

Submit all application material in one package to:
 Department of Physical Therapy
 Web-based DPT Admissions
 1504 Springhill Ave., Rm. 1214
 Mobile, AL 36604

University of South Alabama
Application and Portfolio Form
 (See instructions on the last page)
Web-based DPT program for
Licensed Physical Therapists



Phone: (251) 434-3575
 Fax: (251) 434-3822
 E-mail: ptdept@jaguar1.usouthal.edu

Dr. Dennis Fell
PT Department Chair
 Dr. Jean Irion
Web-based DPT Program Coordinator

PRINT or TYPE all the information requested. (The downloadable document can be filled out on your computer. Then print and mail application and supporting documents.)

Application for the web-based Doctor of Physical Therapy program for licensed physical therapists only!

Legal Name:

Last _____ First _____ Middle _____

Name Prefix: Mr Mrs Ms Other _____ Name Suffix: (ex. Jr., Sr. III, etc.) _____

Preferred First Name _____ Other Name (Ex. Maiden Name) _____

Mailing Address (where USA should send your mail):

Street Address / P.O. Box _____ Apt. _____

City _____ State _____ Zip Code +4 _____

Phone Number (____) _____ Check One: Current Work Cell Pager

Secondary Phone (____) _____ Check One: Current Work Cell Pager

E-mail (your preferred e-mail address) _____

Parent/Guardian Information:

Prefix: Mr Mrs Ms Name: Last _____ First _____ MI _____ Relationship to Applicant _____

Address _____ Apt # _____

City _____ State _____ Zip _____ Country _____

Phone Number (____) _____ Check One: Home Work Cell Pager

Legal residency: State _____ County _____

Will you have resided in Alabama for 12 continuous months preceding the semester you plan to enroll? Y N

Additional Identification Information

Gender: Female Male **Date of Birth:** Month _____ Day _____ Year _____ **Social Security #*** _____

Are you a U.S. Citizen? Yes No (Non-citizens must apply to the Office of International Student Services)

Ethnic Background (Optional)**: White/Non-Hispanic Hispanic African American/Black

American Indian/ Alaskan Native Asian/Pacific Islander Other _____

Marital Status: Unmarried Married Separated Widowed

Religious Preference (if applicable)*** _____

Did any of your family members graduate from USA? Yes No Relationship to Applicant _____

Are you a veteran? Yes No If yes, Vet. File Number : _____ Vet. Type: _____

*Your Social Security Number is optional as an applicant to the University of South Alabama and is used for identification purposes to match and process your application with supporting documents, however the social security number is required when you apply for financial aid.

**Information relating to your ethnic background is requested for reporting requirements to the Department of Education and the Commission on Accreditation in Physical Therapy Education. The data requested will be used only for the required reports to these agencies and will not be used in any way in the admissions process.

***Provision of this information is not mandatory. Information on religions affiliation will be reported to local churches. Its use is in the storage, retrieval, and reporting of information. Failure to provide this information will in no way affect your admission.

Have you ever applied to the University of South Alabama? No Yes

Have you ever attended the University of South Alabama? No Yes (list USA Student # _____)

ENTRY-LEVEL PHYSICAL THERAPY DEGREE*

Specify the institution from which your entry-level physical therapy degree was earned.

College/University Name	City/ST	Dates of Attendance		Degree Earned
		From (Month/Year)	To (Month/Year)	

OTHER COLLEGES ATTENDED*

Please note: Applicants may not disregard any part of their educational history. Failure to report all institutions previously attended will be cause for cancellation of the admissions process or for dismissal from the University.

College/University Name	College City/ST	Dates of Attendance		Degree Earned / Major
		From (Month/Year)	To (Month/Year)	

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**Official transcripts must be sent directly by each institution.*

INFORMATION REQUIRED FOR PORTFOLIO REVIEW

The purpose of the remaining sections is to document specific learning and professional advancement for which life-experience credit might be granted.

POST PROFESSIONAL DEGREES* OR CLINICAL RESIDENCIES / FELLOWSHIPS

List these beginning with the most recent first.

College/Institution Name	City/ST	Dates of Attendance		Degree Earned / Discipline
		From (Month/Year)	To (Month/Year)	

POST-PROFESSIONAL PT-RELATED COURSES*

If you have taken any PT-related post-professional courses for academic college credit after your entry-level PT curriculum, provide information for additional courses that might apply toward portfolio credit:

University	Course #	Course Title	Grade	Cr Hours	Sem/Yr
				Ex. 3 sem cr	(ex Fa02)

**Official transcripts must be sent directly by each institution.*

PHYSICAL THERAPY LICENSURE

List the states in which you are currently licensed/registered as a physical therapist, including license number and expiration date.

1.
2.
3.

A copy of current license(s) must be sent with the application (subject to verification).

PT WORK EXPERIENCE

Length of time in Physical Therapist Practice: _____ years _____ months

Please list all PT related work positions held, beginning with the most recent position first.

Physical Therapy facility, City, State	Title	Hours/wk	Type of Facility	Inclusive dates	Patient Populations

Submit a letter of recommendation from current/most recent employer and one clinical supervisor.

EXPERIENCE AS A CLINICAL EDUCATOR

List any personal experience as a clinical instructor for students in PT and PTA education programs, including the number of students supervised in each of the past five years

Name of Clinical Facility	University PT Programs served*	CI or CCCE?	# of Student Supervision Hours				
			'00	'01	'02	'03	'04

*Use these abbreviation for these programs (USA=Univ of South Alabama, UAB=Univ Alabama at Birmingham, ASU=Alabama State Univ, LSU=Louisiana State Univ, UMMC=Univ Mississippi Med Center, SA=Saint Augustine); Spell out other institutions.

