FLORIDA A&M UNIVERSITY

SCHOOL OF ALLIED HEALTH SCIENCES

DIVISION OF PHYSICAL THERAPY
Doctor of Physical Therapy Program
2010
ADMISSIONS APPLICATION
Dear Applicant:

Thank you for your recent inquiry regarding the Florida A&M University Doctor of Physical Therapy Program. To enroll in the Program, an applicant must be accepted by the Florida A&M University, School of Graduate Studies and Research and must also be admitted to the Division of Physical Therapy. Admission to the graduate school does not guarantee acceptance into the Division of Physical Therapy.

Enclosed you will find information on the Division of Physical Therapy admissions process. Admissions information may also be found in the Florida A&M University General Catalog and on the School of Allied Health Sciences, Division of Physical Therapy and Graduate School websites at www.famu.edu. Note: Information in this document supersedes all previously printed requirements. Minimum requirements for admission to graduate study are:

- A combined score of a 1,000 on the Verbal and Quantitative sections of the Aptitude Test of the Graduate Record Examination (GRE), or
- A 3.00 (on a 4.00 scale) cumulative grade point average (GPA) during the last 60 semester hours (or 90 quarter hours) of undergraduate preparation, or
- Possession of a graduate degree from an accredited institution of higher education.

* Note: All applicants must submit a GRE score as part of the application process.

In addition to the above criteria, the overall science GPA in the required prerequisite courses is strongly considered in the process of admission into the Division of Physical Therapy, entry-level Doctoral degree program. Please note that you must submit an OFFICIAL copy of your transcript(s) to the Division of Physical Therapy as well as to the Graduate School Admissions Office. Please note, also, that criminal background checks and/or drug screenings will be requested on applicants who are admitted to the professional program.

The Division of Physical Therapy operates within the School of Allied Health Sciences as a graduate professional program (three calendar years). The program is limited in the number of students that can be accepted each year; primarily, due to limitations on space, equipment, and personnel necessary for the education and supervision of students. For this reason, applicants are encouraged to submit applications as early as possible.
Students are admitted in the Fall Semester of each current year. **The current application deadline is May 3, 2010.** Please forward all materials—preferably in one packet—to the following address:

If you need additional information or assistance, you may direct inquiries to the Division of Physical Therapy at (850) 412-7866, or the University Registrar at (850) 599-3796.

Dr. Eric J. Toran, Interim Director  
Florida A&M University  
School of Allied Health Sciences  
Division of Physical Therapy  
Lewis/Beck Building  
334 Palmer Avenue, W.  
Tallahassee, Florida 32307-3500

Enclosures
ADMISSION PROCESS  
DIVISION OF PHYSICAL THERAPY

Admission to the Physical Therapy Program involves a **TWO STEP** process: application to the FAMU School of Graduate Studies & Research Admissions Office and application for admission to the Doctor of Physical Therapy Program in the School of Allied Health Sciences (SOAHS). Acceptance into the Florida A&M University School of Graduate Studies and Research **does not** guarantee acceptance into the SOAHS Physical Therapy Program.

**Step I. Application to the Florida A&M University School of Graduate Studies and Research**

In order to be admitted to the Physical Therapy Program, the prospective graduate student must submit (1) official transcripts from each college/university attended and (2) the FAMU “Application for Admission to a Graduate Program” to the School of Graduate Studies and Research at the following address:

Florida A&M University  
School of Graduate Studies and Research  
Admissions Office  
400 Tucker Hall  
Tallahassee, FL 32307  
(850) 599-3315

**Step II. Application to the Doctor of Physical Therapy Program.**

To be admitted to the Physical Therapy Program, the prospective student must submit the following materials:

1) Evidence of application for admission to the Florida A&M University School of Graduate Studies and Research (a letter of response from the Graduate Admissions Office, or a copy of your graduate application **AND** cancelled check).

2) Evidence that:
   a. Four semesters of the REQUIRED sciences have been completed (via “Course Completion Form” and enclosed transcripts).
   b. All prerequisite coursework requirements, as outlined in this application packet (via “Course Completion Form”) will be completed prior to the first day of classes for the professional physical therapy program at Florida A&M University (August, 2010). For students completing courses during the summer term prior to enrollment, a copy of the student grade report will be accepted until an official transcript is submitted.

3) A brief, typed, autobiographical essay (300-500 words) describing yourself and indicating your reasons for desiring to enter the profession of Physical Therapy.
4) Two letters of recommendation from persons who can address those qualities identified in the attached memorandum regarding “Letters of Recommendation.”

5) An OFFICIAL copy of transcripts from ALL colleges and/or universities attended. Student copies of transcripts are not accepted.

