Graduate Application

College of Education, Nursing and Health Professions

Doctor of Physical Therapy

University of Hartford
College of Education, Nursing and Health Professions
Doctor of Physical Therapy

Directions for Application to Graduate Study

The Center for Graduate and Adult Academic Services and the College of Education, Nursing and Health Professions welcomes your application for graduate study at the University of Hartford. In order to be considered for graduate study in physical therapy, you must submit all the materials listed in the CHECKLIST below. All materials must be submitted no later than February 1.

For more detailed information regarding admission criteria and policies, as well as academic policies and completion requirements, please read the graduate policies and procedures included in the latter portion of the booklet.

☐ Submit application and a nonrefundable application fee, $40 for domestic applicants, $55 for international applicants, payable to the University of Hartford.
☐ Request that all colleges and postsecondary institutions forward official transcripts.
☐ Request three recommendations from professors, employers, or school administrators on the forms supplied. NO EXCEPTIONS.
☐ Submit official Graduate Record Examination (GRE) scores taken within the last five years.
☐ Submit Essay
☐ Submit typewritten page that documents health care related experience. (10 hours required.)
☐ Submit official TOEFL scores (if applicable).
☐ International students must submit a Bank Certified Guarantor’s Statement of Financial Support stated in U.S. dollars.

Return all materials to the Center for Graduate and Adult Academic Services, Computer and Administration Center, University of Hartford, 200 Bloomfield Avenue, West Hartford, CT 06117-1599.

The University’s institutional code number for GRE scores is 3436.
If you have previously taken the GRE (within the last five years), test scores may be obtained from:
   Graduate Record Examination
   Educational Testing Services
   Princeton, NJ 08541-6000

Information about the Graduate Record Examination may be obtained by contacting the Center for Graduate and Adult Academic Services, Computer and Administration Center, University of Hartford, 200 Bloomfield Avenue, West Hartford, CT 06117-1599, (860) 768-4371.

Complete your application form online at:
   http://admission.hartford.edu/graduate
or complete the attached application form.
Instructions for Post-Baccalaureate Applicants

APPLICATION DEADLINE: FEBRUARY 1

The professional physical therapy program leading to the Doctor of Physical Therapy is designed for graduate professionals dedicated to the promotion of health and the prevention and rehabilitation of physical disabilities. Students who possess a baccalaureate degree in another area and have satisfied prerequisite courses may apply to enter into the professional phase to complete the requirements for the Doctor of Physical Therapy. The Doctor of Physical Therapy Program is not appropriate for individuals who have already completed a degree in Physical Therapy.

Applicants must submit the following materials to the Office of Admission and Student Financial Assistance by Feb. 1:

1. Completed Physical Therapy Graduate Application including the essay.
2. Transcripts for all undergraduate and post-graduate academic work. A minimum undergraduate GPA of 3.0 is required.
3. Confidential Letter of Recommendation Forms (included in graduate application) from each of the following individuals:
   - course instructor or academic advisor
   - a supervisor in professional or other work capacity
   - another individual in either capacity
4. A typewritten page that documents health care related experience (10 hours are required)
5. Scores on the aptitude portion of the Graduate Record Examination (GRE). For those with English as a second language, the TOEFL is necessary. Official scores must be received by the University by the February 1 deadline.

Admission to the Physical Therapy Program is highly competitive, therefore, interview invitations may be extended only to the most qualified applicants who demonstrate competitive academic proficiency and satisfactory progress in all other areas of the application.
Prerequisite courses must be taken and passed with a 2.0 or better. An overall undergraduate degree GPA of 3.0 is necessary for consideration for admission. No exceptions will be made. Applications will not be evaluated if they do not meet these grade requirements. Prerequisite courses required for entry into the Doctor of Physical Therapy Program include:

The following prerequisite courses must have been completed at the college level:

1. **Biology:** 4 credits
   * (one course with lab)

2. **Human anatomy:** 4 credits
   * (one course with lab)

3. **Human physiology:** 4 credits
   * (one course with lab. Note: When anatomy and Physiology are taken as a combined course, two semesters are necessary – 8 credits – to meet the requirements)

4. **Chemistry:** 12 credits
   * (general chemistry, including two-course sequence with lab and either organic or biochemistry with lab)

5. **Physics:** 8 credits
   * (two-course sequence with lab)

6. **Statistics:** 3 credits
   * (course to include descriptive statistics, correlation, and introduction to inferential statistics)

7. **Calculus:** 3 credits

8. **Psychology:** 9 credits
   * (courses include: general, developmental, and abnormal psychology)

9. **Exercise physiology:** 3-4 credits
    * (one course)

10. **Humanities:** 9-12 credits

11. **Social sciences:** 9-12 credits

Courses taken to fulfill prerequisites 1-9 above must be completed with a GPA of 3.0 or higher with no grade below a C in order for the application to be considered. An applicant may not have more than two required courses still in progress by the February 1 deadline. If you have questions about whether a course fulfills one of the above requirements, please submit a photocopy of the course description from the appropriate college catalogue.

