



UNIVERSITY OF CENTRAL ARKANSAS
 Professional Doctor of Physical Therapy Program (DPT)
Supplemental Application

APPLICANT NAME: _____
Last Name First Name

Completed Supplemental Application and Consent Form as well as 2 self-addressed, stamped envelopes should be mailed to:
 Physical Therapy Admissions, PT Center Suite 300, University of Central Arkansas, 201 Donaghey Ave., Conway, Arkansas 72035

Please answer questions 1-3 regarding coursework that is currently in progress, planned for the upcoming term(s) and already completed; this information will be used to determine the completion of prerequisite course work.

1. List the complete titles (department, course number, course name, credit hours) of all college courses that you are taking currently this semester/term.

List Name & Year Semester/Quarter/Term:		Name of College/University:	
Department	Course Number	Course Name	Credit Hour

2. List the complete title (department, course number, course name, and credit hours) of all college courses which will be scheduled for a future semester/term prior to the program starting date.

List Name & Year Semester/Quarter/Term:		Name of College/University:	
Department	Course Number	Course Name	Credit Hour

APPLICANT NAME: _____

Last Name First Name

3. Please complete this Check Sheet indicating prerequisite courses you have completed. Course numbers listed below are UCA course numbers. Non-UCA students: please list the course title and course numbers that you completed at your school. Required courses total 48 credit hours. It is required that 30 credits of science are complete at time of application.

REQUIRED COURSES UCA EQUIVALENT	Course Prefix, Number and Title	Credit Hours	College/University (Abbreviations OK)	Semester or Term	Year	Grade
General Psychology (PSYC 1300) 3 hours						
Psychology Elective (PSYC 3000-4999) 3 hours						
Statistics* (PSYC 2330, MATH 2311, SOC 2331, OR QMTH 2330) 3 hours						
Medical Terminology (HSC 3123) 1 hour						
College Chemistry I (CHEM 1450) 4 hours **						
College Chemistry II (CHEM 1451) 4 hours **						
College Physics I (PHYS 1410) 4 hours						
College Physics II (PHYS 1420) 4 hours						
Principles of Biology (BIOL 1440) 4 hours						
Structure and Function of the Human Body I (BIOL 2406) 4 hours						
Structure and Function of the Human Body II (BIOL 2407) 4 hours						
Histology (BIOL 2420) 4 hours						
Upper Division, animal-based Biology elective #1 (min. 3 hours)						
Upper Division, animal-based Biology elective #2 (min. 3 hours)						

* Psychological Statistics, PSYC 2330 (or its equivalent), can not be used to fulfill both the statistics and psychology elective requirements.

** Physiological Chemistry I and II (CHEM 1402 and 2450) can used to fulfill 8 hours of College Chemistry I and II.

NOTE: PLEASE KEEP A COPY OF THIS COMPLETED APPLICATION FOR YOUR RECORDS.

I hereby certify that all information given on this application is complete and accurate. It is my understanding that I shall not be considered for admission to the University of Central Arkansas Department of Physical Therapy until I have submitted all credentials specified. I understand that withholding information requested or supplying false information will make me ineligible for admission and enrollment, or make me subject to discharge from the program if discovered at a later date.

Signature of Applicant

Date

CONSENT FORM

The purpose of this form is to acquaint you with program policies relative to student responsibilities, health status, and participation in laboratory activities. Please read the information carefully and sign at the bottom of the page.

PROFESSIONAL ATTITUDE AND RESPONSIBILITIES: While enrolled in a professional curriculum, you are not merely taking courses but are internalizing the role of the professional. During clinical practice, the therapist spends hours outside of the work environment keeping current and participating in the professional organization. You also are expected to become active in professional association activities. Additionally, at times during the curriculum, the original class schedule will need to be altered. Examples include: a visiting professional who can only meet with students at a certain time; practicing on equipment available only in a clinical facility after patient-care hours; field trips to have first-hand observation or practice; and attending meetings of the Arkansas or American Physical Therapy Association. Students will be notified of these “extra” events as soon as possible. Please note that attendance is expected as well as is a generally positive, professional attitude.