6) Evidence of inquiry into the profession by completing a minimum of 20 hours of volunteer/observation/work experience in at least one physical therapy setting. (Evidence should be in the form of letters(s), on physical therapy department letterhead, signed by the department physical therapist(s), or the designated facility volunteer coordinator.)

7) A completed application packet for admission to the SOAHS Division of Physical Therapy. The application packet must be received or postmarked on or before May 3, 2010. Submit the completed packet to the following address:

Florida A&M University  
Admissions Committee  
School of Allied Health Sciences  
Division of Physical Therapy  
Lewis/Beck Building  
334 Palmer Avenue, West  
Tallahassee, Florida 32307  
(850) 412-7866

Please submit with this application a brief 300 to 500 hundred words autobiographical essay indicating your reasons for desiring to enter Physical Therapy. In addition, include discussions of any related employment or volunteer experience, academic honors, etc. (Please type)
Florida A&M University
School of Allied Health Sciences
Division of Physical Therapy
APPLICATION FOR ADMISSION

Please type and return this application to the Admissions Chairperson, Division of Physical Therapy, School of Allied Health Sciences, Florida A&M University, Tallahassee, Florida 32307-3200.

Have you previously applied for admission to a professional program in the School of Allied Health Sciences?
Yes_______ No ________
If yes, give date and name of program____________________________________

Personal Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>Maiden:</th>
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<tbody>
<tr>
<td>Social Security Number:</td>
<td></td>
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<tr>
<td>Present Address:</td>
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<tr>
<td>City:</td>
<td>State:</td>
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<tr>
<td>*Date of Birth:</td>
<td>*Age:</td>
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<tr>
<td>Present Telephone Number: ( )</td>
<td>Email:</td>
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<tr>
<td>Date of expected entry into program (Semester and Year)</td>
<td>Fall</td>
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</tbody>
</table>

NOTE: All communications will be sent to your permanent address unless otherwise requested.

| Name of Parent, Guardian or Spouse: | |
| Relationship: | |
| Permanent Address: | |
| City: | State: | Zip: |
| Permanent Telephone Number: ( ) | |

Education

List all undergraduate colleges, universities, or professional schools, beginning with the most current or most recently attended institution. Please provide an OFFICIAL copy of your transcript(s). If you have attended institution(s) outside the state of Florida, please provide an OFFICIAL copy of course descriptions (university or college catalog) as well an OFFICIAL copy of your transcript.

<table>
<thead>
<tr>
<th>Name of University or Institution</th>
<th>Address</th>
<th>Major</th>
<th>Attendance Dates</th>
<th>Degree or Certificate</th>
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</table>
Please answer the following questions in the space provided and return them with the completed application.

1. How did you become interested in the field of Physical Therapy?

2. Why are you interested in applying to the Division of Physical Therapy at FAMU? And, how did you hear about the Physical Therapy program at FAMU?

3. Have you worked in a Physical Therapy Department? If so, please provide the individual(s) name, address, dates of employment, and employment status (full or part time). Describe briefly your duties in each agency.

4. Is the agency where you now work sponsoring your application to this program?  
   Yes  No  
   If support is provided, it is  ____Full  ____Partial

   Will you have obligations to the agency during your school experience?  
   Yes  No  If yes, explain.

5. Have you ever been placed on probation or dismissed from a Physical Therapy program or any other Allied Health program?  _____Yes  _____No

   If yes, please explain.
I understand that: (1) it is my responsibility to insure that all application materials are received or postmarked by the deadline date; and (2) withholding information or giving false information will make me ineligible for admission and enrollment.

____________________________________  ____________________________________
Applicants Signature     Date

Notarization of your signature in the space provided below is required for admission.

Sworn to and Subscribed
Before me this ________________ Day
Of ________________, 200____

________________________________
Notary Public

My Commission Expires: __________
(SEAL)

(Use for application to Fall 2010 Class)
TO: All Prospective Applicants

FROM: Division of Physical Therapy

RE: Letters of Recommendation

Because of the number of persons applying for admission to the Division of Physical Therapy, we are requesting that you assume the responsibility for obtaining two letters of recommendation from those persons you have selected. This procedure will expedite the processing of your application.

Please find enclosed copies of the recommendation request letters you may use in requesting a letter of recommendation. Print your name as indicated and give one copy of the enclosed letter to each of the persons you have selected to write a letter of recommendation. Request each person to (1) write a letter of recommendation (2) fill out the enclosed evaluation form and place in a sealed envelope, and give it to you to include in your admission packet. The persons that you select should have known you for sufficient time to express opinions regarding your leadership ability, communication skills, character, personality, motivation, maturity, and initiative. Your referring individuals should also include any strengths and weaknesses which they feel may contribute to your performance in the field of Physical Therapy.

If you have any questions regarding this or other phases of the application process, please feel free to contact us.