The University of Hartford has been granted Accreditation status by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association.
College of Education, Nursing and Health Professions
Doctor of Physical Therapy

ESSAY

Please address the following essay question. Your response should not exceed one double-spaced typed page:

Based on your knowledge of the physical therapy profession and its challenges today, what qualities do you feel are necessary for success as a physical therapist?

HEALTH CARE RELATED EXPERIENCE

Ten hours of health care related experience is required for all applicants. Please document experience in one type-written page.
Graduate Policies and Procedures

1. GRADUATE ADMISSION CRITERIA AND EVIDENCE

The criteria for admission are listed below.

1. The ability to think critically, grasp abstract concepts, and analyze complex information, in order to be successful in the Doctor of Physical Therapy classes.
   - 3 letters of recommendation
   - GRE scores
   - Undergraduate GPA of B (3.0) or better

2. Sufficient command of English to be successful in Doctor of Physical Therapy classes.
   - Essay
   - TOEFL score

   - Essay
   - Letters of Recommendation

   - Letters of Recommendation

5. Demonstrate knowledge of the profession.
   - Essay
   - 10-hour required exposure

6. Demonstrate comprehension of the commitment necessary for professional preparation in the Division of Health Professions.
   - Essay
Graduate Policies and Procedures (continued)

7. Competence in the basic skills of reading, writing and mathematics.
   Essay
   GRE scores (TOEFL when applicable)

Graduate Admission Materials

Each candidate MUST submit the following materials:
   Evidence of graduation from an accredited institution of higher education.
   Transcripts of all undergraduate and graduate course work.
   Written essay.
   Three letters of recommendation.
   Statement of 10 hours of health care related experience.
   Official reports of GRE scores.

Admission Procedure

The Graduate Admissions Committee of the Physical Therapy Program will make all admission decisions. The committee will review only complete files submitted no later than February 1. The committee may interview qualified candidates based on review of these materials and will then take one of three actions:

1. Accept
2. Wait List
3. Deny

Candidates will be notified in writing of the Committee’s decision.

Graduate Academic Policies and Procedures

Degree Requirements

Candidates must complete a minimum of 102 credits including a minimum of 32 weeks of clinical experience to fulfill degree requirements. The curriculum is designed for full-time study; part-time enrollment is not an option.
Graduate Academic Policies and Procedures (continued)

Criteria for Satisfactory Progress

All courses required for the major must be taken for a letter grade and may be taken on a Pass/No Pass basis (with the exception for clinical affiliations). The clinical affiliation components are considered professional courses. Satisfactory completion of them is a requirement for obtaining the Doctor of Physical Therapy degree.

Degree candidates must attain an overall grade point average of B (3.0) or higher. No grade below a C is acceptable for credit. If a student’s overall GPA falls below a 3.0 in one semester, the student is put on a GPA probation for the following semester. Upon completion of the probationary semester, if the student’s overall GPA is still below a 3.0, the student will be dismissed from the program.

A professional course grade of below 2.0 or No Pass will be allowed only once in the program. This includes all didactic and clinical courses. That course may be repeated only once in order to raise the grade to a 2.0 or better or to a “Pass”. If a didactic course is failed, the student may not continue with the professional program until the course is repeated. If a clinical affiliation is failed, the student may continue with didactic courses, and the affiliation will be repeated in the next scheduled affiliation session. A student will be placed on course failure probation if he/she does not pass a professional-level course with a C or better, or fails a clinical affiliation.

Grading Policy

Grades and grade points are based upon the following system:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Points</th>
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<tbody>
<tr>
<td>A</td>
<td>4.00</td>
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<tr>
<td>A-</td>
<td>3.67</td>
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<tr>
<td>B+</td>
<td>3.33</td>
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<tr>
<td>B</td>
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<td>D-</td>
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<td>F</td>
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Dismissal

A student will be dismissed from the Physical Therapy Program if he/she has two sequential semesters with GPAs that are below 3.0. Failure of two courses will result in dismissal from the program.
College of Education, Nursing and Health Professions
Doctor of Physical Therapy

Graduate Academic Policies and Procedures (continued)

Lecture/Lab Grade Policies

In courses with a lab, both the lecture and the laboratory portions of the course must be passed with a grade of 73% or better to receive a passing grade for the entire course. A student who receives a failing grade in a laboratory practical exam will be allowed one retake as scheduled by the instructor. Retaken practical exams will be graded on a pass/fail basis. A pass will result in a final grade of 73% for the examination, a fail with result in retention of the original grade.

