PROGRAM ADMISSION OPTIONS AND DEADLINE INFORMATION

Students may enter the Doctor of Physical Therapy Program in one of the following three ways:

1) DIRECT ADMISSION status provides selected incoming first-time freshmen matriculating directly out of high school an opportunity to enter directly into the graduate phase of the program, provided progression standards are met as outlined in the Carroll University catalog. Direct Admit Carroll students applying for the progression into the professional phase of the DPT program must submit completed admission materials by the designated deadline. Admission decisions for complete Direct Admit applicants applying for progression will be made in January.
   - **DEADLINE DATE - DECEMBER 15, 2015**

2) NON-DIRECT ADMISSION status is granted to first-time freshman and transfer applicants who do not qualify for direct admission and earn sixty or more credits at Carroll and have the intention of receiving or have received a Carroll bachelor’s degree. Non-direct admission applicants receive a quantified advantage in the competitive review process. NDA students may apply as a 3 + 3, 4 + 3, or post-graduation applicant. Admission decisions for Non-Direct Admit applicants will be made as early as February through August.
   - **DEADLINE DATE - JANUARY 15, 2016**

3) NON-TRADITIONAL ADMISSION status is a student who received their bachelor’s degree outside of Carroll and is reviewed in the competitive review process with Carroll non-direct admission students. Non-traditional applicants are required to apply via PTCAS. Please reference [WWW.PTCAS.ORG](http://WWW.PTCAS.ORG) for more information.

ADMISSION INSTRUCTIONS FOR CURRENT CARROLL STUDENTS AND ALUMNI ONLY

It is highly recommended that Supplemental Application Documents be submitted together in a complete packet to the Office of Admission (EXCEPT official college transcripts and official GRE report). Please reference the admission requirements & required prerequisite course work section (page 2) for additional admission requirements.

Applicants must complete and submit the following credentials to the Admission Office by the above designated deadline date:

**STEP 1: GRADUATE STUDIES ON-LINE APPLICATION** – Go to [WWW.CARROLLU.EDU/APPLY](http://WWW.CARROLLU.EDU/APPLY) to complete the application for Fall 2016

**STEP 2: SUPPLEMENTAL APPLICATION ADMISSION MATERIALS**, which include:

- [Clinical Experience Documentation Forms](#) - Participation in a minimum of three clinical observation experiences from three different types of physical therapy practice settings which include inpatient acute care, inpatient rehab facility, outpatient orthopedic, outpatient neurological, skilled nursing facility, pediatric/school setting, home health, industrial/work rehab. Clinical Experience Documentation Form(s) must be submitted to the program. A minimum of 25 hours in three different practice settings for a total minimum of 75 hours is required

- [Three Letters of Reference Forms](#) -
  - One letter from a licensed physical therapist
  - One letter from a university/college professor
  - One letter from a personal contact (non-familial) that may attest to the student’s character

- [Essay Form (must be typed)](#)

- [Employment, Service, and Academic Honor(s) Form](#) - Participation and documentation of university or community service activities is required

- [Health Science Statement(s) Form](#)

- [Course Work in Progress Form](#) - List all courses you are currently enrolled in and plan on taking prior to Phase I (Fall 2016)

- [Safety and Technical Standards Form](#)

- [Application for Graduation](#) - Only current Carroll students must submit an application for graduation to the Registrar Office. Please allow 4 to 6 weeks for the processing. Go to MY.CARROLLU >> STUDENT TAB >> APPLY FOR GRADUATION

**STEP 3: OFFICIAL GRE SCORES** - Go to [WWW.ETS.ORG](http://WWW.ETS.ORG) and sign up for the General GRE Exam that includes the verbal, quantitative, and writing sections. Carroll’s School Code is 1101 and Department Code is 0619. Allow 6 weeks for processing. The GRE exam date must be completed within the last 5 years.

**STEP 4: OFFICIAL TRANSCRIPT(S)** - Submission of Carroll transcripts is not required. Carroll transcripts will automatically be included in your application by the Admission Office. Carroll alumni who have attended post-secondary institution(s) after earning a Carroll bachelor’s degree must submit official transcripts from institution attended since graduation to the Admission Office.