Thank you.

(Use for application to Fall 2010 Class)
RE: _________________________________
(Applicant, please print your full name)

To Whom it May Concern:

The person who has given you this letter is in the process of applying for admission to the Division of Physical Therapy. If the applicant is accepted and successfully completes the program requirements, the Doctor of Physical Therapy degree will be conferred upon him/her by Florida Agricultural and Mechanical University.

Would you be so kind as to provide this applicant with a letter of recommendation and fill out the evaluation form expressing your opinion regarding the applicant’s leadership ability, communication skills, character, personality, motivation, maturity, and initiative. Also, please include any strengths and weaknesses that you feel may contribute to his/her performance in the field of Physical Therapy. Please indicate in your letter how long you have known this person. Please put the letter in a sealed envelope, sign your name across the sealed envelope, and give it to the applicant to send to us.

All information provided by you will become part of the student’s record and can be reviewed by him/her. No action will be taken by the Admissions Committee until we have received the letter of recommendation. Therefore, we would appreciate an early reply.

Thank You,

Chairperson, Admissions Committee
Division of Physical Therapy

(Use for application to Fall 2010 Class)
Please complete the rating grid by evaluating the applicant in relation to other candidates you have known in a similar capacity and include along with your recommendation letter.

<table>
<thead>
<tr>
<th>CHARACTERISTICS</th>
<th>EXCELLENT (Upper 10%)</th>
<th>ABOVE AVERAGE</th>
<th>AVERAGE</th>
<th>BELOW AVERAGE</th>
<th>NO BASIS FOR JUDGMENT</th>
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<tbody>
<tr>
<td>Ability to work independently</td>
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<td>Analytical Ability</td>
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<td>Ability to work with others</td>
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<td>Dependability</td>
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<td>Intellect</td>
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<tr>
<td>Motivation</td>
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<tr>
<td>Initiative</td>
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<tr>
<td>Maturity</td>
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<td>Critical Thinking</td>
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<td>Self confidence</td>
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<td>Compassion</td>
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<tr>
<td>Effectiveness in Speaking</td>
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<tr>
<td>Effectiveness in Writing</td>
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</table>

I would (mark one) ( ) strongly recommend ( ) recommend ( ) recommend with reservations ( ) not recommend

...that the applicant be admitted to the Division of Physical Therapy at Florida A&M University

(Use for application to Fall 2010 Class)
APPLICATION CHECK LIST

Before mailing this application, please verify that the following items are included in the packet:

____ Completed Application for Admission to the Division of Physical Therapy
____ Evidence of Application to the University
____ OFFICIAL copy of all college (University) Transcript(s)
____ Verification of Inquiry into the profession (paid or voluntary), in the form of letters, minimum 20 hours
____ Letters of Recommendation (2)
____ Evaluation Grid (2)
____ Autobiographical Essay (300 to 500 words), (No resumes or curriculum vitae)
____ Course Completion Form (remember all prerequisite course work, with the required number of credits for each course, must be completed BEFORE receiving final admission status to the Division of Physical Therapy). Evidence of completion of all course work must be submitted before a student is allowed to register for the professional physical therapy program. A copy of the student grade report will be accepted by the Division of Physical Therapy (received or postmarked no later than May 3, 2010) until an official transcript is submitted.

(Use for application to Fall 2010 Class)
## Course Completion Form

<table>
<thead>
<tr>
<th>Prerequisite Course Or Substitute</th>
<th>Credits</th>
<th>Grade</th>
<th>College or University</th>
<th>Term/Year Taken (eg. Fall 2006)</th>
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<tbody>
<tr>
<td>Biology I</td>
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<tr>
<td>Biology I Lab</td>
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<td>Biology II</td>
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<tr>
<td>Biology II Lab</td>
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<tr>
<td>Chemistry I</td>
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<tr>
<td>Chemistry I Lab</td>
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<td>Chemistry II</td>
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<tr>
<td>Chemistry II Lab</td>
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<tr>
<td>Physics I</td>
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<tr>
<td>Physics I Lab</td>
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<td>Physics II</td>
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<tr>
<td>Physics II Lab</td>
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<td>Anatomy &amp; Physiology I (Vertebrate Anatomy)</td>
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<td>Anatomy &amp; Physiology I Lab</td>
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<td>Anatomy &amp; Physiology II (Vertebrate Physiology)</td>
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<tr>
<td>Anatomy &amp; Physiology II Lab</td>
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<tr>
<td>Statistics</td>
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<td>Life Span Development</td>
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<tr>
<td>Intro to Psychology</td>
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(Use for application to Fall 2010 Class)
Special Note:

Discussions are currently underway to have the program start classes in June-July, 2010 instead of August 2010. You will be notified as soon as possible should these changes take effect.