to the DPT Program must meet and maintain the following technical standards for progression throughout the program. Students unable to meet these technical standards will not be able to complete the program. Students shall notify the program in a timely manner of any change in their ability to meet technical standards.

Initial here \_\_\_\_\_

The technical standards include, but are not limited to, the following:

**General Ability.** The student is expected to possess functional use of the senses of vision, touch, hearing and smell, so that data received by the senses is integrated, analyzed and synthesized in a consistent and accurate manner. The student is expected to possess the ability to perceive pain, pressure, temperature, position, vibration and movement to effectively evaluate patients. A student must be able to respond promptly to urgent situations.

Initial here \_\_\_\_\_

**Observational Ability.** The student must have the ability to make accurate visual observations and interpret them in the context of clinical/laboratory activities and patient care experiences. The student must be able to document these observations accurately.

Initial here \_\_\_\_\_

**Communication Ability.** The student must communicate effectively verbally and non-verbally to obtain information and explain that information to others. Each student must have the ability to read, write, hear, comprehend and speak the English language to facilitate communication with patients, family members and other members of the health care team. The student must be able to document and maintain accurate records, present information in a professional manner and provide patient instruction to effectively care for patients and their families.

Initial here \_\_\_\_\_

**Psychomotor Ability.** The student must be able to perform gross and fine motor movements with sufficient coordination needed to provide complete safe effective care for patients. The student is expected to have psychomotor skills necessary to safely perform examination procedures and treatment interventions, including CPR if necessary. Examples of examination procedures include, but are not limited to, cognitive assessment, range of motion, manual muscle testing, sensation, balance, functional abilities, pain, cardiopulmonary status, percussion, palpation and anthropometrics. Treatment interventions include, but are not limited to, patient education, manual therapy, functional training (transfers, bed mobility, activity of daily living training, etc.), application of therapeutic physical agents such as electrotherapy, radiation, heat and cold, and wound care.



## Safety and Technical Standards for Admission to and Progression in the Carroll University Doctor of Physical Therapy Program (continued)



The student must have sufficient levels of neuromuscular control and eye-to-hand coordination as well as possess the physical and mental stamina to meet the demands associated with extended periods of sitting, standing, moving and physical exertion required for safe patient care. Students must be able to bend, squat, reach, kneel or balance. The DPT curriculum might require students to carry and lift loads from the floor, from 12 inches from the floor, to shoulder height and overhead. The student must be able to occasionally lift 50 pounds, frequently lift 25 pounds and constantly lift 10 pounds. The student is expected to be able to maintain consciousness and equilibrium and have the physical strength and stamina to perform satisfactorily in clinical settings.

Initial here \_\_\_\_\_

**Intellectual/Cognitive Ability.** The student must have the ability to develop critical thinking and problem-solving skills essential to professional physical therapy practice. Problem solving skills include the ability to measure, calculate reason, analyze, synthesize, and judge objective and subjective data, and to make decisions in a timely manner that reflects thoughtful deliberation and sound clinical judgment. The student must demonstrate application of these skills and possess the ability to comprehend, retain, retrieve and incorporate prior knowledge with new information from multiple sources including, but not limited to self, peers, instructors and related literature to formulate sound judgment for competent patient/client management, practice management and functions required for clinical scholarship.

Initial here \_\_\_\_\_

**Behavioral and Social Attributes.** The student is expected to have the emotional stability required to exercise sound judgment, complete assessment and intervention activities. Compassion, integrity, motivation and concern for others are personal attributes required of those in the DPT program. The student must fully utilize intellectual capacities that facilitate prompt completion of all responsibilities in the classroom and clinical settings; the development of mature, sensitive and effective relationship with patients and other members of the healthcare team. The student must have the ability to establish rapport and maintain respectful interpersonal relationships with individuals, families and groups from a variety of social, emotional, cultural and intellectual backgrounds. Each student must be able to adapt to changing environments, display flexibility, accept and integrate constructive criticism given in the classroom and clinical settings, and effectively collaborate with others. Students must continuously self-assess to improve as a professional.

Initial here \_\_\_\_\_

**Ability to Manage Stressful Situations.** The student must be able to adapt to, and function effectively in relation to, stressful situations encountered in both the classroom and clinical settings, including emergency situations. Students will encounter multiple stressors while in the DPT program, and must effectively manage these stressors throughout entire workdays. These stressors might be (but are not limited to) personal, patient care/family, faculty/peer and/or program related.

Initial here \_\_\_\_\_

**Background Check.** Clinical facilities require that Carroll University perform background checks on all students before participation in clinical courses. The background check result is shared with the clinical facility.

Initial here \_\_\_\_\_

**Evaluation.** An applicant/candidate with a handicap shall not, on the basis of his or her handicap, except those that would preclude the essential skills outlined above, be excluded from participation in, denied the benefits of, nor be subjected to discrimination in the program. Carroll University may require that the applicant/student undergo a physical examination and/or an occupational skills evaluation.

All DPT students must be able to perform the essential functions of a student physical therapist. Reasonable accommodations will be afforded to students with disabilities as required under the Americans with Disabilities Act of 1990. A student who can no longer perform the essential functions of a student physical therapist must report this to his/her program adviser. If reasonable accommodations cannot be made, the student will not be able to remain in the DPT program.

I certify that the information submitted in this form is complete and correct to the best of my knowledge.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name here: \_\_\_\_\_

Signature of care provider: \_\_\_\_\_ Date: \_\_\_\_\_

Print name here: \_\_\_\_\_