



University of Colorado Denver
Transition Doctor of Physical Therapy Program

Application Instructions

1. Direct all materials and inquiries to: Transition Doctor of Physical Therapy Admissions
University of Colorado Denver
Physical Therapy Program – C244
13121 E. 17th Ave. PO Box 6508
Aurora, CO 80045
2. Submit a single packet including the following:
 - a. Application
 - b. Copy of your current US physical therapy license and any specialty certification.
 - c. A check or money order for \$65 made payable to: UCD Physical Therapy Program.
This application fee is not refundable and does not apply to tuition and fees.
3. Letters of recommendation
 - a. Submit at least three letters of recommendation from professional and academic colleagues that can address your professional, academic, and leadership ability. At least one recommendation must be from a Physical Therapist. We recommend that you request five letters, although only three are required.
 - b. Letters of recommendation must be sent directly to the CU PT Program at the above address.
4. Transcripts
 - a. Request official transcripts from the institution in which you completed your physical therapy training as well as any other academic institutions that you have attended.
 - b. Transcripts for courses taken at the University of Colorado are **not** required.
(We will access records for courses taken at the University of Colorado.)
 - c. Official transcripts must be issued by the registrar at each college/university and mailed directly from the Registrar's office to the CU Physical Therapy Program at the address above. Transcripts must be submitted from all institutions where relevant credit has been earned. Relevant course content includes your physical therapy training and any post-professional training.

Credit for Previous Experience

1. You may petition to waive a course, based on prior experience. You must demonstrate knowledge and skills acquired through similar advanced academic training or experience such as course work, continuing education, or on the job training.
2. If you plan to request a course waiver, please consult with Dr. Nancey Bookstein regarding the waiver processes and procedures. Contact: nancey.bookstein@uchsc.edu or (303) 724-9133.

Deadline

1. The deadline for receipt of all application materials is **rolling** and prospective students may apply at any time.

Application Evaluation

1. Applications for admission to the Transition DPT Program are reviewed when all of your application materials have been received by the Program. Applications and credentials submitted for admission become the permanent property of the UCD Physical Therapy Program.
2. You will be notified of acceptance within 60 days following receipt of all application materials.

Who to Contact:

1. For questions regarding curriculum or admissions, contact Nancey Bookstein, PT, EdD at 303-724-9133 or e-mail: nancey.bookstein@uchsc.edu



University of Colorado Denver
Application for Admission
Transition Doctor of Physical Therapy

Applicant Information

Name _____
last first middle

Maiden or previous name
 under which records may appear _____

Social Security Number _____ Gender: Male Female

Home Address _____
City State Zip

County in which you reside _____ Date of Birth _____

Home Telephone # _____ Work Telephone # _____

Cellular Telephone # _____ E-mail address: _____

U.S. Citizen? Yes No If no, visa type & number _____

Veteran? Yes No If yes, dates of service _____

Have you ever been convicted of a felony? Yes No If yes, explain _____

Optional

The University of Colorado Denver not discriminate on the basis of race, color, religion, sex, age, national origin, handicap or veteran status to any student, employee, vendor or recipient of services. This profile information is used solely to complete reports required by the government and/or accrediting agencies.

_____ Black / African American _____ Native American / Alaskan Native
 _____ Asian / Pacific Islander _____ Hispanic
 _____ White (non-Hispanic) _____ Other: _____

PT Licensure & Certification Information

Current License Number _____ State _____ Expiration Date _____

Please submit a photocopy of your U.S. Physical Therapist licensure certificate(s)

Has your PT License ever been under suspension, revocation or probationary status?
 If yes, please explain _____

Have you been certified as a specialist through APTA,/SACE or other organization?
 If yes, please provide the name or description of your specialty credentials (OCS, NSC, NDT, etc.)
 the name of the awarding organization, the date received, and a photocopy of the certificate(s).

Specialty(s): _____

Organization(s) / Dates(s): _____

For Office Use Only:

Date Received: _____ Check # _____ References Received : _____



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Educational Background

List in chronological order, with the most recent first (including undergraduate & graduate institutions).
 Official transcripts must be sent for all institutions except for University of Colorado.
 (Attach additional sheets as needed, for this and any other sections of this application)

Name of Institution	City / State	Dates of Attendance	Degree Conferred & Date

List all non-degree Post-professional education, such as continuing education courses, seminars, etc., within the past five years.
 List in chronological order, with the most recent first.