**Submit Admission Materials To** - Carroll University Office of Admission 100 North East Avenue, Waukesha, WI 53186

**Track Your Admission File** - Go to: MY.CARROLLU >> LOGIN >> ADMISSIONS TAB >> GRADUATE HOME >> VIEW MY ADMISSION STATUS

**Questions** - Please contact Lori Aliota, Associate Director of Graduate Admission, at 262.524.7226 or email ptinfo@carrollu.edu
ADMISSION REQUIREMENTS & PREREQUISITE COURSE WORK

Direct admission (DA) applicants must successfully complete all major, general education, and DPT prerequisite requirements by the end of spring semester junior year. The CCS400: Global Perspective Colloquium is approved for completion in Phase I of the DPT program. Please see below for specific DPT prerequisite course work and requirements that must be completed by the end of spring semester junior year and prior to beginning the professional phase of the Doctor of Physical Therapy Program:

Non-direct admission (NDA) applicants must successfully complete all major, general education, and DPT prerequisite requirements prior to beginning Phase I of the professional phase of the Doctor of Physical Therapy Program. The CCS400: Global Perspective Colloquium is approved for completion in Phase I of the DPT program for current Carroll students. Please see below for specific DPT prerequisite course work and requirements that must be completed prior to beginning the professional phase of the Doctor of Physical Therapy Program:

1) Cumulative GPA of 3.0 or higher (on a 4.0 scale) is required at the time of application (including fall 2015 semester grades) and prior to progressing into the professional phase.

2) *Pre-Professional Course Work GPA of 3.0 or higher (on a 4.0 scale) is required at the time of application (including fall 2015 semester grades) and prior to progressing into the professional phase. The pre-professional course work must be completed with a minimum course grade of "C" or better within the past 7 years. Pre-professional course work may not be completed as advanced placement credit, test credit or an online course for the biology, chemistry and physics disciplines. A maximum of one course may be repeated and used within the pre-professional GPA calculation.

3) Completion of all prerequisite course work and confirmation of successful completion of all in progress courses as listed at the time of application. Please see below for the specific courses that are required under each discipline. Courses identified with an asterisk are used to calculate the pre-professional GPA:

   - **BIOLOGY:** *4* semesters, which include:
     - 2 general biology with labs or 2 anatomy & physiology with labs (Equivalent to Carroll’s: BIO 120 & BIO 125 or ANP/BIO 130 & ANP/BIO 140)
     - 2 advanced anatomy and physiology with labs (Equivalent to Carroll’s: ANP/BIO 402 and ANP/BIO 403 - If non-direct admit applicants have not completed previously, then applicants must complete at Carroll the summer prior to Phase I if accepted into the program

   - **CHEMISTRY:** *2* semesters, which include:
     - 2 general chemistry or college chemistry with labs (Equivalent to Carroll’s: CHE 101 & CHE 102 or CHE 109 & CHE 110)

   - **PHYSICS:** *2* semesters, which include:
     - 2 general physics with labs (Equivalent to Carroll’s: PHY 101 & PHY 102 or PHY 203 & PHY 204)

   - **PSYCHOLOGY:** *One* semester required. (Equivalent to Carroll’s: PSY 101 and above). Up to one additional psychology course, at a 200-level or higher, will be included in the pre-professional GPA calculation if completed.

   - **STATISTICS:** 2 semesters of computational thinking (Equivalent to Carroll’s: CMP112 and CMP114 or MAT112 or PSY205)

   - **HUMANITIES, SOCIAL SCIENCES, ENGLISH:** Pioneer Core general education courses satisfy these requirements

4) Bachelor Degree Verification: Evidence through your degree audit/application for graduation that a bachelor’s degree will be awarded at completion of senior year. Carroll alumni must have the conferral date posted on Carroll transcripts.

5) **Current CPR and First Aid certification:** CPR certification must be either American Heart Association Basic Life Support for Healthcare Providers or American Red Cross CPR/AED for the Professional Rescuer. First Aid certification must be through an organization recognized as a valid issuer of certification such as the American Red Cross. If accepted to the DPT Program, copies of your CPR and First Aid certifications are to be submitted during the first week of classes and certifications must be valid for at least one year at the time of entry into Phase I.

6) **Health Screening and Background Check:** Physical Therapy professional phase students are required to have completed a health screening, updated immunizations and tuberculosis screening according to current Centers of Disease Control and Prevention (CDC) recommendations for health professionals, criminal background investigation and drug screening as required by internship placement sites. Exceptions to the immunization requirements will be considered on a case-by-case basis where, for example, a student has an allergy to a vaccine or one of its components. If an exception to the immunization requirements is approved, the University cannot guarantee that its affiliated hospitals and clinics will allow the student to participate in patient care, which is a fundamental requirement of the clinical education component of the Program.