HEALTH STATUS: The practice of physical therapy requires the therapist to be safe when working with a patient; thus, students must be able to participate in a safe manner in laboratory experiences. Therefore, you are expected to be able to perform the skills of a therapist while practicing in labs and in the clinic with patients. Although reasonable accommodations will be provided to individuals with disabilities, you must be able to perform the essential lab and clinical functions. If there is reason to believe that you cannot perform these functions appropriately, medical documentation will be required. If you cannot participate in essential laboratory experiences and clinical assignments for health reasons, you cannot successfully complete the curriculum and will be dismissed from the program.

TB SKIN TEST: Tuberculosis exposure is currently a concern in healthcare as well as in close working relationships, such as laboratory experiences. All students in the professional DPT program must complete a TB skin test at least every twelve months and provide documentation for the duration of the program beginning with the August enrollment date. Students may substitute the skin test for a chest x-ray. Students will not be permitted to attend class or clinical internships if their TB skin test/chest x-ray is not documented or if it has not been renewed prior to the expiration date.

CPR CERTIFICATION: Students in the curriculum will be working with patients in laboratory experiences as early as the first Spring Semester. Students must submit evidence of CPR certification (American Heart Association, Healthcare Provider course). Students will not be permitted to attend clinical affiliations if CPR certification is not documented or if it has expired.

PERSONAL HEALTH INSURANCE: Many facilities require students to carry personal health insurance for emergency medical care and/or health care during the clinical experience. The laboratory activities in the curriculum are similar to the clinical facilities. Therefore, students are required to carry personal health insurance throughout the curriculum and need to provide proof of health insurance at the beginning of each semester. Both UCA and APTA make available to the students a personal health insurance policy. You can contact the Department to obtain information on these policies.

PARTICIPATION IN LABS: Students are expected to participate in all activities in the laboratory experiences. These activities include massage, traction, numerous cold and heat treatments, treatments involving the use of electrical current, exercise, stretching, mobilization, immersion in water, exposure of body parts, experience with walkers, wheelchairs, and crutches, and palpation. Exposure of body parts includes all body parts except the frontal chest area in women and genitalia in both men and women. Appropriate draping is utilized, and

students are expected to treat one another as actual patients and with dignity. Shyness and modesty are personality traits to respect in patients, and every effort should be made to eliminate the concerns of the patient.

The same is true for students practicing with one another. While patients may decide to refuse treatments, students cannot refuse to participate since refusal disrupts the learning opportunity for other students. Please note that you will be expected to participate even if the treatment is uncomfortable for you emotionally or physically.

CLASS SCHEDULE: The DPT degree in physical therapy is an entry level degree into the profession of physical therapy. The DPT program consists of three full calendar years of course work (including summers) for a total of 126 credit hours. Students are enrolled in classes in the fall, spring, and summer semesters for three years and graduate after the third summer semester. Please note that some evening and weekend classes may be required. Students must be available for class from 7:00 a.m. until 10:00 p.m. on Monday through Thursday and from 7:00 a.m. until 5:00 p.m. on Fridays. Occasional Friday evening, Saturday, and Sunday classes may be required. Students will not be in class all of those hours, but in any semester, classes could be held on evenings and weekends. Students will generally attend class and laboratories approximately 32 hours each week. Additionally, an orientation program is required before the first semester of study. That program, other classes, and clinical education internships may occur at times outside the typical university calendar. The Department will inform students of deviations from the university calendar prior to enrollment and each subsequent fall semester. Please note that the calendar and weekly schedules are subject to change.

I, _____ (name), understand that I am expected to maintain a professional attitude regarding curricular assignments and responsibilities, maintain a health status which allows participation in essential laboratory experiences and in clinical practice, participate in laboratory experiences including treatments and the exposure of all body parts except as noted above, and treat fellow students with the same high level of dignity and sensitivity I will give to my patients. I also understand that I will have the opportunity to view a video tape or slide-tape presentation to further explain the treatments and participation. At that time, I will be given the opportunity to sign an informed consent form and indicate my intent to participate. I understand that if I am unable to provide consent, I will not be allowed to enroll in the curriculum.

APPLICANT NAME: _____
Last Name First Name

Applicant Signature: _____ Date: _____

PLEASE KEEP A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS

Return the Completed Supplemental Application and Consent Form and two (2) self-address, postage paid (stamped) envelopes to the following address:

Physical Therapy Admissions
PT Center, Suite 300
University of Central Arkansas
201 Donaghey Ave.
Conway, Arkansas 72035