Carroll U students with DPT direct admission status must submit completed admission materials by December 20, 2019. Admission notifications will be made in January.

- **DEADLINE - DECEMBER 20, 2019**

**APPLICATION INSTRUCTIONS FOR CURRENT CARROLL STUDENTS WITH DIRECT ADMIT STATUS**

It is highly recommended that Supplemental Application Documents be submitted together in a complete packet to the Office of Admission in Voorhees Hall (EXCEPT the official GRE report).

Application Instructions:

**STEP 1 | Submit GRADUATE STUDIES ON-LINE APPLICATION:**

Go to [WWW.CARROLLU.EDU/APPLY](http://WWW.CARROLLU.EDU/APPLY) to complete the Graduate Admission application for Fall 2020.

**STEP 2 | Submit SUPPLEMENTAL APPLICATION ADMISSION MATERIALS:**

- **CLINICAL EXPERIENCE DOCUMENTATION FORMS** – Observation in at least two unique settings for a combined minimum of 45 hours is required. Practice settings include inpatient acute care, inpatient rehab/sub-acute rehab facility, nursing home facility/extended care, outpatient free-standing PT or hospital clinic, school/pre-school, industrial/occupational health, or home health. An observation form is required for each experience.
- **ONE LETTER OF REFERENCE** from a university/college professor
- **SAFETY AND TECHNICAL STANDARDS**

**STEP 3 | Submit APPLICATION FOR GRADUATION** through the Registrar Office. Please allow 4 to 6 weeks for the processing. Go to: [MY.CARROLLU >> STUDENT TAB >> APPLY FOR GRADUATION](http://MY.CARROLLU >> STUDENT TAB >> APPLY FOR GRADUATION). Indicate you will be graduating with your bachelor’s degree in May of 2021.

**STEP 4 | SUBMIT OFFICIAL GRE SCORES for the General GRE** - Send exam results to Carroll using school code 1101 and department Code 0619. Results typically take 6 weeks from exam date to receive.

**SUBMIT APPLICATION MATERIALS TO:**

Carroll University Admission Office
100 North East Avenue, Waukesha, WI 53186

**QUESTIONS:**

Please contact Jill Groskreutz at 262.524.7223 or email ptinfo@carrollu.edu
Please complete this form to document the applicant’s experience/observations in physical therapy.

**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 plans to apply for admission to the Doctor of Physical Therapy Program at Carroll University, Waukesha, WI.

Please complete this clinical experience documentation form and return the document to the applicant, email to ptinfo@carrollu.edu or mail 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. If submitting via email, the document must come directly from the physical therapist completing the form.

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 SETTINGS:**

□ Acute Care Hospital [ ____ hrs.]
□ Rehabilitation/Sub-acute Rehabilitation [ ____ hrs.]
□ Nursing Home/Extended Care Facility [ ____ hrs.]
□ Other (specify) __________________________ [ ____ hrs.]

**OUTPATIENT SETTINGS:**

□ Free-standing PT or Hospital Clinic [ ____ hrs.]
□ School/Pre-school [ ____ hrs.]
□ Industrial/Occupational Health [ ____ hrs.]
□ Home Health [ ____ hrs.]
□ Other (specify) __________________________ [ ____ hrs.]

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

<table>
<thead>
<tr>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>Interpersonal Skills</td>
<td></td>
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<tr>
<td>Communication</td>
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<tr>
<td>Professionalism</td>
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<tr>
<td>OVERALL Evaluation</td>
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</tbody>
</table>

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______________________________________________________

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

Please complete this form and return it to the applicant, email to ptinfo@carrollu.edu or mail 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 your signature across the seal. If submitting via email, the document must come directly from the person completing the form.

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 a separate document) briefly speak to the 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 ____________________
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 in order 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. With or without accommodation, the applicant/candidate must initially meet the technical standards described below to gain admission to and to progress through the DPT program. If a student has a change in ability to meet these standards while enrolled in the DPT program, the student is required to inform their program advisor and update the technical standards form. Where applicable, the DPT program may require submission of supporting documentation from appropriate providers.

Requirements:
1. Completion of the technical standards form is required upon admission to the DPT program, and
2. The form must be updated immediately if the student has a change in their ability to meet technical standards at any point in the program.

Directions: To indicate you are able to meet the technical standards described below, initial each paragraph and sign at the bottom of page 3. Any evidence of inability to meet the technical standards may be cause for further evaluation at the university’s discretion and/or dismissal from the DPT Program. Evidence of inability 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.

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 in order 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.

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 may 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 may 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 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 accommodations required by the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1990. A student who can no longer perform the essential functions of a student physical therapist must report this to their program advisor. 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.

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: ___________________________