Graduation

The Commencement ceremony is held in May upon completion of required course work.

Licensure

It is the responsibility of each student to obtain and complete all appropriate documentation for licensure in the state of their choice.
Department of Physical Therapy

LETTER OF RECOMMENDATION FORM

1. Remove the three (3) copies of this form from the supplemental application packet.
2. TYPE in your name and social security number on each copy.
3. Provide one copy of this form and a self-addressed, stamped letter-sized envelope with your name written legibly or typed across the front, to each of the following:
   (a) a college-level Basic Science Instructor, or a lab instructor, co-signed by professor;
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Please indicate your decision before giving this form to the appropriate individual.

This evaluation is to be considered nonconfidential. The evaluation may be shown to me upon my request.
This evaluation is to be considered confidential. I hereby waive my right to review under the provisions of the Family Educational Rights and Privacy Act of 1974, and I understand that the contents of this evaluation will not be available for any inspection now or at any time in the future.

Applicant’s Signature ____________________________________ Date ____________________________________

INSTRUCTIONS TO THE PERSON COMPLETING THIS FORM: Circle the number that best represents your assessment of this candidate. Please include any additional information that you feel would assist us in interpreting your responses. An example would be helpful in relation to any extremely high or low ratings. This information must be completed, but feel free to attach a narrative recommendation, if you wish. This letter of recommendation must be returned to the candidate for remission to the University of Hartford, Department of Physical Therapy. See #4 above.

EVALUATOR’S TYPED NAME __________________________________________

Evaluator’s Phone Number: (         ) __________________________________________

Evaluator is _____ an instructor; _____ an employer; _____ a physical therapist

I have known the applicant for approximately: _________________________________

mo./yrs.

Applicant is/was: _____ a student; _____ an employee; _____ a volunteer/aide;

other (please indicate) ______________________________________________________
Key: 1=LOW 7=HIGH

Active Organization (Ability to set priorities)
1 2 3 4 5 6 7

Interest/Concern for Others (Willingness to meet the needs of others, openness to feelings of others, cooperation)
1 2 3 4 5 6 7

Communication Skills (Oral, listening and written)
1 2 3 4 5 6 7

Assertiveness/Ability to Engage in Independent Inquiry
(Willingness to take initiative, ability to negotiate power, philosophy or point of view with others)
1 2 3 4 5 6 7

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1 2 3 4 5 6 7

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Motivation, Perseverance
1 2 3 4 5 6 7

Potential as a Leader
1 2 3 4 5 6 7

Proficiency and Experience
1 2 3 4 5 6 7

PLEASE COMMENT ON THIS CANDIDATE’S STRENGTHS:
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PLEASE COMMENT ON THIS CANDIDATE’S WEAKNESSES OR AREAS THAT NEED IMPROVEMENT:
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Evaluator’s Signature __________________________________ Date: ________________________________________

E-mail ____________________________________________________________________________________________
Department of Physical Therapy
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University of Hartford

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Center for Graduate and Adult Academic Services
Computer and Administration Center
200 Bloomfield Avenue
West Hartford, CT 06117-1599
Telephone: (860) 768-4371 Fax: (860) 768-5160
E-mail: gettoknow@hartford.edu
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Department of Physical Therapy
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Evaluator’s Signature __________________________________ Date: ____________________

E-mail __________________________________________________________________________________________
Application for
Graduate Admission
Doctor of Physical Therapy

Year _____________________ Full Time

PERSONAL DATA
(Please type or print)

Student's Social Security Number (if applicable)

Legal name: ____________________________________________________________

Last (Family) First (Given) Middle (Complete)

Other name credentials may be under: ________________________________________

Permanent address: ______________________________________________________

Street: __________________________________ City: ____________________________ State: _______ ZIP: ___________ Phone: ______

Local address: ___________________________________________________________

Street: __________________________________ City: ____________________________ State: _______ ZIP: ___________ Phone: ______

Business address: _______________________________________________________

Employer: ____________ City: ____________________________ State: _______ ZIP: ___________ Phone: ______

May we call you at work? ☐ Yes ☐ No

E-mail: ____________________________________________________________________________________