Admission and progression standards are subject to change based on regulatory, licensing and/or certification needs. Carroll University does not discriminate in any manner contrary to law or justice on the basis of race, color, gender, age, sexual orientation, religion, disability, veterans’ status or national origin in its educational programs or activities, including employment and admissions.
This form is required to document the applicant’s experiences in a health care environment. It is not a recommendation form.

**APPLICANT SECTION:**

Applicant’s name (print) ___________________________ Carroll ID # (If known) ___________________________

Date of Birth ___________________________ Email Address ___________________________

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 ___________________________

**LICENSED PHYSICAL THERAPIST SECTION:**
The above individual is applying for admission into the Entry-Level Doctor of Physical Therapy Program at Carroll University, Waukesha, WI.

**Instructions:** Please complete this clinical experience documentation form and return the document to the applicant or to Carroll University Office of Admission 100 North East Avenue, Waukesha, WI 53186. Note: If the applicant selects to waive their right of access please place in a sealed envelope with the licensed PT signature across the seal.

The applicant has spent ____ hours in [ ] observation; ____ hours in [ ] volunteer, and/or ____ hours in [ ] employment at my facility.
Total Hours: ______________________
Dates of Attendance: ______________________

Indicate the number of hours and practice setting(s) where the applicant observed (check all that apply):

☐ Inpatient acute care [ ____ hrs. ]
☐ Inpatient rehab facility [ ____ hrs. ]
☐ Outpatient orthopedic [ ____ hrs. ]
☐ Outpatient neurological [ ____ hrs. ]
☐ Skilled nursing facility [ ____ hrs. ]
☐ Pediatric/School setting [ ____ hrs. ]
☐ Home health [ ____ hrs. ]
☐ Industrial/Work rehab [ ____ hrs. ]
☐ Other (please specify) ______________________ [ ____ hrs. ]

Indicate the applicant’s ability level with an “x” in the grid below:

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<th>Superior 5</th>
<th>Excellent 4</th>
<th>Good 3</th>
<th>Average 2</th>
<th>Below Average 1</th>
<th>Not Observed</th>
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Name of licensed physical therapist __________________________
Title __________________________
Name of Facility __________________________
Address __________________________
Phone (____) __________________________ Email __________________________
Signature __________________________ Date __________________________

Physical therapy license number and state __________________________
APPLICANT SECTION:
Applicant's name (print) ___________________________ Carroll ID # (If known) ___________________________

Date of Birth ___________________________ Email address __________________________________________

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 __________________________________________________________

LICENSED PHYSICAL THERAPIST SECTION:
The above individual is applying for admission into the Doctor of Physical Therapy Program at Carroll University, Waukesha, WI.

Please complete this letter of reference form, place it in a sealed envelope with your signature across the seal and return it to the applicant or Carroll University Office of Admission, 100 North East Avenue, Waukesha, WI 53186.

Reference’s name ____________________________________________________________

Reference’s title ____________________________________________________________

Reference’s employer _______________________________________________________

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

In the space provided or in an attached document briefly describe the applicant for each of the three professional behavioral attributes below:
1. Presents self in a professional manner when interacting with others.
2. Demonstrates enthusiasm for learning.
3. Communicates in ways that are congruent with situational needs.

Reference’s signature ______________________________________________________ Date _______________________

Licensure Number (If Applicable) _____________________________________________

Reference’s signature ______________________________________________________ Date _______________________

Licensure Number (If Applicable) _____________________________________________
APPLICANT SECTION:
Applicant's name (print) ___________________________ Carroll ID # (If known) ___________________________

Date of Birth ___________________________ Email address ___________________________

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 ____________________________________________________________

UNIVERSITY/COLLEGE PROFESSOR SECTION:
The above individual is applying for admission into the Doctor of Physical Therapy Program at Carroll University, Waukesha, WI.

Please complete this letter of reference form, place it in a sealed envelope with your signature across the seal and return it to the applicant or Carroll University Office of Admission, 100 North East Avenue, Waukesha, WI 53186.

Reference's name ____________________________________________________________
Reference's title ____________________________________________________________
Reference's employer ____________________________________________________________

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

In the space provided or in an attached document briefly describe the applicant for each of the three professional behavioral attributes below:
1. Presents self in a professional manner when interacting with others.
2. Demonstrates enthusiasm for learning.
3. Communicates in ways that are congruent with situational needs.

