

University of Tennessee at Chattanooga
Department of Physical Therapy

Post Professional Doctor of Physical Therapy Concentration

Application Process Information

Please complete each item on this form, making certain that each entry is legible. This transition DPT concentration application form, along with all other application materials listed below, must be submitted to the [UTC Graduate School](#) in a single application packet.

- The application deadline for admission to the Fall, 2011 cohort is July 15, 2011.
- The application deadline for admission to the Spring, 2012 cohort is November 15, 2011.

Application material to be submitted by the appropriate deadline includes the following:

- tDPT Program Application (information included in this form)
- Copy of current Physical Therapy license
- Copy of APTA membership card (if applicant is currently a member of the APTA)
- Copy of certificate from APTA Clinical Instructor Education & Credentialing Program (if applicable)
- UTC Graduate School Application - may be accessed at:
<http://www.utc.edu/Administration/GraduateSchool/forms/Applications.php>
- \$ 30.00 Graduate School Application Fee
- UTC Immunization Form (may be accessed at:
<http://www.utc.edu/Administration/UniversityHealthServices/Immunizations.php>)
- Official transcripts from all 4-year colleges or 2-year community colleges attended (please request transcripts be submitted directly to the UTC Graduate School)

Please mail the completed application packet to the following address:

UTC Graduate School
103 Race Hall, Dept 5305
615 McCallie Avenue
Chattanooga, TN 37403

***** Please note that signatures of the applicant and direct supervisor are required on page 2 of this application document in addition to the applicant's signature required on page 4 *****

II. APTA Clinical Instructor Education and Credentialing Program Participant Dossier

*All applicants must complete the following information and submit it with his/her tDPT program application
PLEASE PRINT LEGIBLY [Please print your name the way you would like it to appear on your CI Credentialing certificate]*

1. Applicant Data

Name _____ Date of Birth _____

Current Address _____

City _____ State _____ Zip _____

Phone _____ FAX _____ E-Mail _____

Entry-Level PT Degree _____ Graduated from an accredited PT/PTA Program or other entry-level discipline MO/YR _____

Years as a Clinician _____ Years Supervising Students _____

Highest Earned Degree: _____ Associate _____ Professional Doctorate (eg, PharmD/ AuD)
 _____ Baccalaureate/Certificate _____ Post-professional Master's
 _____ Master's _____ Post-professional Doctorate (eg, PhD/EdD/ScD)

Professional Designation(s) _____ APTA Membership # _____
 (including your PT designation, professional certifications, etc) **(Attach a copy of your current membership card)**

Do you require any special accommodation to complete this program? Yes No If yes, specify _____

2. Employment History (List most recent first – additional information may be included on separate sheet)

| Employer | City/State | Job Description | Dates | |
|----------|------------|-----------------|------------|----------|
| | | | From _____ | To _____ |
| | | | | |
| | | | | |
| | | | | |

3. States in Which Licensed/Registered/Certified (IMPORTANT: Attach a copy of your current state license.) _____

4.. To be Completed by Participant's Direct Supervisor (eg, Department Head / Senior Staff / Unit Director)

| | |
|--|--|
| 1. Applicant demonstrates clinical competence, professional skills, and ethical behavior in clinical practice and/or teaching. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Applicant has at least 1 year of clinical experience (if yes, please go to #4). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Applicant has less than 1 year of clinical experience but demonstrates the maturity, interest and professional behavior to become a CI. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Applicant has demonstrated a willingness to work with students by pursuing learning experiences to develop knowledge and skills in the clinical/academic setting. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Applicant demonstrates a systematic approach to patient/client care and/or job responsibilities. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Applicant uses critical thinking in the delivery of health services or managing job responsibilities. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Applicant provides rationale, including evidence, for decision making in patient/client care. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Applicant demonstrates appropriate time management skills. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Applicant represents the profession positively by assuming responsibility for professional self-development. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Applicant interacts effectively with patients, colleagues, and other health professionals to achieve identified goals. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

5. Participant's signature indicates approval to release this information for purposes of this participant dossier.

Applicant's Signature

Name of Direct Supervisor (Please Print)

Title

Signature of Direct Supervisor

Date

III. Professional Development Experience

A. Competency based physical therapy related professional certifications. Beside each certification listed, indicate the approximate number of didactic and clinical hours required to complete the entire certification. Indicate the date your certification was received or if you plan to pursue a new certification, the date you plan to complete the certification process.

B. Advanced physical therapy related graduate degree earned and major field of study
(e.g. MPT, MEd. MHS, MPT, MBA, MA, PhD, D,DSc)

C. Provide abbreviated bulleted list of CE courses attended in the last 5 years. Include dates where possible. Organize courses according to similar area of study (e.g. Orthopedics, Neurological, Integumentary, Cardiopulmonary, Pediatrics, Geriatrics, Women's Health, Electrophysiological, etc)

D. Additional professional development activities in which you have participated (include dates where possible).

Examples:

- Experience supporting / conducting clinical research projects
- Experience developing and/or teaching a PT related course or lab unit in a 2-year or 4-year college / university
- Developing and/or teaching a PT related continuing education course
- Developing and/or assisting implementation of community PT/health/wellness awareness project
- Involvement in leadership in professional organizations

IV. UTC Graduate School Application Process

In addition to submitting the tDPT program application, each tDPT applicant must also submit a separate application to the Graduate School of the University of Tennessee at Chattanooga in the application packet. The Graduate School application form may be accessed on-line at the following web address:

<http://www.utc.edu/Administration/GraduateSchool/application/GraduateApplication2007.pdf>

Please complete the UTC Graduate School Application Form and include it with this form in the Application Packet. Remember to also include in the packet the \$30.00 application fee, copy of your current PT license and copy of your APTA membership card (if applicable). Official transcripts from all colleges or community colleges attended must also be submitted to the UTC Graduate School.

IV. Application Verification

To the best of my knowledge, I verify that the information contained in the application documents is correct and complete.

Signature _____

Date _____

Additional information about the Graduate School at the University of Tennessee at Chattanooga is available at:
<http://www.utc.edu/Administration/GraduateSchool/index.php>

Additional information about the tDPT program at UTC is available at the following web address:
<http://www.utc.edu/tdpt>

If you have questions about the tDPT program at UTC, please feel free to contact:

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Chattanooga, Tennessee 37403
(423) 425-1786 (office) (423) 425-4747 (PT Office)

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