(*an e-mail MUST be supplied for application update and status)

Date of birth: Day ________ Month ________ Year ________ Sex: ☐ Male ☐ Female

Ethnic background (optional): ☐ Native American or Alaskan Native ☐ African-American ☐ Hispanic

☐ Asian-American or Pacific Island ☐ Caucasian ☐ Other

Citizenship: Are you a U.S. citizen or a permanent resident (green-card holder)? ☐ Yes ☐ No If no, what is your country of citizenship? ______________

What is your country of birth? __________________________

Degree applying for: ______________________________________________________

How did you hear about the University of Hartford? __________________________________________

Have you previously applied to the University of Hartford? ☐ Yes ☐ No If yes, when? __________________________

Are you seeking graduate transfer waiver/credit? ☐ Yes ☐ No If yes, from which institution(s)? __________________________

To what other graduate programs have you applied to other than University of Hartford? __________________________

FEDERAL ASSISTANCE (Non-U.S. residents eligible only for graduate assistantships)

To receive federal assistance, including Stafford loans, students at the University are required to file the Free Application for Federal Student Aid (FAFSA). Please contact the office of Financial Aid at 860.768.4300 or pink@hartford.edu

If applying for full-time study, do you wish to be considered for a graduate assistantship? ☐ Yes ☐ No
ACADEMIC HISTORY
List all postsecondary institutions you have attended. (Attach additional information on separate sheet.)

<table>
<thead>
<tr>
<th>Institution (List chronologically)</th>
<th>4-Digit Code (if known)</th>
<th>Location</th>
<th>Attended From-To</th>
<th>Degree Awarded</th>
<th>Year</th>
<th>Major/Minor</th>
<th>GPA</th>
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List the foreign languages in which you have a basic reading knowledge: ____________________________

TESTING INFORMATION: Have you taken any of the following tests? □ Yes □ No If yes, when? ________________

□ GMAT DATE __________ □ GRE DATE __________ □ PSYCH. GRE DATE __________ □ MAT DATE __________ □ MCAT DATE __________

□ DAT DATE __________ □ TOEFL* DATE __________ Have scores been forwarded to the University of Hartford? ________________

*Note: International students are required to take the TOEFL (Test of English as a Foreign Language) prior to admission.

RECENT EMPLOYMENT HISTORY
(Attach additional information on separate sheet.)

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<th>Employer (List chronologically)</th>
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AWARDS, HONORS, PROFESSIONAL MEMBERSHIPS, AND LICENSES
(Attach additional information on separate sheet.)

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RECOMMENDATIONS
List persons supplying your letters of recommendation. (See direction sheet for required number.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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I certify that all items on this application are answered correctly and completely. I understand that incomplete information, the withholding of information, or incorrect information may disqualify me for admission to the University of Hartford or may later be the basis for my withdrawal or dismissal.

Applicant’s signature __________________________ Date ________________

Please return your application materials, with the nonrefundable application fee,* to the University of Hartford, Center for Graduate and Adult Academic Services, Computer and Administration Center, 200 Bloomfield Avenue, West Hartford, CT 06117-1599. Once your application and supporting documents have been processed, they become the property of the University of Hartford.

*$40 Domestic Application, $55 International Application. Hartt School students are required to pay an additional $30 processing fee; check should be made payable to the University of Hartford.
### University of Hartford
#### Doctor of Physical Therapy

#### DPT CURRICULUM

**DPT I**

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Total full time clinical education = 32 weeks
Consistent with the requirements of Title IX of the Education Amendments of 1972, as amended, the University does not discriminate on the basis of gender in the conduct or operation of its educational programs or activities (including employment therein and admission thereto). The University admits students without regard to race, gender, physical ability, creed, color, age, sexual orientation, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the University. It complies with Title VI of the Civil Rights Act of 1964, as amended, and does not discriminate on the basis of race, gender, physical ability, creed, color, age, sexual orientation, national and ethnic origin in the administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other University-administered programs. The University of Hartford hereby provides notice to its students, employees, applicants, and others that it supports the language and intent of Section 504 of the Rehabilitation Act of 1973 (and regulations issued pursuant thereto), which prohibits discrimination on the basis of disability in its educational programs and activities, including admission to and access to the University. The Dean of Students (Gengras Student Union, telephone (860) 768-4260) is the individual designated to coordinate efforts by the University to comply with and carry out requirements under Title IX and Section 504.

Inquiries concerning the application of Title IX, Section 504, and Title VI may be referred to the Regional Director, Office of Civil Rights, U.S. Department of Education, Boston, Massachusetts 02109.