APTA-CREDENTIALLED CLINICAL INSTRUCTOR

Specify the date of the APTA Clinical Instructor course: _____ and location _____

You must include a copy of the credential certificate with the application.

CLINICAL SPECIALIST CERTIFICATION

Clinical Specialist Certification	Granting Organization	Date of original certification	Date for next renewal	Requirements for certification and recertification

You must include a copy of each current certification.

SCHOLARLY ACTIVITIES

List all scholarly activities including presentations at state, regional or national conferences, continuing education courses taught, or publications. For presentations, include title, location(s), and dates. For publications, provide the full citation. Provide copies of publications or abstracts in the appropriate section of the Appendix.

1.
2.
3.
4.
5.
6.

APPENDIX

Applicants must also submit these appendix items in the following order with the completed application:

1) APPENDIX TABLE OF CONTENTS

2) PERSONAL STATEMENT / NARRATIVE

On one separate page (8 1/2 x 11) please type a statement for the admissions committee following this outline:

Type your name and social security number at the top of the page.

- I. Describe specific ways in which your clinical practice has advanced or been updated based on CEUs attended, previous post-professional coursework or review of evidence-based articles.
- II. Describe other examples of professional development in practice including service (pro bono), pursuit of additional knowledge, supervisory roles, etc.
- III. Describe any original works such as patient education materials, marketing tools, new service lines, patient care delivery programs, or other creative clinical/administrative works/projects.
- IV. How do you see your career plans and goals changing once you complete this transitional Doctor of Physical Therapy program.

3) CURRENT RESUME or CURRICULUM VITAE

Should include list of CEU courses attended (especially recent five years and other significant courses), professional memberships including offices and committees, awards, honors and other contributions to physical therapy.

4) LIST OF ALL OFFICIAL TRANSCRIPTS THAT WILL BE SENT

5) COPY OF THE CURRENT LICENSE(S) TO PRACTICE PHYSICAL THERAPY

6) DOCUMENTATION OF CERTIFICATION CREDENTIAL(S) –Copy of Award Letter or Certificate

7) DOCUMENTATION OF SCHOLARLY ACTIVITIES –Copies of publications, abstracts, etc.

8) LIST INDIVIDUALS WHO WILL PROVIDE THE TWO LETTERS OF RECOMMENDATION

STATEMENT OF CERTIFICATION

I certify that the information PROVIDED is true and complete; I understand that withholding information requested, with the exception of information designated as optional, or giving false information may make me ineligible for admission and enrollment. I also certify that, if I am a male born on or after January 1, 1960, I comply with the provisions of the United States Military Selective Service Board or that I am not yet 18 years of age and I will register when required or that I am not required by law to register (this certification is required by State of Alabama Legislature Act 91-584).

Signature _____

Date _____

- Please sign and date your application and submit the total fee of \$325 (includes \$75 one-time, non-refundable application fee and \$250 Portfolio Analysis Fee).

NOTIFY US IMMEDIATELY OF ANY CHANGE IN YOUR MAILING ADDRESS!

University of South Alabama, Dept of Physical Therapy, 1504 Springhill Ave, Rm 1214, Mobile, AL 36604-3272

Telephone: (251) 434-3575 or email: ptdept@jaguar1.usouthal.edu

The University of South Alabama provides equal educational opportunities to and is open and accessible to all qualified students without regard to race, color, creed, national origin, sex, or qualified handicap/disability, with respect to all its programs and activities.

Complete this section for Credit Card Payment of the \$325.00 fee:

Type of credit card: VISA MasterCard Discover

Account Number:

Card Valid Through (Month and Year): _____/_____

Name on Credit Card _____

**INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR THE
WEB-BASED DPT PROGRAM FOR LICENSED PHYSICAL THERAPISTS**

This application is for the Web-based Doctor of Physical Therapy program for licensed physical therapists only! Only individuals licensed to practice physical therapy in a U.S. jurisdiction may apply to this program.

1) Complete the “Application and Portfolio Form”, including signature and date.

Download this document from the website. Open it with Microsoft Word and fill it out on your computer. You can add new rows to sections where you need to include more information. Print out the completed form for mailing.

Keep in mind that the purpose of the portfolio section and supporting appendix items is to evaluate for possible life-experience credit for prior learning or experiential learning that has occurred outside the classroom as a practicing physical therapist. The portfolio is a written presentation that articulates knowledge equivalent to that which is taught in the entry-level DPT curriculum.

The portfolio you submit will be evaluated by a PT faculty member and must document advancement of your professional knowledge and/or skills. The evaluator will assess at least these components:

- Is the knowledge demonstrated sufficiently?
- Has the student demonstrated application of this knowledge?
- Has the student successfully shown the relationship between the narrative (the knowledge) and the evidence?

Make sure you write and organize your portfolio, narrative and appendix in such a way that you clearly document learning during your professional career.

2) Assemble all Appendix items and bind or staple together in the prescribed sequence.

3) Have Official Transcripts sent directly from each institution attended.

4) Have the two letters of recommendation sent directly from each person writing a letter (one from current or most recent employer and one from a clinical supervisor from your clinical career). You may provide them with a stamped, addressed envelope.

5) Enclose “Application and Portfolio Form”, Appendix (with supporting documents), and the \$325 fee payment and mail to:

**Dept of Physical Therapy
Web-Based DPT Admissions
University of South Alabama
1504 Springhill Ave, Rm 1214
Mobile, AL 36604-3272**