Reference’s signature ____________________________________________________________ Date ___________________________
Licensure Number (If Applicable) ____________________________________________________________
APPLICANT SECTION:
Applicant's name (print) ___________________________________________ Carroll ID # (If known) ________________________________

Date of Birth ______________________________ Email address ________________________________________________________________

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 ____________________________________________________________

PERSONAL CONTACT SECTION:
The above individual is applying for admission into the Doctor of Physical Therapy Program at Carroll University, Waukesha, WI.

Please complete this letter of reference form, place it in a sealed envelope with your signature across the seal and return it to the applicant or Carroll University Office of Admission, 100 North East Avenue, Waukesha, WI 53186.

Reference’s name ________________________________________________________________
Reference’s title ________________________________
Reference’s employer ____________________________________________________________

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

In the space provided or in an attached document briefly describe the applicant for each of the three professional behavioral attributes below:
1. Presents self in a professional manner when interacting with others.
2. Demonstrates enthusiasm for learning.
3. Communicates in ways that are congruent with situational needs.

Reference’s signature ____________________________________________________________ Date ____________________________
Licensure Number (If Applicable) ____________________________________________________________
1) APTA’s vision for physical therapy is ‘transforming society by optimizing movement to improve the human experience.’ How will you embody this vision as a future physical therapist?
Please provide the following information in the space provided or attach your computer generated resume to this document and submit to Carroll University Graduate Admission: 100 N. East Avenue, Waukesha WI.

- Employment History
- College Activities - Please list your activities or interests in college. Examples include: music, athletics, clubs, etc.
- Community Service - Please list any community service activities you have performed during the last four years.
- Academic Honor(s) – Briefly list and describe any scholastic honors or community service distinctions you received during college.

### Employment

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<th>Employer</th>
<th>Date(s) Employed</th>
<th>Hours/Week</th>
<th>Job Description</th>
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### College Activities

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<th>Organization</th>
<th>Year(s) of Participation</th>
<th>Date(s) Participated</th>
<th>Positions held/responsibilities</th>
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### Community Service

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<tr>
<th>Activity/Organization</th>
<th>Date(s) Participated</th>
<th>Responsibilities and description of who benefitted from your activities</th>
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### Academic Honor(s)

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<th>Honor</th>
<th>Date(s) Received</th>
<th>Description</th>
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Applicant’s name (print) ________________________________ Carroll ID # (If known) ________________________________

Date of Birth ________________________________ Email address ________________________________

Please provide answers to the following required questions to be considered for the professional phase of the entry-level Doctor of Physical Therapy Program:

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

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

If yes to either question above, please provide the name and location of the program(s) you were enrolled in:

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<th>Program Name</th>
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If yes to either question above, please explain the circumstances under which your enrollment status was terminated:

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3) Have you previously applied to a graduate program at Carroll University? No _____ Yes _____ If yes, please list the program(s) and academic year(s) in which you applied.

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<th>Program Name</th>
<th>Academic Year of Application</th>
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If yes, please describe your motivation to reapply and/or what you have done to improve your application (attach statement if necessary). Please refer to catalog policy and/or your student handbook for readmission guidelines.

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

No _____ Yes _____ If yes, please explain and include pertinent dates (attach statement if necessary).

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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.** If you do not have course work in progress check the box at the bottom of the page.

If your course work in progress is being completed outside of Carroll University, then 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, YEAR: 2015**

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<th>University/College Name</th>
<th>Course Title</th>
<th>Course Number</th>
<th>Semester Hours/Credits</th>
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**WINTER TERM, YEAR: 2016**

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**SPRING SEMESTER, YEAR: 2016**

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**SUMMER TERM, YEAR: 2016**

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Check here (✔️) if do/will **NOT** have course work in progress at the time of application/prior to entering the DPT Program.
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 2. Any evidence of a possible violation of the safety and technical standards might 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.), and application of therapeutic physical agents such as electrotherapy, radiation, heat and cold, and wound care.
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.

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**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.

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**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.

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**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.

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**Health Screening and Background Check.** Physical Therapy professional phase students are required to have completed a health screening, updated immunizations and tuberculosis screening according to current Centers of Disease Control and Prevention (CDC) recommendations for health professionals, criminal background investigation and drug screening as required by internship placement sites. Exceptions to the immunization requirements will be considered on a case-by-case basis where, for example, a student has an allergy to a vaccine or one of its components. If an exception to the immunization requirements is approved, the University cannot guarantee that its affiliated hospitals and clinics will allow the student to participate in patient care, which is a fundamental requirement of the clinical education component of the Program.

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**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: ________________

(Note: Signature of care provider is not required at the time of application.)

Print name here: __________________________