Course Title	Instructor	Sponsor or Organization	Credits, CEU hrs., and Date

Research, Scholarship, and Service

List any Publications, Presentations, Research Projects, Honors, Awards, Professional Society Memberships, Community Activities and / or Service Activities in which you have been involved, including dates and organizations.

Work Experience

List all physical therapy experience in chronological order, with the most recent first, for the past 10 years as applicable.

Name of Employer	City / State	Dates of Employment	Position/Role

Computer Literacy

The University of Colorado Denver Physical Therapy Program intensively utilizes computer and web-based resources for informational and educational functions, which will require competency in the following skills. Please indicate your level of knowledge.

	Novice	Skilled	Expert
Ability to create and modify Word documents.			
Ability to navigate to a website, download files, and do basic searches.			
Ability to send, delete, reply to, print, and attach documents to e-mail.			
Ability to create a PowerPoint presentation with images and graphs.			
Ability to use Excel to enter data and calculate values on spreadsheets.			
Ability to perform electronic literature searches.			

I hereby certify that to the best of my knowledge the information on this application is true and complete, and I understand that any misrepresentation may be cause for rejection of this application, or subsequent dismissal from the University of Colorado Physical Therapy Program. I further authorize the University of Colorado to make inquiries when necessary to certify the accuracy of my records.

Applicant's Signature _____ Date _____



University of Colorado Denver

Application for Admission

Transition Doctor of Physical Therapy

Required Essay

Please explain why you wish to pursue a Transition Doctor of Physical Therapy degree in relation to your own goals and objectives for professional growth and for the growth of the profession. Indicate aspects of your background and professional experience that particularly qualify you as a Doctor of Physical Therapy candidate. Also please describe 2 or 3 unique contributions that you have made to the physical therapy profession during the last 5 years in the context of patient care, community service, professional association committee work, professional presentations, research and / or other professional activities.

The essay must include your name, and should be **no longer than two pages** in length.

Recommendation Forms

Please print out copies of the recommendation form on the following pages, fill out the applicant information section, and check and sign the waiver before submitting the form to the evaluator. Recommendations must be professional references, who can comment on your academic, professional and leadership potential. At least one recommendation must be from a Physical Therapist who does not work for you. Personal recommendations are not acceptable.

A minimum of 3 letters of recommendation are required, although we suggest that you request five. Letters of recommendation must be sent directly to the CU Physical Therapy Program by the evaluator. Please list the names of the 3-5 individuals from whom you have requested recommendations.

1.	_____	_____	_____
	Name	Title	Institution / Company
2.	_____	_____	_____
	Name	Title	Institution / Company
3.	_____	_____	_____
	Name	Title	Institution / Company
4.	_____	_____	_____
	Name	Title	Institution / Company
5.	_____	_____	_____
	Name	Title	Institution / Company



University of Colorado Denver
Request for Recommendation
 Transition Doctor of Physical Therapy Program

The applicant below wishes you to complete this recommendation form on behalf of his / her application for admission to the Transition Doctor of Physical Therapy Program at the University of Colorado Denver.

The information you provide will only be used for the purpose of assessing the applicant's qualifications for admission.

Name of Applicant: _____

To the applicant: The **Family Educational Rights and Privacy Act** of 1974 and its amendments guarantee students access to educational records concerning them. Applicants are permitted to waive their right of access to recommendations. The following signed statement indicates the wish of the applicant regarding this recommendation. Failure to respond will be considered a waiver of the right of access to this recommendation.

- I **waive** my right to inspect this recommendation.
- I **do not waive** my right to inspect this recommendation.

Applicant signature: _____ Date: _____

To the evaluator: We greatly appreciate your objective evaluation of the applicant's potential for success at the University of Colorado Denver.

How long have you known the applicant? _____

Please rank the applicant with respect to each category below.

	Excellent	Good	Average	Below Average	No basis to judge
Overall intellectual ability					
Written expression					
Oral expression					
Flexibility					
Potential for scholarly and/or original work					
Problem solving skills					
Maturity and emotional stability					
Initiative and leadership skills					
Potential for (or actual) clinical competence					
Ability to manage stressful situations					
Ability to interact well with others					
Ability to accept constructive feedback					
Ability to work independently					
Commitment to life long learning					

