

Application for Transitional Doctor of Physical Therapy Education Program

A nonrefundable \$50 application fee must accompany this application. This form is not for use by international applicants.

1. **U.S. Social Security number** (Leave blank if you do not have one) _____ - _____ - _____

2. **Name** _____
Last first mi other last name(s)

3. **Semester of entry** _____
Semester (fall/spring) Year

check this box if you are a clinical instructor or guest lecturer in our professional (entry-level) DPT program

7. **Mailing address** (Please notify the Department of Physical Therapy immediately of any change of address, phone number or e-mail address)

_____ street _____ city

_____ state _____ zip _____ if Virginia, city or county

8. **Phone** () _____ () _____
home work

9. **E-mail address** _____

10. **Residency** Are you claiming Virginia residency No Yes (If yes, you must complete the Application for Virginia In-state Tuition Rates.)

11. **National Origin** U.S. citizen refugee or permanent resident

If you are a refugee or permanent resident, attach a copy of your alien registration card (Form 1551) or a copy of the passport stamp worded "Processed for 1-551" and indicate:

_____ U.S. Alien Registration Number _____ native language _____ country of citizenship

12. **Education** Please attach an official copy of your academic transcript from the institution where you received a physical therapy degree (entry-level or advanced) as well as any post-entry level education.

_____ Educational institution for entry-level physical therapy education _____ Location (city, state)

_____ Degree _____ Year awarded

_____ Educational institution for post entry-level education (physical therapy or otherwise, if applicable) _____ Location (city, state)

_____ Degree _____ Year awarded

13. **Licensure** Please attach a copy of current license to practice physical therapy.

_____ License number _____ State _____ Expiration date

Federal compliance information (for federal reporting purposes only)
 Completion of ethnicity data is strictly voluntary. A response will in no way adversely affect the consideration of your application.

4. Ethnic origin
- American Indian or Alaskan native
 - Asian
 - Black or African American
 - Hispanic or Latino
 - Native Hawaiian or Other Pacific Islander
 - White/Caucasian
5. Gender male female
6. Date of birth _____ - _____ - _____

Transitional Doctor of Physical Therapy Program Clinical Experience Summary

Name

Last first mi other last name(s)

- 1. Current Practice Setting** Briefly summarize your current position, including practice setting, work status (full-time, part-time, PRN), typical case load and any major non-clinical job roles/responsibilities.

Length of time in this position _____

If part-time or PRN, average hours worked per week _____

Contact person who can verify employment history _____
Name Position Phone

- 2. Other Clinical Experience** If you have **less** than one year full-time clinical experience (or equivalent) in your current position, briefly summarize a previous position, including practice setting, work status (full-time, part-time, PRN), typical case load and any major non-clinical job roles/responsibilities. Otherwise, **leave this section blank.**

Dates employed in this position (from/to) _____

If part-time or PRN, average hours worked per week _____

Contact person who can verify employment history _____
Name Position Phone

Department of Physical Therapy Transcript Request

To the applicant: Complete the information below and send this form and a self-addressed transcript envelope to the registrar of the institution you attended for your physical therapy degree and for any higher degrees. Request one copy of your official academic record. When you receive the completed form and academic records in the sealed envelope, include it with the application you submit. Do not open the envelope when it is returned to you by the registrar.

Name _____
last first middle other last name(s)

Current address _____

Social Security Number ____ - ____ - ____

Name of college or university _____

Dates of enrollment From _____ To _____
month/year month/year

Degree, major, and year _____

signature of applicant

date

Virginia Commonwealth University • Department of Physical Therapy • P.O. Box 980224 • Richmond, VA 23298-0224

Department of Physical Therapy Transcript Request

To the registrar: The person named here is applying for admission to the Department of Physical Therapy at Virginia Commonwealth University. Please attach one copy of the student's official record. Insert all material into the envelope provided, seal the envelope and sign across the seal to ensure confidentiality. Return the sealed envelope to the applicant who will submit it unopened to the VCU Department of Physical Therapy. We appreciate your cooperation in our self-managed application process.

Please describe your grading system (i.e. A = 4.0, B = 3.0) or attach a transcript key.

registrar's signature/official seal

date

Department of Physical Therapy Transcript Request

To the applicant: Complete the information below and send this form and a self-addressed transcript envelope to the registrar of the institution you attended for your physical therapy degree and for any higher degrees. Request one copy of your official academic record. When you receive the completed form and academic records in the sealed envelope, include it with the application you submit. Do not open the envelope when it is returned to you by the registrar.

Name _____
last first middle other last name(s)

Current address _____

Social Security Number _____ - _____ - _____

Name of college or university _____

Dates of enrollment From _____ To _____
month/year month/year

Degree, major, and year _____

signature of applicant

date

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Please describe your grading system (i.e. A = 4.0, B = 3.0) or attach a transcript key.

registrar's signature/official seal

date

Transitional Doctor of Physical Therapy Education Program

Application Packet Instructions

1. Complete the application and clinical experience summary forms. If you are claiming Virginia residency, also complete the Application for Virginia In-State Tuition Rates. Please print clearly.
2. Complete and submit the transcript request form(s) to the institution(s) you attended for your physical therapy degree(s) along with a self-addressed return envelope. The sealed transcript(s) should be returned to you.
3. Submit the application, clinical experience summary, application for Virginia In-State Tuition Rates (if applicable), sealed transcript(s), copy of your current license to practice physical therapy and \$50 application fee together in a single envelope and mail to:

Virginia Commonwealth University
Department of Physical Therapy
P.O. Box 980224
Richmond, VA 23298-0024
ATTN: t-DPT Program

Application Packet Checklist:

- Application for Transitional Doctor of Physical Therapy Program
- Clinical Experience Summary Form
- Application for Virginia In-State Tuition Rates
- Copy of license to practice physical therapy
- Official transcript(s) in signed, sealed envelope(s)
- \$50 application fee (check or money order made out to "Department of Physical Therapy")